EVALUATION REPORT

INDEPENDENT COUNTRY PROGRAMME EVALUATION

ARMENIA

2nd COUNTRY PROGRAMME
2010 – 2015

Final Report

January 2015

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Abbreviations and Acronyms

AC	AIDS counseling
ADHS	Armenian Demographic and Health Survey
ADS	Armenia Development Strategy
AR	Administrative Register
AWP	Annual Work Plan
CO	Country Office
COAR	Country Office Annual Report
CPR	Contraceptive prevalence rate
CP	Country Programme
CPAP	Country Programme Action Plan
CRRC	Caucasus Research Resource Center
DHS	Demographic Health Survey
EECARO	Eastern Europe and Central Asia Regional Office
EOC	Emergency obstetric care
EU	European Union
FACE	Funding Authorization and Certificate of Expenditures
FBO	Faith-based organizations
FP	Family planning
GBV	Gender-based violence
GDI	Gender development index
GDP	Gross Domestic Product
GE	Gender equality
GEM	Gender empowerment measure
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
ICHD	International Centre for Human Development
ICPD	International Conference on Population and Development
ILCS	Integrated Living Conditions Survey
IPPF	International Planned Parenthood Federation
IP	Implementing Partner
JP	Joint Programme
KAB	Knowledge, Attitude and Behavior
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
NCAP	National Centre for AIDS Prevention
NEI	National Educational Institute
NEX	National Execution
NGO	Non-Governmental Organization
NPPP	National Professional Project Personnel
NSS	National Statistical Service
OECD	Organization for Economic Co-operation and Development
OSCE	Organization for Security and Co-operation in Europe
OSI AF	Open Society Institute Assistance Foundation
PCMs	Programmatic area Managers
PD	Population and Development
PLHIV	People living with HIV
PPP	Public-private partnerships
PPP	Purchasing Power Parity
PRSP	Poverty reduction strategy paper
RA	Republic of Armenia
RCO	Resident Coordinator's Office
RHR	Reproductive health
RIRHPOG	Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology
RHRCS	Reproductive health commodity security
RHRIYC	Reproductive Health Initiative for Youth in the South Caucasus
SAMSA	Scientific Association of Medical Students of Armenia
SDP	Sustainable Development Program
SRHR	Sexual and reproductive health

STIs	Sexually transmitted infections
TGT	Travelling Gynaecologist team
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNCT	UN Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Interventions
UNHCR	United Nations High Commission for Refugees
UNICEF	UN Children Fund
UNIDO	United Nations Industrial Development Organization
UNTFHS	United Nations Trust Fund for Human Security
USAID	United States Agency for International Development
VAT	Value added tax
VCT	Voluntary Counselling and Testing
WB	World Bank
WFP	World Food Programme
YFHS	Youth-friendly Health Service

Armenia: key facts and figures

Land		Source
Geographical Location	The Republic of Armenia is situated in the western part of Asia on the north-eastern part of Armenian plateau – between Caucasus and Nearest Asia (the inter-river territory between the middle flows of Kur and Araks rivers) and is located in the latitude of 38^0 50^1-41^0 18^1 N and longitude of 43^0 27^1 - 46^0 37^1 E.	
Surface area	29,743 km^2	Statistical yearbook of Armenia, 2013 National Statistical Service of Republic of Armenia(NSS RA), p. 10
Population		
Population (inhabitants)	3,026,900 (as 1 January 2013) 3,017,100 (as 1 January 2014)	Number of De Jure Population of the Republic of Armenia as of January 1, 2014 (in Armenian), statistical bulletin, 2014, NSS RA, p. 3 Socio- Economic Situation of RA, January-December 2013 (in Armenian, in Russian), NSS RA, Y. 2014, p. 133
Urban population	1,917,500 (as 1 January 2013) 1,914,100 (as 1 January 2014)	Number of De Jure Population of the Republic of Armenia as of January 1, 2014 (in Armenian), statistical bulletin, 2014, NSS RA, p. 3 Socio- Economic Situation of RA, January-December 2013 (in Armenian, in Russian), NSS, Y. 2014, p. 133
Population growth rate	0.32% (2013)	The Demographic Handbook of Armenia 2014, NSS RA, p. 43.
Government		
Type of government	Republic	
Key political events/dates **23 August 1990:** The declaration on state independence of the Republic of Armenia was adopted **21 September 1991:** The referendum on independence declaration was held **21 December 1991:** Armenia became a member of the CIS **2 March 1992:** Armenia became a Member of the United Nations **25 January 2001:** Armenia became a member of the Council of Europe **5 February 2003:** Armenia became a member of the World Trade Organization http://www.president.am/en/general-information/		
Seats held by women in national parliament	11%	Women and Men in Armenia, Statistical Booklet, NSS RA, p. 147
Economy		
GDP per capita (PPP US$)	1,413,929 AMD current US $3,452	Social-economic situation of Republic of Armenia in January-March 2014, Information monthly report, NSS RA, p. 11
GDP growth rate	3.5% (2013)	Social-economic situation of Republic of Armenia in January-March 2014, Information monthly report, NSS RA, p. 11
Main industries	Agriculture, hunting, forestry and Fishing, Manufacturing, Construction; Wholesale and retail trade; repair of motor vehicles, motorcycles National accounts of Armenia, 2013, NSS, p. 37	
Social indicators		
Human Development Index Rank	87 (HDI=0.729)	Human Development Report, 2012-13
Unemployment	15.4% (III Quarter 2013) 17.3% (2012)	1. Social-economic situation of Republic of Armenia in January-December 2013, Information monthly report, NSS RA, p. 132 2. Labour market in the Republic of Armenia, 2013, Statistical Handbook, NSS RA, p. 121 http://www.armstat.am/file/article/trud_13_9.pdf
Life Expectancy at Birth (year)	74.3 (2012) Male 70.9 Female 77.5	The Demographic Handbook of Armenia 2013, NSS RA, p. 24, http://www.armstat.am/file/article/demos_13_2.pdf
Under-5 mortality (per 1000 live births)	11.0‰ (2013)	The Demographic Handbook of Armenia 2014, NSS RA, p. 86.
Maternal mortality (deaths of women per 100000 live births)	19.2 (2013) 17.2 (2011-2013)	Social-economic situation of Republic of Armenia in January-December 2013, Information monthly report, NSS RA, pp. 131,138

Health expenditure (% of GDP)	1.6% (2012)	Finance Statistics of Armenia, 2013; NSS, p. 13
Adolescent fertility rate (births per 1000 women aged 15-19)	Total 26.0 (2012) Urban 20.6 (2012) Rural 33.5 (2012)	Social Snapshot and Poverty in Armenia, Statistical Analytical Report, NSS RA, 2013, p. 18, http://www.armstat.am/file/article/poverty_2013e_2.pdf
Condom use to overall contraceptive use among married women 15-49 years old	14.6%	Armenia; 2010 Demographic and Health Survey,(NSS, MOH, USAID, ICF International Calverton) Yerevan, 2012, p. 77
Contraceptive prevalence rate	34% (all women) 55% (married women)	Armenia; 2010 Demographic and Health Survey (NSS, MOH, USAID, ICF International Calverton), Yerevan, 2012, p. 77
Unmet need for family planning (% of women in a relationship unable to access)	21.3%	Armenia; 2010 Demographic and Health Survey Key Findings, (NSS, MOH, USAID, ICF International Calverton), Yerevan, 2012, p. 6
People living with HIV, 15-49 years old, percentage	1,761 persons (1988- May 2014) 0.1% <0.03 (2008)	Social-economic situation of Republic of Armenia in January-March 2014, Information monthly report, NSS RA, p. 149; Social Situation of RA in 2012, NSS, Y. 2013, p. 317 Armenia Millennium Development Goals National progress Reports 2005-2009
Adult literacy (% aged 15 and above)	99.4%	The Results of 2011 population Census of the Republic of Armenia, NSS, Yerevan 2013, p. 156
Total net enrolment ratio in primary education, both sexes	Total 93.4% M - NA F - NA F/M 1.02	Social Situation of RA in 2012, NSS RA, p. 29

Executive Summary

Independent Evaluation of the UNFPA Armenia 2nd Country Programme

Scope, Objectives and Methodology

The Republic of Armenia has made significant progress in improving maternal health and increasing data collection on population demographics. Armenia faces challenges in addressing disparities in economic and social development among the regions of the country (marz), and in ensuring equality for women. UNFPA and Government partners, particularly the Ministry of Health, the Ministry of Labor and Social Affairs, and the Ministry of the Interior, have collaborated on the 2nd Country Programme (2010-2015). The **planned outcomes** are: a) Policies and legislation promoted to ensure universal access to health care; b) Health-care providers ensure equitable access to high-quality services; c) National systems of data collection, reporting and monitoring of human development strengthened; d) Institutional capacities strengthened to respond to the needs of the vulnerable groups; and, e) Improved structures and mechanisms ensure realization of human rights, with particular focus on women's equality, and combating gender based violence.

The **overall objective of the evaluation** is to assess progress toward the expected outputs and outcomes of the 2nd Country Programme, and specifically, to assess the coordination and value added by the Country Office, to draw key lessons, and to provide strategic recommendations for the next programming cycle. The criteria of relevance, effectiveness, efficiency, and sustainability were applied to UNFPA's programmatic areas: **Reproductive Health and Rights, Population and Development and Gender Equality**. Data were obtained from interviews with stakeholders, secondary sources, and observations during visits to four regions (marz). Quantitative data were consulted to determine whether the 2nd Country Programme targets were met and qualitative data supported the analysis. Data collection and analysis took place from July to September 2014.

Main Findings and Conclusions

Relevance

The UNFPA 2nd Country Programme is well aligned with the UN Development Assistance Framework for Armenia (2010-2015) and effectively incorporates the International Conference on Population and Development objectives. Relevant national policies and strategies in addition to lessons from the previous programme (2005-2009) form a strong foundation. Relevance was strengthened through assessments and research supported by UNFPA and others. UNFPA effectively adapted its 2nd Country Programme to the evolving needs of the country and highlighted issues requiring stronger focus such as prenatal sex selection, demographic changes and imbalances, and domestic violence. The youth and women's equality themes should have been more effectively integrated in planning.

Stronger strategic planning was needed to more effectively identify and reach some of the most vulnerable people and groups with appropriate interventions. These include people in greatest need of reproductive health and rights services, particularly people of reproductive age in rural and isolated towns, those who carry sexually transmitted infections, youth who lack information, people who do not regularly access health services, victims of domestic violence, and societally sensitive groups such as sex workers.

Effectiveness and Sustainability

UNFPA support to the Ministry of Health for capacity development has contributed significantly to increased quality of services for **reproductive health and rights**. Achievements include bodies of standards, manuals, protocols and policy documents including medical response to persons who experienced domestic violence. The national medical training institutions need greater capacity to support continuous efforts to improve the quality of care, particularly to improve midwifery and for enforcing protocols for obstetric care. UNFPA supported research and helped to stimulate discussion among society and decision makers regarding the high incidence of pre-natal sex selection in Armenia, however, the impact of proposed legislation to regulate early disclosure of gender is still controversial.

It is unclear whether demand for reproductive health services has increased during the country programme. Some people, particularly the rural, poor, youth and people with high risk sexual behaviors face constraints such as insufficient information, long distances to the health centers, lack of funds for transportation and contraceptives, and social stigmas. Outreach by the health service centers is extremely limited and stronger strategies are needed to increase demand in communities. The Total Marketing Approach now in progress is a major step forward to create more equitable access to contraceptives.

Interventions that have influenced a broad range of **adolescents and youth** include Youth Friendly Health Services, Healthy Lifestyles in school curriculums, reproductive health in military training, and peer education. Youth participation in decision making concerning their needs is expanding with the formation of the UN Youth Advisory Panel and through coordination groups around youth. Intervention strategies need to be stronger, particularly to find more effective methods to impart reproductive health knowledge in schools, the means to reach the most vulnerable youth, and the structures and skills to increase accessibility of services. Interventions on behalf of adolescents and youth suffer major under-funding relative to needs.

Population and Development interventions have effectively supported improvement and further development of national systems of data collection, reporting and monitoring and increasing analysis of data and usage of information both at central and local levels. UNFPA played a key role in planning and supporting the 2011 Census. However, significant challenges remain in collecting, analyzing and managing the demographic data, particularly migration related data needed to assess the demographic situation of Armenia. The information flow is not always timely enough to be used for policy and programme decision making and the required resources for large studies are increasingly difficult to find.

The outcomes of the UNFPA Population and Development interventions are likely to be sustainable, particularly updating the census database, improving migration calculations, and strengthening national planning and strategy development for data collection and analysis. Training interventions for government officials and social workers met or exceeded targets for development of the human resources and institutions for monitoring and evaluation and demography.

UNFPA support to promote **gender equality** and address domestic violence contributed significantly to create draft legislation, and a National Action Plan for interventions. Despite the timely advocacy by UNFPA and others, the law was not passed and its language altered, however, there is some evidence of less tolerance of the violence in society. The response among organizations is not collaborative enough or inclusive of actors in the marz working close to communities. UNFPA contributed to strengthen police enforcement, to gender disaggregate statistics and to sustainable gains in coordination of gender equality and anti-violence efforts.

UNFPA has significantly contributed to awareness of domestic violence against women through research and surveys, awareness raising interventions, such as 16 Days of Activism against Gender Violence and White Ribbon (men against violence) campaigns. Interventions have effectively targeted males but this approach requires much greater effort to address deep psychosocial issues. Pilot interventions to address domestic violence through religious leaders has the potential to change stereotypical behaviors, particularly though children. UNFPA interventions to build capacities of journalists, were exceptionally effective and the outputs have clearly led to positive outcomes in raising awareness of the leadership as well as the general public.

UNFPA has contributed to sustainable capacity development by heightening advocacy and visibility on domestic violence, building the capacity of institutions dealing with prevention and mitigation, and broadening the audience who receive information. Monitoring of the training outputs has improved. The Government has demonstrated ownership of the progress toward gender equality but further support is warranted for the National Institute of Labor and Social Research; guarantee of increasing government funds for gender equality is critical.

Efficiency

UNFPA has achieved satisfactory levels of disbursement of its financial resources but funds were unevenly disbursed due to delays in implementation. Human resources and technical expertise within UNFPA are of very high quality, however, staff longevity is adversely affected by short term contracts. UNFPA effectively leveraged many forms of additional resources particularly for the census and pre-natal sex selection work.

The financial resources are not sufficient to support UNFPA critical interventions and efforts need to be stronger to maintain momentum toward jointly planned outcomes with Government partners. However, UNFPA core funds to support capacity interventions will likely be more limited and a sustainability strategy is not yet in place to ensure increasing government resources devoted to capacity development.

UNFPA has optimized use of tools and resources, particularly behavior change communications, multi-media and public events to promote key messages and create awareness of issues. Monitoring tools were strengthened but need to offer more evidence of progress toward outcomes; the results of some interventions are measured by intermediate output (for example, the completion of surveys, training, or publications) and through subjective opinions, rather than the outcomes and impact for the target populations in Armenia. Data gathering exercises to measure programme outcomes and impacts were underused.

Coordination and Partnerships

UNFPA effectively contributes to thematic and working groups and co-chairs the Gender Thematic Group. UNFPA support has been vital to strengthening UN coordination mechanisms. UNFPA has effectively supported the consolidation of UN Country Team coordination efforts through effective leadership of the Gender Thematic Group, support for the Disaster Management Team and the Minimum Initial Services Package and promoting the UN Youth Advisory Group, among others. Coordination and partnerships are not strong enough to address priority issues in youth development and gender equality. UNFPA has expanded its range of partnerships but more work is needed to draw in civil society actors in the marz and at the community level, who can advocate more closely to the people, as well as the private sector and the Armenian Diasphora.

Value added

UNFPA has built upon its corporate and country based strengths in the 2nd Country Programme. These strengths include advocacy, policy making, leadership and coordination, provision of technical expertise, and knowledge transfer and awareness raising. Through its high energy and pro-active approach, UNFPA has expanded the potential for results inspiring successful collaborations to reach vulnerable groups. There is strong evidence that UNFPA has added substantial value to national efforts to realize development goals. UNFPA demonstrates a significant added value to the UN Country Team and to Government and all other partners and is considered a main source of expertise with regard to Reproductive Health and Rights, Population and Development and Gender Equality. Stakeholders stress the importance of UNFPA oversight and participation especially through drawing in political, institutional and religious leaders as well as donors, NGOs and other advocacy groups.

Strategic and Programmatic Recommendations

UNFPA should:

1. Focus strategic planning on means to advocate for, identify and target the most vulnerable and high risk people, with a particular emphasis on prevention of reproductive health issues and domestic violence.
2. Develop a sustainability strategy with structured plans for resource sharing with government, donors, partners and UN agencies working on similar issues.
3. Initiate and support a nationally regulated system of monitoring and evaluation for a unified approach among government and assistance organizations, while improving internal reporting and data collection.
4. Expand UNFPA leadership and coordination efforts to draw in the needed funds and collaboration around the youth development and gender equality issues in order to make a greater collective impact.
5. Assess the potential outcomes and repercussions of legislation and other restrictions planned or in practice to address pre-natal sex selection.
6. Support development of health service outreach capacities to promote access for vulnerable people, and strengthen national medical training capacity to improve midwifery skills and standardize obstetrical care.

7. Aim for sustainable changes in adolescents and youth reproductive health knowledge, attitudes and behaviour, at the policy level, in the youth friendly health services, in school curriculums, and through peer education.
8. Initiate and support the establishment of an integrated information center which collects data from various administrative databases to promote timely and efficient demographic data collection and analysis.
9. Use leadership of the Gender Thematic Group to ensure coverage, unified messages and joint efforts for the range of needed interventions.
10. Expand partnerships and methodology to promoted gender equality through work in the marz and communities through women's centers, committees, support groups and organizations, media, community leaders, priests and peer education.

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1 INTRODUCTION

1.1 Purpose and objectives of the Armenia country programme evaluation

In accordance with the UNFPA 2013 evaluation policy[1] and the UNFPA biennial evaluation plan 2014-15,[2] the UNFPA Armenia Country Office is conducting the final evaluation of the UNFPA 2nd Country Programme of Assistance to the Government of Armenia (2010-2015).
The objectives of the Armenia Country Programme Evaluation (CPE) are:

1. To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme
2. To assess the relevance, effectiveness, efficiency, and sustainability of the current CP as well as coordination with the UNCT and added value
3. To provide an assessment of the country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results
4. To draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the new programming cycle.

1.2 Scope of the evaluation

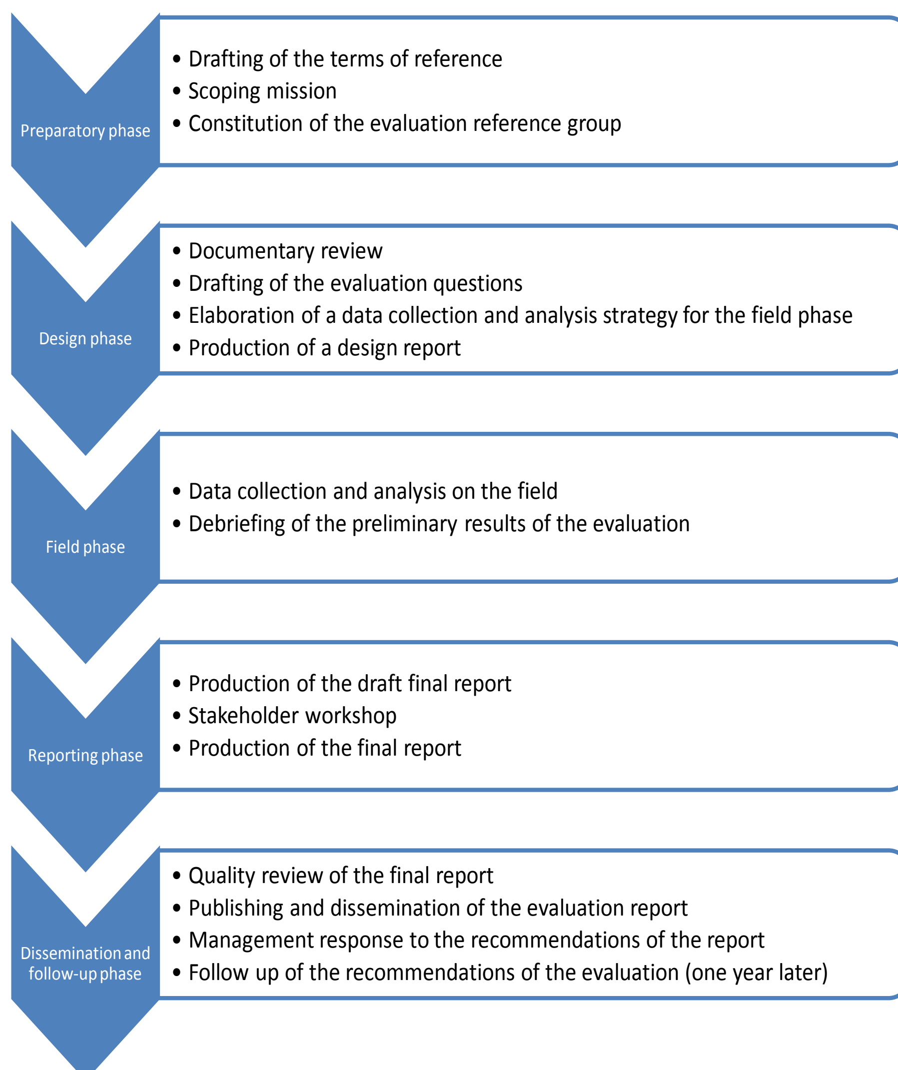
The evaluation covers the UNFPA Armenia 2nd Country Programme from 2010 to 2015. The evaluation will assess the strategic direction of the CP from 2010 to 2015. The evaluation covers all interventions planned or implemented by UNFPA in Armenia for the period 2011-2014, under the development programme of assistance in its three components: reproductive health and rights (RHR), population and development (PD), gender equality (GE) and youth issues as a crosscutting topic. The primary users of the evaluation are the decision-makers within UNFPA (Country Office, Regional Office, Headquarter divisions) and the Executive Board, government counterparts in the country, and other development partners.

[1] DP/FPA/2013/5
[2] DP/FPA/2014/2

2 METHODOLOGY

2.1 Evaluation process

Figure 1: Evaluation Phases



During the **preparatory phase**, the evaluation team was selected and participated in a week of data collection in July 2014 as a basis for the design phase. An evaluation reference group (ERG) was formed composed of representatives from the UNFPA country office in Armenia, the national counterparts, and the UNFPA regional office as well as from UNFPA relevant services in headquarters. The ERG provided oversight to the evaluation process giving the team guidance on key informants and data sources and reviewing the design report and the draft and final evaluation reports.

During the **design phase**, an inception or design report was written based on a document review, containing the purpose and scope of the evaluation, the context and background of the Country Programme, a reconstruction of the programme logic, a stakeholder matrix, the structure of the evaluation matrix containing key evaluation questions, and a detailed data collection plan, including proposed site visits. In the design report, proposed methodology was described as well as data collection and analysis strategies for each component. The **in-country field data collection** phase took place from September 8-19, 2014. A debriefing of preliminary results was conducted for country office staff on September 19th.

During the **reporting phase** as described above, the draft evaluation report was prepared and submitted to the reviewers at the end of October 2014. The review process was followed by the final evaluation report, accepted by the CO. In the **follow-up phase** the dissemination of the final evaluation report and the discussion of the findings, conclusions and recommendations are important to allow stakeholders to take into account evaluation findings in future programming. The quality of the final evaluation report is assessed on the basis of the Evaluation Quality Assessment Grid of UNFPA Evaluation Office. There is a form for the management response to the evaluation recommendations and this will be completed before the evaluation is posted on the UNFPA website and the report is delivered to the UNFPA Executive Board.

2.2 Evaluation criteria and questions

The evaluation was structured around the following evaluation criteria:

- four out of the five standard OECD-DAC criteria: relevance, effectiveness, efficiency and sustainability[3]
- two additional criteria, specific to UNFPA, with a view to assessing the strategic positioning of UNFPA within the Armenia UNCT Coordination, and Added Value.

Based on these evaluation criteria, the evaluation team used the following **seven** evaluation questions, to guide its data collection and analysis work throughout the evaluation process. (See proposed Evaluation Matrix in the annexes.) The TOR questions related to sustainability and partnerships are cross cutting and the assumptions concerning sustainability and partnerships are woven mainly into EQs 2, 3 and 4. Youth focus is also a cross cutting theme found in several of the EQs.

EQ1: To what extent is the Country Programme: 1) adapted to the needs of the population; 2) aligned with government's policies and priorities; and 3) aligned with UNFPA's policies and strategies, and global priorities including the goals of the ICPD Program of Action and the MDGs?

EQ2: To what extent were the CP's outputs for Reproductive Health and Rights produced and contributed to (or are likely to contribute to) sustainably improving access to and demand for high quality reproductive services especially for the most vulnerable groups?

EQ3: To what extent have the interventions supported by UNFPA in the field of population and development (PD) contributed in a sustainable manner to an increased availability and use of data on emerging population issues at central and regional levels?

EQ4: To what extent have the interventions supported by UNFPA in the field of gender equality (GE) contributed in a sustainable manner to improved responses to gender-based violence (GBV) and, to enable women to fully exercise their human rights?

EQ5: To what extent has the UNFPA CO made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the outcomes and outputs defined in the CP?

EQ6: To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms and used partnerships effectively?

EQ7: What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? What is the main UNFPA added value in the country context as perceived by national stakeholders?

[3] The OECD-DAC evaluation criterion, the impact, is not considered in UNFPA country programme evaluations, due to the nature of the interventions of the Fund, which can only be assessed in terms of contribution and not attribution.

The correspondence between evaluation questions and evaluation criteria is illustrated in the table below.

Table 1. Correspondence between Evaluation Questions and Criteria

	Relevance	Effectiveness	Efficiency	Sustainability	Coordination	Added value
EQ1	X					
EQ2		X		X		
EQ3		X		X		
EQ4		X		X		
EQ5			X			
EQ6					X	
EQ7						X

The evaluation questions have been translated into information needs, displayed in the Evaluation Matrix in Annex 2. The Evaluation Matrix links evaluation questions with corresponding assumptions to be tested, indicators, sources of information and methods and tools for the data collection.

Selection of the sample of stakeholders

A "Stakeholder Mapping Table" below has been developed using the UNFPA Strategic Plan, the CPAP, the Annual Work plans (AWPs), the Atlas project data and a stakeholder list developed by the Country Office. These and other documentation form the basis for selection of a sample of stakeholders to be met during the in-country data collection process. The UNFPA country programme involves a wide range of stakeholders including implementing partners, other organizations involved in implementation, direct and indirect beneficiary groups and donors, ministries and administrative entities, academia, civil society organisations, among others. The evaluators selected stakeholders to interview based on covering the interventions undertaken in the 2nd Country Programme as much as possible and getting opinions from a variety of sources of stakeholders. The stakeholders with close relationships to the intended outputs of the interventions, such as the managers and implementers of activities and the beneficiaries were prioritized.

Table 2: Stakeholder Mapping

<table>
<tr><th>Donors</th><th>Implementing Agencies</th><th>Other partners /stakeholders</th><th>Beneficiaries</th></tr>
<tr><td colspan="4">Strategic Plan Goal - To achieve universal access to RHR (including family planning), to promote reproductive rights, to reduce maternal mortality, and to accelerate progress on the ICPD agenda and MDG 5 (A and B)</td></tr>
<tr><td colspan="4">REPRODUCTIVE HEALTH AND RIGHTS</td></tr>
<tr><td colspan="4">Strategic Plan Outcome 2: Increased access to and utilization of quality maternal and newborn health services.</td></tr>
<tr><td colspan="4">CP Output 1.1: Policies and legislation to improve access to high-quality reproductive health services and commodities for vulnerable groups, especially women and youth, are developed and implemented.</td></tr>
<tr><td colspan="4">ATLAS – ARM2R21A</td></tr>
<tr><td>UNFPA</td><td>UNFPA, RIRHPOG</td><td>RoA Ministry of Health, RoA Ministry of Defense, NSS, IPPF</td><td>Medical workers, soldiers, military officers, population at large, individuals and married couples in targeted provinces and areas, youth and other vulnerable and minority populations in targeted provinces and areas</td></tr>
<tr><td colspan="4">Strategic Plan Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.
Strategic Plan Outcome 6: Improved access to RHR services and sexuality education for young people (including adolescents).</td></tr>
<tr><td colspan="4">CP Output 2.1: The capacity of health-care providers to provide high-quality sexual and reproductive health and HIV AND AIDS prevention services is strengthened.</td></tr>
<tr><td colspan="4">ATLAS – ARM2R21A</td></tr>
<tr><td>UNFPA</td><td>UNFPA, RIRHPOG</td><td>RoA Ministry of Health, RoA Ministry of Defense, NSS, FP units, PINK</td><td>Gynecologists and family doctors of Yerevan and regional maternities</td></tr>
</table>

<table>
<tr><td colspan="4">CP Output 2.2: The awareness of and demand for reproductive health and family planning services among women, youth and adolescents are increased.</td></tr>
<tr><td colspan="4">ATLAS – ARM2R21A, ARM2V602</td></tr>
<tr><td>UNFPA</td><td>UNFPA, RIRHPOG, Generation`s Solidarity Youth NGO</td><td>RoA Ministry of Health, Y-peer network, communities from community meetings list, Theatre for Changes NGO, mass media (UNFPA Armenia pool of media outlets), World Vision, PINK</td><td>Women and young people, general population of selected communities</td></tr>
<tr><td colspan="4">POPULATION AND DEVELOPMENT</td></tr>
<tr><td colspan="4">Strategic Plan Outcome 7: Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, RHR (including family planning), and gender equality.</td></tr>
<tr><td colspan="4">CP Output 3.1: Capacities of national and local institutions to implement Census 2011, to collect, update, analyze and manage socio-economic data disaggregated by gender and age.</td></tr>
<tr><td colspan="4">ATLAS – ARM2P11A</td></tr>
<tr><td>UNFPA</td><td>UNFPA, RoA National Statistical Service</td><td>RoA Ministry of Labour and Social Affairs, NSS, National Institute of Labor and Social Researches of MLSA of RA, the State Migration Service of the Ministry of Territorial Administration of RA, International Center for Human Development (ICHD), the Caucasus Research Resource Center Armenia (CRRC)</td><td>All line Ministries, National Institute of Labor and Social Researches of MLSA of RA, the State Migration Service of the Ministry of Territorial Administration of RA, Mission Armenia NGO, Union of Assistance to mothers with many children NGO, International Center for Human Development (ICHD), “Harmonic Society” Armenian Association of Social Workers, Yerevan State University, Civil Service Council of RA, the Caucasus Research Resource Center Armenia (CRRC) National Institutions</td></tr>
<tr><td colspan="4">Strategic Plan Outcome 4: Institutional capacities strengthened and mechanisms in place to respond to the needs of the vulnerable groups.</td></tr>
<tr><td colspan="4">CP Output 4.1: Capacity of government institutions is strengthened to develop and implement social policies related to population development and to effectively monitor and evaluate their implementation.</td></tr>
<tr><td colspan="4">ATLAS – ARM2P11A</td></tr>
<tr><td>UNFPA</td><td>UNFPA,</td><td>RoA National Statistical Service, RoA Ministry of Labour and Social Affairs, all line Ministries, National Institute of Labor and Social Researches of MLSA of RA, local administrations and NGOs</td><td>All line Ministries, National Institute of Labor and Social Researches of MLSA of RA, the State Migration Service of the Ministry of Territorial Administration of RA, Mission Armenia NGO, Union of Assistance to mothers with many children NGO, International Center for Human Development (ICHD), “Harmonic Society” Armenian Association of Social Workers, Yerevan State University, Civil Service Council of RA, the Caucasus Research Resource Center Armenia (CRRC) National Institutions</td></tr>
<tr><td colspan="4">GENDER EQUALITY</td></tr>
<tr><td colspan="4">Strategic Plan Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.</td></tr>
<tr><td colspan="4">CP Output 5.1: Increased national and local capacities to ensure gender equality, the empowerment of women, and to combat gender based violence.</td></tr>
<tr><td colspan="4">ATLAS – ARM2U506, ARM02GEN</td></tr>
</table>

UNFPA, Government of Norway	UNFPA, International Centre for Human Development NGO, Armenian Round Table Foundation of the World Council of Churches	RoA Ministry of Labour and Social Issues, RoA Ministry of Territorial Administration, RoA Ministry of Defence, OSCE Office in Yerevan, CoE, EU, Women's Council under Prime Minister, Inter-Agency Committee on Combating Gender-based Violence, Pro-Media Gender NGO, Theatre for Changes NGO, Armenian Democratic Forum NGO.	Governmental institutions at national and local level, women NGOs, women and girls, population at large.

2.3 Methods and tools for the data collection and analysis

The evaluation methodology is based primarily on standards and guidance described in *How to Design and Conduct a Country Programme Evaluation at UNFPA*[4] throughout the phases of the evaluation. Suggested and prescribed tools, such as the evaluation matrix, were adapted for the country programme context.

Evaluation methods were both quantitative and qualitative. Cross cutting issues such as vulnerable groups, youth and gender equality were addressed in the data collection through the TOR evaluation questions, questions and indicators in the evaluation matrix and targeted questions formulated in the interview guides. No primary quantitative data was collected during the evaluation (although primary qualitative data is collected) and data from secondary sources were checked to ensure they are gender-specific or gender disaggregated.

The data collection tools were designed around the assumptions and indicators found in the evaluation matrix. They included the following:

- **Desk review and analysis.** A review, prior to fieldwork, of relevant documents including government and UNFPA policy and strategy documents, Country Programme design and implementation plans, including the Annual Work Plans (AWPS) and Standard Progress Reports (SPRs), monitoring and assessment reports and relevant secondary data. UNFPA shared documents with the evaluation team via the extranet, and the team members individually searched for additional documentation.

Evaluation matrix. At the *design phase*, the matrix delineates further the focus of the evaluation. It reflects the process that starts with the definition of the evaluation criteria and ends with determining data requirements in terms of the sources and collection methods used to respond to the evaluation questions. The matrix specifies: the evaluation questions for each programmatic area and strategic positioning criteria; the particular assumptions to be assessed under each question; the indicators, the sources of information that will be used to answer the questions; and the methods and tools for data collection that will be applied to retrieve the data.

During the *field phase*, the matrix is used as a reference framework to check that all evaluation questions are being answered. At the end of the field phase evaluators use the matrix to verify that enough evidence has been collected to answer all the evaluation questions. The matrix tool is in a table format that helps evaluators to consolidate in a structured manner all collected information corresponding to each evaluation question. The table also makes it easier to identify data gaps in a timely manner, and to collect all outstanding information before the end of the field phase.

- **Key informant interviews, interview guides and interview logs.** The team met with **approximately 75** key informants**.** Separate semi-structured interviews were designed using interview guides for key informants (UNFPA staff, government counterparts, donors, other UN agencies, national and international NGOs) in Yerevan and selected sites to be visited in Armenia. The means of interviews were mostly face-to-face, whereas phone or skype interviews were also be held due to a tight time schedule and budget for travelling. Interview guides were prepared for key informants and FGDs for

[4] Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, October 2013.

an efficient process. Interview logs were kept by each evaluator (for both key informant and focus group discussion) in order to share data and record it effectively.

- **Focus group discussion (FGD).** The team conducted **10 FGDs.** These discussions were designed to focus on collecting key information in response to the Country Programme's intended results. The focus groups generally consisted of 6-8 people. They took place for end beneficiaries such as religious leaders, youth, and women. They were also conducted with those participating in institutional capacity development interventions such as health workers. (Please see the chart below for FDGs conducted.)

Site and Stakeholder Selection

The team selected **sites** for visits based on purposive sampling, given the resources and time limitations. The team selected sites for each programmatic area reachable by ground transport which are representative of the targeted populations and the planned interventions and that demonstrated a range of challenges and successes in the programme implementation. (See details below.) The selection of sites was based on: 1) locations illustrative of the UNFPA portfolio in Armenia; 2) those representative of the targeted populations; 3) sites that illustrate the planned interventions; and, 4) sites that demonstrate a range of challenges and successes at this point in the programme implementation.

The visits to the marz combined the RHR, PD and gender targeted interventions. Three day trips outside of the Yerevan area took place to Gegharkunik marz, the disadvantaged marz where a larger percentage of people are among the poorest in the country, to Ejmiatsin, a marz adjacent to Yerevan, and to Lori marz, which is of medium distance from Yerevan. Within the marz selected, the towns and villages visited consisted of the most remote or poorest and the main city which would have more resources.

Selection of stakeholders for key informant interviews and focus group discussions (FGDs) aimed to cover a wide variety of stakeholders including beneficiaries, NGOs, public institutions, donors, as well as other UN agencies. (See the stakeholder map above.) The diversity of backgrounds, regions and levels of involvement with UNFPA projects were considered in selecting the interviewees.

Data Analysis

The evaluation team ensured its independence and impartiality by relying upon a systematic triangulation of data sources and data collection methods and tools. As described above, the evaluation matrix and the interview log books were maintained by the evaluators for the purposes of documenting, sharing and promoting cross-analysis of data. In addition to the evidence-based and valid answers to the evaluation questions, the team drew conclusions on the performance of the country programme. These conclusions cut across the individual themes or topics of the evaluation questions and formed the basis for practical and concrete recommendations.

Confidentiality, UN Code of Conduct and Ethical Guidelines

All interviewees were assured of team confidentiality. The interviews were mainly conducted in informal settings as discussions of GBV and sexual and reproductive health issues may require personal trust. The team members closely adhered to the UN Evaluation Group Code of Conduct and Ethical Guidelines for Evaluations (2008).

Table 3: Interviews and Focus Group Discussions

Key Informants	Reproductive Health	Gender Equality	Population & Development	Youth	Management
UNFPA staff **Total UNFPA Staff = 18**	Country Office (2)	Country Office (2) Regional Office (1)	Country Office (2)	Country Office (1)	Country Office (1) Regional Office (1); UNFPA Country Director for Armenia (1)
Ministries and Lead Government Agencies	Ministry of Health (4); Republican Institute of Reproductive Health, Perinatology, Obstetrics and	Ministry of Labor and Social Issues (2) – Department of Women's Issues; Gender Equality	Ministry of Labor and Social Issues; National Institute of Labor and Social Research (2);	Arabkir Joint Medical Center – Institute of Child and Adolescent Health; Ministry	Ministry of Foreign Affairs (1);

Key Informants	Reproductive Health	Gender Equality	Population & Development	Youth	Management
Total Government = 26	Gynecology (1); Arabkir Joint Medical Center – Institute of Child and Adolescent Health (3); Women Consultancy Family Planning Unit Yerevan (1); Standing Committee on Health Care, Maternity and Childhood (3) ; International Planned Parenthood (4)	Committee of **Lori;** Development Bank; Gender Theme Group; Ministry of Defense (1); Ministry of Territorial Administration (1)	Interagency Committee on Coordinating Action Plan; National Statistical Services (2); Integrated Social Service Center Chambarak (1);	of Sport and Youth Issues (1);; Family Planning Unit Yervan; Standing Committee on Health Care, Maternity and Childhood; International Planned Parenthood	
Implementing partners **Total partners = 16**	World Vision; NGO "For Family Health" (1)	World Council of Churches Armenia (2); OSCE (2); International Centre for Human Development (ICHD) (2); Theatre for Changes (1); NGO ProMedia Gender; Interagency Committee on Combatting Gender Based Violence; Religious leaders (priests) (1)	Caucasus Research Center Armenia (1); World Vision (1)	Y-PEER network (1); Youth Advisory Panel (2); "House of Peers"; PINK NGO (3)	
UN agencies; Others **Total - 11**	WHO (2)	Gender Theme Group; British Council (1); Gender experts (2) UNDP (2)		UNICEF (3)	Resident Coordinator (1) , Resident Coordinator Office (1); Joint Programmes: UNDP, UNICEF; UNHCR (1),
Donors **Total = 4**	USAID (1)	European Union (1) Asian Development Bank (2)			
Total Key Informants = 75					
Focus Groups - Approximately 6 for reproductive health, 1 for gender equality, 2 for youth and one for journalists; Total = 10					
Government and Implementing partners		Lori Marz Women's Gender Committee		Y-PEER educators	Journalist: Golos; Media Lab; Armenia Now; Radio Liberty
Community Beneficiaries	**Pambak** women, Sevan Marz			Youth Advisory Panel	
Health care providers	Ejmiatsin city: **Armavir** Hospital Obstetrics and Gynecology; Family Planning **Alaverdi**; **Sevan** Family Planning Paramedical Unit				

Resource Requirements and Logistical Support. The evaluation team is grateful to the Country Office and especially the drivers for transportation in Yerevan and for travel to and within the marz. The team extends its thanks for the advice and support from the evaluation manager and assistants for selecting

and scheduling key informants and FGDs from the evaluation management and partners and steering the team to collect the evidence required.

2.4 Limitations and Constraints

Evaluability Assessment and Limitations and Risks
The most serious limitations and risks facing the evaluation included the following. The evaluators responded to mitigate these risks as described below.

- **Limitations of Annual Work Plans as tracking tools.** The Annual Work Plans (AWPs) form the basis for documenting programme interventions but are difficult to use to track and consolidate evidence with regard to the programmatic area results using the Standard Progress reports, which tend to be more valuable as an evaluative tool. For example, the AWPs may not list the "soft interventions"' such as advocacy, policy dialogue, national consultations, and institutional mediation. To mitigate this constraint and to supplement the AWPs, the team referred to the Country Office Annual Reviews (COARs), the Standard Progress Reports (SPRs) and the Atlas spreadsheets.
- **Data collection was limited on final beneficiaries** due to a) time constraints (total of 2 weeks allocated for the field phase) and b) budgetary constraints on travel. These constraints were mitigated by use of secondary data (reports, publications, national plans, regional strategy plans, brochures distributed, web-sites, etc.); through key informant interviews – with groups directly involved in the projects and interventions; purposive sampling – samples selected after a comprehensive review of the documents to select the right target groups; and, focus group discussions to gain a range of opinions.
- **Data collection on programmes will be limited.** There is a broad scope of interventions over the years of the 2nd CP and diversity of interventions and stakeholders and beneficiaries. Interviews were conducted with partners to the degree possible and secondary data collected through documentation.
- **Language constraints.** In order to facilitate communications among English and Armenian, translation was provided.

Table 4: Evaluation Limitations and Mitigation Measures

Limitations / Challenges	Mitigation Measures
Limitations of Annual Workplans as tracking Tools; limited listing of soft interventions	Supplemented with Country Office Annual Reviews (COARs), the Standard Progress Reports (SPRs) and the Atlas spreadsheets
Data collection limited on final beneficiaries due to time constraints and budget constraints to travel	Use of secondary data; Key informant interviews with groups directly involved in the projects; Purposive sampling; Focus group meetings
Data collection on programmes was limited due to broad scope of interventions	Interviews mainly with partners and reference to secondary data such as monitoring reports and surveys
Language constraints	Translation was provided in English and Armenian

3 CONTEXT OF THE UNFPA ARMENIA 2nd COUNTRY PROGRAMME

3.1 Political, economic and social context

The Republic of Armenia is a lower-middle-income country, landlocked in the southern Caucasus, at the juncture between Europe and Asia. Armenia has a population of 3.02 million and the country is divided into Yerevan city and 10 regions that are further split into 915 communities. The collapse of the Soviet Union in 1991 led to profound economic and societal changes in Armenia. Almost immediately after gaining independence, Armenia entered a period of economic and social crisis resulting in the mass impoverishment of the population. During the first decade of independence, high unemployment forced a quarter of the population to leave Armenia in search of jobs. The poor still rely significantly on fiscal transfers and private remittances. Of the approximately 11 million Armenians in the world, an estimated 7 million live outside of the country in 74 countries, mainly in Russia, the United States and France.[5] Remittances from migrant workers grew by 11% in 2012 constituting 14% of GDP.

Armenia's human development index (HDI) value for 2013 is 0.730—in the high human development category—positioning the country at 87 out of 187 countries and territories.[6] There are significant differences among the 10 regions of the country in terms of the economy. The proportion of the poor ranges from 20.7 % in Vayotz Dzor region to 46 % in Shirak, the region that was affected by a devastating earthquake in 1988. In 2012, the GNP per capita was 3,200 USD. After a period of double digit economic growth of 12% between 2001 and 2007, the country was harshly hit by the global crisis in the last quarter of 2008. As a result, GDP dropped by 14.1% in 2009. In 2010, 35.8% of the overall population was poor as compared with the 27.6% prior to the crisis in 2008. , According to the National Statistical Service, unemployment reached 6% in 2012, whilst ILO calculation methodology indicated 19%. Inflation has come down to 2.6% in 2012.

In 2003, the Government and civil society developed Armenia's first Poverty Reduction Strategy Paper (PRSP - I). By implementing the PRSP, the Government aimed to set the foundation for eradicating mass poverty and improving living standards by 2015 in accordance with the Millennium Development Goals (MDGs). In 2008, the PRSP–II was developed and in 2012, the *Armenia Development Strategy (ADS) 2012-2025* became the main national strategy to guide the country's overall development.

The Partnership and Cooperation Agreement in force since 1999 serves as the legal framework for Armenia- European Union bilateral relations and since 2004, Armenia and the other South Caucasus states have been part of the European Neighbourhood Policy. After several years working towards integration with the EU, and just weeks before Armenia was expected to initial an Association Agreement with the EU, the President of Armenia announced the Government's intention to instead join the Eurasian Customs Union led by the Russian Federation. Despite this change, the Armenian Government has reaffirmed its desire to continue strong cooperation with the EU in areas that do not threaten its membership in the Russia-led trade bloc, including its commitment to governance and human rights reforms.

3.2 Situation with regard to Reproductive Health and Rights

The **Maternal Mortality Ratio** (MMR) [7] is an important indicator of women's health. According to the Ministry of Health, in 2011-2013 the maternal mortality ratio decreased by 17% compared to 2008 and 2010 (23.2/100,000). For the first time in Armenia during the past several decades the rate of maternal mortality was registered below 20/100,000. This positive shift is partly attributed to an increase in budget

[5] "Armenia seeoost population". BBC News. 2007-02-21. Archived from the original on 3 September 2008. Retrieved 2008-09-05. http://en.wikipedia.org/wiki/Armenian_diaspora

[6] UNDP Human Development Index, 2012.

[7] The maternal mortality **rate** is defined as the number of maternal deaths in a given time period per 100,000 women of reproductive age, or woman-years of risk exposure, in same time period. The maternal mortality **ratio** is the number of maternal deaths during given time period per 100,000 live births during the same time. The MDG indicators for maternal mortality are measured in maternal mortality ratio.

allocations to reproductive health and to some extent to the operation of mobile emergency obstetric care (EOC) and travelling gynecologist teams (TGT) schemes. While the current maternal mortality indicators of Armenia are ahead of many CIS countries, the MMR is still far above the EU which is 5/100,000.[8]

The main causes of maternal mortality in the country are: extra-genital diseases (31 per cent); obstetric bleeding (27 per cent); hypertensive disorders (25 per cent); abortions (3 per cent); sepsis (8 per cent); and other causes (6 per cent).[9] The MDGs for maternal mortality are measured in maternal mortality ratio. The Government aimed to achieve the level of maternal mortality of 10.3 maternal deaths per 100,000 live births by 2015 which is close to the corresponding MDG Target 6A: *Reduce, by three quarters between 1990 and 2015, the Maternal Mortality Ratio.*[10] WHO notes the maternal mortality ratio to be 30 in 2010.[11]

The following indicators are noted according to the results of the 2010 Armenia Demographic Health Survey (ADHS).

- The **total fertility rate** is 1.7 children per woman, which is the same as the rate estimated by the 2000 ADHS and also the 2005 ADHS. Thus, there is no evidence of dramatic change in overall levels of fertility in Armenia since 2000.
- **Use of contraception** has decreased, from 61 % of married women in the 2000 ADHS to 55 % in the 2010 ADHS. However, the proportion of married women who use modern contraceptive methods increased from 20 to 22 % in previous ADHS (2000, 2005) to 27 % in the 2010 ADHS which is comparatively low. There is a steady decrease in the use of traditional methods (from 37 % in 2000 to 28 % in 2010).
- The 2010 ADHS **Total Abortion Rate** (TAR) for Armenia is 0.8 abortions per woman, a dramatic decrease since the 2000 ADHS rate of 2.6. The reason for such a considerable difference is not clear; however, it is notable that more married women reported use of modern methods of family planning in 2010 and the use of abortifacient drugs is not documented in the 2010 ADHS.
- **Facility deliveries** increased slightly from 97 % in the 2005 ADHS to 99 % according to the 2010 ADHS. In particular, Gegharkunik marz shows great improvement, increasing from 84 % in 2005 to 98 % in 2010, followed by the Aragatsotn marz, increasing from 88 % in 2005 to 100 % in 2010.

In Armenia the infertility rate is 17, of which the primary infertility is 5, and the secondary is 12; WHO standards consider above 15 to be critical.[12] The low availability of family planning services leads to heavy reliance on abortion with consequently high secondary infertility. Other causes may be high levels of STIs, and induced abortions, and low level of knowledge and awareness among youth. Armenia has a population of 1.18 million women aged 15 years and older who are at risk of developing cervical cancer. Current estimates indicate that every year 272 women are diagnosed with cervical cancer and 115 die from the disease. Cervical cancer in Armenia ranks as the 5th most frequent cancer among women and the 2nd most frequent cancer among women between 15 and 44 years of age.[13]

The Government of Armenia aspires to create a more efficient healthcare system with a focus on maternal and neonatal health which have been featured in a number of policy and strategy instruments, budgets, and interventions. These include the *National Strategy, Program and Actions Timeframe on Reproductive Health Improvement* (2007-2015), which was developed with support of UNFPA, the *National Program on Early Detection, Diagnosis, Treatment and Prevention of Cervical Cancer* (2006-2015), the *Strategy on Health and Development of Children and Adolescents* (2009-2015), and the *Law on Reproductive Health and Human Reproductive Rights* in 2002. In 2009 the Law on "Prevention of Disease Caused by HIV" was revised to meet international standards on human rights protection.

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[88] Ministry of Health, Karine Saribekyan, Head of the Maternity and Child Welfare Department, Armenia's Ministry of Health, said that the maternal and infant mortality rates are down in Armenia, Armenian News, 6/24/2014.
[9] UNFPA website - http://unfpa.am/en/safe-motherhood
[10] UN Data, accessed May 2013, http://data.un.org/Data.aspx?d=MDG&f=seriesRowID%3A581
[11] UNDP website - http://www.am.undp.org/content/armenia/en/home/mdgoverview/overview/mdg5/
[12] Survey on Infertility, Ministry of Health of RA, National Statistical Service of RA, UNFPA, Yerevan, 2009. [15] URL: http://www.prsp.am/new/pdf/PRSP2_02_Sep_eng.pdf.
[13] ICO Information Sheet on HPV and Cancer, January 2014.

Access to family planning services has improved but demand remains low. The unmet need for family planning has increased from 12% of married women of reproductive age in 2000 to 21.3% in 2010.[14] In Armenia, family doctors and pediatricians can provide family planning counseling referral to contraceptive services. Midwives and nurses are allowed to provide information on all methods and distribute condoms. Family planning training has been integrated into medical training module at the State Medical University.

The government will undertake the Total Market Approach (TMA), co-funded by USAID and implemented by UNFPA, to contraceptive procurement which may stem reliance on UNFPA for contraceptives. The total market approach (TMA) looks at what the public sector, commercial suppliers, and nongovernmental organizations can do to ensure a reliable supply of reproductive health commodities, in particular for family planning and HIV prevention. It takes into account that not all population groups are able or willing to pay the full market price for such commodities, and foresees subsidies or free supplies for those who cannot afford them. This helps ensure that the entire population has access to a wider range of affordable quality contraceptives, including marginalized or otherwise under-served groups.

Young People's Reproductive Health

According to the Government of Armenia (the "Conception of State Youth Policy", 1998) those between 16-30 years of age are considered as youth. [15] The Ministry of Sports & Youth Affairs has responsibility for youth and includes a Department for Youth Policy. An Armenia Council on Youth Affairs was established in 2000 under the Prime Minister and youth NGOs were added to this body in 2003. A Council on Youth Policy was established under the Prime Minister in 2009.[16]Additionally, a Youth Affairs Specialist is now established within local government (Marzpetaran). Another organization advocating for youth is the National Youth Council of Armenia (NYCA), an umbrella organization for over 70 youth organizations and is a platform of communication and cooperation. [17]

The 2013-17 *Strategy for the State Youth Policy of the Republic of Armenia* (2012) builds on the Conception of State Youth Policy (1998) and is based on research studies including the "National Youth Report of Armenia" (2011) and Aspirations and "Expectations of the Youth of Armenia" (2012) by UNDP. One of the key achievements was the adoption in 2009 of the *Strategy on Health and Development of Children and Adolescents* (2009-2015). A number of initiatives have been undertaken to strengthen youth sexual and reproductive health including the Reproductive Health Initiative for Youth in the South Caucasus (2007-2009) project co-funded by the European Commission (EC) and UNFPA; Youth Peer Education (Y-PEER) Network in Armenia; joint cooperation on "Capacity building in HIV and AIDS Prevention" in a UN Joint Programme (UNAIDS, UNFPA, UNICEF, UNDP); and the establishment of 34 youth-friendly health service (YFHS) centers all over Armenia with support by UNFPA.

During the recent two decades adolescent fertility in Armenia fell considerably. According to the National Statistical Service administrative records, the adolescent fertility rate declined from 69.1 (in 1990) to 25.7 (in 2008) live births to women aged 15-19 per 1,000 women in the same age group. There are however some differences in the corresponding indicator disaggregated by urban/rural criterion. The MDG 2015 goal of <30 has already been achieved. A comprehensive survey in 2009, "Sexual and Reproductive Health of Young People in Armenia", reported significant progress since 2005 in the level of awareness among young people about pubertal changes, human sexuality, sexual relations, pregnancy and childbearing, abortion, contraception and STIs and HIV and AIDS.[18] The Ministry of Education and Science incorporated sexual and reproductive health and HIV prevention and symptoms of AIDS topics into the "Healthy Lifestyle" in the mandatory curriculum in grades 8-11.[19]

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[14] 2000 and 2010 Demographic and Health Survey Key Findings, NSS, MOH, USAID, ICF International Calverton, Yerevan, 2012, p. 6

[15] "While there are no universally accepted definitions of adolescence and youth, the United Nations understands adolescents to include persons aged 10-19 years and youth as those between 15- 24 years for statistical purposes without prejudice to other definitions by Member States." Report of the Advisory Committee for the International Youth Year (A/36/215 annex) https://www.unfpa.org/webdav/site/global/shared/factsheets/One%20pager%20on%20youth%20demographics%20GF.pdf

[16] http://www.coe.int/t/dg4/youth/Source/Resources/Forum21/Issue_No15/N15_YP_Armenia_en.pdf

[17] http://www.youthpolicy.org/factsheets/country/armenia/

[18] Dr. Mary Khachickyan, "Sexual and Reproductive Health of Young People in Armenia - Results of Country-wide Survey and Case Studies, 2009". For Family and Health, Pan-Armenian Association. The Survey is conducted within the framework of the Reproductive Health Initiative for Youth in the South Caucasus project, co-funded by the European Union (EU) and the United Nations Population Fund (UNFPA).

[19] Ibid, page 54-55.

Sexually Transmitted Infections, HIV prevention and AIDS response

Although the prevalence of HIV and the symptoms of AIDS in Armenia are currently low, there is a risk that HIV prevalence can be aggravated particularly by intensive migration flows and a sharp increase of people living with HIV (PLHIV) in the region during recent years. According to the National Center for AIDS Prevention in the Ministry of Health, from 1988 to 30 June 2014, 1785 people living with HIV had been registered in the country with 238 new cases of people living with HIV registered during 2013, which exceeds the number of those registered annually in the previous years. Males constitute a major part in the total number of people living with HIV - 1239 cases (69.4%), females make up 546 cases (30.6%). The 1785 reported cases include 36 cases of HIV infection among children (2%). Approximately 54% of the people living with HIV belong to the age group of 25-39 at the moment of the confirmation of HIV.

Since 2005 interventions have been scaled up considerably and the Government has improved its institutional capacity to prevent HIV and respond to AIDS, including the development of the National Programme on the Response to HIV Epidemic in Armenia for 2007-2011, and increasing the number of Voluntary Counselling and Testing (VCT) to 155. HIV prevention and AIDS treatment, care and support is being provided in accordance with the National HIV and AIDS Treatment and Care Protocols and creation of a National HIV and AIDS Monitoring and Evaluation System. However, the Government contribution towards HIV prevention and AIDS response is less than 20% of required funding.

Prenatal Sex Selection

The male sex ratio at birth rose immediately after Armenia's independence and remains at the very high level of 114-115 of male births per 100 female births. This corresponds to one of the highest levels of birth masculinity observed anywhere in the world, surpassed only by China (118) and Azerbaijan (116). A study published in 2013 provides a systematic review of statistical evidence in order to establish the magnitude of adverse sex ratios, their demographic and socioeconomic determinants as well as their potential consequences for Armenia's population dynamics. [20]

A study in 2011 indicated that the main reasons for son preference included continuation of the family lineage, ability to inherit property, promotion of material well-being, defence of homeland and sources of financial support.[21] Parliamentarians in Armenia are discussing a ban on doctors revealing the sex of a fetus before the 30th week of pregnancy, which they hope will reduce selective abortions, however such legislation is still controversial. Projections by the *Sex Imbalances at Birth in Armenia, Demographic Evidence and Analysis*, 2013 indicate that persistent prenatal sex selection would reduce the number of female births by up to 2,000 births per year in the future. [22] UNFPA has supported a number of interventions to promote awareness of the issues, including media coverage, meetings and production of brochures.

3.3 Situation with regard to population and development

The total population of the country is about 3.02 million, 1.1 million of which is located in the municipalities of Yerevan and the remainder in the 10 regions composed of 915 communities. Of the communities, 49 are urban communities and Yerevan which has a status of a local government body.[23] The urban population makes up 63.3 % of the total population and while the rural population is 36.7 %. Rural women comprise 18.4 % of the total female population. The number of female and male headed households (FHH and MHH) in rural and urban areas comprises respectively 26.2 % (FHH rural) and 73.8 % (MHH rural), 33.2 % (FHH urban) and 66.8 % (MHH urban) in 2011.[24]

During the transition period, Armenia has been through political, economic and social transformations, with some reduction in inequality and unemployment. Gross income inequality, in turn, increased from

[20] *Sex Imbalances at Birth in Armenia, Demographic Evidence and Analysis*, 2013, Christophe Z. Guilmoto, IRD/CPED, Paris, page 7
[21] *Prevalence of and Reasons for Sex-selective Abortions in Armenia*, 2012, Working Group of UNFPA, Ministry of Health, National Statistics Services and Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology, pages 33 and 41.
[22] *Sex Imbalances at Birth in Armenia, Demographic Evidence and Analysis*, 2013, page 9.
[23] Source. Ministry of Territorial Administration
[24] Women and Men in Armenia 2012, statistical Booklet, NSS RA, Yerevan 2012, p. 63

0.339 in 2008 to 0.372 in 2012.[25] The income-based Gini coefficient decreased from 0.395 in 2004 to 0.389 in 2008 (still one of the highest the ECA region) and, contributing to poverty reduction. Remittances alleviate the inequality in Armenia.[26] A study supported by UNDP (2002) found that inequality in Armenia had a significant impact on poverty.[27] By 2012 *both* inequality indicators measured by the Gini coefficient were on the rise, but income inequality was still higher.

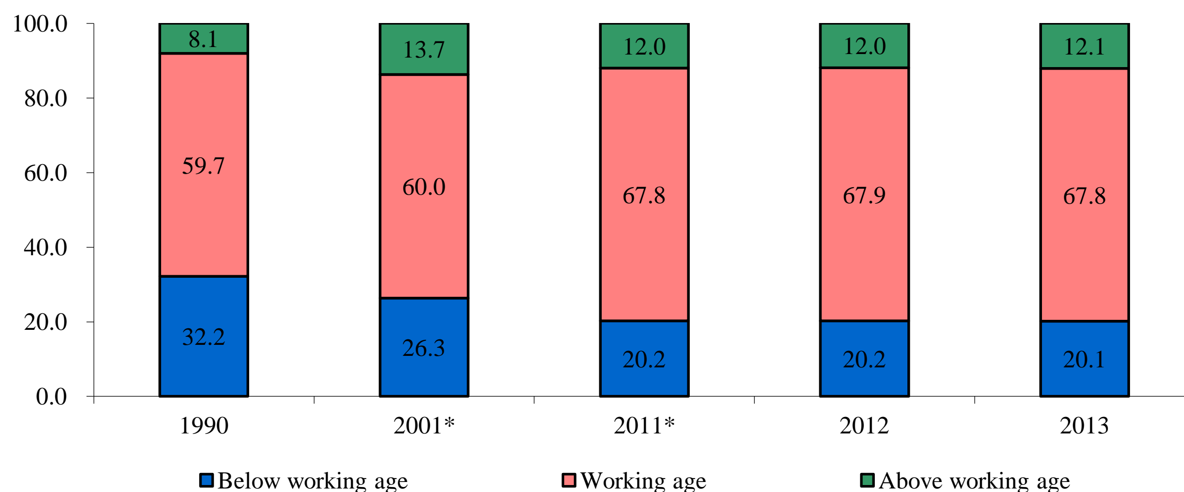
In 2012, the average life expectancy rate was 70.9 years for males and 77.5 years for females. The corresponding figures were 70.8 for males and 77.6 for females among the urban population, and 71.0 and 77.4 years among the rural population.[28] As in several countries in the region, both birth rates and death rates have declined. In 2012, the number of deaths decreased by 0.3 % as compared to the previous year. At that point the crude mortality rate constituted 9.2 % in urban communities and 9.0 % in rural communities. Among the total number of deaths recorded in 2012, 51.7 % were males and 48.3 % were females, as compared to respective indicators in 2002 of 51.2 % and 48.8 %. Given the difference in mortality rates between males and females, their average life expectancy rates also differed (see rates on life expectancy discussed earlier in this paragraph).

Age Structure and Household Composition

The age and sex structure of the population of Armenia has undergone significant changes over the period from 1990-2012, conditioned by both decreased birth-rates, relatively high life expectancy for both males and females, and the expressly male-dominated emigration process (Graph 1). The share of children under 16 years of age declined from 32.2 % in 1990 to 26.3 % as per Census 2001 and 20.2 % as per Census 2011. The share of the working age population changed from 59.7 % to 60 % and 67.8 %, respectively, while that of the population above the working age changed from 8.1 % to 13.7 % and 12 %, respectively.

According to current population estimates based on the results of Census 2011, at the beginning of 2013, the working age population (16-62 years) constituted 67.8 %. The share of population below the working age (0-15 years) was 20.1 % while the share of the population above working age (63 years and more) represented 12.1 % of the population. The number of elderly and underage persons (0-15 years old) constituted 475 per 1000 of the working age population.

Figure 2. Armenia: Age Structure of Population 1990, 2001, 2011-2013 (as of Beginning of Year) [1] **According to Population Census data; Source:** RA NSS



[25] Social Snapshot and Poverty in Armenia report, NSS RA, Yerevan 2013

[26] Gini coefficient in Yerevan, under no remittance assumption, would increase from 0.412 to 0.424, while in other urban areas - from 0.367 to 0.392 (ADB, Country Report on Remittances of International Migrants and Poverty in Armenia, 2008)

[27] UNDP, "Growth, Inequality and Poverty in Armenia", a Report Commissioned by the Poverty Group, Bureau for Development Policy, United Nations Development Programme, Lead Author: Keith Griffin, Contributors: Thomas Kelly, Terry McKinley, Bagrat Asatryan, Levon Barkhudaryan, Armen Yeghiazarian, August 2002

[28] The Demographic Handbook of Armenia 2013, NSS RA, p. 24

Challenges in population and development

Decrease in the Total Population. As per the Census of 2011 period the resident population number in Armenia is lower than the same indicator in 1980 by several thousand. Despite of short-term fluctuations in population number in the past 30 years the constant decrease in being started in 1992 which is a result of migration. The impact of non-calculated migration is significant from demographic situation point of view, which becomes notable during population censuses. Particularly, the data for 2001-2011 period was positive with regard to natural growth increase and decrease in net migration. This was most visible since 2004. But, according to the Census 2011 results, the resident population number actually has decreased during the past 10 years by 200,000. This means that the estimated decrease of the resident population due to emigration within the decade between the censuses constituted around 320,000 persons. There is no mechanism to register all migration trends in Armenia but, new information system has been introduced since 2011 which uses electronic registration at the border. It is therefore now possible to conduct more realistic assessment of migration rates.

The following are also notable factors in population dynamics[29]:

- The considerable deformation of population age-sex structure of the country is one of the significant demographic consequences of mass emigration which is conditioned by high share of male population in the active reproductive age emigrating from the country. This factor has negatively influenced fertility rate, marriage-family processes and the mortality rate.
- Age-sex disproportional distribution of Armenian population should be estimated as unfavorable from demographic point of view which is conditioned with predominantly male participation in emigration processes. Population age-sex pyramids illustrate this statement.
- Disproportional sex distribution is more pronounced in older age groups. As of beginning of year 2008 the proportion of male population aged 60 and older comprised 40.5% and females comprised 59.5% within total population structure. Proportion of female population comprised 74.4% among population aged 85 and older.
- Youth aged 15-24 are also a significant proportion of the population.
- Rapid decrease of absolute and relative values of marriage during the 1990's (by around 1.7 and more than 1.5 times respectively), according to rough calculations, is only conditioned by 15-17% decrease in the number of population in marital age caused by changes in the age structure.

Fertility rates. The rapid decrease in fertility rates during the 1990s, in terms of both current trends and prospects, is one of the most severe demographic challenges of the post-Soviet Armenia. Moreover, regarding the fertility rate the self-regulation possibilities of country's unfavorable situation in terms of fertility are not realistic.

Population ageing is one of the biggest challenges in the country. Population or demographic ageing is an increase in the share of the elderly among general population as a result of long-term demographic transformations and, in part, a consequence of migration. As per the UN demographic ageing scale if the population aged 65 and over comprises more than 7%, the population is considered to be aged. In 2013 10.6% of the population was aged 65 and over, or 319,500 people.[30]

3.4 Situation with regard to Gender Equality

According to the Gender Gap Index published by the World Economic Forum (2013), Armenia ranks as 94 out of 136 countries, and 0.663 which indicates a less favorable standing compared to the 2011 rating of 84 out of 135 (O.665).[31] Declines were mainly due to lower scores in the area of economic participation. Armenia scored the lowest in "estimated earned income" and "women as legislators, senior officials, and managers." In contrast, Armenia scores very high in educational attainment with an almost perfect equality score.

[29] Source: Strategy of the Demographic Policy of the Republic of Armenia; Annex I RA Government Decree N 27, 02.07.09.
[30] The Demographic Handbook of Armenia – 2011, NSS RA, Y. 2013, p.19.
[31] The Global Gender Gap Report, 2013, World Economic Forum

On the Gender Inequality Index (GII), Armenia has a value of 0.34, ranking it 59 out of 148 countries in the 2012 index. According to the major indicators used for the GII, 94.1 % of adult women have reached a secondary or higher level of education compared to 94.8 % of their male counterparts. Female participation in the labour market is 49.4 % compared to 70.2 for men. In comparison, Georgia and Azerbaijan are ranked at 81 and 54 respectively on the GII. [32] Since 2010, there has been a rise in single-headed households by women, now reaching almost one third, thought to be related to high levels of migrant labor, especially in rural areas. Given the limits on women's economic opportunity, these households are vulnerable to poverty.[33]

Despite high levels of education among women, gender equality is not adequately addressed and women participation in political and economic interventions is low.[34] Women make up only 10.7% of the new National Assembly elected in the May 2012 parliamentary elections, although an amendment to the Election Code set a 20 % quota for women in party lists. The law netted 21 seats for women, however, many of the women, presumably at the instigation of their parties, gave up their positions, which were then taken by men. Hence only 14 women took their seats in the fifth convocation of the National Assembly. Representation of women in local self-governance (LSG) bodies is also low.

It is difficult to gauge prevalence of **violence against women** in Armenia largely because few cases are reported, particularly those of domestic violence, however the available data and research indicate that domestic violence is a serious problem that affects all strata of the Armenian society. Study conducted with the support of UNFPA in 2008, indicated that The data on violence against women as reported in the survey by the respondents indicate that this phenomenon is a common occurrence in Armenia and that intimate partner violence accounts for the greatest share of physical and psychological violence and controlling behaviour.[35] National criminal statistics on domestic violence are not collected separately from other criminal statistics. In 2012 there were 766 cases committed at a private residence, where 621 of the victims were female, 145 male, with 15 of the victims being adolescents. However, the relationship between victim and perpetrator is not evident in the statistics. Additionally, domestic violence is not limited to violence taking place in a residence or a shared residence; hence data on domestic violence is not available in Armenia.[36]

A number of **important reforms and initiatives** have been launched by the Armenian Government to promote gender equality, including implementation of the *National Action Plan on Improving the Status of Women and Enhancing their Role in Society* (2004-2010) and incorporation of these issues into the Government Programme for 2008-2012. The following primary and secondary legislation and planning documents pertain to Gender Equality:

- The Family Code (2004) was amended in 2013
- Gender Policy Concept Paper, 2010
- The National Gender Policy Strategy Action Plan (2011-2015), supported by UNFPA
- Strategic Action Plan to Combat Gender Based Violence (2011-2015), supported by UNFPA
- 2013 National Action Plan to Combat Gender-based Violence, supported by UNFPA

Several coordinating bodies have been established to promote gender equality and protection of women's rights, and to bring national legislation in compliance with the international standards. The interventions of NGOs and UN agencies help bridge some gaps in the national gender machinery. The UNFPA chairs a Gender Thematic Group which has functioned since 2010. Women's NGOs are among the most active segments of the Armenian civil society; moreover, their engagement is equally dynamic both in Yerevan and the regions. The traditional spheres of interventions for women's NGOs embrace protection of women's rights and enhancement of their participation in the socio-political life; promotion of women's

[32] HDI values and rank changes in the 2013 Human Development Report, UNDP.
[33] USAID Armenia 2010 Gender Assessment update, 2013
[34] Millennium Development Goals National Progress Report: Armenia, UNDP, Armenia, 2010.
[35] Nationwide Survey on Domestic Violence Against Women in Armenia, 2008-2009, This report is based on the *Armenia Nationwide Survey on Violence against Women*, conducted in 2008 by UNFPA "Combating Gender-Based Violence in the South Caucasus" project 1 (UNFPA CGBV) and the National Statistical Service (NSS) of Armenia.
[36] Women's Rights Center NGO. (August 2012). [Data provided in WAVE Country Report 2012 Questionnaire]http://www.wave-network.org/sites/default/files/06%20ARMENIA%20END%20VERSION.pdf

entrepreneurship, combating violence against women and provision of social services and involvement in charitable interventions . Free legal consultations are provided, as well as hotlines are established through the NGOs' efforts on a wide range of gender-related issues.

The challenges still remain in defining GBV in the national legislative framework, ensuring the adequacy of the labor code and defining opportunities for promotion in employment. More efforts are required in order to put into practice the recent recommendations from the CEDAW Committee to establish national machinery for women, to take the lead in coordinating and overseeing the implementation of gender equality measures in Armenia, and others. Efforts met with serious challenges in 2014. Citing shortcomings in its provisions, the Armenian government in January 2014 rejected a proposed bill on domestic violence, legislation that non-governmental organizations, international experts and government members had worked to get adopted for seven years. Secondly, the use of the terms "gender" and "gender equality" in Armenia's new law on equal rights stirred major discontent among those believing that the ambiguity of the words set a legal ground for gradual destruction of Armenian families. Pressured by public criticism and the concerns expressed by the Armenian Apostolic Church, the government has replaced "gender" by "equal rights and equal opportunities for men and women".[37]

A domestic-violence law would make it easier for victims to file complaints and gain protection. Only one shelter for abused women, operated by the Women's Support Center in Yerevan exists in Armenia. The Ministry of Labor and Social Affairs is now drafting a social-assistance bill, which includes several provisions on domestic violence, but does not include the needed support for police training, or measures designed to prevent abuse.[38]

Over the last decade**, trafficking in human beings** is one of the issues of concern. Armenia is a source country for 85% victims of trafficking (VoTs) identified in Armenia, including women and girls trafficked for sexual exploitation (80%) and men trafficked for forced labour (20%). Since 2002 the Government has made considerable progress in strengthening its anti-trafficking response, including improvement of the legal framework in line with international standards, institutional set-up, endorsement and implementation of two National Action Plans (2004-2006 and 2007-2009), establishment of the National Referral Mechanism of Trafficked Persons in 2008, and for the first time allocation of state funding for victims' assistance in 2009.

3.5 The role of external assistance

The role of the Government in international development cooperation in Armenia is to define the national priorities and invite partners and stakeholders to collaborate with their comparative strengths. The Ministry of Foreign Affairs negotiates, coordinates, implements and monitors Armenian international aid and technical cooperation development programmes and projects that are based on agreements with other countries and international agencies, including the United Nations system.

At present, the UN Country Team in Armenia is comprised of 14 Agencies, Funds and Programmes. The UN Country Team is headed by the UN Resident Coordinator and supported by the Resident Coordinator's Office. The technical coordination between the UNCT agencies takes place in the UN Communications Group; the Operations Management Team; four Thematic Working Groups around the Outcomes of the UNDAF (2010-2015) and three cross-cutting working groups on gender, HIV and AIDS and disaster management.

In 2005, the United Nations launched its first concerted effort to assist Armenia. This effort brought together several UN specialized agencies, funds and programmes that, together with multilateral and bilateral aid organizations, the Bretton Woods institutions, the Government and civil society organizations developed the first United Nations Development Assistance Framework (UNDAF) for the period of 2005-2009.

[37] A Matter of Interpretation: Parliament removes "gender" from new law under pressure from Church, traditionalists, Armenia Now.com, July 26, 2014.

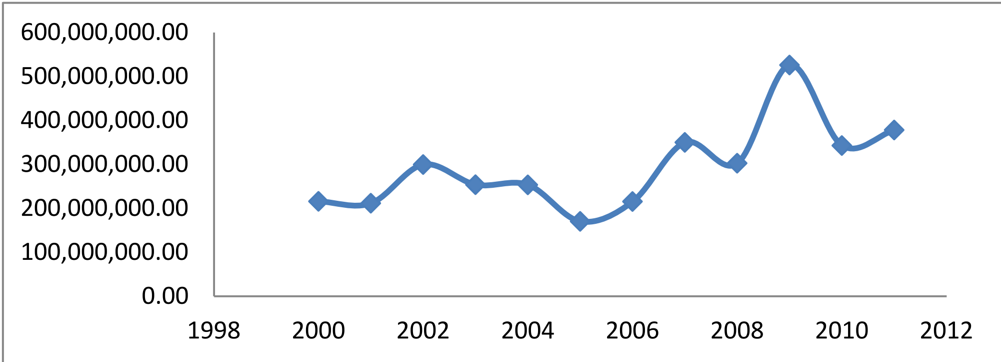
[38] Armenia: Activists Push for Domestic-Violence Law amid Official Indifference, EurasiaNet, March 7, 2014

According to the Government Development Strategy, the focus of international development cooperation in Armenia has been on laying the foundations for sustainable socially-oriented growth; ensuring access to enhanced economic opportunities; ensuring access to quality social services; promoting accountable, transparent and effective governing institutions; increasing the capacity of citizens to participate and exercise their rights and responsibilities, and of government institutions to comply with their obligations; supporting sound management of natural resources; and, improving effective management of natural resources. The UN in particular has played a key role convening the international community to promote sustainable human development.

Armenia receives between $250 million and $350 million a year in assistance from bilateral and multilateral agencies. According to OECD, cooperation is mainly focused on economic infrastructure and social sectors. Bilaterally, the largest net donor in recent years has been the United States, followed by the European Union. The IMF, Japan, World Bank, Germany, ADB, France, Global Fund and IFAD are also important donors. The United Nations provides about US$15 million in assistance per year combining all UN agencies assistance.

Development assistance continues to play a large socio-economic role in Armenia. Net official development assistance and official aid[39] received comprised $272 million in 2012, which increased from $170 million in 2005. This volume represents 2.6 % of GNI for 2012, amounting to $92 per capita.

Figure 3. Official development Assistance to Armenia, 2000-2011



Source: UN data, World Development indicators

Most of this aid comes from a relatively limited number of development partners and the aid portfolio is not diversified enough. The biggest sources are World Bank, Asian Development Bank, Austrian Development Cooperation, the European Union, the UN system and USAID.

3.6 The 2nd country programme in Armenia

Lessons learned from previous country programme cycles

The Country Programme Action Plan (CPAP 2010-2105) recalls lessons learned in the first country programme. One of the lessons learned is the fundamental value of accurate and timely data for development and importance of good planning, early preparatory activities and mobilization of financial and human resources, which can minimize difficulties and constraints at later stages of programming. Hence, this strategy was at the forefront when preparing for DHS 2010 and Census 2011.

While clear long-term national strategies relevant to the areas of UNFPA interventions are paramount, greater focus needs to be made towards quality assurance, sustainability and sound monitoring and evaluation systems. Efforts around gender equality and equity issues, including gender advocacy, education, male involvement and prevention of violence should capitalize on the achievements under the 1st CP.

[39] World Bank, World Development Indicators, 2014

Attention and efforts should be directed towards advocating the importance of the reproductive health commodity security in the broader context of reproductive health. While the legal framework is quite developed in the area of reproductive health in Armenia, implementation and actual enforcement require further attention, including the development of the sub-legislative framework.

Over the last few years of the 1st CP, it was evident that a more rigorous approach to capacity development is required. More evidence-based and systemic approach is needed to capacity development in line with a global framework on development effectiveness. Another lesson is that a broader appeal to the national priorities, increased Government involvement and ownership, as well as selection of strong implementing partners are critical and can ensure the high level of acceptability within the Government of Armenia.

Additionally, evidence from the joint programme reviews has suggested that joint programmes in cross-cutting areas such as HIV and AIDS prevention or UN-wide themes as capacity development significantly increase the efficiency and effectiveness of UN-led interventions. The implementation of these joint programmes provided a substantial learning opportunity for UNFPA Armenia country office, which also suggests that effective interagency collaboration and cooperation are instrumental for strong joint programmes, especially in cross-cutting issues such as gender equality, GBV, awareness raising on human rights.

Another lesson learned is that regional approach offers a number of benefits, and the next programming should capitalize on the existing successful regional cooperation in the South Caucasus through two major regional programmes on Combating GBV and Reproductive Health Initiative for Youth (RHR IYC).

In the first country programme, wide-reaching Armenian Diaspora and public-private partnerships (PPP) were untapped; hence for the 2nd programme cycle UNFPA Country Office (CO) will consider exploring more actively possibilities for partnership with the local businesses and the Armenian Diaspora, as well as will capitalize on the partnership with faith-based organizations (FBO) and the Armenian Church initiated in 2009. Finally, experience has shown that more attention needs to be paid to systematic use of human rights-based programming, continuous monitoring and regular evaluation. UNFPA Armenia CO also used the 15th Anniversary of ICPD to ensure that the ICPD agenda is more effectively reflected in the new programming.

Reconstruction of the intervention logic of the 2nd country programme

Based on the country programme documents (i.e., the Country Programme Action Plan (CPAP), the Annual Work Plans (AWPs), the Standard Progress Reports, and Atlas project data), the intervention logic of the programme (as illustrated in the logical diagram of effects presented in Annex 1) is discussed below. According to the AWPs, the interventions mentioned are highly relevant to contribute to the national Sustainable Development Programme (PRSP-II), the Country Programme (CP), the UN Development Assistance Framework (UNDAF, 2010-2015), and UNFPA Global outcomes and results.
Generally, the interventions undertaken by the country office could be typed as the following.

1. **Capacity building** including training (materials development, curricula preparation, quality assurance), mentoring, education, meetings, strategic planning, coordination, purchase of inputs, gender mainstreaming
2. **Research and information support** including conducting studies and supporting publications
3. **Advocacy** including advocacy through the media and public events for policy legislation and vulnerable groups.

The 2nd CP builds upon achievements planned in the first CP (2004-2009). These included establishment of "Traveling Gynecologist" and "Rapid Response System" in the country for hard-to-reach and poor areas contributing to the decrease in the maternal mortality ratio. The establishment of 75 Family planning units throughout the country provide medical counseling service and modern contraceptives that supported the increase of the modern contraceptive prevalence rate and the decline of the abortion rate.

The *Strategy of the Demographic Policy of the Republic of Armenia and its Action Plan* (2009-2035) was adopted and a demography course was introduced into the Yerevan State University Master's Degree curriculum. Support was provided to implement the 2010 pilot census and the 2011 Census. UNFPA promoted adoption and ratification of *Strategy on Ageing Issues and Social Protection of Elderly and its Action Plan*, and incorporation of healthy lifestyle and health education, including reproductive health, into curriculum of the secondary educational institutions (8-9 and 10-11 grades of schools) Support was provided to development and adoption of the *National Strategy, Program and Actions Timeframe on Reproductive Health Improvement* (2007-2015) and incorporation of reproductive health training courses into the curriculum of Yerevan State Medical University, and introduction of reproductive health and gender equality into the mandatory curriculum of the military. Adoption was promoted of the *Republic of Armenia Gender Policy Strategic Action Plan* for 2011-2015 and the *National Action Plan to Combat Gender Based Violence.*

The intervention logic of the Reproductive Health and Rights programmatic area

The Reproductive health and rights (RHR) programmatic area contributes to the goals set out in the Sustainable Development Programme (PRSP-II) which gives priority to maternal and child health protection and improvement of reproductive health and achievement of MDG 5, and **National Priority 3** on access to social services in line with sustainable development principles. The RHR programmatic area contributes to the **UNDAF Outcomes 3**: Access and quality of social services is improved especially for vulnerable groups. The RHR outputs also contribute to achieving the *UNFPA Strategic Plan* 2008-2011 (Extended to 2013) **Outcome 1**: Increased access to and utilization of RHR services. In 2012, the UNFPA global strategy was improved and the relevant outcomes are: **Outcome 3:** Increased access to and utilization of quality family planning services for individuals and couples according to RHR intentions; and **Outcome 6**: Improved access to RHR services and sexuality education for young people, including adolescents.

The planned CPAP Outcome for RHR is **CP Outcome 1**: Policies and legislation promoted to ensure universal access to health for vulnerable groups; and, **CP Outcome 2**: Health care providers ensure equitable access to improved quality services in targeted areas of Armenia. The RHR outcomes fall under Strengthening of RHR services, Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families, and Y-PEER network strengthening.

The following interventions under "Strengthening of RHR Services" (from 2010 to 2014) contributed to CP **Output 1.1**: Policies and legislation to improve access to high-quality RHR for vulnerable groups are developed and implemented; **Output 2.1**: The capacity of health care providers to provide high-quality RHR and HIV and AIDS prevention services is strengthened; and **Output 2.2:** The awareness of and demand for RHR and Family Planning services among women, youth and adolescents are increased.

In **2010**, support to the traveling gynecologist scheme continued, and a survey was initiated on sex selective abortions. Family planning (FP) training was conducted for physicians; training and material development was undertaken for the military on RHR/STIs/FP, and an RHR stock taking conference on "women's lives and health" was organized for medical and other stakeholders. In addition in 2010, a forum theater production was staged on HIV dedicated to World AIDS day. In **2011**, the survey on prenatal sex selection was implemented; pre- and post natal care training of obstetrics and gynecology practitioners was conducted; assistance promoted to improvement of sub-legislation on RHR; continuation of improving RHR awareness among the military; and, publication of an HIV surveillance manual in Armenian and English.

In **2012**, the "Prevalence and reasons for sex selective abortions in Armenia" was analyzed in-depth; training continued for more obstetrics and gynaecology practitioners and promotion of approval of sub-legislative acts on RHR and improvement of RHR awareness in the military; and quality assessment of maternity and neonatal services in selected maternity hospitals. A series of interventions targeted youth through peer network strengthening such as training and sensitization and public presentations. In 2012, a **joint programme** among UNFPA, WHO and UNICEF with World Vision Armenia, aimed to use a WHO assessment tool for quality for hospital care for mothers and newborns.

In **2013**, a number of interventions were undertaken in coordination with the the Ministry of Health (MoH) Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology (RIRHPOG), and the Ministry of Defense, which built upon the 2012 interventions. The support for the MoH programme of reforms for the RHR services included implementation of recommendations from the joint quality assessment, based on WHO standards, of maternal and neonatal care undertaken in 2012. The awareness raising campaign on sex imbalances and prevention of prenatal sex selection aimed to transform attitudes and stereotypes. Under "Y-PEER network strengthening" a number of interventions were undertaken to strengthen and enlarge the Y-PEER network and enhance the knowledge of RHR among young people.

In **2014**, in addition to continuation of promotion of sub-legislative acts, and development of national protocols and guidelines to improve MoH quality of services, communities in a pilot region will be assessed to identify the state of readiness for disasters/emergencies in order to provide the Minimum Initial Services Package (MISP) for RHR. Training also continued for military soldiers and officers.

Under "Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families" in **2010**, interventions contributed to **Outputs 2.1** and **2.2** as well as a **Joint Programme output**: 95% of the population in selected administrative regions benefit from client friendly health services provided by trained health care providers in equipped renovated healthcare facilities. In partnership with the Ministry of Health, Institute of Perinatology, Obstetrics and Gynecology, the targeted regions of Gegharkunik and Kotayk marzes, the health facility infrastructure was improved through provision of renovation of the medical unit; capacity development took place for health care providers were trained on evidence based approaches to management of pregnancy and delivery and communities sensitized on RHR and safe motherhood.

The intervention logic of Population and Development programmatic area

The Population and Development (PD) programmatic area contributes to the UNDAF **Outcome 2***: "Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation" and Outcome 3: "Access and quality of social services is improved especially for vulnerable groups".*

The PD outputs also contribute to achieving the UNFPA Strategic Plan **Outcome 7: "**Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, RHR (including family planning), and gender equality". The planned **CPAP Output 1 for PD** is identified as "Capacities of national and local institutions to implement Census 2011, to collect, update, analyse and manage socio-economic data disaggregated by gender and age " and "Capacity of government institutions is strengthened to develop and implement social policies related to population development and to effectively monitor and evaluate their implementation". The availability of data is essential for policy formulation and dialogue. Thus, the CPAP output is designed to contribute to monitoring of national development plans on improvement of data collection and dissemination at local and central levels on Population Development, including the data on emerging issues in reproductive health and gender based violence and other social spheres.

The PD interventions fall under "Capacities of national and local institutions to implement Census 2011, to collect, update, analyse and manage socio-economic data disaggregated by gender and age", the following **interventions** have been undertaken to contribute to the **CPAP PD Output 3 and 4.**

During **2010,** the final report on sample survey on fertility preference conducted in 2009, was translated into English, published and presented to line ministries and other national stakeholders. ("Analysis of Results of the Sample Survey on Fertility Preferences of Armenian Population", 2009). Support was provided to the development of the sound monitoring and evaluation (M&E) system for social policies, including the *Strategy of Demographic Policy* ratified in 2009. A unified master database was created at the National Institute of Labor and Social Research based on all existing databases from all sample surveys, including those conducted within UNFPA project "Population and Development Strategies".

UNFPA assisted in addressing specific capacity challenges for relevant specialists, particularly social workers, to develop and strengthen capacities of governmental institutions in delivery of quality social services. Training on basic demographics were also conducted for government officials and other interested parties.

During **2011**, public discussions of the "Strategy on Social Protection of Elderly People and its Action Plan" were held for key stakeholders. UNFPA continued the assistance in addressing specific capacity challenges for relevant specialists, particularly social workers, to develop and strengthen capacities of governmental institutions in delivery of quality social services.

During **2012**, support continued to data analysis of the 2011 Population Census. Analysis of legal, functional and institutional bases of protection of rights and interests of Armenian labor migrants, identification of gaps and a recommendations package were developed and introduced. Current demographic problems were analysed and identified through desk reviews and secondary analysis. UNFPA continued the assistance in addressing specific capacity challenges for relevant specialists. In 2012, the regulation for master database application/utilization and its technical provision was developed and introduced.

The major interventions in **2013** included: Elaboration and revision of legislative and sub-legislative framework on fertility preferences, qualitative survey on fertility preferences, analysis of the youth employment situation in Armenia, Conference on Demographic Challenges, training for social workers within the framework of introduction of integrated social service system, and training on demography and M&E framework for government officials, academia and NGOs. UNFPA also planned to support the National Statistical Services (NSS) to develop Population Projections and to present and publish the detailed descriptive report and to create the database of private households addresses based on the 2011 Population Census.

The **2014** annual work plan includes two outputs, namely, "Capacities of national and local institutions to implement Census 2011, to collect, update, analyze and manage socio-economic data disaggregated by gender and age" , and, "Capacity of government institutions is strengthened to develop and implement social policies related to population development and to effectively monitor and evaluate their implementation". The following interventions were planned under the first output: elaboration of solutions of employment promotion for uncompetitive young people in the Armenian labor market through analysis, focus-group discussion and development of specific projects, development of mechanisms for preliminary identification of domestic violence victims and elaboration of relevant training modules for social workers and implementation of interventions within the framework of National Program on Demography. Under the second output, participation in international trainings and trainings for social workers and government officials, academia, NGOs were planned.

The intervention logic of the Gender Equality programmatic area [40]

The Gender Equality (GE) programmatic area contributes to the goals set out in Section 5 of "2004-2010 Republic of Armenia National Action Plan on Improving the Status of Women and Enhancing Their Role in Society"; "Eliminating Violence against Women", and to achievement of **MDG 3**, "Promote gender equality and empower women". In addressing gender-based violence (GBV), UNFPA is responding to the ICPD Programme of Action and other international and regional instruments including from Beijing+10 and the 2005 World Summit. The GE programmatic area addresses the Global UNFPA Strategic Plan (2008-2013) **Outcome 5**: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy***;*** **Outcome 6**: Improved access to RHR services and sexuality education for young people (including adolescents*, especially girls*)*,* ***and*** **Outcome 7***:* Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, RHR (including family planning), and gender equality.

[40] The Annual Workplans for Gender Equality are **AWP ARM1G42A** Combatting Gender Based Violence in the South Caucasus". **AWP2U506**"Prevention of Gender-Based Violence through Gender Transformative Approach", and **ARM02GEN**, the International Center for Human Development is undertaking an assessment and facilitating multi-stakeholder policy dialog on gender roles of women in the defense sector.

The programme contributes to **UNDAF Outcome 2** "Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation"; and **Outcome 3** "Access and quality of social services is improved especially for vulnerable groups"; and the **National Priorities**: "Increase the capacity of citizens to participate, exercise their rights and responsibilities and government institutions to comply with their obligations", and "Access to social services in line with sustainable development principles".

The GE programmatic area supports **UNFPA CP Outcome 5**: Improved structures and mechanisms at centralized and decentralized levels ensure realization of human rights, with particular focus on gender equality, and combating GBV; and, **CP Outcome 6**: Communities and people have the capacities to claim their rights and participate in decision making processes. It also contributed to: **CPAP Output 5.1**: Increased national and local capacities to ensure gender equality, the empowerment of women, and to combat gender based violence; and, **CPAP Output 6.1**: Awareness and knowledge of citizens on gender, gender based violence, and sexual and reproductive rights increased.

In **2010**, the interventions fall under "Combatting Gender Based Violence in the South Caucasus". UNFPA aimed to create enabling environment for reduction of gender based violence in Armenia, working with a number of partners in government, UN, NGOs and civil society. Interventions undertaken included: conducting a Nation-wide survey on domestic violence against women in Armenia and three focused surveys; a country-wide campaign on dissemination of the findings of the nationwide survey; 16 days of activism against GBV and men against violence campaigns; a regional Training of Trainers (TOT) on male involvement in advancing gender equality; an assessment of national legislation from a GBV perspective; a documentary film on domestic violence ("The Butterfly") developed and screened; more than 90 awareness raising events; a National Action Plan on gender equality developed; and, a National action plan to combat GBV prepared.

In **2011**, continued with "Combatting Gender Based Violence in the South Caucasus" intervention continued. The full report on the nation-wide survey on domestic violence against women in Armenia printed in Armenian and English versions and disseminated. The research report "Gender dimension of civic and political participation" was prepared and disseminated. A film series on types of GBV developed and screened and a contest and workshop for journalists was organized. The 2011-2015 National action plan on gender equality and the 2011-2015 National action plan to combat GBV in the RA approved by the Government and a manual for social workers developed.

In **2012,**"Prevention of Gender-Based Violence through Gender Transformative Approach", the interventions conducted with the World Council of Churches, Armenia Round Table, included: development of and introduction of methodology and tools for priests to conduct a formative survey regarding specific gender norms and GBV in their communities; training for selected priests on Gender Transformative Programming and violence against women; implementation and analysis of the formative survey and development of a strategy and 10 Action Plans; and sponsoring television programs on the project topics by priests and the relevant stakeholders. In addition, the Forum Theatre performed a play on gender stereotypes in Yerevan and 4 regions of Armenia; and outreach conducted through implementation of focus group discussions, education sessions, seminars and awareness raising meetings with boys and men, mixed groups of men and women, with newly-weds in churches and soldiers in the army. Additionally, the Minimum Initial Services Package (MISP) for emergency response was rolled out with training and multi-sectoral emergency teams developed jointly with UNDP and incorporating RHR into the Disaster Risk Reduction National Strategy.

In **2013**, the gender-transformative approach continued by targeting nine marz and building on the interventions using methodology piloted in 2012. Capacity development interventions include trainings and seminar-meetings conducted by experts on gender/gender transformative programming, spiritual leaders and secular specialists. The action plans were implemented on three levels: community, family, and individuals including education sessions at 40 schools in Yerevan and 10 sub-regions of Armenia and at Army units in Syunik, Tavush, and Vayots Dsor regions. Project visibility is promoted through: TV appearances of the priests on project interventions, GBV prevention, violence in families, and men's

involvement in GBV prevention, and dissemination of the leaflets on family well-being printed during the previous project period. In **2014**, the gender-transformative approach continues with interventions in eight marz with training, awareness raising, and promotional interventions through the media. Under another annual work plan, the International Center for Human Development is undertaking an assessment and facilitating multi-stakeholder policy dialog on gender roles of women in the defense sector.

3.7 The financial structure of the programme

UNFPA initially committed US $4.8 million over the six years of the 2nd Country Programme of assistance to the Government of Armenia (2010-2015). The breakdown was as follows: (a) reproductive health and rights (US $2.0 million); (b) population and development (US $1.6 million); and (c) gender equality (US $ 0.9 million). An amount of US $ 0.3 million was allocated for programme coordination and assistance.

Funds allocated to PD decreased in 2014 by 12.3%. Disbursements were somewhat less than budgeted amounts for 2010-2013 (see chart below). In 2013 disbursement of core resources made 95.9% which was lower than the same indicator for non-core resources (100%). Main partners of UNFPA in PD were Ministry of Labour and Social Issues and National Statistical Service.

Table 5. DISTRIBUTION/EXPENDITURES OF CORE RESOURCES PER PROGRAMMATIC AREAS (USD)

	2010		2011		2012		2013		2014	TOTAL RECEIVED
	budget	disbursement	budget	disbursement	budget	disbursement	budget	disbursement	budget	
ARM2P11A Capacities of national and local institutions to implement Census 2011	185,518	183,791	261,517	260,544	229,000	221,723	203,280	200,995	178, 000	**1,057,315**
ARM1G42A Combatting Gender Based Violence in the South Caucasus	45,765	45,687	10,000	10,000	-	-	-	-	-	**55,765**
ARM2R21A Strengthening of SRH Services	140,200	140,322	188,303	181,099	198,600	196,111	222,434	203,122	164,600	**914,137**
ARM2A11A Project Coordination and Assistance project (Umbrella)	83,458	83,871	75,215	75,346	120,052	114,785	63,200	61,491	85,000	**426,925**
ARM2G21A Strengthening of SRH Services (project with SAMSA)	45,316	46,206	33,965	33,954	-	-	-	-	-	**79,281**
RHIYCAUC	3,241	3,241	-	-	-	-	-	-	-	**3,241**
ARM2U506	-	-	-	-	50,300	50,252	23,590	23,590	24,668	**98,558**

Prevention of Gender-Based Violence through Gender Transformative Approach										
ARM2U602 **Y-PEER network strengthening**	-	-	-	-	-	-	42,930	42,543	10,368	**53,298**
ARM02GEN **The International Center for Human Development Assessment**	-	-	-	-	-	-	-	-	35,000	**35,000**

Table 6. DISTRIBUTION/EXPENDITURES OF NON-CORE RESOURCES PER PROGRAMMATIC AREAS (USD)

	2010		**2011**		**2012**		**2013**		**2014**	**TOTAL RECEIVED**
	budget	disbursement	budget	disbursement	budget	disbursement	budget	disbursement	budget	
ARM1G42A (NOA33&3FPAM) **Combatting Gender Based Violence in the South Caucasus**	387,616	316,233	86,908	72,870	-	-	-	-	-	**474,524**
ARM1R22A (UHA23) **Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families**	8,655	8,655	-	-	-	-	-	-	-	**8,655**
ARM2R21A (UQA46) **Strengthening of RHR Services**	-	-	27,820	27,809	-	-	-	-	-	**27,820**
ARM2P11A (3FPAM) **Capacities of national and local institutions to** implement **Census 2011**	-	-	-	-	-	-	1,946	1,946	-	**1,946**

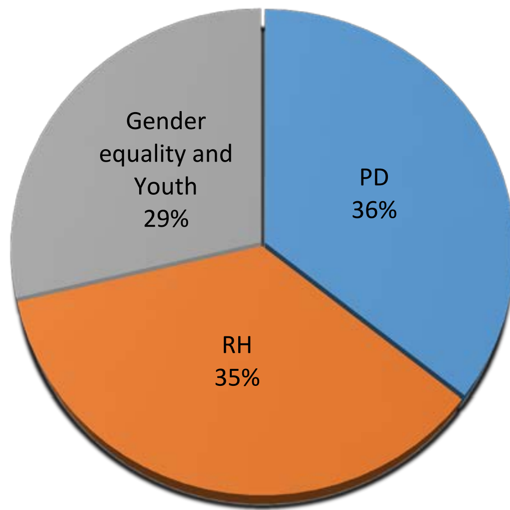
ARM02TMA (USA26) **Total Marketing Approach for contracep-tives**	-	-	-	-	-	-	-	-	130,083.20*	**130,083.20**

*USAID funding for ARM02TMA project is to be provided for 2014-2016 and is in total 795,625 USD, plus UNFPA will contribute to this program its own funds in the amount of 207,500USD

Figure 4. 2nd Country Programme: Planned Resources per year (2010-2014)

Figure 5. 2nd Country Programme: Distribution of Core and Non-Core Resources

Figure 6. Country Programme budget allocations 2010-2014


Gender
equality and
Youth
29%
PD
36%
RH
35%

4 FINDINGS (RESPONSES TO EVALUATION QUESTIONS)

4.1 Relevance

To what extent is the Armenia 2nd Country Programme (2010-2015): 1) adapted to the needs of the population; 2) aligned with government's policies and priorities; and, 3) aligned with UNFPA's policies and strategies? (EQ1)

Summary

UNFPA based planning for the 2nd Country Programme on assessments, research and consultation with partners. UNFPA adapted the programme as new evidence became available to address regional disparities and to increase demand for reproductive health services, to strengthen demographic changes and imbalances, and to address domestic violence. UNFPA used media coverage, meetings and production of brochures to draw attention to high levels of pre-natal sex selection. UNFPA has included many of the high risk people such as youth, however, some such as sex workers and the lesbian, gay, bisexual and transgender (LGBT) community are not specifically highlighted for identification and targeting.

The UNFPA 2nd Country Programme is well aligned with the UN Development Assistance Framework for Armenia (2010-2015) and effectively incorporates the International Conference on Population and Development objectives. The youth and women's equality themes should have been more effectively integrated in planning. There are numerous examples of effective South-South Cooperation. Relevant national policies and strategies in addition to lessons from the previous programme (2005-2009) form a strong foundation.

4.1.1 Adaptation of the country programme to the needs of the population, in particular those of vulnerable groups

Planning was based on assessments, research and consultation with partners and UNFPA adapted the programme as findings became available to address regional disparities and increase demand for reproductive health services, strengthen demographic changes and imbalances, and address domestic violence. UNFPA has included many of the high risk people such as youth, however, some such as sex workers and the lesbian, gay, bisexual and transgender (LGBT) community are not specifically highlighted for identification and targeting.

Reproductive Health and Rights

Planning for **Reproductive Health and Rights (RHR)** was based on needs assessments, research and consultation with partners and the targeted groups. UNFPA has planned for appropriate interventions in consideration of its capacity and funding. The positioning of the UNFPA Reproductive Health staff in the Ministry of Health (MoH), Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology (RIRHPOG) aims to strengthen relevance through long term relationship building and joint planning, and this strategy is successful as per interviews that highlighted UNFPA participation in discussing key issues on a daily basis.[41]

UNFPA has supported studies over a number of years contributing to national RHR services and to the knowledge basis for planning interventions with the MoH, based on jointly determined needs. These include "A Clinical and Epidemiological Study of the Prevalence of Cervical Pre-cancer/Cancer and Sexually Transmitted Diseases (2005), and "Clinical and Epidemiological Survey and Etiology, Prevalence of Infertile Marriages" (2009).

[41] Key informant interviews

Pre-natal Sex Selection

The UNFPA evolving work in the area of pre-natal sex selection is based on studies offering survey analyses which underpin the interventions. In 2011, within the framework of “Strengthening Sexual and Reproductive Health Services”, a working group with members from UNFPA, the Ministry of Health and RIRHPOG, undertook a study.[42] The study aimed to ascertain the prevalence of and to identify the main reasons for sex selective abortions including public perceptions, to study the pregnancy histories and outcomes and to explore the prenatal sex determination tests and their outcomes. The report produced a number of important conclusions which strengthened the strategy for confronting the issues:

- The more births women have, the lower percentage of pregnancies result in live births
- Son preference is 2.7 times higher for all surveyed women
- Income and location are important predictors: Urban women and women with tertiary education, the sex ratio at birth is higher for boys, reaching unprecedented levels of 3.2 for women with tertiary education in the case of the second through the fifth child; among higher income levels, the predominance of boys among fourth and fifth children is unprecedented with the sex ratio being 8.2 and 7.6 respectively.

This study set the stage for research which further clarified the potential causes of the prenatal sex selection. The *Sex Imbalances at Birth in Armenia, Demographic Evidence and Analysis*, 2013, confirmed that the three preconditions for sex selection are met in Armenia: 1) traditional patrilineal families characterized by a weakening of government institutions and public services; 2) prenatal technology allowing women to know the sex of their child in advance of birth and easily accessible abortion; and, 3) rapidly plunging birth rates and decline of fertility. The reduction in average fertility levels has been accompanied by a drastic fall in the number of third or higher-order births and this has directly affected the gender strategy of parents with two daughters. Besides parity and the sex composition of the family, the causal nature of other characteristics is complex and not particularly conclusive regarding residence, socioeconomic status and education levels. Son preference however, seems distinctly more pronounced in a cluster of provinces in Central Armenia displaying markedly higher levels of birth masculinity with Gegharkunik recording the highest values.

The report recommends the need for further analysis of statistical sources depicting the extent and determinants of sex imbalances at birth; new research on the mechanisms of skewed sex ratio at birth and factors behind son preference and gender inequity in families; the need to increase awareness in society regarding the nature and consequences of sex imbalances at birth and to involve the medical communities in the process, and the need to launch a policy dialogue with all concerned government departments to tackle sex selection and other components of son preference. In order to draw nationwide attention to the issues, UNFPA has supported a number of interventions including media coverage, meetings and production of brochures. (See more discussion in the Reproductive Health and Rights section.)

Adaptation of the country programme to the needs of the most vulnerable

The most recent official statistics regarding RHR emanate from the Demographic and Health Survey (DHS) 2010. Focus on capacity support to the national health system continues to be relevant due to challenges in achieving MDGs 3 (gender equality), 4 (child mortality) and 5 (maternal mortality) either partially or fully, and addressing regional discrepancies in RHR indicators. UNFPA has included many of the high risk people in the planning for the 2nd Country Programme. However, it is noted that some high risk groups, such as sex workers and the lesbian, gay, bisexual and transgender (LGBT) community are not specifically highlighted for identification and targeting as this may not be well accepted in Armenian society, although protection of their RHR rights forms part of the UNFPA mandate at global level. These people are included in other vulnerable groups reached with UNFPA support such as the poor, rural and women and youth groups, but the outcomes for these high risk groups is not known.

[42] *Prevalence of and Reasons for Sex-selective Abortions in Armenia*, 2012, Working Group of UNFPA, Ministry of Health, National Statistics Services and Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology, pages 40 and 41.

The main constraints in the RHR field are related to poverty, low spending on health, complex issues of ongoing health and social services reforms, and inequality (urban/rural) in access to services. In the health system in Armenia, citizens may not access all free services contained in the government-guaranteed Basic Benefits Package, and there is a lack of alternative financing mechanisms. As a result, the poorest households are hardest hit, paying the largest share of expenses proportional to income. The government allocates significantly less than the World Health Organization-recommended amount to health care, and these scarce resources are not used effectively. The demand for family planning is still low despite the establishment of 75 family planning units, with support from UNFPA. The units, located throughout Armenia, provide free of charge counselling and contraceptives.

To address these **demand issues**, UNFPA planned to engage in policy dialogue with the Government to increase the budget allocation to reproductive health commodities and strengthening the national capacity on Reproductive health commodity security. Progress has been made to this end through the government agreement on the Total Marketing Approach (TMA) described in the background section. UNFPA also planned to focus on the need to re-energize family planning units. The comprehensive behavior change communication (BCC) strategy is key for increasing the demand for RHR services, including youth-friendly health services; and it has proved to be an effective strategy through the previous cycle of assistance. Mass communication campaigns and other interventions were planned to contribute to increased utilization of modern methods of contraception, reduced unwanted pregnancies and unsafe abortion, prevented reproductive tract cancer cases, as well as improved awareness of RHR and HIV and AIDS issues in Armenia.

While the number of home deliveries has declined dramatically and antenatal coverage is very high, there are regional disparities and a difference between urban and rural populations in both respects, thus the most vulnerable and rural regions should be high on the list for interventions. The survey on infertility mentioned above notes that there is a significant urban-rural differential for number of antenatal care visits (at least 4 visits are required): 82%- urban, 53% -rural. There is a considerable variation by region in the extent of home delivery (0.2%-urban and 5.5%- rural), which could be due to a variety of factors, including greater distances to health facilities and personal financial constraints.[43]

To help address the **regional disparities**, the 2nd CP aimed to place further emphasis on expanding the coverage and outreach of mobile reproductive health teams (Traveling Gynecologist) and Emergency Obstetrics Care (EOC) teams to remote and poor areas. One intervention in the RHR programmatic area was continued from the previous cycle, within the framework of a Joint Programme on "Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families" commenced in 2009 by UN Agencies (UNHCR, UNFPA, UNDP, UNIDO, and UNICEF).

UNFPA planned to capitalize on the successful capacity development strategies and results within the first country programme and to expand the coverage of the beneficiaries. Plans were also made to support the improvement of the sub-legislation on in-patient and out-patient reproductive health care; strengthening the capacity of the Ministry of Health in Emergency Obstetrics Care (EOC) coordination and referral; improving the referral and data management at all levels; and assisting the development of a surveillance system to monitor and evaluate the accessibility and quality of reproductive health services.

Youth Sexual and Reproductive Health and Youth Development

There are documented increases in **youth awareness** of sexual and reproductive health and reduction in youth fertility rates in Armenia, however, youth still are vulnerable due to increasing incidence of STIs due to early onset of sexual relationships, liberalization of sexual relationships, and migration. Results of the 2009 country-wide survey clearly demonstrate that there is still lack of communication in Armenian families between children and parents on sexuality and RHR issues. The most important sources of information on the issue are friends and peers (97%), TV programs (90%), as well as magazines and brochures (87%). The great majority of young people favored introduction of sex education into the

[43] Survey on Infertility, Ministry of Health, National Statistical Service, and UNFPA, Yerevan, 2009. [15] URL: http://www.prsp.am/new/pdf/PRSP2_02_Sep_eng.pdf.

school curriculum (99%) and prefers sex education during the period of early adolescence.[44] The Ministry of Education and Science incorporated sexual and reproductive health and HIV and AIDS topics into the "Healthy Lifestyle" in the mandatory curriculum in grades 10 and 11. However, there are still communication constraints between teachers and adolescents due to the lack of teachers' knowledge and facilitation skills for provision of sexuality education lessons.

The attendance of young people to sexual and reproductive health (RHR) facilities has increased from 20% in 2002 up to 30% in 2009. However, obstacles remain for better access and quality, in particular obstacles related to the cost (72%), the lack of privacy (64%) and confidentiality (58%), distant location (29%) and unfriendly attitude of health providers (15%). Lack of easily available counselling services, trained personnel, information and educational programmes on healthy lifestyle, reproductive health and prevention of drug abuse, spread of sexually-transmitted diseases and HIV and AIDS puts many Armenian young people, particularly those living in rural areas, at high risk. In view of the nationally endorsed the *Strategy on Health and Development of Children and Adolescents* (2009-2015) and successful establishment of the 34 Youth Friendly Health Services (YFHS) centers countrywide, UNFPA is making efforts in close cooperation with the Government partners and UN agencies to support the operationalization and ensure an appropriate model for utilizing the YFHS centers.

UNFPA continues to support the introduction of RHR and gender issues into the mandatory curriculum for the military thus ensuring outreach to large groups of young males and a small percentage of females (7%) through the armed forces own health care services. In cooperation with the Ministries of Defense and Health, UNFPA will assist the training and health structures of the military to ensure access of young recruits as well as the officers to RHR commodities and services by preparing a pool of trainers within the armed forces structure and by developing special curriculum and information materials, which include reproductive anatomy, contraception, safe motherhood, prevention of sexually transmitted infections and HIV and AIDS, gender equality and GBV topics. UNFPA will also assist in expanding the Y-PEER network in Armenia and promoting youth participation on sexual and reproductive health and HIV and AIDS issues.

Sexually Transmitted Infections (STIs) and the HIV and AIDS situation

As mentioned in the background section, the HIV incidence in Armenia is currently low, but there is a risk that it can be aggravated particularly taking into account the intensive migration flows and inadequate spending by the government on prevention. The main modes of HIV transmission are through heterosexual practices (62%) and injecting drug use (29%). Additionally, there are also registered cases through homosexual practices, as well as mother-to-child HIV transmission and transmission through blood. Almost all the individuals infected via injecting drug use were men and almost all the women (98%) were infected through sexual contact. The situation assessment shows that the estimated number of people living with HIV in the country is about 3,700. Reliable statistics on STIs among the general population is limited, particularly among such groups as pregnant women and the military.

In regard to transmission of STIs and HIV, UNFPA planned to strengthen the capacity of family planning units/women consultancies and to integrating HIV prevention strategies into reproductive health services and improve knowledge and skills of obstetricians and gynecologists in HIV prevention and counselling to those suffering with symptoms of AIDS. In the CPAP and in view of the gaps in the baseline data, surveys were planned on prevalence of STIs among the pregnant women, among the military, and sex selective abortions (described above).

Population and Development

The UNFPA Country Programme (2010-2015) is based on the policy documents, such as: *Sustainable Development Programme* (SDP), *Armenia's Poverty Reduction Strategy Paper for 2007-2015*, and the Government Programme (2007-2012), sectoral national strategies, and the national development strategies and priorities related to ICPD goals and the United Nations Development Assistance Framework

[44] Dr. Mary Khachickyan, "Sexual and Reproductive Health of Young People in Armenia - Results of Country-wide Survey and Case Studies, 2009". For Family and Health, Pan-Armenian Association. The Survey is conducted within the framework of the Reproductive Health Initiative for Youth in the South Caucasus project, co-funded by the European Union (EU) and the United Nations Population Fund (UNFPA).

(2010-2015). The interventions and expected outcomes of the Country Programme are targeted at capacity development on country, regional and local levels, which are expressed by knowledge, experience exchange and skills development, information and databases, financial contribution, etc. For example, the 2010 Demographic and Health Survey and 2011 Census were defined by the legislation (law on Census 2001), and included in the programme of interventions of relevant government institutions.

The Population and Development (PD) interventions fall under "*Data on Emerging Population Issues*" with the purpose of contributing to the CPAP PD Outcome 3[45]: "National systems of data collection, reporting and monitoring of human development strengthened, including MDGs and ICPD"; and Outcome 4 "Institutional capacities strengthened and mechanisms in place to respond to the needs of the vulnerable groups". The interventions have been mainly implemented on the national level, and in special cases they covered the regional and community levels. For example, in 2013 within the framework of Integrated Social Services System Reforms, on-job trainings in nine integrated social services centers located in Masis, Vedi, Ararat, Artashat, Charentsavan, Nairi, Armavir, Noyemberyan and Chambarak have been conducted. The interventions were limited due to the resources available and UNFPA programme priorities. They reflect the country needs, correspond to the state policy requirements, as well as stand as a baseline for new strategies, projects and for adoption and making relevant changes in the separate legal acts.

Through the PD Component, UNFPA aims to contribute to increased analysis of data and information at national and local levels with regard to population and development. The priorities and scope of the intervention areas have been set according to the changing country context and needs of the stakeholders. Depending on the scope of the interventions, some of the needs assessments were implemented through consultancy meetings and interviews with the stakeholders such as for ICPD related capacity building interventions, whereas some of them have demonstrated an extensive quantitative and qualitative methodology and coverage for capacity building for government officials. Before designing most of the interventions, wide stakeholder consultations were undertaken to ensure that planned interventions address the needs of the beneficiaries.[46]

In 2013, qualitative methodologies were utilised to assess the needs, related to the publications of "Youth employment situation in Armenia", and the survey on "Fertility preferences, its incentives and disincentives" through 20 focus group discussions. UNFPA contributed to implementation of population projections in Armenia for the period 2013-2050 to offer a demographic based development analysis and projections up to 2050. UNPFA conducted stakeholder consultations with the relevant public institutions, such as the Ministry of Labor and Social Affairs (MoLSA), the National Statistical Services (NSS) and the Ministry of Health (MoH), and relevant NGOs, such as Caucausus Research Resource Centers (CRRC) the International Center for Human Development (ICHD) in developing the content of the publications and their dissemination.[47]

Stakeholder consultations were effectively conducted with the main government partners, MoLSA and the NSS, through interviews and meetings, with a view to designing a capacity development project for the MoLSA and NSS staff. To support continuous needs assessment, the training design appropriately included piloting and utilization of the feedback in the subsequent training interventions.[48]

Gender Equality

The UNFPA planned interventions under the Gender Equality Programmatic area of the 2nd Country Programme focus mainly on developing improved responses to gender based violence (GBV) and promoting women's human rights, and especially reproductive health and rights among young people. The interventions are good examples aimed at empowering disadvantaged women at various levels. They are appropriately designed considering that gender equality is not adequately addressed in Armenia and women's participation in political and economic interventions is low. Although a number of reforms and

[45] Country Programme Action Plan 2010-2015, page 14
[46] Standard Progress Reports for Population and Development Programmatic area 2011, 2012, 2013
[47] Key informants interviews
[48] Standard Progress Reports, 2010, 2011, 2012

initiatives have been introduced by the government, serious challenges remain regarding the difficulties by some leaders to accept the globally used gender nomenclature, the high incidences of gender based violence, and increasing levels of woman headed households due to labor migration. Other challenges include defining GBV in the national legislative framework and undertaking recommendations put forth by the CEDAW to support women's leadership in promoting gender reforms.

The regional joint project "Combatting Gender Based Violence in the South Caucasus" (2009-2011) was continued from the previous CP and aimed to create an enabling environment for reduction of gender based violence in Armenia, Azerbaijan and Georgia and to support the countries in fulfilling their international obligations as per the global gender based rights instruments. The project was co-financed by the Government of Norway, UNFPA and UNHCR and implemented by UNFPA and partner NGOS and the National Statistical Services of Armenia. The "Nationwide Survey on Domestic Violence Against Women in Armenia (2008-2010, published in 2011)" paved the way for relevant discussions on GBV. The project effectively provided additional evidence for prioritizing and planning interventions and the CP evolved, producing the following assessments and research publications:

- "The Issue of Gender-Based Violence as Presented by the Armenian Mass Media" (2009-2010) followed by "Women's Image in Mass Media" (2011)
- "Gender Dimension of Civic and Political Participation in Armenia", sociological study, 2011
- "Assessment of the Republic of Armenia Legislation from a GBV perspective"
- "Support to Adoption of Gender Equality Legislation (Law on Equal Rights and Opportunities)".

In general, the interventions of the Gender Equality programmatic area are based on a participatory approach, incorporating the views and needs of relevant stakeholders and beneficiaries, and promoting collaboration and cooperation between them. The stakeholders are consulted and interventions are tailored and adapted to their specific needs. For example, through surveys, assessments and partnerships with a national NGO and a faith based organization, women's voices are heard and feedback obtained. The experiences of assistance providers and civil society groups are shared through the Gender Thematic Group which has been operating since 2010 and is composed of various advocacy organizations.

The target groups for UNFPA supported interventions are consistent with identified and evolving needs, although the projected outcomes for the vulnerable women who have difficulty exercising their rights is not totally clear in the present context of strong traditional values. The Country Programme Action Plan (CPAP) (Output 5.1: Increased national and local capacity to ensure gender equality and the empowerment of women, and to combat gender-based violence) emphasizes **at the central and regional level** (planned for 10 regions) to put into place legislation and policy mechanisms; **at service level** through capacity development protocols for reporting and addressing GBV, (with health care personnel, law enforcement, NGOs, etc.). **In communities**, in order to promote understanding of the problem among priests who directly deliver messages to community members, capacity building training was carried out with a number of priests of Armenian Apostolic and Catholic churches on concepts of gender and GBV as well as planning and management topics.

For the CPAP Output 6.1 (the awareness and knowledge of the population on gender issues, gender-based violence, and sexual and reproductive rights are increased), plans were appropriately made for mainstreaming gender equality and GBV issues into the curricula of education institutions; capacity development of journalists and media on reproductive rights, gender equality and GBV issues; public campaigns to promote gender equality and combat GBV; awareness-raising among young people and women on gender issues and sexual and reproductive health and rights; and reviewing the enforcement of existing legislation on sexual and reproductive health and rights, and promoting civic and legislative initiatives in this area.

4.1.2 Alignment of the Country Programme components with the priorities put forward in the UN Development Assistance Framework and the UNFPA strategic plan

The UNFPA 2nd Country Programme is well aligned with the UN Development Assistance Framework for Armenia (2010-2015) and effectively incorporates the International Conference on Population and Development objectives. The Country Programme Action Plan was realigned and the outcomes updated

in 2012. The youth and women's equality themes should have been more effectively integrated in planning. There are numerous examples of effective South-South Cooperation.

Alignment of the country programme with the UNDAF (2010-2015)

The UN Development Assistance Framework for Armenia (UNDAF, 2010-2015) covers four national priorities: sustainable and inclusive growth, improvement of democratic governance, improvement in access and quality of social services for vulnerable groups, and, integration of environment and disaster reduction into national development frameworks. [49]

The **RHR programmatic area** contributes to the **UNDAF Outcome 3**: **Access and quality of social services is improved especially for vulnerable groups.** Under Outcome 3, UNFPA will contribute to Agency Outcome 3.1 "Policies and legislation promoted to ensure universal access to health", where a goal is to ensure that reproductive health policies and legislation are improved with regard to youth and adolescents and existing gaps in the RHR field closed. UNFPA also contributes to **Agency Outcome 3.2 "**Health care providers ensure equitable access to improved quality services in targeted areas of Armenia", which mentions working with young people to ensure their awareness and knowledge of sexual and reproductive rights.

It is noted that UNFPA's contribution to Reproductive Health and Rights under UNDAF Outcome 3, is not mentioned, while WHO, WFP and UNICEF roles are described. It is further noted that UNFPA can be a contributor to Agency Outcome 3.3 regarding education policies for strengthening RHR in curriculums but the UNDAF does not mention this contribution or the need. Furthermore, UNFPA contribution to UNDAF Outcome 4 regarding environmental and disaster risk reduction, in terms of the MISP for Reproductive Health and Gender Based Violence, are also not mentioned.

The **Population and Development (**PD) programmatic area contributes to the UNDAF **Outcome 2***: "Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation" and Outcome 3: "Access and quality of social services is improved especially for vulnerable groups" through the* UNFPA Country Program output 3.1 "Capacities of national and local institutions to implement Census 2011, to collect, update, analyse and manage socio-economic data disaggregated by gender and age". UNFPA contributes to Agency Outcomes 2.2 and 2.3 on strengthening national systems for governance, data collection and community participation in decision making and also Agency Outcomes 3.2 and 3.4 on strengthening institutional capacities and mechanisms in place to respond to the needs of the vulnerable groups. There is evidence that the output indicator for State demographic policy and action plan was achieved in 2009 and the policy paper is in place and utilized by the Government.

The **Gender Equality** programmatic area contributes to **UNDAF Outcome 2** "Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation", where the national commitments to CEDAW are mentioned. Under **Agency Outcome 2.1** on improved structures and mechanisms for human rights, formulation of legislation and policies for protection of the rights of women and girls, women's empowerment and combating gender based violence. Protection of the rights of migrants and refugees is also mentioned and combatting trafficking. Through its regional mechanisms for gender consultation, UNFPA also contributes to Agency Outcomes 2.2, 2.3, and 2.4 on strengthening national systems for governance, data collection and community participation in decision making.

The GE programmatic area also contributes to **UNDAF Outcome 3** "Access and quality of social services is improved especially for vulnerable groups". For **Agency Outcome 3.4 "**Institutional capacities strengthened and mechanisms in place to respond to the needs of vulnerable groups", the need to combat violence against women and children is mentioned.

Alignment of the Country Programme with the UNFPA Strategic plan

[49] United Nations Development Assistance Framework 2010-2015

According to the CPAP[50], the 2nd Country Programme will address key elements of the **strategic direction laid out in the UNFPA Strategic Plan 2008-2013**: *Ensuring National Ownership and Leadership, Supporting National Capacity Development, Engagement in Advocacy, Forming Multisectoral Partnerships, Strengthening Results-Based Management and Knowledge Sharing*. The CPAP and programmatic area interventions incorporate and are based on **ICPD goals and principles**, which are completely applicable to the RHR, PD and Gender Equality issues in Armenia.

The RHR outputs contribute to achieving the *UNFPA Strategic Plan* 2008-2011 (Extended to 2013) **Outcome 1**: Increased access to and utilization of RHR services. In 2012, the UNFPA global strategy was improved and the relevant outcomes are: **Outcome 3:** Increased access to and utilization of quality family planning services for individuals and couples according to RHR intentions; and **Outcome 6**: Improved access to RHR services and sexuality education for young people, including adolescents.

The **PD outputs** also contribute to achieving the UNFPA Strategic Plan **Outcome 7: "**Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, SRHR (including family planning), and gender equality".

Table 7. Integration of UNFPA Outcomes with UNDAF and National Priorities (CPAP 2010-2015)

UNFPA CP Outcome 1	**UNDAF Outcome 3 & 4**	**National Priority**
Policies and legislation promoted to ensure universal access to health for vulnerable groups. (1 output)	Access and quality of social services is improved especially for vulnerable groups. Environment and disaster risk management is integrated into national and local development frameworks.	Access to social services in line with sustainable development principles. Promote effective management of natural resources in line with sustainable development principles.
UNFPA CP Outcome 2	**UNDAF Outcome 3**	**National Priority**
Health-care providers ensure equitable access to high-quality services in targeted areas. (2 outputs)	Access and quality of social services is improved especially for vulnerable groups.	Access to social services in line with sustainable development principles.
UNFPA CP Outcome 3	**UNDAF Outcome 2**	**National Priority**
National systems of data collection, reporting and monitoring of human development strengthened, including MDGs and ICPD goals. (1 output)	Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation.	Increase the capacity of citizens to participate, exercise their rights and responsibilities and government institutions to comply with their obligations.
UNFPA CP Outcome 4	**UNDAF Outcomes 2 & 3**	**National Priority**
Institutional capacities strengthened and mechanisms in place to respond to the needs of the vulnerable groups. (1 output)	Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation. Access and quality of social services is improved especially for vulnerable groups.	Increase the capacity of citizens to participate, exercise their rights and responsibilities and government institutions to comply with their obligations. Access to social services in line with sustainable development principles.
UNFPA CP Outcome 5	**UNDAF Outcomes 2 & 3**	**National Priority**

[50] UNFPA Country Programme Action Plan for Armenia, 2010-2015

Improved structures and mechanisms at centralized and decentralized levels ensure realization of human rights, with particular focus on gender equality, and combating GBV. (1 output)	Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation. Access and quality of social services is improved especially for vulnerable groups.	Increase the capacity of citizens to participate, exercise their rights and responsibilities and government institutions to comply with their obligations. Access to social services in line with sustainable development principles.

In addressing gender-based violence (GBV), UNFPA is responding to the ICPD Programme of Action and other international and regional instruments including from Beijing+10 and the 2005 World Summit. The **Gender Equality** programmatic area addresses the Global UNFPA Strategic Plan (2008-2013) **Outcome 5**: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy***;*** **Outcome 6**: Improved access to RHR services and sexuality education for young people (including adolescents***, especially girls***)***, and*** **Outcome 7***:* Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, SRHR (including family planning), and gender equality.

Table 8. Changes in the 2nd Country Programme Results

PREVIOUS UNFPA STRATEGIC PLAN	REVISED UNFPA STRATEGIC PLAN	UNFPA CP
REPRODUCTIVE HEALTH AND RIGHTS **Outcome 2** Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications. **Outcome 3** Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention.	Outcome 2 Increased access to and utilization of quality maternal and newborn health services. Outcome 3 Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions. Outcome 6 Improved access to RHR services and sexuality education for young people (including adolescents).	**Outcome 1** Policies and legislation promoted to ensure universal access to health for vulnerable groups. (1 output) **Outcome 2** Health-care providers ensure equitable access to high-quality services in targeted areas. (2 outputs)
POPULATION AND DEVELOPMENT **Outcome 3** Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV and AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and program implementation. **Outcome 4** Emerging population issues – especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment -- incorporated in global, regional and national development agendas.	Outcome 7 Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, RHR (including family planning), and gender equality.	**Outcome 3** National systems of data collection, reporting and monitoring of human development strengthened, including MDGs and ICPD goals. (1 output) **Outcome 4** Institutional capacities strengthened and mechanisms in place to respond to the needs of the vulnerable groups. (1 output)
GENDER EQUALITY **Outcome 2** Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling socio-cultural environment that is conducive to male participation and the elimination of harmful practices.	**Outcome 5** Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy.	**Outcome 5** Improved structures and mechanisms at centralized and decentralized levels ensure realization of human rights, with particular focus on gender equality and combating GBV. (1 output)

Outcome 4 Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.		

Integration of the Country Programme components

The CPAP (2010-2015) for Armenia does not set standards for integration, or specifically illustrate examples of integration among the components and describe how the interventions will create synergies to lead to outcomes. The separation of components by theme in planning documents may be a constraint to integrated planning, or the perception of integrated planning. However, it is noted that the Country Office staff plans as an integrated team in view of the models of UNFPA integrated programme delivery and works in very close collaboration with national partners. The elaboration of steps to be taken to promote integration in future planning may foster stronger inclusion or verification of inclusion of vulnerable groups for tangible results in all programmatic area interventions.

There are a number of examples of integration, collaboration and coordination among the components.

- In RHR, outputs include focus on capacity development on issues concerning gender and youth for example, in the military training. Youth in the military are targeted for this training.
- PD contributions supported RHR and gender components, through collecting sex-disaggregated data, RHR data through the surveys and studies. Methodology of Population census considers gender approach. The 2010 DHS survey covers RHR, family planning and gender sensitive issues. The sex-selective abortion survey targeted three components, as it brings to changes in number of future maternity, which is cross-cutting issue of gender equality, human rights and GBV.
- In Gender Equality, several aspects of integration are noted. Youth and adolescent RHR are specifically mentioned as target areas for strengthening in terms of realization of rights.

<u>Extent to which women's empowerment has been mainstreamed in the Country Programme</u>

The Gender Marker Worksheet annex to the annual workplans became a mandatory tool for UNFPA Country Offices in 2012[51] with an increased focus on gender empowerment in UNFPA. The usage does not seem to be standardized across all components in Armenia and is not seen in the RHR or Youth annual workplans. Gender equality and women's empowerment are vital and intrinsic parts of the **RHR programme**, especially regarding women's reproductive health rights including rights to birth spacing. Women's empowerment has been mainstreamed in the **Gender Equality** programmatic area planning but the mainstreaming has been challenged in regard to promotion of gender equality messages on a national level.

The activity undertaken in partnership with UNICEF (integrated social services), which started in 2012 during the 2nd CP, focuses on provision of integrated social services to vulnerable groups. Good partnership was noted with USAID within the DHS survey. The effectively implemented contribution resulted in continuing the survey in 2015. Analysis and studies in different sectors namely health, social security and labour, demography allowed stakeholders later to be able to develop detailed policies to be built upon these projections. The gender empowerment focus has been improved explicitly since 2013, particularly through capacity building and advocacy interventions of the PD component.

[51] UNFPA HQ developed the first gender marker worksheets for all AWPs starting from 2012. The worksheet is a checklist to ensure that gender issues have been considered in planning.

Extent to which special attention has been paid to adolescents and youth in the Country Programme

The CPAP 2010 -2015 does not describe youth focus as a cross cutting theme although later planning documents mention this. As mentioned above, however, youth as a target group appear across the components although the youth friendly health interventions do not include all of the at risk groups within youth. Considerable efforts have been made to devote attention to youth through various means, including attention to adolescents through schools, use of the Y-PEER network, and though collaboration with the MoH through the 34 Youth Friendly Health Services centers which aim to provide accessible reproductive health services. Overall, however, attention to youth appears to be segregated rather than part of the overall flow of the other programmatic area initiatives. In the gender programmatic area , the focus on the youth currently remains underexplored.

Extent to which South-South Cooperation has been included in the Country Programme

The CPAP recognizes that the regional approach offers a number of benefits and the aim is to capitalize on the existing successful regional cooperation in the South Caucasus through two major regional programmes on Combating GBV and Reproductive Health Initiative for Youth (RHR IYC). Examples of **South-South Cooperation** (SSC - defined as the exchange of resources, technology, and knowledge between developing countries), include the following:

- In 2012, the UNFPA Assistant Representative participated in a series of events and consultations on **gender biased sex-selection organized in India** by the Asia Pacific Regional Office (APRO). These events promoted exchange of theoretical thinking and experience, as well as use of tools for campaigning on sex selection which are applicable to the Eastern Europe and Caucasus region.
- In 2012, UNFPA EECARO and IPPF-EN conducted high-level meeting in order to bring attention to gaps, priorities and measures for client-oriented **reproductive health commodity security** (RHR CS) based on findings and recommendations of a 2011 survey in seven MICs, including Armenia. Two Deputy Ministers (Health and Finance) from Armenia participated and validated the recommendations to introduce sustainable financing mechanisms (such as the total market approach) and for the Government funding to prioritize the affordability of contraceptives for vulnerable populations. Both of these were later acted upon.
- UNFPA Armenia in collaboration with the Caucasus Research Resource Centers (CRRC) – Armenia have initiated **Training of Trainers on Demography for Government Officials (1-5 October, 2012)** by an invited international expert from Belarus (South-South cooperation) and three trainings (22-26 October, 2012, 5-9 November, 2012, 19-23 November, 2012) on Demography for Government Officials, Academia and NGOs by local trainers, which aimed to strengthen the capacity of Government Institutions, academic scientists and researchers to obtain comprehensive knowledge and skills in the field of Population Studies.
- In November 2013, UNFPA Assistant Representative participated in a workshop on **"Responding to Gender Biased Sex Selection"** organized in India, which strengthen knowledge and skills of the Country Office in concepts, analysis and policy and programming development to enable an improved strategic response in collaboration with respective government partners.
- A Policy Launch Meeting on **Evidence-Based Guidelines in RHR** in Eastern Europe and Central Asia was conducted in June 2013 in Moldova as a follow up to the meeting on regional initiative to build capacity of national institutions to develop/adapt/implement evidence based Guidelines/Protocols as an integral part of improving quality of care (QOC) in Sexual and Reproductive Health conducted in Istanbul in April, 2012. The national delegates included representatives of Ministry of Health, professional association, academia and national institutions dealing with evidence based clinical guidelines development and implementation. During the meeting the priorities for clinical guidelines and protocols development for each participating country were identified as well as the criteria for selection of participants for the upcoming RHR guidelines development training.

- Also in 2013 the capacities of 4 representatives from MoH, MoF, National Centre for AIDS Prevention and UNFPA were strengthened through participation in **"Road-mapping of Total Market Approach (TMA)** for Family Planning/Reproductive Health Commodity Security (FP/RHR CS), including condom programming in Eastern Europe and Central Asia (EECA) region" workshop, which was held in Kiev in April 2013. The delegation actively participated in the workshop and could develop a draft national action plan for TMA introduction in Armenia, which will help the Government to establish a sustainable RHR CS to serve the whole population.

(Please see the evaluation matrix in the annexes for a complete list of SSC initiatives.)

4.1.3 Alignment of the country programme with the Government policies, strategies and guidelines, both at central and decentralized levels

Relevant national policies and strategies in addition to lessons from the previous programme (2005-2009) form a strong foundation.

The UNFPA 2nd Country Programme is closely aligned with Government policies, strategies and guidelines and in many cases, UNFPA has supported and contributed to these.

For **Reproductive Health and Rights (RHR)**, the programmatic area contributes to the goals set out in the Sustainable Development Programme (PRSP-II) which gives priority to maternal and child health protection and improvement of reproductive health and achievement of MDG 5, and **National Priority 3** on access to social services in line with sustainable development principles.

The Government of Armenia has prioritized maternal and neonatal health in the following policy and strategy instruments and budgets.

- Maternal and neonatal health are considered as a highest priority and have been included in the *National Security Strategy* document.
- In 2008, the Government of Armenia increased substantially the financing of perinatal services and introduced the state "birth certificate" for pregnant women.
- Financing of per capita spending on healthcare has increased over the years from 10.024 AMD in 2005 to 17.263 AMD in 2009 and projected to total 17.100 AMD in 2010.
- *National Strategy, Program and Actions Timeframe on Reproductive Health Improvement* (2007-2015) offers a comprehensive and integrated programme in line with current best practices.
- In 2005, the Ministry of Health also adopted the *National Program on Early Detection, Diagnosis, Treatment and Prevention of Cervical Cancer* (2006-2015) based on the Clinical and epidemiological study of the prevalence of cervical cancer and sexually transmitted infections (STIs) carried out in Armenia with support of UNFPA.
- The *Sustainable Development Programme* (SDP) places the MDG 5, maternal and reproductive health among the priorities.[15]
- In 2009, the Government also endorsed the *Strategy on Health and Development of Children and Adolescents* (2009-2015).
- After adoption of the *Law on Reproductive Health and Human Reproductive Rights* in 2002 several sub-legislative acts have been prepared and adopted.
- In 2005, the Government approved the implementation framework on artificial termination of pregnancy.
- Starting in 2008 reproductive health topics are incorporated into the "Healthy Lifestyle" in the state curricula for schools as mandatory.
- In 2009 the Law on "Prevention of Disease Caused by HIV" was revised to meet international standards on human rights protection.
- A new "Law on Health" is in the stage of endorsement by the National Assembly. Since 2008 in line with the recent changes in the official list of MDG indicators a new target (Target 6.B) has been added to the MDG National Framework.[52]

[52] Millennium Development Goals National Progress Report: Armenia, UNDP, Armenia, 2010.

With regard to RHR challenges to be addressed by 2015 some of the targets set by the 2007 Government's RHR national strategy include: improving the quality and accessibility of perinatal, Family Planning (FP) and Emergency Obstetrics Care services for the population, particularly for vulnerable and high risk groups, reducing maternal mortality, increasing access to quality contraceptive services and increasing the Contraceptive Prevalence Rate (CPR), involvement of primary healthcare providers in FP counselling and contraceptive prescription, reducing rate of induced abortions as well as optimizing the monitoring and evaluation and reporting system in FP.

A Parliamentary support group on reproductive health was established in 2008 within the National Assembly, which also became a member of European Parliamentary Forum (EPF) with the strong advocacy and support of UNFPA for young people's reproductive health. One of the key achievements in the previous CP was the adoption in 2009 of the *Strategy on Health and Development of Children and Adolescents* (2009-2015). The Government of Armenia has defined three key directions to be addressed in meeting adolescents' reproductive and sexual health needs:

1. public support to youth reproductive and sexual health education and counseling and development of positive attitude;
2. improvement of knowledge, communication and counselling skills of teachers, educators and health providers on reproductive and sexual health issues;
3. increasing access to reproductive and sexual health related information, education, youth friendly counselling and care as well as to affordable services.

The Armenia Development Strategy for 2014-2025 targets reduction of regional socio-economic disparities with a focus on realizing regional development which has been identified as a strategic priority. Within the 2nd Country Programme the **PD interventions** have continued to be consistent with the national plans, annual programmes and regional strategies of the Armenian government which target reducing the regional socio-economic disparities within the country. Decentralizing power by strengthening local governance institutions is a strategy being used to address regional disparities and the capacities of local governance institutions to deliver needed services to vulnerable populations. The ongoing decentralization reforms in Armenia, the establishment of inter-community unions and consolidation of communities in several areas of the country aimed at increasing effectiveness and efficiency of the provided services to vulnerable groups.

Yet, the government development plans still lack adequate focus on women and have almost no references to sexual and reproductive health. Thus, UNFPA has aimed to provide the government with data, information and an analysis of population dynamics on such areas such as gender equality, gender based violence, youth, elderly, migrants, employment, social security, etc. with specific emphasis on vulnerable and disadvantaged groups to policy makers regionally and centrally. Within the 2nd Country Programme starting in 2010, annual work plans have evolved to focus on the policy development capacity of the government officials, academicians to contribute to demographic based development planning centrally and regionally, to obtain comprehensive knowledge and skills in the field of population studies. Meanwhile, UNFPA continued to be a valuable resource to contribute to the international data bases such as UNFPA /USAID/NSS Surveys for analysis of health related development.

Specifically to reduce development inequalities, the Government of Armenia worked with a number of international development organizations, including United Nations agencies, EU, European Bank for Reconstruction and Development (EBRD), USAID, Swiss Agency for Development Cooperation (SDC), etc.

Armenia aims to achieve the **Millennium Development Goals** (**MDG)** by 2015, however, there are challenges particularly related to achieving gender equality. In addition to preparing the national plans, the GoA is responsible for preparing the MDG country reports, while ArmStat provides technical support. Two MDG reports were thus far prepared in 2005 and 2009[53], which will be followed by the next report in 2015. The MDG reports provide essential insight to the National Development Plans of Armenia. The report remarks on the main challenges in achieving the MDGs in the country and gives special attention to the impact of the current economic downturn on the further progress towards achieving the MDGs in the

[53] http://www.am.undp.org/content/dam/armenia/img/MDG%20National%20Progress%20Report.pdf

country. Capacity development has been supported within the 2nd CP to the government partners for measuring the MDG progress.

There is a clear logical link between the intended results of the PD programmatic area and the indicators of the government within the **Programme of Action of International Conference on Population and Development** (**ICPD**) committed until 2015. UNFPA has appropriately designed some advocacy actions to support monitoring of the ICPD indicators particularly by the civil society. UNFPA Armenia has supported the GoA to develop the capacity of three government officials from the NSS, the MoLSA and the Ministry of Foreign Affairs (MFA) to participate in three capacity development events correspondingly; the XXVIII International Union for the Scientific Study of Population Iconference, the 6th working group meeting on aging and ICPD beyond 2014 International Conference on Human Rights. The UNFPA support to publications on demographic development has been designed to initiate a rights based approach of the public sector in their planning through considering the linkages between population factors in labour, health and social security systems.

The objectives and strategies of the **Gender Equality** programmatic area are consistent with national priorities and strategies for reform. The programmatic area contributes to the national priorities: “Increase the capacity of citizens to participate, exercise their rights and responsibilities and government institutions to comply with their obligations”, and “Access to social services in line with sustainable development principles”. The programmatic area also contributes to the goals set out in Section 5 of “2004-2010 Republic of Armenia National Action Plan on Improving the Status of Women and Enhancing Their Role in Society”; “Eliminating Violence against Women”, and to achievement of **MDG 3**, “Promote gender equality and empower women”. In addressing gender-based violence (GBV), UNFPA is responding to the ICPD Programme of Action and other international and regional instruments including from Beijing+10 and the 2005 World Summit. However, as mentioned in the background section, the Armenian government in January 2014 rejected a proposed bill on domestic violence, legislation that non-governmental organizations, international experts and government members had worked to get adopted for seven years.

Planning and implementation with government and community partners and through national systems. The **RHR** programme results framework outputs are closely aligned to and have supported the national policies and legislation with regard to reproductive health. The strong national support for reproductive health adds strength to the UNFPA planned interventions. The evidence basis for taking action against pre-natal sex selection has garnered support from government staff. In view of the *Strategy on Health and Development of Children and Adolescents* (2009-2015) and successful establishment of the 34 Youth Friendly Health Services (YFHS) centers countrywide, UNFPA is making efforts in close cooperation with the Government partners and UN agencies to support the operationalization and ensure an appropriate model for utilizing the YFHS centers is selected

The **Gender Equality** programmatic area has been planned with national partners including the Ministries of Territorial Administration and Labour and Social Issues to ensure the involvement of governmental structures, especially national machinery on gender equality. During the Country Programme implementation a number of public advisory committees by the local self-governance bodies were established and operated in Yerevan and other regions of Armenia. Special emphasis has been made by UNFPA in partnership with local NGOs on raising public awareness on sexual and reproductive rights, gender equality and equity, as well as reduction of GBV.

The CPAP notes that an inter-agency working group will comprise the representatives of National Assembly, line Ministries, law enforcement, General Prosecutor and Ombudsman offices, international organizations and local NGOs. One of the outcomes of this working group was the “National Action Plan to combat GBV”. UNFPA continues to provide national and international technical assistance to development of normative acts and sub-legislation and organizing public hearings and international conferences, as need be. This includes cooperation with national and international experts, including experts on male involvement, NGOs, think tanks and counseling centers. As mentioned, serious challenges still remain in defining GBV in the national legislative framework, ensuring the adequacy of the labor code and defining opportunities for promotion in employment.

4.2 Effectiveness and sustainability in the Reproductive Health and Rights programmatic area

To what extent have the interventions supported by UNFPA in the field of reproductive health and rights (RHR) contributed to (or are likely to contribute to) sustainably improve the access to and utilization of high quality maternal health and family planning services, including for the most vulnerable groups? **(EQ2)**

Summary

UNFPA support to the Ministry of Health for capacity development has contributed significantly to increasing quality of services for reproductive health and rights. Achievements include policy documents, bodies of standards, manuals, and protocols. UNFPA support to the joint assessment of the quality of maternal and neonatal care revealed the need for stronger midwifery and for an in-depth assessment of the midwifery training system. UNFPA lacks a specific sustainability strategy in the design of reproductive health and rights interventions as a pre-requisite to sustainability and in view of dwindling CO resources.

Outreach by the health service centers is extremely limited and vulnerable and high risk groups in the poor and remote areas are not being adequately reached to increase reproductive health knowledge and demand for services. UNFPA helped to draw wide attention from society and decision makers to the high incidence of pre-natal sex selection, however, the best approaches to mitigate the causal factors is still under discussion. The Total Marketing Approach is a boon to contraceptive security, but there are still traditional and other barriers to overcome to promote contraceptive usage. The lessons learned in the roll out of the Minimum Initial Services Package helped strengthen the approach.

Through interventions for adolescents and youth, UNFPA has contributed to demand for information and reproductive health services among youth, particularly in the youth networks, military services and school settings. Approaches to reach youth are too thinly spread in terms of required inputs to achieve behaviour changes. Youth Friendly Health Services need to do more to draw youth in to use the services.

4.2.1 Profile of the Reproductive Health and Rights component

The Reproductive Health and Rights (RHR) programmatic area contributes to the **UNDAF Outcome 3**: Access and quality of social services is improved especially for vulnerable groups. The planned CPAP Outcome for RHR is **CP Outcome 1**: Policies and legislation promoted to ensure universal access to health for vulnerable groups; and, **CP Outcome 2**: Health care providers ensure equitable access to improved quality services in targeted areas of Armenia.

There are three main intervention areas implemented under the RHR Output area "Strengthening of RHR Services" during the 2nd Country Programme (CP).

1. **Promotion of policies and legislation to improve access to high-quality RHR for vulnerable groups:** These interventions included a study and follow-up actions on pre-natal sex selection, a national conference on RHR, and development of sub-legislation, policies, protocols and guidelines.
2. **Strengthening capacity of health care providers for high quality RHR and HIV and AIDS prevention:** Interventions included capacity development inputs, assessment of the quality of maternal and neonatal care, support to the Traveling Gynecologist and World AIDS Day, support to Youth Friendly Health Services, support for Reproductive Health Commodity Security, and the roll out of the Minimum Initial Services Package (MISP).
3. **Increased awareness of and demand for RHR and Family planning services:** Interventions included a number of inputs to increase demand among youth including Y-PEER network strengthening, the joint Healthy Lifestyles project, the joint programme: "Sustainable Livelihood for Socially Vulnerable

Refugees, Internally Displaced and Local Families", RHR awareness raising among the military, and increasing demand from communities.

During the mid-term review of the UNFPA Strategic Plan, the CPAP was realigned and a few outputs and indicators were reviewed and reformulated. Two new indicators on introduction of healthy lifestyle in educational institutions (senior schools and universities) and sensitization of communities on safe motherhood, RHR, HIV AND AIDS, etc. were added to the CPAP results based management framework.

- Number of survey reports on RHR produced and disseminated among stakeholders. Baseline: 0. Target: 1.
- Number of updated sub-legislative acts on reproductive health Baseline: 0. Target: 1.
- % of health care providers trained in Reproductive Health and Rights, Family Planning and AIDS Counseling RHR/FP/AC. Baseline: 45%. Target: 55%.
- Number of FP units staff trained on HIV and AIDS counseling. Baseline: 50. Target: 150.
- % of antenatal care visits by travelling gynecologist teams Baseline: 22%. Target: 24%.
- Number of emergency obstetrical cases in regions attended by EOC teams. Baseline: 51%. Target: 55% of pregnant women having at least 4 antenatal visits. Baseline: 71%. Target: 75%

The planned interventions for 2014 include:

- Editing and printing of 3 protocols developed in 2013
- Continue awareness raising on the issue of sex imbalances at birth and prenatal sex selection
- In cooperation with Ministry of Defense implementation of awareness raising among military servants on Reproductive Health and Rights, Sexually Transmitted Infections and Family Planning (RHR/STIs/FP) (per suggestions of the Ministry of Defense (MoD) the training info materials should be revised and to ensure sustainability of the project programmatic area RHR/STIs/FP lectures should be included in curriculum of Yerevan State Medical University faculty of Military Medicine)
- As a follow up to assessment of the quality of hospital care for mothers and newborn babies undertaken in 2012, which revealed that the professional role of midwifes and nurses is underestimated and weak, to conduct assessment of the Midwifery training system in Armenia.
- Continuation of the building of the Y-PEER Armenia network to strengthen knowledge of RHR and UNFPA mandate issues, and strengthen collaboration between health, education, law enforcement and NGOS on for youth development as per the 2014-2017 Youth Strategic Plan and the UNFPA Strategic Plan 2014-2017.

Following is the description of key achievements and outcomes in the three main intervention areas.[54]

4.2.2 Contribution to promotion of policies and legislation to improve equitable access to high quality reproductive health services and commodities for vulnerable groups

Achievements includes bodies of standards, manuals, protocols and policy documents including restriction on the use of Cytotec and medical response to persons who experienced domestic violence. UNFPA helped to draw wide attention from society and decision makers to the high incidence of pre-natal sex selection, however, how best approaches to mitigate the causal factors is still under discussion.

Interventions and Outcomes in the area of Pre-Natal Sex Selection

In 2010, the survey on sex selective abortions was initiated and it was carried out in 2011. The survey was conducted in cooperation with the National Statistical Services (NSS), the Ministry of Health (MoH), and with technical assistance from UNFPA and partner NGOs, for implementation of a household survey, focus group discussions and a hospital survey. Core funding from UNFPA contributed to support for the survey.

[54] Sources: Annual Work Plans (AWPs), Standard Progress Reports (SPRs), and Annual Project Reviews for 2010, 2011, 2012, 2013 and 2014 (AWP only).

The survey was scientifically designed and carried out. A team of interviewers and quality control personnel were engaged and households were selected from a database which was created from the 2001 census and a stratified random sampling used, with marz selected according to larger towns, bigger cities and villages. Over 2,800 households were sampled covering all regions and a survey of pregnant women who visited medical institutions was also conducted.[55]

The findings of the study validated the NSS data which demonstrated a specific sex-ratio imbalance in the third and fourth births and giving grounds to assume that sex-selective abortions are being used to secure the desired gender. Although the report does not mention any outstanding challenges with regard to data collection, there were some areas where more data was needed for a greater understanding of the issues, according to interviewees.

UNFPA supported a follow-on survey *Sex Imbalances at Birth in Armenia, Demographic Evidence and Analysis*, 2013 which would provide further insight on the skewed sex ratio at birth and in view of the global trends on "missing women" and the implications for development of society that may be used for socio-economic planning. The study was conducted at the request of the UNFPA Armenia Country Office by a senior fellow at the Research Institute for Development in Paris, a leading expert on the issue of prenatal sex selection. The study was an opportunity to further explore the transformation of the population structures which will severely affect the dynamics of marriage; further, the male surplus is considered on a global basis to be a reflection of discrimination against women.

In 2012 -14, UNFPA publicized the results of the study and promoted very effective interactions with the government and the public to stimulate awareness and discussion. These included the following:

- In May 2013, the findings of the study were presented to the wider public during a conference, which was followed by an expert group discussion. More than 60 representatives from the national institutions, international organizations, civil society and UN Agencies attended the conference.
- Press conferences and press releases to present the findings locally and internationally, including through Cosmopolitan Armenia and BlogNews, in print and on-line, through hundreds of articles and several TV and radio reports [56]
- Presentation of an interactive play "Lawsuit for the Stolen Rainbow" produced by the Theatre for Change, for about 1,000 young people (aged 18-26) staged in Aragatsotn, Gegharkunik, Armavir, and Shirak marzes aimed at promoting gender equality and raising awareness of gender stereotyping in particular the issue of son preference.
- A conference "Family, Society, and the Church: Contemporary Challenges" presided over by the Supreme Patriarch and Catholicos of the Armenian Orthodox Church which was widely covered by media, where concern was expressed by all parties, including high ranking representatives of the Armenian executive and legislative powers, over the issue of prenatal sex selection on September 12, 2014. The conference was attended by clerics, academics, representatives of governmental and non-governmental organizations, and international organizations. The purpose of the conference was to comprehensively examine and evaluate the role of the Church in the lives of people in terms of thinking, historical background, and current challenges particularly in the field of reproductive health and rights.
- International Girl Child Day, October 11, was being marked for the third time in Armenia in 2014 and included a puppet show "Ne's Journey". The UNFPA Armenia Assistant Representative spoke and UNFPA distributed copies of the statement by the UNFPA Executive Director, as well as a special issue of the "Woman and Politics" insert devoted to the Girl Child Day.[57]

In terms of progress toward the planned **outcomes,** the Annual Project Review 2012 (Ministry of Health and UNFPA) mentions discussion regarding the strong reaction from society and the government on the issues validated in the 2012 publication of *Prevalence of and Reasons for Sex-selective Abortions in Armenia*, 2012. The results of the study were brought to the attention of the Prime Minister during the

[55] *Prevalence of and Reasons for Sex-selective Abortions in Armenia*, 2012, Working Group of UNFPA, Ministry of Health, National Statistics Services and Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology, pages 40 and 41.
[56] May 2013 UNFPA press release and SPR 2013
[57] October 11, 2014, UNFPA website

meeting of the Council on Women's Affairs and it was decided to have a separate issue-specific meeting in 2013 for a more detailed discussion.[58] The second survey in 2013 also affected a broad spectrum of stakeholders including the Government, health-care providers, faith-based organizations, the international donor community, as well as the media and the general public, as described above.

Key informant interviews and focus group discussions indicated a wide reach in the country of the results of the survey and awareness among society members of the longer term implications for the gender balance of the population. There is evidence from interviews that women are changing their attitudes toward prenatal sex selection however, there is no scientific data to indicate that there is a rise in the birth of daughters. It is clear that compared to the lack of acknowledgement in the past, the issue is now widely discussed and acted upon not only by the media and a large alliance of non-governmental and international organizations, but also by the highest secular and religious powers in the country, partly as a result of the UNFPA substantial contribution over the past three years.

In response to the need to address the pre-natal sex selection, the government has explored means to mitigate the facilitating factors. The members of Parliament in Armenia are discussing a ban on doctors revealing the sex of a fetus before the 30th week of pregnancy, which they hope will reduce selective abortions, however, such legislation is still controversial. (See further discussion in the PD section.)

Conference on "The Situation of Reproductive Health in Armenia: Achievements and Obstacles".
In October 2010, UNFPA with the Ministry of Health, organized the conference, and 79 participants (out of the planned 86) including government officials, decision-makers, researchers and academicians, heads of maternity institutions of Yerevan and marzes, heads of women consultancies of the republic, UN officials, local and international NGOs and mass media met to discuss the issues of Family planning, Infertility, Abortion, High risk Pregnancy and the role of UNFPA in reproductive health improvement. The aim was to affect reproductive health policy and practice and to make recommendations for improvement. The participants expressed positive feedback on the opportunity to discuss the current problems and achievements. Documentation of the outcomes and recommendations of the conference were not available in the standard project reports or the annual project review with the Ministry of Health so analysis in terms of outcomes was not possible.

Development of Sub-legislation, Policies, Protocols and Guidelines
UNFPA in partnership with the MoH has promoted a number of officially accepted sub-legislations, policies, protocols and guidelines that have contributed to ownership and sustainability. UNFPA generally met or exceeded the annual work plan target indicators for numbers of sub-legislative acts. The following are contributions to strengthening the national RHR services.

- In 2011, Development and publication of **Standards on organization and delivery of obstetrical-gynecological services** for **maternity outpatient** departments;
- A manual for doctors on **"Efficient perinatal medical care**" in Armenian was developed and published;
- In 2011, methodology for conducting the routine and sentinel HIV epidemiological surveillance was developed and an **"Operational Manual for Epidemiological HIV Surveillance**" in Armenian and English was published, available for dissemination in Armenia and in the region.
- In 2012, the standards on organization and delivery of obstetrical-gynecological services for maternity **inpatient departments** were developed.
- In 2012, UNFPA provided assistance to the MOH for the development of a policy document on **localization of the state certificate of maternity care** and introduction of a referral system. (This was not included initially in the annual workplan but was requested at a later stage by the Ministry of Health within a new programme of reforms initiated by the Ministry at the end of the year.)
- In 2013, in support of the **"Action plan 2013 on combating gender-based violence"** a manual on Health Care response to persons who experienced sexual assault was developed and approved by the Ministry of Health.

In January 2013, in support of the "Gender Policy Action Plan 2013" the protocols on Misoprostol (brand name: Cytotec) use for induction of labor and medical abortion were developed and submitted to the

[58] Minutes of ARM2R21A Project AWP Review Meeting, December 27, 2012, Ministry of Health

Ministry of Health for approval. These protocols suggest a requirement that the Misoprostol (Cytotec) is available by prescription only and that abortions take place only in hospitals. The risk could be high for Armenian women who use Cytotec without the relevant information about its dosage and correct usage, which can result in an incomplete abortion or bleeding to death, and such cases and "near misses" are on record. In July 2014, these protocols were approved and will also provide a legal basis for gynecologists to record Cytotec use in patient medical cards when prescribing. According to **key informants** in the health services, this is a welcome development although some believe that consequently sources of the drug may become more widely available through alternative channels.

According to **key informants**, having clear standards and guidelines is an issue of utmost importance for doctors, particularly for obstetrics and gynecology in view of the professional risks medical professionals assume, which has been clearly stated by the doctors during every monitoring visit by UNFPA. The assessment revealed that the key clinical guidelines at national level and particularly, diagnostic and therapeutic clinical protocols at facility level, based on international standards are lacking and the existing national RHR guidelines do not correspond to international standards and are mainly put forward and implemented in health care facilities without careful attention to their quality and standardization.

1.1.3 Contribution to strengthening the capacity of health care providers for high quality reproductive health, prevention of HIV and treatment of AIDS

UNFPA support to capacity strengthening was largely successful in improving skills of mainly obstetrics gynecology trainees. The joint assessment of the quality of maternal and neonatal care revealed the need for stronger midwifery and for an in-depth assessment of the midwifery training system. Youth Friendly Health Services need to do more to draw youth in to use the services. The Total Marketing Approach is a boon to contraceptive security, but there are still traditional and other barriers to overcome to promote contraceptive usage. The lessons learned in the roll out of the Minimum Initial Services Package helped strengthen the approach.

From 2010 to 2014, UNFPA supported a number of capacity development interventions for "Strengthening of Sexual and Reproductive Services" through managerial and technical input. The project management team consisted of the Director of the Institute of Perinatology, Obstetrics and Gynaecology, the Chief Obstetrician, and UNFPA staff. [59]

In July 2010, a series of trainings resulted in the training of 170 family doctors (out of a goal of 180) to strengthen their skills for RHR counselling in order to offer user-friendly services. To support this intervention, the manual "Medical Criteria on Selection of Modern Contraception" originally supported by UNFPA (2006) was reprinted. The stated indicator for 2010 was to 50% of health care providers in RHR, Family Planning and Antenatal care and 170 out of 350 were trained (49%), however, considering the increased number of family doctors, the target was later changed to the number of doctors rather than a percentage.

In 2011, the new cycle of refresher trainings for obstetricians-gynecologists has incorporated HIV counseling and in July 2011, five day trainings were organized for 96 obstetricians-gynecologists from Yerevan on "Modern approaches to prenatal and postnatal care with integration of HIV and AIDS counseling", which strengthened the capacities of this group of healthcare providers in the field of HIV and AIDS counseling integration to pre- and postnatal care. Three five day training sessions conducted in July-August 2012 improved capacities of 92 obstetricians-gynecologists from regional maternities and women consultancies of Armenia on "Modern approaches to prenatal and postnatal care with integration of HIV and AIDS counselling" The training was conducted using the manual for doctors on "Efficient perinatal medical care", which was developed on the basis of WHO training modules and approved by the decree of Minister of Health. The annual target for this indicator was 100 healthcare providers; however, in 2012 eight people could not attend the training.

[59] Standard Progress Reports and Annual Work Plans, 2010-2014

The training continued in 2013 and improved capacities of 103 obstetricians-gynecologists from regional maternities and women consultancies. This year for the first time during the course the issue of prenatal sex selection in Armenia was discussed following screening of a film on the findings of the two surveys conducted in 2011-2013, described above.

According to **key informants and focus group discussions**, STIs are sometimes transmitted to women by their husbands who return from their places of migration, such as Russia or the Ukraine, to visit their homes in Armenia. The infection is often detected by the wives who subsequently visit a health center for treatment. In areas closer to Yerevan, health staff said they advised women to inform their husbands so they could come in for treatment. In rural areas, the source of the infection was frequently not discussed due to sensitivities regarding the marital relationships and males were often not treated. The traditional values in more rural areas and the lack of outreach by the health centers may therefore contribute to women not receiving the information and treatment they need according to their reproductive rights.

Assessment of the Quality of Maternal and Neonatal Care

In 2012, the quality assessment of maternal and neonatal care was implemented for the first time in Armenia by the initiative of the MoH and UNFPA and in collaboration with UNICEF, WHO and World Vision Armenia. Due to budget cuts, WHO could not commit to provide the pledged financial support. To cover the financing gap, UNFPA CO forged a partnership with one of the leading development partners working in the area of maternal and child health, World Vision Armenia, which also joined the initiative and provided financial support and expertise.

The assessment was well planned and carried out. The international and national professional team of co-assessors carried out assessment in one (referral hospital) tertiary level maternity hospital and one secondary level hospital in the capital Yerevan, one secondary level hospital in Gyumri, Shirak region (marz) and one facility of primary B level in Ijevan, Tavush region by using a new WHO Assessment tool for the quality of hospital care for mothers and newborn babies.
Eight professionals with different disciplinary backgrounds (obstetrics, midwifery and neonatology) were selected among well-known specialists, working in the MoH, Yerevan State Medical University and leading hospitals as national co-assessors. Prior to the assessment visits a half day start-up workshop was organized with participation of three international experts, experienced in quality assessments using the WHO tool, the national team, as well as the team representing the development partners: UNFPA, WHO, WV and UNICEF country offices.

Upon completion of the assessment of quality of maternal and neonatal care a round table was organized for the audience of 22 participants, where the team of co-assessors presented the key findings and recommendations to the Minister of Health. The Minister recognized the importance of the initiative in terms of providing sound evidence and identifying the most critical issues and the priority actions to improve quality of services in maternities country wide. The final reports submitted by the international consultants revealed that the most critical issue to address for the improvement of the quality of care in the country is development, adaptation and introduction of standard-based system in compliance with the international standards.

Many **key informants** consider the assessment of maternities as one of the priority areas to be addressed. As a follow up to the assessment, which revealed that professional role of midwifes and nurses is underestimated and weak, the MoH has recommended that the assessment of Midwifery training system in Armenia should be conducted to ensure further strengthening of midwifery services. UNFPA monitoring visits also confirm the need for an in-depth assessment due to the limits to the education and functioning of midwife who are not currently allowed to provide the full scope of their services, particularly at referral level.

Support to the Traveling Gynecologist
In the first CP, the steady reduction in the maternal mortality ratio to the low figure of 26.8 per 100,000 live births for 2006-2008 was partially attributed to UNFPA's support to the Government emergency obstetric care strategy, as well as introduction of traveling gynecologist scheme (the number of which

reached seven supported by UNFPA during the first CP). The establishment of "Traveling Gynecologist" team (TGT) and the "Rapid Response System" served hard-to-reach and poor areas of the country.

According to the information provided by the MoH to UNFPA three EMoC teams and four TGs are still operational. According to **key informants**, the mobile teams changed reproductive health services for the better in rural areas. Due to their regular visits to communities, signs of cervical and breast cancers and other health issues could be seen and preventive measures taken. The mobile teams are very much needed but some went out of operation due to budgetary concerns. After the 2011 revision of the UNFPA CPAP indicators, the TGT indicator was taken out due to lack of reporting.

Youth Friendly Health Services

The development of youth friendly health services has been underway in Armenia since 2005 starting with a concept paper by the Ministry of Health. In 2006, 92 health care providers in five marzes were trained on youth friendly approaches, HIV, AIDS, STIs and drug use, reproductive health issues and how to ensure referral to appropriate specialists if needed. In 2006 the national norms and standards for quality of care at Youth Friendly Health Services were developed with a clear delineation of what services should be provided by each level of health care as well as the level of specialisation of a service provider. As described below, a Healthy lifestyle curriculum was developed and piloted in upper grades of 30 schools with relevant trainings and guidelines provided to teachers of those schools.[60] UNFPA helped to support the development of 34 youth friendly reproductive health services mainly in Family Planning Units. In general, the youth friendly orientations and counselling take place in a separate room from the general family planning services and the medical staff who serve the youth may consist of those specially trained to deliver these services and in some cases doctors and nurses rotate to manage the services.

Key informants associated with the Family Planning Units and polyclinics where the youth friendly rooms are located, said that education and training sessions are attended by youth, more well-attended in centers close to Yerevan and other major cities and less in the rural areas. Some interviewees who have visited the units and/or have sought opinions from local youth thought that the services are not as effective as they could be in drawing in youth and that all medical staff should be incorporating youth more strongly into the services they already provide, all should be ready to serve youth as part of the population needing RHR services. Some **interviewees** said that despite the effort to make the services more youth-oriented, a great deal needs to be done to suit the needs of youth and to draw youth in to use the services. In some rural areas, there is a stigma attached to youth seen to be using FP services.

A survey or study regarding the effectiveness of the youth oriented health services could yield some important findings to help strengthen the services and demand for them. One study by the International Planned Parenthood Federation and OXFAM Armenia "Key Factors Influencing Young People's Development" (January 2014) mentions that despite the creation of the youth friendly services, the monitoring of the quality of the sexual and reproductive health services for young people is not functioning well. [61] The study reports that the main sources of information are peers and that common barriers for young women to access modern methods of contraception are lack of information about existing methods, services and supplies, unaffordable costs and feeling ashamed to request contraceptives. Young people in the study noted that the best ways to removing obstacles to existing RHR services are ensuring privacy, youth friendly attitudes and affordable costs. Most respondents agreed that there is a need to further develop young male-oriented RHR services in the health system.[62] This corresponds to the observations by the Y-PEER focus group described below that males do not show aa great an interest as girls in the sexual and reproductive health issues and/or to act as peer educators.

Support for Reproductive Health Contraceptive Security (RHR CS)

The previous lack of commitment and ownership of the Ministry of Health (MoH) on Contraceptive Security has been a factor in constraining the demand-driven distribution and adequate stock level of

[60] UNICEF website
[61] Key Factors Influencing Young People's Development, IPPF and OXFAM, 2014, page 6
[62] Ibid. pages 6-7

contraceptive commodities, as the MoH had not allocated funds for procurement of contraceptives. This has been previously justified by the MoH in terms of competing health priorities and concerns about the impact of family planning on the birth rate in a country with an already declining population.

The Global Fund supports the purchase of condoms and they are only free through UNFPA. In the past, timely and efficient coordination was needed between the Global Fund and the Joint UN Team on HIV and AIDS in order to avoid stock-outs of condoms, which occurred once in 2010 and again in 2011. The contraceptives are distributed widely supported by UNFPA every year. For example, in 2012, 163,600 male condoms, 10,950 IUDs and 1,054 DepoProvera were provided to 20 family planning units; and 288,000 male condoms were distributed under the Joint UN Programme of Support on HIV and AIDS to Global Fund to NGOs working with sex workers, men having sex with men, young people, etc.; 12,000 male condoms to the military recruits, and 1,600 male condoms to UMCOR for distribution as part of their HIV prevention interventions.

According to **interviewees**, although the 75 Family Planning Units in outpatient departments still exist to help the villages through counseling and advocacy, basically they distribute condoms. The IUDs and birth control pills are less demanded since they must be purchased, and the expense of public transport to the clinics is another constraint. In general, hormonal contraceptives are avoided by doctors due to side effects that make women stop using them and also financial constraints, some women buy the pills for a few months and then discontinue using them, so they are sometimes not effective as a reliable form of birth control. The 2010 DHS said only 1.5% use pills, and only 27% use modern contraceptives. There is a very low demand from both facilities and population but women can buy them in pharmacies. The study on the use of contraceptives in Armenia noted that the majority of couples cannot afford to buy them. [63]

Over the period of approximately five years, the CO has advocated for greater assumption of responsibility by the MoH. In 2013, UNFPA worked with the teams of different presidential candidates for 2013 and made sure that the improvement of the access to and quality of reproductive health services were included among priorities for the health sector in the election program of these candidates. In 2013 UNFPA EECARO, as a follow up to EECARO and International Planned Parenthood Federation high-level meeting conducted in 2012 (aimed at bringing Governments' attention to gaps, priorities and measures for client-oriented RHR CS strategy in MICs), started the road mapping of the Total Marketing Approach (TMA) at the regional level. UNFPA Armenia effectively took into account EECARO efforts as well as the favourable political background: the new President of Armenia identified the improvement of the access to and quality of reproductive health services as one of the main priorities for the health sector. The CO initiated advocacy and policy dialog with the MoH and other relevant stakeholders to support the Government to establish a reliable RHR commodity security structure to ensure secure contraception supply, particularly for the most vulnerable as well as to increase consumer demand for modern contraceptives using TMA methodology.

Considering that USAID has supported successful TMA methodologies for the last decades in many countries UNFPA Armenia coordinated this effort with USAID Armenia. As a result, it was agreed that in 2014 USAID will provide $800,000 to introduce TMA and the MoH will commit to ensure provision of contraception to the most vulnerable population and allocate funds within TMA after the market segmentation will be implemented. The Government is committing 25% in 2015, 50% in 2016, 75% in 2017 and 100% in 2018. UNFPA efforts contributed considerably to this **very positive outcome**.

According to **key informants**, the TMA is really important to widen the supply and make contraceptives available to the most vulnerable. While women have to pay for the pills, of which about 15 types are sold,, UNFPA will procure pills (marvelon, mycrogenon and postinor) condoms and IUDs within the TMA project which would be distributed widely to the poorest population free of charge. There are follow-up actions needed such as putting contraceptives on the essential drug list and ensuring sustainability in the system of budgeting. The TMA will be HMIS computerized connected to the Channel computer programme but they have not done this yet although it seems very promising. **Key informants** in the marz health services

[63] Key Factors Influencing Contraceptive Use in Eastern Europe and Central Asia, Findings from a Qualitative Study Conducted in Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria,Kazakhstan, the Republic of Macedonia, and Serbia, Recommendations for Improving Access to Modern Contraception in the Region, UNFPA and IPPF, 2012

said that the TMA risks not being the perfect solution as many middle income couples cannot afford the contraceptives or easily or willingly reach the points of distribution, and there are still traditional barriers to overcome to promote contraceptive usage.

In terms of the FP monitoring, UNFPA does not get regular reports, but uses the MoH data. The following data indicates the supply but not the demand or challenges of increasing demand described above.

Table 9. 2013 Reproductive Health and Rights Results

Indicator: % of service delivery points offering at least two methods of family planning. Baseline: 70%. Target: 75%.

2.1.2 % of service delivery points offering at least two methods of family planning.	Baseline 78%	Annual Target 80%	Value for the Year 80%	MOH data/reports, records of primary service delivery points

The Roll Out of the Minimum Initial Services Package (MISP)

In 2012, Armenia, as part of the regional initiative including also Azerbaijan, Kazakhstan, Belarus, Ukraine, and Kosovo, launched the Minimum Initial Service Package (MISP) for Reproductive Health in Crises[64] roll out. As a result of the intensive work carried out by the MISP roll out country team comprised of representatives from the Government, NGO sector, and UNFPA Armenia Country Office, under the overall guidance of UNFPA Armenia CO, a number of first-ever initiatives were undertaken in the country that led to significant achievements in the roll out.

Following internal and external consultations and advocacy, a Thematic Working Group was established as part of the national platform on disaster risk reduction (ARNAP) to integrate the reproductive health component/MISP into the national emergency planning in April 2012. The country roll out team led by UNFPA carried out advocacy for incorporation of RHR into the adopted *Disaster Risk Reduction National Strategy*, and its derivative "Concept Paper on Protection of the Population during Emergencies" currently in the development stage.

Some lessons learned in the MISP roll-out included the following:

- The full-fledged advocacy for importance of addressing the RHR needs during emergencies and implementation of MISP has commenced with the Ministry of Health, national disaster management platform, as well as other key health and emergency response actors earlier than the cascade training. This allowed a meaningful support from the MoH for the integration of RHR into emergency preparedness and humanitarian response and nomination of suitable participants and overall political will for the training.

- Preparation is key to the success of MISP training, including focusing on the content, structure, division of responsibilities and sessions between among lead facilitator and co-facilitators in view of their strong sides for work stations, arranging logistics well in advance and having a logistics/admin support person allowing to focus your efforts on training content during the session and ensure a smooth flow during the training.

- The participants recommended further organization of MISP echo trainings both for their group and for other groups highlighting the critical importance of RHR emergency response. It was suggested to pay special attention to the integration of case studies/scenarios in the educational materials and role plays.

- It is recommended to develop individual modules for the actors engaged in the disaster reduction/humanitarian response, rescue service, NGOs, and public at large for these situations.

[64] The MISP is a set of tools to achieve the goal of improved humanitarian response and emergency preparedness, which is a coordinated set of life-saving priority interventions intended to meet acute reproductive health needs during the initial phases of an emergency.

According to **key informants**, the MISP needs to be extended to cover the gender issues and gender based violence and UNFPA should take a stronger lead with the Ministry of Emergency Situations in the process of incorporating more family planning counseling and awareness raising on gender equality.

4.2.4 Contribution to increasing awareness of and demand for Reproductive health and Family planning services by the most vulnerable population groups

UNFPA has contributed to demand for information and reproductive health services among youth, particularly in the youth networks, military services and school settings. There is evidence that at risk groups in the poor and remote areas are not being adequately reached to increase reproductive health knowledge and demand for services. Approaches to reach youth are too thinly spread in terms of required inputs to achieve behaviour changes.

As discussed above, the potential to reach the marginalized and high risk groups has not been fully realized. The programme has targeted segments of adolescents and youth, including poor and marginalized youth, and women, including those living in rural and hard to reach areas. According to evidence collected in rural areas, as described above, the health system is not reaching some of the most vulnerable communities and people who do not access the services for various reasons, among them distances to the health centers, costs of transport and services, and lack of knowledge or understanding of the health risks. Members of other high risk groups, such as sex workers and lesbian, gay, bi-sexual and transgender (LGBT), may have benefited from a number of interventions but evidence is lacking in terms of the outcomes for these people and UNFPA's contribution to their reproductive health and rights.

Increasing Demand from Youth for Reproductive Health services

In 2011, training on "Advanced TOT & Group Dynamics in Peer Education" and HIV and AIDS & drug abuse trainings were conducted for Y-PEERs; "Advanced TOT & Group Dynamics in Peer Education" training was conducted for 23 young Y-PEERs, and training on HIV and AIDS and drug abuse was conducted for 15 Y-PEERs to further implement peer education outreach among vulnerable youth in regions. Trainings were conducted on "Reproductive Health Issues for Youth" by peer education for 100 youth from Yerevan, Shirak, Lori and Tavush regions, and on HIV and AIDS and drug abuse for 60 vulnerable young people from orphanages, the rural and migration-affected regions of Armenia (Shirak, Gegharkunik and Lori regions).

One of the outcomes/observations of the monitoring of the peer outreach interventions was a great demand for such educational programmes. Evidence-based programmes on peer outreach on issues of RHR, HIV and AIDS and drug abuse needs continuity, particularly in the regions. No formal evaluation was conducted.

Piloting "HIV prevention among vulnerable young people" has provided a useful experience for the expanded Y-PEER network to work with the specially targeted vulnerable groups. The funding also allowed expanding and strengthening the capacity of the national Y-PEER network. For the first time, the issues of drug abuse and an interactive theatre play were incorporated in the training agenda of the peer education, which proved to be effective. Interactive forum theatre performance on the topic of stigma related to HIV and AIDS was performed in three project sites. Use of drama in the context of HIV and AIDS proves an effective tool, particularly in tandem with peer education outreach.

In 2012, interventions were implemented by UNFPA jointly with the Generation's Solidarity youth NGO and Y-PEER Armenia national network. In 2012 the following interventions have been implemented:

- Three sensitization sessions on sexual and reproductive health and rights
- Five peer education trainings on reproductive health and rights (three trainings were organized in three marzes of the republic of Armenia and two peer education trainings in Yerevan)

More than 300 young people were reached during the sensitization seminars and 100 young people during peer education trainings. The comparative analysis of the results of the pre- and post-tests, conducted during the peer education sessions, show significant increase in knowledge.

In 2013, two flash-mobs[65] were organized on the candlelight memorial day (20th of May) and international youth day (12nd of August) The first flash mob actions were implemented in one of the most crowded areas of the city (Northern Avenue). During the flash mob action cooperation was established with the Municipality of Yerevan and with an NGO "Day Center of the Araratian Patriarchal Diocese of Holy Armenian Apostolic Church" that takes up initiatives in the field of HIV prevention. As one of the key actions of the flash mob was to attract the attention of Mass Media to the issues related to youth, the promotion of the event was held via available social networks (Twitter, Facebook, My Space etc.), national media and e-journals. Approximately 10 journals wrote articles about the flash mob.

The second flashmob was organized on the International Youth Day. The message of the day was "Wake Up Youth", which urged the youth to take the initiative of participating in the decision-making on issues concerning their lives. During the flash mob cooperation with a group of professional break dancers has been established. This event also made it possible to make a promotional short movie for future presentations of the Y-PEER National network. Volunteers from the "College of Light Industry" took part in the organization and implementation of the event. The abovementioned two flashmobs reached more than 1000 people. In 2014, the youth-oriented interventions have increased in momentum with the hiring of full time UNFPA staff for youth.

Lessons regarding Interventions targeted at youth (peer education)

- According to the trainers' feedbacks about the outcomes of outreach sessions, it was not very effective in terms of educational outcomes. If organized in future, it is recommended to design a special agenda specifically for larger audience, to ensure usage of audio devices, to increase the number of audience to 100 young people. These kind of massive projects make it possible to establish cooperation with different NGOs and other organizations working in the field, which can stand as a springboard for future cooperation and meaningful participation with them.
- In organizing the flash mobs, the organizers tried to promote the event through the national e-journals and media. However, as the events were on the weekends, which were not working days for the media companies, they did not promote the event through their channels. For the future projects within the framework of massive events that require mass media involvement, efforts will be made to establish cooperation with mass media in advance (at least a month prior the event) so they could be prepared to promote the event on weekends as well.

Support for Reproductive Health Awareness among the Military

UNFPA has contributed to supporting the introduction of RHR and gender issues into the mandatory curriculum for the military continued from the past country programme, thus ensuring outreach to large numbers of young males. The armed forces have their own healthcare services, but counseling on reproductive health has not previously been part of the network. In cooperation with the Ministries of Defense and Health, UNFPA assists the training and health structures of the military by preparing a pool of trainers within the armed forces structure, by developing special curriculum and information materials, which include reproductive anatomy, contraception, safe motherhood, prevention of sexually transmitted infections and HIV and AIDS, gender equality and GBV topics.

In 2011, improvement of RHR awareness interventions were continued among military on RHR/STIs/FP; Information booklet for military servants on RHR/STIs/FP was reprinted and disseminated. In 2012, the successful cooperation continued with the Ministry of Defense (MoD) in the field of awareness raising among military servants on RHR/STIs/FP. The expert from the MoD was contracted to organize trainings

[65] A flash mob (or flashmob) is a group of people who assemble suddenly in a public place, perform an unusual act for a brief time, before quickly dispersing. They are often used for the purposes of entertainment, satire or artistic expression and are organized via telecommunications, social media, or viral emails

for military servants and dissemination of information materials. The reprinted 15,000 copies of the booklet for military servants (each booklet contains 2 condoms) were distributed to the military units.

Over 10,000 copies of the booklet for military servants RHR/STIs/FP were reprinted and distributed among the servants during the trainings carried out in November - December 2013 in military training units and 4 central army corps. In 2013 the ways of optimization of the activity were discussed with the MoD. The suggestions and recommendations of the Ministry werereflected in 2014 year implementation of the corresponding activity.

During the Annual Workplan Review meeting between UNFPA and the Ministry of Health, in December 2013, improvements were suggested for the implementation of awareness raising among military servants. Taking into account suggestions of MoD the training materials were revised and updated. The sustainability of the trainings was strengthened through introduction of RHR/STIs/FP lectures in curriculum of Yerevan State Medical University faculty of Military Medicine.[66] The opportunity of monitoring visits for the military training continues to be limited due to the lack of access to the training implementation venue (military units).

Key informant interviews confirmed that the level of knowledge has been raised among the military population as well as improving attitudes and practices in the areas of sexual and reproductive health and HIV and AIDS prevention. The condom provision is important and needs continuity. There is no survey or study that provides evidence of the degree of changes that have occurred. A key development however, is that the awareness raising is now a permanent part of military training and education. While most of the military are males, at least 7% are female, thus UNFPA is supporting inclusion of GBV and gender equality awareness information in the military training curriculums.

Healthy Lifestyle Joint Project

In 2011, a joint project funded by UNFPA, UNICEF, and IOM in coordination with the National Institute of Education (NIE) aimed to set up a sustainable Healthy Lifestyle education in 10th-11th grades at schools of Armenia. The project was implemented by Scientific Association of Medical Students of Armenia (SAMSA) and ran for one year. The curriculum covered Healthy Lifestyle issues such as HIV and AIDS, alcohol, smoking, drug abuse, stress, gender equality, trafficking, among others.[67] It is noted that the curriculum did not cover other issues of reproductive health.

During this time, SAMSA trained 555 teachers (out of a target of 600) in 30 four day training workshops covering 277 schools (out of a target of 1,200 schools) from Yerevan, Armavir, Lori and Tavush marzes. Qualified trainers from SAMSA experienced in the field of Healthy Lifestyle education worked in pairs and organized trainings on Healthy Lifestyle issues and methods of effective and sustainable education for 10th -11th grades. Interactive methods were used during the trainings, so that participants got not only theoretical but also practical knowledge. 46% of teachers were males and 54% were females. The majority were teachers of Physical Education - 70%, Biology - 15%, Geography and Mathematics – 10%, and others – 5%. Constraints to the training were the weather and road conditions that caused cancellations and reduced the numbers of trainees as per the plan.

The **outputs** of the project in 2011 were reported to be a gain in knowledge confirmed through pre and post-tests which showed that through trainings the level of knowledge of 555 teachers on the subject of Healthy Lifestyle was increased by 24.5% (from 70% up to 94.5%). There is no feedback regarding the use of this knowledge in the schools and the subsequent behavioural changes for students (the outcomes). According to **key informants** connected with youth and adolescent reproductive health, there is controversy among stakeholders regarding the appropriateness of the reproductive health education in the curriculums. In some opinions, most teachers given this responsibility are physical education or sport teachers who may lack the skills to impart such sensitive information and thus the teaching may be marginally effective in some schools. On the other hand, these teachers may offer students a source of personal support. Some felt that outsiders such as doctors who make presentations are more influential.

[66] Annual Workplan Review, UNFPA and the Ministry of Health, meeting minutes and conclusions, December 2013.
[67] This section draws information from the Annual Work Plan and AWP Monitoring Tool 2011

Key informants suggest that a survey is needed at this point in time to gather opinions regarding the relevance and effectiveness of the curriculum and methodology.

In 2014, UNFPA tried a new approach to peer education in secondary schools in cooperation with World Vision Armenia. Students were selected and trained to present topics in reproductive health to their classmates and in other schools. The pilot efforts indicated that information even on sensitive topics were well received by students and that they sought additional information.

In regard to **increasing demand from youth**, **key informants** point to need to strengthen UNFPA budgeting for youth and better integration for youth in the country programmes, which includes creating a stronger programmatic will within UNFPA in tandem with the government and with potential partners to devote needed resources. The UNFPA funds allocated to youth-focused interventions are approximately $50,000 in 2014. With these funds and those contributed by partners and other agencies, numerous interventions are expected to be undertaken, including strengthening and enlarging the Y-PEER network, organizing project management and reproductive health training, developing capacity of school staff, health care providers and parents to understand reproductive health issues and psychosocial needs, promote interventions that will be undertaken by peer educators, develop a survey for assessing reproductive health knowledge of adolescents, and strengthen collaboration, among others. With the funds available these interventions are likely to lack the time and resources to make the impact needed to reach the goals set out in the annual workplans. (See further discussion in the efficiency and coordination sections.)

In terms of sustainability, the government contribution to the above mentioned interventions for youth is noted as zero, although collaborative efforts are planned with the partner NGOs and presumably the Ministry of Health, Ministry of Education and the Ministry of Sports and Youth Affairs, as well as with UNICEF.

The global *"UNFPA Strategy on Adolescents and Youth",* released in early 2013 presents a five pronged approach: Enable Evidence-Based Advocacy for Comprehensive Policy and Program Development, Investment and Implementation; Promote Comprehensive Sexuality Education; Build Capacity for Sexual and Reproductive Health Service Delivery (including HIV prevention, treatment and care); Take Bold Initiatives to Reach Marginalized and Disadvantaged Adolescents and Youth, especially Girls; and, promote Youth Leadership and Participation. The obstacles in Armenia for youth in accessing RHR services are need for parental consent if younger than 18, lack of political and financial commitment to reaching youth, restrictive social norms, lack of awareness of prevention of STIs, and difficulty accessing the youth health services.[68] Stronger interdisciplinary strategies and funding are obvious needs in Armenia for increasing demand from youth.

Joint Programme: "Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families"

According to the final progress report, the aims of the "Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families" project in Armenia (2009-2011) to enhance minimum living standards for the people living in Kasakh, Geghamasar, and Pambak communities and surrounding areas were fully achieved. In September 2011, three participating agencies within the United Nations Trust Fund for Human Security (UNTFHS) project (UNDP, UNFPA and UNICEF) successfully completed interventions relating to the project and commenced their follow-up implementation. UNDP successfully developed the Integrated Community Development Plans, distributed fruit tree seedlings and delivered training sessions on planting in the selected communities. UNICEF established two Intensive Neonatal Care Units in Chambarak health centre of Gegharkunik marz and in Yeghvard hospital of Kotayk marz through the provision of all required equipment. Two other participating agencies, UNHCR and UNIDO completed their inputs at a later date.

[68] Key Factors Influencing Young People's Health and Development, International Planned Parenthood Foundation (IPPF) European Network Armenia Affiliate, and OXFAM, January 2014.

UNFPA achieved all planned outputs for the entire project. The UNFPA contribution focused on the "provision of basic health services delivered by trained healthcare providers in adequately equipped health facilities targeting mostly youth and women to the benefit of the whole communities and their surroundings". In 2010, the annual target of 17 communities were reached. With UNFPA implementation - using the peer education methodology and in partnership with the Generation`s Solidarity youth NGO-10 communities were covered in 2011 and 6 communities were covered in 2012. In 2012, 24 communities were covered. All the interventions are in line with the Armenian National Strategy on Reproductive Health, "National Strategy on Child and Adolescent Health and Development" and the current national priorities. [69]

UNFPA conducted regular monitoring visits to provide timely and accurate evidence on compliance, changes in the situation of the target population groups, as well as on possible changes in the environment that might affect the programme. It was confirmed as per the final progress report that the targeted and adjacent communities in Gegharkunik and Kotayk regions benefited from increased access to higher quality RHR and maternal health services, increased access to youth-friendly health services (YFHS), improved access to traveling gynecologist team (TGT), antenatal care and services, and sensitization on various topics related to safe motherhood. As per the final report, **local ownership and participation of communities** in the sub-interventions have been critical for the success of UNFPA interventions.

The evaluation team visited Pambak, a targeted community for this project, where many returnees from Azerbaijan in the 1980s now live. **Focus group discussions** were conducted with women and men separately. In terms of the outcomes of the UNFPA input for this village, one women recalled participating in the awareness raising on RHR and health matters and found the content to be useful to her family on a daily basis and she had shared her knowledge numerous times with her neighbors. In terms of accessibility to health services, the community members need to travel an hour to Chambarak to receive most services as the health center in Pambak is poorly equipped with only one nurse. This is extenuating for people, as the town is very isolated with only one bus service per day. The school curriculum does contain aspects of the healthy lifestyle, but the topics related to sexual health are not considered by the school to be relevant for school aged adolescents. Specific reproductive health problems related to migration and military service where males are away from home for extended periods is not discussed by the women. Some women were using IUDs, some were above reproductive age. Males interviewed said they mainly do not use condoms, many husbands are not present in the village. There is no Traveling Gynecologist team operational in Pambak., rather there is an ambulance for transportation of pregnant women and other patients. The renovated facilities in Daranik were observed by one team member.

In regard to the livelihood development, of the eight women participating in the discussion, only one benefited from employment. The others requested help with securing a livelihood and having something productive to do with their time such as through procurement of a sewing machine, stating that this was the biggest problem they faced being in a remote community. An opportunity to present RHR information may be possible in tandem with livelihood interventions undertaken by other agencies.

Increasing Demand for Reproductive Health services from Communities

Three rounds of community meetings were held in 2012, 2013, and 2014, on safe motherhood, sexual and reproductive health, and HIV and AIDS. In November 2012, community meetings were conducted by two national consultants to raise the awareness of 972 women from 24 communities of Tavush region. In October 2013, community meetings were conducted by 2 national consultants to raise the awareness among population on reproductive health and family planning services, particularly in regions and remote areas of Armenia. The meetings were carried out in 37 communities of Shirak region with participation of about one thousand women in total. The indicator target for 2013 in respect to number of communities reached has been exceeded. The participants in community meetings were provided with "Safe motherhood" booklets, RHR project factsheets and supplies. They acquired knowledge on safe motherhood and were provided consultation on STIs, contraception and antenatal care. During the meetings the issue of sex-at-birth imbalances in Armenia was also touched upon regarding which

[69] Final Progress Report " Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families" in Armenia *Project funded by the United Nations Trust Fund for Human Security (UNTFHS)* February 2013

discussions were held following screening of a film on the findings of the UNFPA "Sex Imbalances at Birth in Armenia: Demographic Evidence and Analysis" survey.

Table 10. Reproductive Health and Rights – Numbers of Communities Sensitized

Country Programme Output indicators 2013	Baseline	Target for the year	Updated indicator values for the year	Means of verification of indicator values
2.2.2 No. of communities reached and sensitized on issues of safe motherhood, sexual and reproductive health, HIV and AIDS, including through peer education	73	97	110	UNFPA reports, IP reporting, monitoring visits,

Unfortunately there is little clear scientific evidence in the form of recent positive changes in RHR indicators regarding demand for reproductive health services. There is little data available on the reproductive health of adolescents and youth. The 2015 DHS should provide evidence of the changes. However, **key informants** at the Ministry of Health said that some preliminary data is available to indicate a decrease in maternal mortality since the 2010 DHS by 20-25%. A survey on cervical cancer (date) indicated that the incidence is at the medium level, 27-28% based on pap smears every three years. According to some of the health system staff in the marzes, women particularly from rural areas presenting with cervical and breast cancer often do so in advanced stages when treatment is complex. According to other key informants, they estimate without the benefit of statistical information, that the demand for Family Planning services has declined particularly in the marz, public perception of contraception is largely negative and FP is a low priority for the government, when some clinics lack basic medicines, such as for diabetes. Further given the population decline, there may be uninformed inclinations to see FP as an attempt to limit the population.

According to the **high level medical personnel**, they have vouched for the fact that the doctors are using knowledge gained through trainings in their daily practices. An overall constraint to increasing demand is the low salaries for the medical professionals which impacts their motivation. Reproductive health requires about 10% of the total budget for health care but receives much less. A major constraint in the marzes is the outdated and overused technical equipment such as ultrasound machines and gynaecological examination tables, and for example, there are generally no 24 hour lab services. In the past, UNFPA helped to purchase ambulances. Another constraint to capacity to increase demand is the lack of outreach to the communities; the attitude encountered in several clinics or centers is that the medical care is largely free and people can come and use it whenever they wish. However, as mentioned above, the costs of contraceptives and transport are major issues, and people's knowledge and behaviour particularly in rural areas does not motivate them to use the services, thus the capacity of the system to serve its intended clients is also limited by economic and social issues.

4.2.5 Contribution to the development of capacities among partners and establishment of mechanisms to ensure the sustainability of effects of UNFPA supported interventions in the field of reproductive health and rights.

UNFPA has made visible efforts to promote RHR capacity development of its partners and communities and seeks sustainability in the results of its interventions through strong advocacy, promoting visibility of issues, strengthening capacity building strategies and seeking feedback, and broadening the reach of capacity interventions among communities, health system professionals and youth. UNFPA lacks a specific sustainable strategy in the design of RHR interventions as a pre-requisite to sustainability and in view of dwindling CO resources.

As described above and in the Relevance section, UNFPA Armenia supported numerous capacity building and awareness raising interventions in all three RHR programme areas that hold promise to lead to

sustainable outcomes. UNFPA advocacy and technical assistance has resulted in the national approval and utilization of policies, standards, and guidelines as described above. There is a multiplier effect gained through peer education Y-PEER member NGOs such as inclusion of other NGOs and youth groups, conducting workshops and bringing advocacy messages and IEC to public forums.

Some examples of contribution to capacity and mechanisms to promote sustainability include the following:

- **Heightening advocacy and visibility on key issues**. The in-depth analysis of pre-natal sex-selection in Armenia revealed that the issues related to sex imbalances at birth were not a priority on the political agenda of the country. However, the advocacy and visibility of the issue among the different players in the society (Government, mass media, NGOs, academia, international organizations, etc.) has promoted increasing the actors' capacities to continue to address this multi-dimensional issue.
- **Using opportunities for strategic capacity building**. The Assessment of the Quality of Maternal and Neonatal Care also developed the national capacities (both individual, organizational and systemic levels) and provided the basis for sustainability and scaling up to the whole country. The assessment strengthened individual capacities of the national co-assessors through provision of the tools – skills, abilities, experience and knowledge by the international experts' team. At the organizational level, developing capacities through this assessment exercise refers to improving and optimizing procedures, frameworks and management systems of the health facilities. At the systemic level, the findings of the assessment contribute to an enabling environment through promotion of international norms and standards of quality assurance and fostering adoption of international good practices.
- **Broadening the audience for capacity interventions**. HIV prevention and promotion of RHR awareness among the mainly male populated community such as military through raising the level of knowledge, as well as improving attitudes and practices in the areas of sexual and reproductive health and HIV and AIDS prevention and condom provision have promoted the permanent inclusion of this information in military training.
- **Inspiring motivation and the multiplier effect.** Some interventions such as the capacity building of obstetricians and gynecologists and the Y-PEER educators were conducted at the individual level, which contributes to broader development goals only to the extent that he or she is committed to those goals and is empowered to transfer knowledge to others. Thus, beyond investing in technical knowledge and skills, UNFPA aimed also at the multiplier effect of transformed individuals, and therefore in their leadership abilities.

The vast majority of **interviewees** who received training supported by UNFPA attested to positive capacity gains and provided examples of sustainable effects, as described above. The inputs generally include Training of Trainers (ToT) events, reviewing and updating training materials, information, education and communication (IEC) materials, and guidelines, and particularly reaching out to community members. Monitoring of the trainings in 2012 revealed that no pre- and post-evaluation were conducted, which should be ensured for future trainings. In 2013, the **pre and post-tests were administered** to all trainees, as well as overall training evaluations completed by the training participants. The participants demonstrated a significant improvement in their post-training scores, which revealed successful achievement of training objectives.

However, **more evidence is required** to validate the outcomes and potential impacts of capacity building interventions, as they cannot be ends in themselves but seek to reach the overarching goals, objectives and impact indicators as per the strategic planning instruments. Periodic surveys or qualitative questions posed during monitoring visits or workshops can help to identify where knowledge has been effectively used and where constraints and challenges are faced in putting the knowledge to use.

Promoting National Ownership

An overall risk to sustainability is that successful interventions will be interrupted or discontinued due to lack of or reduced funding in the future and that gains made will backslide, in particular in view of inadequate funding devoted by the Government to RHR. The presence of a UNFPA sustainable or sustainability strategy as a prerequisite to promoting ownership and sustainability is not apparent in the RHR planning documents. The recent developments on the TMA are most welcome and a sign of

increasing national ownership in reproductive health commodity security. The dwindling core resources will limit UNFPA's scope of interventions and thus the partner ministries and NGOs should be ready to assume greater planning and budgetary responsibility for interventions previously supported by UNFPA.

As per the future UNFPA corporate strategy for the MICs, UNFPA's role would be primarily at the policy and advocacy level.   Thus, continuation of the training initiatives that have formed a core of the RHR programme are still needed but may receive less support from UNFPA. For example, as mentioned above there is no national institution that operates properly and provides continuous education to medical workers, thus the challenge will be to build and sustain capacity of relevant national institutions to provide continuous medical education for obstetricians and gynecologists. The incremental guarantee of increasing government funds for other aspects of RHR support, using the TMA example, may form an intrinsic part of the sustainability strategy, developed jointly with Government.

4.3 Effectiveness and sustainability in the Population and Development programmatic area

To what extent have the interventions supported by UNFPA in the field of Population and Development (PD) contributed in a sustainable manner to an increased availability and use of data on emerging population issues at central and local levels? (EQ3)

Summary

The UNFPA contribution to Population and Development has effectively supported improvement and further development of national systems of data collection, reporting and monitoring. Cooperation with the Government to promote social and demographic policies at national level was effective and many outcomes are sustainable, such as updated databases, strengthened integrated social services and stronger government capacity to plan and implement censuses and surveys. Implementation of the Armenia Demographic and Health Survey 2010 and the 2011 Population Census was carried out in a sustainable manner and increased availability and use of data on population development issues at central and local levels. Significant challenges remain for accurate demographical information, for example, in the collection and analysis of data on migration needed as a basis of demographic planning.

4.3.1 Profile of the Population and Development programmatic area

There are two major output areas in the 2nd Country Programme for Population and Development (PD):
Output 3.1: "The capacity of national and local institutions is strengthened to implement the 2011 census, and to collect, analyze and manage gender-and age-disaggregated socio-economic data" **Output 4.1**: "The capacity of government institutions is strengthened to develop and implement social policies and programmes, and to effectively monitor and evaluate their implementation".

The PD annual work plans have ensured continuity of the activities started in the previous Country Programme (2005-2009). Data availability and analysis around population dynamics with reference to sexual and reproductive health and gender equality have been among important needs of Armenia. In the 2nd Country Programme, PD interventions focused on research to contribute to the availability of data and analysis for policy makers both centrally and locally. UNFPA CO contributions were effectively focused on advocacy and policy dialogue to ensure that national priorities are well reflected in the ICPD beyond 2014 and the post-development agenda processes related to the MDG indicators after 2015. The National Statistical Service (NSS), a counterpart during the 2nd CP, has developed capacity to produce comprehensive statistics needed to measure the MDG indicators.

Country program Output 3.1 is located under **UNFPA Country Programme Outcome 3 "**National systems of data collection, reporting and monitoring of human development strengthened, including MDGs and ICPD goals" and contributes to UNDAF Outcome 2 aimed at strengthened democratic governance through improving accountability, promoting institutional and capacity development and expanding people's participation. This has been done by providing technical assistance to the NSS of RA and Ministry of Labour and Social Affairs of RA (MLSA) and developing the capacity of Government officials to analyse, manage and disseminate data from Population Census 2011 as well as to conduct different studies and desk reviews. The Output 3.1 interventions also contribute to the National Priority 2 under the UNDAF: "Increase the capacity of citizens to participate, exercise their rights and responsibilities and government institutions to comply with their obligations".

During the 2nd Country Programme, UNFPA supported the Armenia Demographic and Health Survey 2010 (ADHS 2010) and the 2011 Population Census of the Republic of Armenia and UNFPA cooperated with the National Statistical Service (NSS), the main state institution responsible for providing the official statistics in the country, on the development of the national databank and demographic indicators, which could be

utilised to monitor the MDG indicators. The final report on sample survey on Fertility Preferences in RA[70] conducted in 2009 was translated into English, published and presented to line ministries and other national stakeholders. The Report on M&E system of projects implemented within the framework of Strategy of Demographic Policy of RA was developed and in 2011 the software, reporting forms and maps were elaborated and introduced. The result has been achieved (12 publications - Figures of Republic of Armenia, Figures of Yerevan, , and Armenia Demographic and Health Survey, 2010 and Households' data base) as the development and population data have become available by ArmStat[71] upon the initiations of UNFPA within the Country Programme.

4.3.2 Contribution to national capacities to implement the 2011 Census and to collect, update, analyze and manage socio-economic data

UNFPA played a key role in planning and supporting the 2011 Census and supporting national capacity development to manage socio-economic data. However, significant challenges remain in collecting, analyzing and managing the demographic data, particularly migration related data collection and calculation needed to assess the demographic situation of Armenia. Findings on the high incidence of pre-natal sex selection pose issues as how to best affect the knowledge, attitudes and practices.

2010 Pilot Census and 2011 Census

During 2010, UNFPA assisted the NSS to conduct the Pilot Census, and helped to develop capacity in various technical aspects of the process, including cartography, data collection and processing, and data analysis and dissemination. Based on the Pilot Census, after active negotiations with the Government and other donors, the funding for 2011 Census was ensured together with the work coordination. In 2011, for the second time, it was possible to conduct household calculations and to organize the census. The implementation of the Census helped to address two important gaps in information: 1) the underestimation of migration, which is very important for economic and social policies; and, 2) the households' address' data base, which is necessary for future statistical surveys.

UNFPA assumed leadership with the Government in supporting the census. UNFPA had a key role in supporting national counterparts for coordination, capacity building and resource mobilization. UNFPA was involved in policy dialogue with the Government and other donors to increase the budget allocation to effectively analyze, manage and disseminate 2011 Census data. In addition, significant organizational and methodological capacity development of the national structures for census-taking, advocacy, and integration of census data into the broader statistical system was needed.

Demographic and Health Survey (DHS) and Other Surveys

Within the framework of this output UNFPA provided technical assistance to the NSS to conduct the Armenia Demographic and Health Survey 2010 and to analyze and disseminate the results. Technical assistance was provided in close partnership with the Government and donor community, including other UN agencies, and especially in partnership with USAID, which was the basis for a new agreement to conduct the Armenia Demographic and Health Survey for 2015.

In 2012, the "Qualitative Survey through focus groups to study demographic situation in high mountainous and bordering marzes as well the situation with labor market and labor force" has been conducted in eight marzes (Aragatsotn, Armavir, Ararat, Shirak, Vayots Dzor, Tavush, Syunik and Gegharkunik). Monitoring visits were organized by the MoLSA and the NSS to monitor interventions and progress towards achievement of results and implement quality control check-up of all interventions, including the focus groups to study demographic situation as well the situation with labor market and labor force. The survey provides comprehensive information related to human development in these eight bordering and high mountainous marzes where the demographic situation, particularly the labor market issues, is quite challenging. The analysis and recommendations of the survey were widely used by MoLSA in elaboration of "Employment Strategy of RA, 2013-2018", particularly in the demographic part of the

[70] Analysis of Results of the Sample Survey on Fertility Preferences of Armenian Population, 2009 - http://unfpa.am/en/publications-fertility-survey-2009

[71] http://www.armstat.am/en/?nid=337; http://www.armstat.am/en/?nid=82&id=1338

strategy. The mentioned strategy was adopted by the Government in November 2012. At the same time the recommendations of the survey were also used to design the annual programme of the State Demographic Policy for 2013.

In 2013 a qualitative survey on "Fertility Preferences, its Incentives and Disincentives" was conducted through focus-group discussions. Twenty focus-group discussions were conducted in Syunik, Ararat, Gegharkunik, Lori marzes and Yerevan (four focus-group discussions in each marz and Yerevan, including two focus-group discussions with women and two with men) among people of reproductive age. A total of 152 people (women-79, men-73) participated at the focus-group discussions. Two third of participants were from urban areas and one third from rural areas. In addition to the mentioned marzes one focus group discussion has been conducted with more than 40 experts from marzpetarans, health care institutions and NGOs. The main goal of the survey was to assist to the improvement demographic and family policies by identification of incentives and disincentives influencing on fertility behaviour of Armenian population. The final report of the survey has been submitted to MoLSA for further policy development.

Analysis of the youth employment situation in Armenia has been conducted through focus group discussions in Yerevan, Shirak, Kotayk, Gegharkunik and Aragatsotn marzes. The main goal of the analysis was the evaluation of current problems and challenges of youth employment issues as well as the presentation of a recommendation package on employment promotion. The final report consisted of two parts: (1) the analysis of current problems of youth employment situation in Armenia and their socio-economic impact, and (2) elaboration of pro-active policy and presentation of recommendations on legislative reforms on promotion of youth employment situation.

UNFPA has worked effectively on research and publications. Comparative studies (based both on DHS (2000, 2005 and 2010) and censuses (2001 and 2011) have been conducted to identify the correlation of major social and economic changes in the country during a given period of time, including population movement and disparities between poor and rich households, with demographic and health outcomes of the population. The studies were provided to policymakers with an overview of recent changes in Armenia and their associated impacts on the Armenian population, and will serve as a tool for evaluating the impact of the recent changes in population movement, economic growth and guide future decision-making around issues of population and health in Armenia.[72]

A desk review on "Current Demographic Challenges" has been conducted aiming to summarize the results of all demography-oriented activities implemented by UNFPA, other international organizations and Government institutions, to assess current needs, to identify the necessity of activities and programs to ensure the efficient further implementation of state demographic policy and other social policies. The results of the desk review were presented to a large national stakeholder community.[73]

A separate statistical publication (booklet) featuring the preliminary results of Armenia Population Census 2011 has been developed, printed and distributed by the NSS, which provides a comprehensive overview on all the aspects of demographic situation and human development in Armenia.

These publications have provided detailed and reliable data and information and are an effective resource to contribute to the capacity development of stakeholders. According to **stakeholders interviewed**[74], these publications are used as references by: 1) the academicians in their studies and in courses at the universities; 2) the specialised NGOs on population and development in their research and published articles; and, 3) the public institutions such as the Ministry of Labour and Social Affairs, Ministry of Health, and the Ministry of Territorial Administration in developing its labour and social security strategies, health care and territorial development strategies. Thus, this contribution is a good practice, which could be replicated by the other development agencies. It is evidenced that UNFPA pilot initiations were effective as well, so further replication with more extended coverage (more communities and beneficiaries) could be envisaged and discussed while designing joint programmes.

[72] Interviews with Government officials and research institutions
[73] Interviews with project stakeholders
[74] Interviews with key informants from universities, NGOs and public sector, and the SPRs of PD

There are a number of design aspects which contributed to the success of the UNFPA collaboration with the government ministries and research institutions.[75] First, the Population Census and ADHS data on population dynamics are useful for planning as are the interlink ages between population factors and a set of sectors on education, labour, health and social security systems. The main objective of this surveys and publications is to inform public and private sector policy makers on the opportunities, risks and challenges in the country context created by the changing demographic structure; and to shed light on how the future demographic developments in Armenia can assist the policy makers in decision-making processes.

Second, effective cooperation between UNFPA and the Government in data collection and improvement of statistics has resulted in developing reliable and effective policies and relevant sectoral strategies, to contribute to the decision making of the public sector based on the studies, reports, social-economic indicators and demographic data. During the new country program, a number of researches were conducted on the linkages between population, gender, reproductive health issues and poverty, as well as nation-wide sample surveys in line with the recommendations of the Strategy of Demographic Policy of RA and ICPD Program of Action.

Wide public discussions were held particularly on the study of pre-natal sex selection[76] which became a discussion topic among assistance and development agencies and for the Government, civil society, church and wide layers of the society. While the issue is important, some **key informants** indicate that the regulation of the issue through introduction of legal acts, that is by forbidding the provision of information on the baby's gender to the parents, may increase corruption risks as well as possibly increase the cases of illegal abortions. During the **interviews** with the doctors (particularly with the doctor- specialists of regional healthcare institutions) it became clear, that sex selective abortions are widely practiced, for example in Sevan a woman had abortion for four times until she had a fifth pregnancy with a male child. Some informants think that the abortion will still be practiced and it is not possible to regulate the issue with only the help of restrictions.

4.3.3 Contribution to the capacity of government institutions to develop and implement social policies and programmes, and to effectively monitor and evaluate their implementation.

UNFPA support has helped the Government to develop its capacity to provide high quality and integrated social services assistance.

UNFPA-supported capacity development interventions contributed to the functioning of the Integrated Social Services System as well as strengthening the institutional capacities through a series of trainings on Demography and the M&E framework for the government authorities, academia and NGOs, and on the delivery of social services under the new system for social workers. The human resources and institutional conditions exist for the planned capacity development activity for the Ministry of Labor and Social Affairs (MoLSA) and Regional Development Agencies (RDA). The MoLSA is a main partner for UNFPA and holds a key role in preparing the national development plans and policy papers of the country including medium term programmes, sectoral and thematic policy/strategy papers and regional development strategies through RDAs.

In 2013, within the framework of Integrated Social Services System Reforms, on-job trainings in nine integrated social services centers located in Masis, Vedi, Ararat, Artashat, Charentsavan, Nairi, Armavir, Noyemberyan and Chambarak were conducted. Training took place for 171 social workers using a "Social case Management" module and newly developed module on "Case Management IT database" which provides social services to 521,000 citizens. According to documented evidence, infrastructures targeted at the satisfaction of the needs of the wider groups of the society particularly of the vulnerable groups

[75] Key informants interviews and the SPRs of PD. See also Evaluation Matrix, EQ 3 for details.

[76] "Prevalence of and Reasons for Sex Selective Abortions in Armenia" Report, 2011- http://unfpa.am/en/publications-sex-selective-abortions; "The Lost Balance: Son Preference in Armenia" project book, 2012- http://unfpa.am/en/publications-son-preference-project

have been established and are performing efficient work, for example: Integrated Social Services Centers have been supported by UNFPA contributions. Following is a description of outcomes from the capacity development.

The Government has initiated broad reforms to improve social assistance system in the country in order to provide high quality social services to the citizens as well as to ensure the accessibility of social services for the most vulnerable groups of the society. Particularly, the Government approved the Decree 952-N on 26 July, 2012 on approval of the project for introduction of **integrated social services system** in Armenia. However, the Decree prescribed certain activities and time-schedule for all related activities including the training for social workers. In compliance with the same Decree, UNFPA supported development of the following materials and inclusion in the training package: 1) job descriptions for coordinators of social services, 2) job descriptions for employees of unified receptions of the social services, 3) job descriptions for employees of citizens' application processing, 4) job descriptions for case managers, 5) application forms to be submitted by citizens on various social issues, 6) form for assessment of social needs of the family, 7) guidelines for home visits by social workers, 8) form for individual social case, 9) guidelines for individual assessment. These documents ensure the effective functioning of newly established social service centers. According to the activity time-schedule prescribed by the MoLSA the series of trainings for social workers have been postponed to year 2013, which will be periodically conducted from February to November, 2013. As a result, the initial indicator target (20 officials trained) has not been achieved during year 2012, but were achieved in the year 2013.

The UNPFA interventions which contributed to global and national policies are as follows:

- Development of the concept paper on provision of alternative services to aged population has been initiated in order to create new system on provision of social services to elderly people on free of charge, partial payment and full payment basis. The draft concept paper has been developed and discussed with the relevant departments of MoLSA representatives of institutions dealing with elderly care and NGOs.
- Organization of Conference on “Demographic Challenges in RA” will allow demographers, statisticians, policy makers and scientists with different backgrounds and skills to expand their knowledge on the current demographic situation in Armenia and to present the recommendations on the prevention of negative trends in demography and stabilization of situation, which will be used for further policy developments.
- Supporting the Government’s efforts in implementation of the Strategy of Demographic Policy of RoA and its Action Plan, including the development of mechanisms for annual monitoring and evaluation;
- Supporting the capacity development on demographic challenges in RoA for representatives from all Marzpetarans and Ministries.
- New database for pension provision has been developed, which has been introduced in all 51 regional offices to ensure the unification of works and all procedures. Within this framework 300 specialists from all 51 regional offices of social security have been trained in order to use new database for pension provision.
- Within the framework of newly introduced system ("Social case Management" module and newly developed module on "Case Management IT database") UNFPA contributed to the capacity development training for social workers on delivery of quality social services.

4.3.4 Contribution to developing capacities of partners and establishing mechanisms to ensure ownership and sustainability of PD efforts

The outcomes of the UNFPA Population and Development interventions are likely to be sustainable, particularly updating the census database, improving migration calculations, and strengthening national planning and strategy development. Training interventions for government officials and social workers met or exceeded targets for development of the human resources and institutions for monitoring and evaluation and demography.

UNPFA support has contributed to ownership by public sector stakeholders. In this regard, UNFPA CO has supported the national policy documents particularly related to the demographic based policies on "Strategy of the demographic Policy of the Republic of Armenia"[77]. Thus the target of the CPAP PD Output 4.1.1 indicator[78] has been successfully achieved. Interviews with the government officials, NGOs, and the public stakeholders reveal that UNFPA has significantly contributed to Government in addressing equity based development.

In addition to strong ownership of the main public stakeholders, their regional planning structures need to be improved for reducing the regional disparities in respect to the demographic based development policies. The objective has been reaching a population structure compatible with a balanced and sustainable development and to reduce disparities while improving gender mainstreaming, increasing the accessibility of integrated health services including the reproductive health services especially for the benefit of the most vulnerable population. An integration of demographic variables into the entire socio-economic development planning process is essential to ensure that sustainable outcomes are attained. The demographic processes of sex, fertility, mortality and migration determine the size, structure and spatial distribution of the population, which, in turn, reflect the disparities among population groups.

Furthermore, the planned forthcoming activity in 2014 for capacity development of the government officials on PD described in section 4.1.2 targets the "number of officials trained in the field of monitoring and evaluation and demography" indicator. **Government officials interviewed** indicate the availability of human resource and institutional conditions to contribute to capacity building in the field of monitoring and evaluation and demography. The indicator was achieved in 2013.

Indicators 4.1.3 "Number of social workers trained in delivery of quality social services" and 4.1.4 "Number of programs under the demographic policy of RA monitored and evaluated through the M&E system" also were achieved in 2012-2013. According to the ICHD interview it was revealed that desk review and comparison of the proposed budget for 2012 with the envisaged activities in the strategy of demographic policy have been also implemented. As a result of effective implementation of this activity the target of 4.1.4 indicator has been exceeded and 12 documents and programs have been monitored and evaluated from demographic impact perspective and relevant policy making recommendations have been developed, discussed and disseminated to stakeholders and policy makers at different levels.

The trained specialists are capable to provide more qualified services to the public in the long run, though **key informants** have pointed out that there is no database of such specialists, to track them on their future activities and movements. In 2012 UNFPA in collaboration with the Caucasus Research Resource centers (CRRC)-Armenia have initiated Conduction of training of trainers on Demography for Government Officials by invited international expert on Demography for Government Officials, Academia and NGOs by local trainers, which aimed to strengthen the capacity of Government Institutions, academic scientists and researchers to obtain comprehensive knowledge and skills in the field of Population Studies.

Table 11. Population and Development Indicators 2012

Country Programme Output indicators	Baseline	Target for the year	Updated indicator values for the year	Means of verification of indicator values
4.1.1. Monitoring and Evaluation system to track implementation of the Strategy of Demographic Policy of RA is developed by 2015.	0	M&E system is developed	The unified master database, its users' manuals and regulations are developed	MLSI, NILSR, NSS data/reports, IP reporting
4.1.2. No. of officials trained in the field of monitoring and evaluation	86 officials	20 officials annually	124 officials	MLSI, NILSR, IP reporting, training

[77] Strategy of the demographic Policy of the Republic of Armenia
[78] CPAP PD Output 4.1.1 is "Monitoring and Evaluation system to track implementation of the strategy of demographic policy of RA is developed by 2015"

and demography				reports
4.1.3. No. of social workers trained in delivery of quality social services	0	20 officials annually	0*	MLSI, NILSR, IP reporting, training reports
4.1.4. No. of programs under the Demographic Policy of RA monitored and evaluated through the M&E system	0	2 programs annually	12 programs	MLSI, NILSR, NSS data/reports, IP reporting

* According to the activity time-schedule prescribed by MLSI of RA the series of trainings for social workers have been postponed to year 2013, which will be periodically conducted from February to November, 2013. As a result target of this, the initial indicator target (20 officials trained) has not been achieved during year 2012 as the training was postponed to the year 2013.[79] According to the 2013 SPR all targets were achieved for PD component[80]

Table 12. Population and Development Targets and Achievements 2013

UNDAF outcome 2:		Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation		
Country Programme Output 3.1:		Capacities of national and local institutions to implement Census 2011, to collect, update, analyze and manage socio-economic data disaggregated by gender and age		
Country Programme Output indicators	**Baseline**	**Target for the year**	**Updated indicator values for the year**	**Means of verification of indicator values**
3.1.1. No. of reports and desk reviews on demographic and human development issues by 2015	11 reports	2 reports annually	15 reports*	2011 Census data, NSS data/report, MLSI reports, IP reporting

* According to the CPAP Annual target for 2013 and the Annual Work Plan 2013 it was planned to develop two reports but it is worth to mention that 4 reports were developed due to efficient work and collaboration with the national counterparts and implementing partners.

UNDAF outcome 3:		Access and quality of social services is improved especially for vulnerable groups		
Country Programme Output 4.1:		Capacity of government institutions is strengthened to develop and implement social policies related to population development and to effectively monitor and evaluate their implementation		
Country Programme Output indicators	**Baseline**	**Target for the year**	**Updated indicator values for the year**	**Means of verification of indicator values**
4.1.1. No. of officials trained in the field of monitoring and evaluation and demography	124 officials	20 officials annually	154 officials	MLSI, NILSR, IP reporting, training reports
4.1.2. No. of social workers trained in delivery of quality social services	0	20 officials annually	171 social workers	MLSI, NILSR, IP reporting, training reports
4.1.3. No. of programs under the Demographic Policy of RA monitored and evaluated through the M&E system	12	2 programs annually	15 programs	MLSI, NILSR, NSS data/reports, IP reporting

[79] UNFPA Standard Progress Report 2012, p. 3,5.
[80] UNFPA Standard Progress Report 2013

As a result of the interventions, UNFPA support has contributed to strengthening Government capacities and the following are considered to be sustainable inputs.

1. **Updating the census database, as a basis for future population registration** (particularly the number of the current population, which is the most important indicator especially for population health needs assessment and from a satisfaction point of view).
2. **Strengthening the accuracy of calculation of the migration trends.** It was possible to eliminate the results of improper calculations of the previous years and to put in place a stronger system for accurate calculation, which is essential for development of economic and social projects.
3. **Strengthening government staff capacity to plan and conduct the censuses**. Six government officials from the NSS participated in "Development of Demographic Projections" (Minsk, Belarus), joint UNECE-UNFPA Training Workshop on Censuses Using Registers (Geneva, Switzerland) to study the best international practice on main activities on planning and implementation of 2010 round of population and housing censuses as well as population censuses organization, management, data analysis and dissemination.
4. **Establishing the Database of addresses**. This makes it possible to conduct representative selective surveys in the country and regional level, which in their turn become basis for situation analysis and description of separate target areas.
5. **Strengthened capacity for planning and results based management.** Key informants from the MoLSA said that the MoLSA on behalf of its Minister is discussing the Ministry’s long- term projects and yearly ones and they specify the support frames with UNFPA relevant responsible people. This was confirmed by NSS specialists, based on the results of the surveys, are submitting proposals, as it was done for making changes in demographic national strategy. Furthermore, the representatives of those institutions are being invited to participate in development of UNFPA projects and discussion of summarizing the results.
6. **Making permanent changes in national strategie**s. The "National Demographic Strategy", "New Youth Employment Strategy" is being developed, and the population aging as a serious demographic issue is already being actively discussed. The study of population aging issue was started from the basic level with UNFPA support, special studies have been conducted and currently the strategy and action plan are already being developed. The desk review on "Current Demographic Challenges" has been conducted aiming to summarize the results of all demography-oriented activities implemented by UNFPA, other international organizations and Government institutions, to assess current needs, to identify the necessity of activities and programs to ensure the efficient further implementation of state demographic policy and other social policies. The results of the desk review were presented to a large national stakeholder community.
7. **Approval of Family Planning and Commodity security project by the President in 2015.** For the first time, funding for purchasing contraceptives for socially vulnerable groups will be included in the RA state budget.

4.4 Effectiveness and sustainability in the Gender Equality programmatic area

To what extent have the interventions supported by UNFPA in Armenia in the field of gender equality (GE) contributed in a sustainable manner to improved responses to gender-based violence (GBV) and, to enable women to fully exercise their human rights (EQ4)

Summary

UNFPA support to address gender based violence contributed significantly to create draft legislation, and a National Action Plan for interventions. Despite the timely advocacy by UNFPA and others, the law was not passed and its language altered, however, there is some evidence of less tolerance of the violence in society. The response among organizations is not collaborative enough or inclusive of actors in the marz working close to communities. UNFPA contributed to strengthen police enforcement, to gender disaggregate statistics and to make sustainable gains in coordination of violence mitigation.

UNFPA has significantly contributed to awareness of gender based violence through research and surveys, awareness raising interventions, such as 16 Days of Activism against Gender Violence and White Ribbon (men against violence) campaigns. Interventions have effectively targeted males but this approach requires much greater effort to address deep psychosocial issues. Pilot interventions to address gender based violence through religious leaders has the potential to change stereotypical behaviors, particularly though children. UNFPA interventions to build capacities of journalists, were exceptionally effective and the outputs have clearly led to positive outcomes in raising awareness of the leadership as well as the general public.

UNFPA has contributed to sustainable capacity development by heightening advocacy and visibility on domestic violence, building the capacity of institutions dealing with prevention and mitigation of GBV, and broadening the audience who receive information. Monitoring of the training outputs has improved. The Government has demonstrated ownership of the progress toward gender equality but further support is warranted for the National Institute of Labor and Social Research; guarantee of increasing government funds for Gender Equality is critical.

4.4.1 Profile of the Gender Equality programmatic area

The Gender Equality (GE) programmatic area of the 2nd Country Programme aims to contribute to **UNDAF Outcome 2** "Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation"; and **Outcome 3** "Access and quality of social services is improved especially for vulnerable groups"; and the **National Priorities**: "Increase the capacity of citizens to participate, exercise their rights and responsibilities and government institutions to comply with their obligations", and "Access to social services in line with sustainable development principles".

The GE programmatic area supports **UNFPA CP Outcome 5**: Improved structures and mechanisms at centralized and decentralized levels ensure realization of human rights, with particular focus on gender equality, and combating GBV; and, **CP Outcome 6**: Communities and people have the capacities to claim their rights and participate in decision making processes. It also contributed to: **CPAP Output 5.1**: Increased national and local capacities to ensure gender equality, the empowerment of women, and to combat gender based violence; and, **CPAP Output 6.1**: Awareness and knowledge of citizens on gender, gender based violence, and sexual and reproductive rights increased.

The revised UNFPA CPAP (2012) has both reduced and refined results framework: 5 Outcomes vs. original 6 Outcomes, 6 Outputs vs. original 7 Outputs, 8 Outcome indicators vs. original 9 Outcome indicators, 19 Outputs indicators vs. original 29 Output indicators. One outcome (Outcome 6) has been completed deleted from UNFPA CP outcomes and its respective Output has been deleted and incorporated into

Output 2.2 and Output on 5.1 (with respective refinement and shifts in indicators). The revised indicators for the CP Outcome 5 are as follows:

- Number of policy mechanisms to ensure gender equality and combatting gender based violence are established
- Number of professional staff in national machinery trained on gender issues, GBV and reporting mechanisms
- Number of service staff (health care personnel, law enforcement, NGOs) trained on gender issues, GBV and supporting mechanisms
- Number of pubic campaigns carried out.

Table 13. Gender Equality Baselines, Targets and Achievements 2010-2013

Indicators (Revised)	Baseline	Target	2010	2011	2012	2013
Indicator 5.1.1 Policy Mechanisms	State Development concept 2009-2013	National Action plans (NAPs)	NAPs developed on Gender Equality and to Combat GBV	NAPs approved by the Government	N/A	N/A
Indicator 5.1.2 Professional staff trained	500	1000	279	80	N/A	N/A
Indicator 5.1.3 Service Staff trained	150	600	288	580	10	N/A
Indicator 5.1.4 Public Campaigns	0	1 per year	3 nationwide campaigns on GBV	2 campaigns (16 days, White Ribbon)	1 campaign 16 Days	1 campaign 16 Days

There are two main intervention areas implemented under the Gender Equality component:

1. **Combatting Gender Based Violence in the South Caucasus (CGBV)**: This project was implemented from 2009- 2011, funded by the Government of Norway and UNFPA. The main objective of the project was to create an enabling environment for reduction of gender based violence in Armenia, Azerbaijan and Georgia and support the countries for fulfilling their international obligations. There were five main output areas as described below.

The key **outputs** by the end of 2010 included: (i) Main findings of the Nation-wide survey on domestic violence against women in Armenia presented and widely disseminated; (ii) 3 nation-wide campaigns on combating GBV conducted; (iii) A public service announcement on male involvement in anti-GBV movement prepared and screened; (iv) A documentary film on domestic violence ("The Butterfly") developed and screened; (v) more than 90 awareness raising events with the participation of 1,684 men, women and young people organized; (vi) National Action Plan on gender equality developed; (vii) National action plan to combat GBV in the RA prepared; (viii) Technical capacity of the national institutions as well as service providers that deal with GBV issues enhanced; (ix) Cooperation between different stakeholders working on gender and GBV issues strengthened on national and regional levels; (x) Public access for information on gender and GBV improved.

The key **outputs** for 2011 include: (i) The full report on the nation-wide survey on domestic violence against women in Armenia printed in Armenian and English versions and disseminated; (ii) The report on research on "Gender dimension of civic and political participation" prepared, printed, presented and disseminated; (iii) A film series on types of GBV developed and screened; (iv) Cooperation with FBOs on gender and GBV issues strengthened; (v) A contest and workshop for journalists organized; (vi) 2011-2015 National action plan on gender equality approved by the Government; (vii) 2011-2015 National action plan to combat GBV in the RA approved by the Government; (viii) A manual for social workers developed; (ix) Cooperation between different stakeholders working on gender and GBV issues strengthened on national and regional levels; (x) Public access for information on gender and GBV improved.

2. **Prevention of Gender-Based Violence through Gender Transformative Approach:** This project was initiated in 2012, and followed-on to the regional GBV project, funded by core funds; the outputs were as follows.

Project Output 1: The awareness and knowledge regarding gender issues, rights and equality, and family values via Gender-Transformative Programming among selected target groups are increased.
Project Output 2: Course on "Social Diakonia and Bioethics" is developed and practiced at Gevorgyan Theological Academy.

The planned interventions for **2014** include:

- Assessment of the perception and experiences of the target population related to gender roles in the service of women in the defense sector (Output – report is prepared)
- Facilitating a multi-stakeholder policy dialog on mainstreaming gender and promoting gender equality in defense sector reforms (Output – at least three multi-stakeholder policy discussions and at least 3 policy papers with policy alternatives and recommendations and dissemination of these.)
- Prevention of Gender based violence and using the transformative approach; Outputs include;
- Capacity Development - three day training for priests and trainers, conference focusing on issues of education, science and culture, and a workshop on family well-being and response to modern day challenges
- Education and awareness raising – education sessions at 25 schools in eight regions and with two Army units; home visits to families and newlyweds by priests
- Promotion of project visibility through tv appearances of priests and dissemination of leaflets.

4.4.2 Contribution to improved structures and mechanisms to ensure realization of human rights with focus on gender equality and addressing gender based violence

UNFPA support to address gender based violence contributed significantly to create draft legislation, and a National Action Plan for interventions. Despite the timely advocacy by UNFPA and others, the law was not passed and its language altered, however, there is some evidence of less tolerance of the violence. The response among organizations needs to be more collaborative and inclusive of actors in the marz working close to communities. UNFPA contributed to strengthen police enforcement, to gender disaggregate statistics and to sustainable gains in coordination of GBV efforts.

The current situation regarding Gender Equality in Armenia is described in the background section. Overall women's participation in political processes and economic interventions is low and domestic violence remains a serious problem. Lack of a domestic violence law makes it difficult for victims to file complaints.
The multi-donor, multi-agency project "Combatting Gender Based Violence in the South Caucasus (CGBV)" was initiated in the previous country programme in 2009. The contributions of the project were significant in creating structures and mechanisms and the project Outputs are described below. (The interventions of the project are numerous and are detailed in the evaluation matrix in the annexes.) A summary of the key interventions follows.

Promotion of Gender Based Violence Legislation

CGBV - SC *Output 3:* *Improved enabling environment (plan, programs, policies and laws) to promote and protect rights of women and girls and combat gender based violence particularly domestic violence.*

The key interventions of this output area are mentioned briefly here and in detail in the Evaluation Matrix in the annexes.

1. ***Presentation of the Assessment of the national legislation from the GBV perspective:*** In **2010** the Report on the Legal Assessment of the RA Legislation from Gender-Based Violence perspective was launched with the purpose to present the outcomes of the assessment.

2. Another important activity under the output was ***publication of the International conference on "Perspectives to reach gender equality in Armenia: political and legal aspects" materials***. Speeches and articles of high level officials, NGOs, representatives of the state institutions, political parties, as well as prominent scientists and experts from Armenia, Georgia, and Russia are incorporated in the materials of the international conference, which were widely disseminated in 2010.
3. In 2010 UNFPA CGBV supported development of the ***Plan of Interventions under the Gender Policy Concept Paper*** adopted by the Government in February.
4. One of the main interventions implemented under the output was supporting development of the ***National action plan (NAP) to combat GBV in Armenia for 2011-2015.*** The draft plan, which consists of 3 main parts: ***prevention, protection and prosecution*** was circulated and discussed with NIC members.

During the period of **January – June 2011** a number of interventions to support the establishment of the legal and national mechanisms on Gender equality and GBV were undertaken. ***A workshop for representatives of the RA ministries and regional administration centers*** was organized to discuss possibilities for establishment of special bodies on Gender Equality Issues at regional administration centers. As a result the "2011-2015 Strategy and Action plan on Gender equality" and "National Action Plan on Combating GBV 2011-2015" were developed and adopted by the Government.

A number of **challenges/lessons** were noted that needed to be taken into account while including representatives of governmental structures in the working groups on legislation development and/or action plans preparation, i.e. lack of understanding of main principles and tools of strategic planning, which could be a serious obstacle in formulating strategic objectives as well as setting up indicators. Hence, the initiatives should be started with capacity building/strategic planning workshops. The basic constraints and risks affecting CGBV - SC implementation were the following. While awareness has substantially increased in the past years, the environment is perhaps becoming less conducive and capacity building is still required.

1) Lack of awareness on gender equality and GBV issues among government officials and public at large
2) Lack of conducive environment for combating GBV in Armenia
3) No clearly formulated description of duties and responsibilities for responsible national organizations and service providers
4) Lack of technical and institutional capacity of service providers and lack of coherent legislation on GBV issues.

The 2011 Strategy and Action plan represent huge strides forward in national efforts to address gender based violence. In **2012**, UNFPA was part of a newly formed working group on development of the law on domestic violence, which supports the Council of Europe Convention on preventing and combating violence against women and domestic violence. UNFPA assisted to organize a public hearing on the draft law attended by national and international stakeholders on November 13, 2012. This event intersected with the "16 Days of Activism" and the roll out of the MISP.

According to **primary and secondary sources**, UNFPA advocacy was timely and relevant as after the adoption of a new law on "Equal Rights and Equal Opportunities of Men and Women in Armenia" and in May 2013 a widespread and aggressive campaign (called "anti-gender war") started in Armenia. According to some key informants, the gender concept has been misinterpreted deliberately which was defined in the law as "socially acquired behavior of men and women". The campaign claimed to call back the law and not to use the term gender in Armenian reality, however, the law was eventually passed.

As discussed in the **background section**, however, the rejection in January 2014 of the proposed bill on domestic violence and the replacement of the globally accepted gender terminology are considered to be major setbacks by **key informants.** The non-passage of the law also flags a lack of budgetary dedication to addressing complaints and providing protection such as through shelters for victims of domestic violence, training courses for the police, and other government measures. Armenia has also not signed the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence. The Ministry of Labor and Social Affairs (MoLSA) draft social-assistance bill is not considered by many to be adequate relevant to the extent of the problem in Armenia, although it includes several provisions on

domestic violence, but does not include the needed support for police training, or measures designed to prevent abuse.[81]

At the September 11, 2014 **Gender Theme Group (GTG) Meeting**, the Women Issues of the Family, Women and Children Department at the MoLSA presented the Government draft decision on "Establishment of Procedures for Monitoring and Exchange of Information of State Policy Programs Ensuring Men and Women's Equal Rights" for further discussion among the GTG members and in the Women's Council under the Prime Minister. Some concern was raised regarding the terminology which has been used in the draft decision, specifically "men and women's equal rights" instead of gender equality, arguing that equal rights do not necessarily mean equality. A recently adopted "Plan of Actions for the National Strategy on Human Rights Protection" was presented at the meeting which includes gender aspects. Women are clearly prioritized in this action plan. The GTG can be a good resource to the Ministry of Justice staff regarding development and amendment to laws.[82]

Most **key informants** agree that having an appropriate GBV legislation in place is a top priority. It is critical to support gender sensitive legislation by following up on new draft laws and policies on gender equality and GBV and domestic violence, to promote awareness raising on existence of the laws, to support implementation, monitoring and evaluation of the existing gender legislation and international laws and instruments signed by the government. Further there is a need to implement a comprehensive capacity building project with lawyers, advocates and judges. The proof of behaviour change is less tolerance but the legal criminal code is essential for prevention and follow-up. More support is needed for interventions which would eliminate structural barriers to gender equality and would combat all forms of gender-based discrimination and violence through zero tolerance targets.

However, there is disagreement among **key informants** as to the level of effort that should be placed to advocate for the law. Since the Parliament and legislature are in a constant state of reform, there is ambiguity about interactions of politicians and law makers, and consequently very serious challenges to getting traction to move laws through. Thus the advocating organizations need to be extremely reactive and it will take a great deal of their time and effort. Since UNFPA will be in a mode of operation in the 3rd CP which consists mainly of policy and advocacy, attention to the legislative process is important. It is important to note that the CEDAW does not mention violence, thus a key question is how is political will going to be summoned? Many **key informants** thought the UN agencies as a group have to be more-proactive toward gender equality in Armenia. (See more discussion in the Coordination section.) Alliances need to be developed further with the Members of Parliament and the UN needs to coordinate its messaging much more effectively.

A number of **key informants** stressed the importance of placing more emphasis at the community or grassroots level since most gender equality work takes place in Yerevan but the need is greatest in the marz. Some interviewees stressed the importance of supporting NGOs and women's groups who have already worked effectively or are willing to work as agents for change and to use creative means to effect changes. It was noted that NGOs need concrete agendas for change. The article in Cosmopolitan magazine supported by UNFPA was cited as a creative way to promote messages to the public. UNFPA and other organizations should use the Y-PEER network more effectively and use spaces to educate such as existing women's organizations as a good entry points for building gender capacity and awareness in the regions.

Strengthening Protection and Enforcement

CGBV - SC *Output 4:* *Capacity strengthened at both national and local levels for protecting and enforcing the rights of women and building reporting mechanisms.*

As part of efforts directed towards strengthening of the national capacity to combat GBV and to provide services to the victims of GBV, a series of trainings targeting Gender Equality and GBV was implemented in cooperation with the International Center for Human Development (ICHD) and the consortium of NGOs.

[81] Armenia: Activists Push for Domestic-Violence Law amid Official Indifference, EurasiaNet, March 7, 2014
[82] Gender Theme Group Meeting Minutes, September 11, 2014.

ICHD and its partners in the Consortium:

(i) Enhanced the overall capacity to deliver training on gender and GBV in Armenia, of 20 police officers and public health professionals;

(ii) Improved knowledge and skills on gender development, local and international instruments for combating against GBV, as well as promoting gender equality of **254** representatives of professional staff in marz administration centers and supporting bodies (future marz committees on Gender and GBV issues);

(iii) Improved knowledge and skills on gender development, local and international instruments for combating against GBV, as well as promoting gender equality of **311** representatives of law enforcement bodies, healthcare professionals, social workers and MTA, SMS, RRC officials.

Guidelines and models for preventive, protective and rehabilitative service: Through the programmatic area on capacity strengthening at national and local levels for protecting and enforcing the rights of women and building reporting mechanisms the CGBV project supported the development of a model for **National Referral Mechanism (NRM**) to be included in the 2011-2015 National Action Plan to combat GBV in Armenia. In 2011, through the programmatic area on capacity strengthening at national and local levels for protecting and enforcing the rights of women and building reporting mechanisms the CGBV project supported the development of a "Home visit" module for social workers to address gender-based violence.

The OSCE in Yerevan has undertaken an initiative on "Establishment of Partnership Model between Police and Other Partners for Prevention Domestic Violence Abuse in Armenia". An increasing number of girls become students at the police academy every year and in 2014, 55% of students were girls which allows an opportunity to present gender equality training. The OSCE also has a Community Policing program although out of 300 community police officers unfortunately only 3 are women.[83] **Key informants** in the marz note that police officers are not able to provide a complete picture of incidence. The Women's Councils try to get information from organizations that have reported cases. An overall problem is lack of trust of the police.

There is a great difference between Yerevan and marzes regarding stereotypes of police officers. There is also no clear division within police concerning GBV/Domestic Violence matters and that there are duplications within police as many divisions often deal with the same issue. For addressing these issues, the OSCE organized a study tour for high ranking police officers to the UK in October 2014 to learn about their GBV work and referral mechanisms. In 2015 series of trainings would be organized based on the recommendations and main findings of 2014. The GTG members expressed concerns that that GBV issues may remain a responsibility of women police officers, and that the police need to communicate effectively with judges and prosecutors. Social services and other community workers also need training.[84]

Supporting gender disaggregated statistics

There were two **outputs for this intervention:**

(i) Gender analysis of "Women and Men in Armenia" statistical brochure published by the NSS in cooperation with prominent gender experts in the field.

(ii) Seminar on Gender Statistics for Representatives of the RA National Statistical Service was organized to provide information on gender statistics and policies focused on the production, dissemination and use of gender related data. " (UNECE/UNFPA) were demonstrated to the participants.

Although many sets of statistics in Armenia have been gender disaggregated, for example, in the household surveys, many are not, for example on women's participation in the agricultural sector, which affects the ability of the government to establish relevant policy platforms. Proper analysis of sex-disaggregated data offers information to design policies that account for differences by gender, and to

[83] Gender Theme Group Meeting Minutes, September 11, 2014 OSCE presentation
[84] Gender Theme Group Meeting Minutes, September 11, 2014, OSCE presentation

identify providing possible paths toward more sustainable agricultural production systems. Sex-disaggregated data is also essential for monitoring and evaluating the impacts of policies on the livelihoods of rural women and men. [85]

It is particularly important to show **linkages between sustainable economic development and gender equality**, particularly showing real benefits that stem from gender equality and losses accordingly in Armenian context and based on the findings develop interventions promoting women's economic empowerment, promote women role models, and support mentoring/coaching initiatives for women and girls. A number of publications are available as general evidence: *Powerful Synergies: Gender Equality, Economic Development and Environmental Sustainability* (UNDP, 2012); *World Survey on the Role of Women in Development, 2014, Gender Equality and Sustainable Development* (UNWOMEN), among others. There is no consolidated data collection and NGOs working on gender related data collection are not well coordinated. The GBV law would promote more coordinated data collection.

Establishment of GBV Coordination Mechanisms

CGBV - SC *Output 5:* *Established mechanisms for coordination, monitoring and cooperation between all actors working on gender issues and creating inter-country networks among agencies working on GBV.*

UNFPA effectively implemented a number of key interventions which contributed to sustainable gains in coordination of GBV efforts.

In 2010 the ***National Interagency Committee to Combat Gender-Based Violence in Armenia*** was established as per Decree (N 213-A) of the Prime Minister. Creation of the National Interagency Committee (NIC) to Combat Gender-Based Violence became an unprecedented act of political will at the highest policy-making levels that demonstrated readiness of the RA Government to take concrete steps towards eradication of GBV in Armenia. In 2010, more than 15 meetings of NIC and working groups on Organizational Issues were conducted. As a result the NIC developed the **Charter of the National Interagency Committee to Combat GBV** and elaborated 2011-2015 National Action Plan to Combat GBV in Armenia.

UNFPA CGBV/Armenia Bilingual Website. The www.genderbasedviolence.am website was posted on net in May 2010. The website has a rich and informative menu, which has been designed to provide general information both on gender-based violence and on main project components represented through research, awareness raising, capacity building, as well as coordination and collaboration directories. The website is linked to the regional and national CGBV project websites in Georgia and Azerbaijan.

Meetings and round-table discussions with participation of organizations working in the field and mass media representatives in 2011 included a seminar-discussion on "Support for Victims and Successful Prosecution of Domestic Violence" organized in cooperation with the United States Department of Justice/U.S. Embassy in Yerevan; a conference on "Supporting Women's Political Participation in Armenia: A Nationwide Women's Conference and Women's Platform" organized in cooperation with UNDP and National Democratic Institute (USA); and, a round table discussion with standing committees of the National Assembly to present the results of nation- wide and focused surveys, as well as to discuss draft law on gender equality.

During 2011, information exchange events were organized including a special event to celebrate Family day in Armenia, and a special session of the National interagency committee to combat GBV in Armenia were organized in May to present the final results of the CGBV project to the representatives of the state structures, local and international organizations during the meeting of the National interagency committee to combat GBV in Armenia.

In **2013**, UNFPA as a leading member of the Gender Theme Group worked closely with the focal point of the MoLSA and other stakeholders to ensure that a comprehensive 2014 planning is done for the national action plans. The national Strategic Action Plan to Combat Gender Based Violence needs renewal in 2015

[85] The Gender Gap in Agriculture in Eastern Europe - Results of Recent Country Rural Gender Assessments, (European Commission on Agriculture, 2014) April 2014

and an assessment should be sponsored by the Gender Theme Group members to create a more effective plan.

4.4.3 Contribution to awareness and knowledge of citizens on gender based violence and sexual and reproductive rights

UNFPA has significantly contributed to awareness of gender based violence through research and surveys, awareness raising interventions.Interventions have effectively targeted males but this approach requires much greater effort to address deep psychosocial issues. Pilot interventions to address GBV through religious leaders is important and changing stereotypical behaviors. UNFPA interventions to build capacities of journalists, were exceptionally effective.

The “Combatting Gender Based Violence in the South Caucasus (CGBV)” project is discussed by output areas below which most pertain to awareness raising with the focus on citizens. The follow on interventions are also discussed.

Research and Surveys

CGBV - SC *Output 1*: *Qualitative and quantitative research conducted on the causes and consequences of gender based violence (particularly domestic violence) to be used in awareness raising interventions and as a basis for the formulation of appropriate national policies and strategies to combat gender based violence.*

The main interventions are briefly described. As discussed above, a **nationwide survey on domestic violence against women in Armenia** was conducted in 2009 and in 2010 the analysis of the data provided by NSS was finalized, followed by a ***country-wide campaign on dissemination of the findings of the Nation-wide Survey on Domestic Violence against Women.*** The country-wide campaign (September 24 - October 15, 2010) covered all 11 marzs of Armenia, and included awareness raising meetings and interventions addressing gender equality and GBV issues reaching more than 3,000 participants including youth (students of high schools, higher education institutions and academia), NGOs, educators, groups of women and men***.***

<u>Focused and specialized surveys and studies:</u> In 2010 UNFPA implemented three thematic/focused surveys on Gender and GBV issues.

1. **Research on "The Issue of Gender-Based Violence as Presented by Armenian Mass Media"** evaluated the extent and quality of mass media's coverage of GBV and GBV (quality of publications, quantity, attitude, and scope/size)..
2. ***The research on “Extent to which domestic violence is associated with a family crash/breakdown and divorce outcomes”*** included a qualitative survey on GBV and divorce issues and expert survey among lawyers, law enforcement bodies, doctors and human rights NGOs.
3. **The research on “Gender dimension of socio-political participation in Armenia"** included a sociological survey of adults in Yerevan and in four regions and was presented in 2011, in collaboration with OSCE.

In **2013**, UNFPA Armenia also supported an independent assessment of the “Best Community Promoting Gender Issues in Armenia” Award undertaken by two external consultants. In particular, the evaluation team focused on lessons learned and best practices and developed measureable indices for gender mainstreaming as well as establishment of a comprehensive M&E methodology.

As discussed in the Relevance section**, the research results were widely shared** and formed the basis for decision making by many stakeholders in their approaches to promoting gender equality, including UNFPA planning for the 2nd CP. **Key informants** praised UNFPA support for the surveys and studies which have made substantial progress possible through creation of relevant strategies. Many key informants believe that increased awareness in the marz has been the greatest output of UNFPA efforts. The overall biggest

advancement is the large improvement in community perception of the problem; in terms of reporting cases, however, it is noted that political will is the missing ingredient which has to be addressed, as described above.

Awareness Raising Interventions

CGBV - SC ***Output 2:*** *Increased awareness and improved knowledge among public (women, men and youth) on gender issues, rights and equality to combat gender based violence.*

In 2010, UNFPA GBV Advocacy and Communication Strategy was updated and supplemented with the plan for 2010-11. Numerous interventions were undertaken and the outputs documented (please see matrix in the annexes.) During 2010 - three awareness raising/ public campaigns were organized:

16 Days of Activism against Gender Violence and White Ribbon (men against violence) campaigns were held in the period of November 25-December 10. More than 50 local and international organizations joint their efforts with UNFPA and more than 80 events were organized throughout Armenia.

Information/education meetings for Target Group and Victims. The activity was implemented in cooperation with UNFPA implementing partners - ICHD NGO (and consortium of NGOs), and ART FBO. The main **outcomes** achieved in cooperation with ICHD NGO and its partners in Consortium are:

(i) Extended a pool of skillful trainers on gender and gender-based violence issues and improved the skills of **45** young leaders/ students/peer educators;
(ii) Raised awareness on gender equality and means of preventing and eliminating GBV of **834** young people, men and women, including high school and university students, journalists, educators, refugees (126) and other target group representatives;
(iii) Improved knowledge on violence and its impact on the mental health, developed skills for dealing with violence problems for **247** women and adolescents (25 refugees) - potential and real victims of violence, and provided treatment to **52** (including 7 refugees) victims of GBV and improved their mental health conditions, as well as provided opportunity for **20** psychologists to share experiences in this area.

In **2012**, UNFPA participated in the training MenEngage organized by UNFPA EECARO and Promundo on engaging men and gender transformative programming, organized in Zagreb on November 4-8, 2012.

Interventions Targeting Males

Regional Training of Trainers (ToT) on "Male Involvement in Advancing Gender Equality and Ending Violence against Women" The importance of male engagement in combating gender-based violence was addressed during a special regional initiative, jointly implemented by UNFPA CGBV projects from Armenia, Azerbaijan and Georgia. The ToT brought together 30 male participants from Armenia, Azerbaijan and Georgia, who represented different public sectors including: governmental institutions, non-governmental organizations, media and academia. In **2013**, UNFPA also along with its partners carried out advocacy campaign on gender issues and transmitted advocacy messages on gender equality promotion and engaging young men on prevention of GBV and HIV.

According to **key informants**, the targeting of males is a weak point in the gender equality strategy and inadequate attention to changing attitudes of males affects sexual and reproductive health as well as GBV. Although most organizations working on gender issues support interventions targeting males, many males are not present full time in Armenia and are working in Russia or in other adjacent countries. The 2013 standard progress report notes that it continues to be difficult to involve more male parents in the teachers-parents meetings. This is justified with objective factors (especially in remote communities the problem is the temporary labour migration) and subjective (fathers are passive in collaborating with the schools for education of their children believing it is a privilege of their wives). However, the number of male beneficiaries is bigger for this phase due to inclusion of more groups of conscripts at the Army units.

Several **key informants** noted that the deep psychosocial problems affecting males due to the socio-economic issues in Armenia need to be more carefully factored into interventions for males. A major challenge is motivating men who are violent toward their wives or children to modify their behavior since

GBV is generally a private act practiced in the home and can be effectively hidden from the outside. Overt acts that are noticed by the community or reported to police can be addressed through counseling but ultimately public scrutiny may encourage the even greater hiding of the domestic violence.

Interventions by Religious Leaders to Address GBV

The "Combatting Gender Based Violence in the South Caucasus" continued work with religious leader from the 2009 interventions through Faith Based Organizations. In 2010, the main **outputs** achieved in cooperation with World Council of Churches Charitable Round Table Foundation (ART) FBO are:

(i) Extended a pool of priests working on Gender GBV to **45;**

(ii) Conducted more than **50** events in **10** regions of Armenia and raised awareness on Christian understanding of anti-GBV approaches of **850** parishioners;

(iii) Launched cooperation with the Christian Education Center to extend the project to schools and to start working with school parents.

In **2012**, UNFPA continued collaboration with ART to support educational sessions were carried out by priests to encourage youth and adults to think over issues underlying GBV, using gender transformative programming. Ten parish priests were selected to collaborate with schools in all marzes under collaboration with the Christian Education Center (CEC). Mapping of masculinities, femininities, and gender norms was conducted through formative research in eight marzes, and identified where the most severe stereotyping existed. Following the research theatre presentations were carried out with select groups of students from 64 high school and conscripts from two Army units. Approximately 4,200 people were involved.

In **2012**, in the Social Diakonia (social services) project a regional conference took place and three publications supporting courses in Gevorgyan Theological University. A foundation was established for regional collaboration with Central and Eastern Europe and Central Asia, particularly wider usage in Armenia, Russia and Belarus. In **2013**, eleven priests carried out educational seminars at schools in eight marzes. A one-day training was organized for priests who work at the Army. Awareness-raising activities were carried out in **40 schools and four Army units** and the Army hospital in Yerevan. Seminars at school included three meetings with each group of students (age range was 14-18) and one meeting with teachers and parents. Meetings with each group of conscripts included three to five meetings. In total, about 5,400 people were reached and sensitized through group awareness-raising activities.

Feedback and Lessons Learned in Interventions by Religious Leaders

During the **2011** implementation of the CGBV project, the following valuable lesson was learned. The anti-GBV discussions in various church-related events, pre-wedding preparations, organization of meetings with young couples for GBV prevention and family well-being, as well as awareness raising events conducted with the participation of church parishioners greatly helped to identify the families having GBV problems, thus providing an opportunity to the relevant clergy to work with family members on individual basis. Thus, it is crucially important to continue working with church and faith- based organizations to improve the situation with GBV in Armenia.

The **2012** Standard Progress Report notes that priests are essential agents of change in Armenia and that in the opinion of teachers and parents, the discussions with the clergy were effective and can be replicated with multiplier effects. The report also notes the need to mobilize more resources for the UNFPA gender outcome areas and to strengthen the capacity of the UNFPA programme staff and national partners for gender-transformative programming. **Priests themselves**, in 2012, provided feedback and recommended a three tiered approach including community, family and individual, and to establish hotlines in regional centers where priests could offer in-depth spiritual support. A major constraining factor was the scarcity of priests and their heavy workloads.

According to some **key informants**, working with religious leaders may lead to mixed outcomes, relative to the objectives of the projects and programmes. Most religious leaders have extensive contact with communities and significant authority useful for helping to prevent and address GBV, however, they may

also convey a variety of messages to their constituency. This can include messages of preserving traditional values, anti-gender language, for example, experienced during the attempted passage of GBV legislation, or messages promoting discrimination or at least not discouraging discrimination. Thus it is important that UNFPA use careful selection of facilitators and conveyors of gender equality messages to avoid the dissemination of any discriminatory messages that may inadvertently be relayed through capacity development interventions, these include messages prompting or condoning discrimination toward groups or ways of life. The messages need to be monitored and ensured that they reflect the messages relevant to UNFPA advocacy mandate. Furthermore the results of the training with priests, and incorporation of social services in the theological academy should be evaluated as to the changes that were planned in the outlook of the priests.

More positively, priests are able to spread their messages in at least three ways, through speaking to the congregation at church services, counseling with the married couples in the homes and through speaking to children at the schools. Priests who received training through World Council of Churches were extremely positive about the training and it influenced the way that they saw the community, such as for example, in terms of how many women were involved in community activities. **Generally, talking to children in school settings through interactions that aim to reduce stereotypical behaviors is seen as the most effective way to prevent the GBV.**

Furthermore, **key informants** mention that GBV has to be viewed largely as a contextual psycho-social issue because of the tensions that occur between married couples. For example, men experience great stress by having to migrate for work spending months away from their families, or facing the prospects in Armenia of not having work or having inadequate wages. They come under pressure from their wives who sometimes have little earning potential. The tensions that arise may be dealt with through GBV but sometimes this is accepted by both parties as a means of venting frustration. Thus, design of GBV interventions needs to take into account the root causes and the psycho-social implications of the interventions and how they can best be addressed to prevent GBV. It was also noted by several **key informants** that mothers-in-law are another source of domestic violence as a result of many women going to live with their in-laws after marriage and the intra-household tensions.

In regard to the **diakonian intervention**, negotiation with the church structure was needed to influence the curriculum. However, since this intervention was the first in the former Soviet Union, the development of the outputs took longer than anticipated and the first course was offered in 2013, rather than 2012.

Interventions Targeting Journalists

In **2011**, a number of interventions dedicated to **capacity development of Armenian journalists** were undertaken. These included a “Na/Ne” Yearly Media contest covering issues of Gender equality and GBV in cooperation with British Embassy (British Council) and OSCE. A workshop for 25 journalists from Yerevan and other marzes working in the field of reporting on gender equality and human rights issues was organized on April 22, 2011 and included the presentation of the results of monitoring of the GBV coverage in mass media, implemented within the framework of the project and round-table discussion on “How to present the problem of GBV in Mass Media”. According to **key informants**, mainly journalists themselves, UNFPA interventions to build their capacities were exceptionally effective and the outputs have clearly led to positive outcomes in raising awareness of the leadership as well as the general public. The journalists interviewed expressed dedication to getting the facts and figures out to the public concerning gender equality issues, partly as a result of working with UNFPA. However, in terms of long term gains, the need to change the stereotypes is the key challenge. Thus, more work with the media will help to challenge discriminatory gender stereotypes. The media can also support women’s groups in enhancing their strategic influence.

4.4.5. Contribution to the development of capacities among partners and establishment of mechanisms to ensure the sustainability of effects of UNFPA supported interventions in Gender Equality

UNFPA has contributed to sustainable capacity development by heightening advocacy and visibility on domestic violence, building the capacity of institutions dealing with prevention and mitigation of GBV, and broadening the audience who receive information. Monitoring of the training outputs has improved. The Government has demonstrated ownership of the progress toward gender equality but further support is warranted for the National Institute of Labor and Social Research; guarantee of increasing government funds for Gender Equality is critical.

As described above, through the regional CGBV project and the Gender Transformative Approach, UNFPA Armenia has supported numerous capacity building and awareness raising interventions in gender based violence and gender equality. Some examples of contribution to capacity and mechanisms to promote sustainability include the following:

- **Heightening advocacy and visibility on key issues,** through dissemination of the main findings of the Nation-wide survey on domestic violence against women in Armenia and the "Gender dimension of civic and political participation" and a film series on types of GBV; conducting nation-wide campaigns on combating GBV; preparing public service announcements and documentary films; holding more than 90 awareness raising events such as the "16 days" and "White ribbon" campaigns; tv appearances of priests and dissemination of leaflets; facilitating a multi-stakeholder policy dialog on mainstreaming gender and promoting gender equality in defense sector reforms; and, improving public access for information on gender and GBV. (also see the Reproductive Health and Rights section for description of advocacy on the pre-natal sex selection).
- **Using opportunities for strategic capacity building,** through building technical capacity of the national institutions as well as service providers that deal with GBV issues; developing a manual for social workers; promoting gender disaggregated statistics; and, strengthening cooperation between different stakeholders working on gender and GBV issues on national and regional levels.
- **Broadening the audience for capacity interventions**, through increasing coverage of the military training; inclusion of greater numbers of priests and journalists; including schools, families and newlyweds; using regional opportunities; and, training of police officers, representatives of marz administration centers, social workers and health care professionals.
- **Inspiring motivation and the multiplier effect,** through strengthening cooperation with FBOs on gender and GBV issues; organizing a contest and workshop for journalists; strengthening cooperation between different stakeholders working on gender and GBV issues on national and regional levels; increasing public access to information by transformed individuals, and therefore increasing their leadership abilities.

The vast majority of **interviewees** who received training or inputs supported by UNFPA or who had witnessed the dissemination of awareness raising messages, attest to positive gains and provided examples of sustainable effects, as described above. An example of **good practice** is an "Assessment of the Training and Awareness Raising interventions" conducted in 2010, implemented by a group of independent experts.

- According to experts' assessment, the first significant achievement of the project is the development of an integrated and universal manual, which can be used as a guide by those organizations that need to conduct gender-related studies and trainings. Moreover, the guide is rather flexible in terms of introducing new teaching methodologies for different target groups.
- Another achievement concerns trainings' methods. The designed manual has a separate chapter on teaching methodologies, which can be effectively used in different training practices.
- Surveyed experts evaluated trainings effectiveness. Taking into consideration all above-mentioned opinions over the trainings, achievements and omissions, and surveyed experts assessments, trainings' general evaluation **value is 4.8.**
- More than 85% of participants agreed with the statement, that they are ready to transmit their knowledge to others, thus most important achievement of training course can be considered the fact that training participants not only gained knowledge and considerably changed their stereotypes (compared to control group results) but they are ready to transmit their knowledge to others.

Other **good practices** in promoting sustainability included follow-up workshops such as for priests to gather their feedback and for problem solving. Sustainable inputs include the National Action Plan on gender equality and the National action plan to combat GBV, both approved by the Government.

Overall, **more evidence is required** to validate the outcomes and potential impacts of capacity building interventions. It is noted that the **CGBV project** was not evaluated and thus the outcomes are not well described - the standard progress reports often use the word "outcomes" which are in fact "outputs". Further, the regional lessons were not well described and how they were incorporated into the evolving design of the project.

Promoting National Ownership

Some **key informants** stress the need to illustrate and highlight the positive contributions by the Government to the issues of gender equality and GBV. The proof of government commitment has been the passage of the "Equal Rights and Equal Opportunities of Men and Women in Armenia" in May 2013, and formation of committees working in the regions and the work by the National Assembly, and government funding is anticipated for the future. A Permanent Commission on Gender Issues was established as well as consultative bodies under the Regional Governors' offices. The National Institute of Labor and Social Research is supporting studies to improve interventions promoting the socio-economic status of women. As part of policy development all state fiscal matters need to be gender sensitive, there is salary inequality. The National Institute needs to be supported as a means to make changes.

UNFPA financial contributions to the gender equality interventions have been significantly reduced each year since 2010, from over $379,000 to over $28,500 in 2013. The UNFPA approach has evolved from focus on national mechanisms and awareness raising to community empowerment to prevent GBV. The portfolio shows an impressive array of approaches and tools to promote capacity. An overall risk to sustainability is that the results of successful interventions will be lost, and that a conservative environment will serve to reverse the gains, such as occurred with the anti-gender discussions and blockage of the GBV bill. The dwindling core resources will limit UNFPA's scope of interventions. Other actors such as the OSCE, the EU, the ADB, and UNDP will likely be able to devote larger amounts of funding. The incremental guarantee of increasing government funds for Gender Equality is critical. Through the Gender Theme Group and in donor forums, UNFPA should use strong leadership to promote a sustainability strategy among the members.

4.5 Efficiency

To what extent has the UNFPA CO made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the outcomes and outputs defined in the 2nd Country Programme for Armenia? (EQ5)

Summary

UNFPA has achieved satisfactory levels of disbursement of its financial resources but the funds are unevenly disbursed due to delays in implementation, reducing efficiency. Human resources and technical expertise within UNFPA are considered by stakeholders to be of very high quality. Staff longevity is adversely affected by short term contracts. Monitoring inputs need to offer more evidence of progress toward outcomes. UNFPA effectively used resources and tools at its disposal particularly assessments and communications tools, but evaluations were underused.

UNFPA effectively triggered many forms of additional resources from its partners particularly for the census and the pre-natal sex selection work. The financial resources are not sufficient to cover the needs or to support UNFPA critical interventions; challenges remain to mobilize resources for the next CP.

4.5.3 Adequate and timely allocation of resources for planned UNFPA support to beneficiaries

UNFPA has demonstrated satisfactory levels of disbursement of funds throughout the 2nd Country Programme but it is unevenly balanced leading to fund deficits at the end of some years and a large proportion of funds remaining at the end of the programme cycle. Human and technical resources are of high quality and expertise. Tools and approaches were effectively used particularly the media exposure and awareness raising and planning events. Monitoring tools were strengthened but reporting needs more detail and follow-up.

The UNFPA Country Office did not undergo an internal audit during the 2nd Country Programme, however, one of the implementing partners, the International Center for Human Development (ICHD) was audited for national execution (NEX) with positive results.[86] In terms of **disbursement of funds**, UNFPA initially committed US $4.8 million over the six years of the 2nd Country Programme of assistance to the Government of Armenia (2010-2015). The breakdown was as follows: (a) reproductive health and rights (US $2.0 million); (b) population and development (US $1.6 million); and (c) gender equality (US $ 0.9 million). An amount of US $ 0.3 million was allocated for programme coordination and assistance.

Table 14. 2nd Country Programme Proposed Assistance (in millions of US$):[87]

	Regular resources	Other	**Total**	**2010-2014**
Reproductive health and rights	1.0	1.0	**2.0**	**1**
Population and development	0.9	0.7	**1.6**	**1.1**
Gender equality	0.4	0.5	**0.9**	**0.8**
Programme coordination and assistance	0.3	-	**0.3**	**0.4**
Total	2.6	2.2	**4.8**	**3.3**

[86] UNFPA NEX Audit, ICHD, 2013
[87] Final country programme document for Armenia

During 2010-2014 actual expenditures amounted to US$ 3.3 million or 69% of all CPAP expenditures for 2010-2015. As of 2014, there is a deviation from the planned and actual funding in two components: "Reproductive health and rights" (about US$ 1 million) and "Population and development" (about US $0.5 million). At the same time, expenditures of core resources by "Reproductive health and rights" programmatic area were US $914,137, and by the "Population and development" programmatic area were US $1,057,315.

The funds allocated to the Population and Development (PD) programmatic area decreased in 2014 by 12.3%. Disbursements were somewhat less than budgeted amounts for 2010-2013. In 2013, there was 95.9% disbursement of core resources which was lower than the disbursement for non-core resources (100%).

Balancing the distribution of resources is problematic for the Country Office (CO). The majority of annual funds is utilized before the end of the year, causing challenges in planning the end of year interventions. The table above indicates that only 69% of the funds projected to cover the six years of the 2nd CPAP has been spent over five years and 31 % or US$ 1.5 million out of the projected funding has been allocated to the last year, which includes US $1 million for the Reproductive health and rights programmatic area and US$ 0.4 million for the Population and development component.

The main reasons for the imbalance of funding disbursements include bureaucratic procedures needed to commence or proceed with interventions or delays in completion of interventions by government partners and implementing partners, such as NGO partners. For example, in 2010, the programme started its implementation with 6-month delay due to the late signing of the CPAP by the Government, therefore the actual start of the programme was July 2010, following the CPAP approval by the Government in June 2010.

Although the deviation from the planned and actual funding has been mainly with expenditures of non-core resources, they could impact the efficiency of UNFPA CO activities as far as the unbalanced distribution of resources among the years and within a year. The possible impacts include: a) increases in the workload of UNFPA CO staff, b) shortens the planned implementation time of the programs and projects, and, c) can negatively impact the quality. Overall, however, funds were disbursed as per the CPAP and the imbalances in timing did not make large differences in effectiveness.

Use of resources and tools

In the framework of the country programme, UNFPA used its human, financial and technical resources and appropriate tools and approaches to provide the following types of support:

- Technical assistance and expertise in all the areas related to the programme using the resources of the global and regional technical experts' pool and networks, local and external consultants and experts, as well as the resources of the UNFPA regional and global programmes;
- Assessment, studies and research on topics that were key pressing issues in development which then served to guide follow-on actions by UNFPA and other stakeholders
- Capacity development through facilitation of training activities, including fellowships and study tours
- Support for recruitment of project personnel in accordance with the annual work plans
- Support to procurement of goods, supplies and equipment, research and studies, consultancies and services for the programme needs, at request of the implementing partners in accordance with UNFPA regulations, rules, policies and procedures
- Support to minor renovation of key facilities that provide reproductive health services were undertaken
- Administrative, operational, and technical support by the UNFPA Armenia CO to the implementing partners to carry out planning, implementation and monitoring.

Of particular note, key informants praised **the UNFPA usage of behavior change communications, multi-media and public events**, to promote key messages and create awareness of issues. There are numerous examples, including the following, which all bear documented evidence of significant outputs:

- The Assistant AssistantRepresentative has effectively acted as **key spokesperso**n using appropriate networks and media tools to promote attention to pre-natal sex selection, changing population demographics, gender based violence, and harmful practices in reproductive health (e.g. use of Cytotec, described in Section 4.1), among others.
- UNFPA supported a **tour for journalists** of four marz where they could witness conditions, interview citizens, and document the problems. This resulted in national exposure to the issues of health service delivery, poverty and gender equality, among others.
- Three rounds of **community meetings** were held on reproductive health and rights
- Support for **conferences and dialog**, such as population dynamics and gender equality
- The use of **behavior change communications,** such as brochures, posters and displays, flash mobs and theatre.

In terms of **human resources**, UNFPA Armenia is perceived to have very qualified staff who have the technical capacity to achieve the objectives of the country programme. The Country Office has been able to attract very experienced staff. Many staff are considered by stakeholders to be valuable contributors to the partners' capacities. A major limitation faced by staff is the short term contracting using Special Service Agreement (SSA) contracts which are possibly chosen as a result of uncertainties regarding long term funding. However, staff who have proved their value and professional expertise need to have financial security or they may move on to other opportunities; it is crucial that UNFPA retain these staff and give them secure positions.

Monitoring and Evaluation

The Monitoring and Evaluation system of 2nd Country Programme includes the CPAP planning and tracking tool and the M&E calendar. The monitoring and evaluation strategy for the programme is based on the UNFPA M&E Guidelines and Evaluation Policy. UNFPA is also part of the UNDAF implementation structure and participates in the UNDAF monitoring and evaluation system with the objectives of using transparent and continuous mechanisms and strengthening the monitoring and evaluation capacity of national actors. This includes involvement as part of the UNCT in the UNDAF Outcome Groups, Steering Committee, UN Theme Groups, as well as participation in the Annual progress reviews of UNDAF Outcomes (including joint programmes), Annual UNDAF Reviews and UNDAF evaluation.

The targets and indicators in 2nd CPAP have been set for the outcome, output and activity levels. UNFPA CO conducts monitoring of its activities and outcomes on yearly basis. Particularly, monitoring of targets and indicators for the output and in some cases outcome level are presented in "Armenia Country Programme 2010–2015: Results and Resources Framework" document and for the activity level: in the "Standard Progress Reports" for each year by components and by subcomponents. In the UNFPA monitoring and evaluation system the main attention is focused on projects and interventions, which is reflected in descriptions of the Outputs. The monitoring of Outcomes is generally missing from the progress reports. For example, there is little solid data and clear evidence on the progress toward the following outcome indicators available for Reproductive Health and Rights.

Outcome 1: Policies and legislation promoted to ensure universal access to health for vulnerable groups.
Outcome indicators:

- *Maternal mortality ratio. Baseline: 28. Target: 20.*
- *Induced abortion rate. Baseline: 12.4 per 1,000 women. Target: 8 per 1,000 women.*
- *Contraceptive prevalence rate (modern). Baseline: 19.5%. Target: 25%.*
- *Unmet need for FP. Baseline: 13.3. Target:*

The UNFPA Country Office regularly receives required information from, for example, the National Statistical Service, other implementing partners and various publications on indicators which are included in monitoring system, however they are not included either in the "Results and Resources Framework" document or in the "Standard Progress Reports" developed for each component. Further, this practice does not allow evaluation of UNFPA activities as a part of the UNDAF implementation structure.

It is important for UNFPA to obtain regular feedback from partners and beneficiaries, such as data from small surveys among users of services, assessment of training results several months and periodically after

the training, etc. in order to assess the contributions of UNFPA to the progress toward the planned outcomes. Currently, the assessment of progress toward outcomes is heavily based on personal subjective observations and locational trends rather than the actual improvement of the indicators describing the situation.

Overall, it is necessary to strengthen the monitoring and evaluation system both on the national level and for UNFPA components and interventions. UNFPA can support the introduction of a national regulated system of monitoring and evaluation. The data on relevant indicators exist in the publications and databases of national statistical service and other state institutions, thus the challenge is to present them in a structured manner, accessible to all users. Application of such a system will make possible both to assess the progress and the achievements and to create enough basis for development of new projects.

While conducting monitoring, **visits to programme sites** is mandatory for implementing partners, it is not currently mandatory for UNFPA staff. Nevertheless, monitoring visits and reports are important inputs to improving steering of the interventions and thus efficiency. UNFPA staff used standardized monitoring reporting forms describing the visits, however, little in-depth analysis regarding the interventions and follow-up needed, is seen on the forms, rather terms such as “useful” which say little regarding the feedback received, lessons and good practices, and future steps in the process which suggest how to more effectively and efficiently steer the interventions.

The **tool of evaluation** has been underutilized in the current and past country programme in Armenia, there was no mid-term or final evaluation in the first CP and no mid-term evaluative exercise in the 2nd CP. This has made the analysis in this CP evaluation more difficult since evaluation is somewhat predicated on the degree to which recommendations, lessons learned and good practices are considered and applied. Evaluation also strengthens the planning cycle and promotes efficiency. It is recommended that a budget be allocated for a mid-term evaluative exercise such as a beneficiary survey, and a final evaluation in the next CP.

4.5.4 Leverage effect of resources provided by UNFPA

Budgetary shortages are a key concern in view of the development needs in Armenia and the strong role UNFPA has played through its interventions. There are strong examples of UNFPA soft and financial resources triggering provision of other resources from government, donor, and partners.

Overall, **key informants** emphasize the constraints posed by budgetary restrictions that exist compared to planned and needed interventions and in terms of the value added by UNFPA in addressing key issues of concern for development (see the following section on Added Value). The response to some key developmental issues in Armenia was made possible due to the financial and technical support of UNFPA, or by UNFPA and its partners and in collaboration with other stakeholders. (See more discussion in the section on Added Value.)

Government partners say they are concerned regarding the need to plan interventions well in advance and that UNFPA funding is dwindling, or not adequate, for example to support needed Gender Equality interventions. The Resident Coordinator also sees the need to support fund raising efforts for UNFPA as it typically has less core funds than the larger agencies like UNICEF and UNDP. A strong fund raising strategy can draw on all available supporting mechanisms including the Regional Offices, South-South cooperation to obtain donor and national funding, and the Resident Coordinator and UNCT efforts to promote publicity for the needs in Armenia and for UNFPA role in addressing the issues.

During the 2nd Country Programme, the Country Office has been successful in leveraging state resources as well as funds from donors and other organizations to be directed toward implementation of the ICPD agenda. There are a number of examples of good practice in leveraging resources.

In 2011, timely implementation of the census was under question as there was a financing gap for its implementation. UNFPA directly advocated with the President of Armenia in regard to the gaps in funding to conduct the census, the risks involved if the census could not be conducted and the data was not

reliable and available to governments and assistance organizations for development planning. UNFPA also provided additional information to the President's office. The CO succeeded to become a member (the only international organization) of a governmental committee on census implementation and has initiated advocacy directed to the top level authorities, including the president of the country, donors and private sector through meetings and provision of briefings on the importance of timely implemented census.

As a result, three months before the census implementation dates there appeared more bilateral donors that agreed to contribute and the Armenian Government decided to increase state contribution from 25% to 52% of the total budget required for the census implementation. The President subsequently instructed the Ministry of Finance to cover the gap of **US$ 3 million** for implementation of the census. This output was achieved by UNFPA supporting national counterparts for coordination, capacity building and resource mobilization to conduct the Pilot Census in 2010 and the Census in 2011.

Other examples of leveraging funds include the following.

- In 2012, UNFPA initiated an assessment of the maternity hospitals according to WHO standards. Three organizations WHO, UNICEF and World Vision subsequently collaborated on the assessment and provided a total of **US $30,000** for its implementation.
- In 2013, after EU had announced a call for applications for gender equality interventions with focus on prevention of pre-natal sex selection for local nongovernmental organizations, UNFPA has immediately identified two local NGOs and helped them to develop the project and submit it. The submission was successful and the grant on the mount of **750,000 Euro** for two years has been received and the implementation of the project will start in November 2014.
- In 2014 the State Youth Foundation as a result of UNFPA advocacy has announced its annual grants programs to be provided to youth NGOs (the total budget equivalent to US$ **100,000)** and 1. awareness raising on SRHR; 2. Youth SRHR promotion; and, 3. Fight against pre-natal sex selection.

4.6 UNFPA Coordination and Partnerships

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms and used partnerships effectively in Armenia? (EQ6)

Summary

UNFPA effectively contributes to thematic and working groups and co-chairs the Gender Thematic Group. UNFPA support has been vital to strengthening UN coordination mechanisms. UNFPA has effectively supported the consolidation of UN Country Team coordination efforts through effective leadership of the Gender Thematic Group, support for the Disaster Management Team and the Minimum Initial Services Package and promoting the UN Youth Advisory Group, among others. Coordination and partnerships are not strong enough to address priority issues in youth development and gender equality.

UNFPA has expanded its range of partnerships but more work is needed to draw in civil society actors in the marz and at the community level, who can advocate more closely to the people, as well as the private sector and the Armenian Diaspora.

4.6.1 Contribution of the UNFPA country office to UNCT working groups and joint initiatives

UNFPA effectively contributes to thematic and working groups and co-chairs the Gender Thematic Group. UNFPA support has been vital to strengthening UN coordination mechanisms.

As per the Resident Coordinator of Armenia Annual Report to the UN Secretary General (RCAR, February, 2014), work toward delivery as one UN has progressed.[88] The UN team has begun working on joint resource mobilization for the first time. The UN plays a more powerful convening role, speaking out in one voice with all international actors on key human rights issues (for example, regarding the attacks against gender rights activists in September 2013). Under the leadership of the Resident Coordinator's office, the ***donor coordination system*** was revitalized, and now includes all key donor partners (including international financial institution representatives) as well as government counterparts, at the ambassadorial and ministerial level and this coordination platform has made delivery of development assistance more effective and efficient. However, challenges persist including different agency policies on visibility, and collaboration on joint resource mobilization strategies.[89]

The UN system monitors the implementation of the United Nations Development Assistance Framework (UNDAF). Progress has been made in regard to the four pillars of the UNDAF. The RCAR notes that the ***ICPD Beyond 2014*** process was a priority for the UN in Armenia. The RCAR acknowledges that prenatal sex selection is a new and worrying phenomenon in the country without specifically pointing to the UNFPA role in the research and awareness raising. The UN and government counterparts actively led the efforts to prevent pre-natal sex selection, and Armenia has become a global leader in this effort. In response to the Council of Europe resolution encouraging the government of Armenia, Azerbaijan and Georgia to take action, Armenia – through the support of the UN -became the first and only country in the region that has initiated research and public discussions on the causes and possible prevention measures of this phenomenon. This problem is deeply rooted in a male-dominant society and gender inequalities. The UN has worked with the government to launch a public awareness campaign, and also draft appropriate policies and guidelines with the Ministry of Health and other government agencies. The UNFPA strong role in this regard is not acknowledged in the RC's report.

[88] Armenia is not a designated Delivering as One UN pilot country however there is the spirit of delivery as one.
[89] Resident Coordinator of Armenia Annual Report, Letter to the UN Secretary General, January 2104.

Armenia is one of the most disaster-prone countries in the world. In 2013 the Country Team focused on strengthening the coordination mechanisms of government disaster risk reduction actors, as well as on the UN's own ***disaster preparedness and response*** capacities. UNDP worked with the Government to successfully mainstream disaster risk reduction (DRR) strategies in local communities, through a DRR certification process – a first for Armenia. At the grassroots level the UN led the way in creating a community resilience model, supported strongly also by the business community.

Key informants stress the importance and effectiveness of the UNFPA contribution to the UNCT. UNFPA leadership is Armenian and has strong connections with national leadership and is well known in Armenian society and this has been a boon for the UNCT to gain impetus for some of its actions. The UNFPA Assistant Representative has been called upon to speak out on topics concerning all UN agencies. As part of the communications group UNFPA staff have contributed very high quality presentations and many creative ideas to benefit the entire UNCT. UNFPA has notably been on the forefront on priority development issues and gaining traction regarding very sensitive subjects. Given its limited staffing, UNFPA creates a relatively very large impact, reaching communities and gaining trust from national authorities. The currently developing Youth Advisory Panel to the UN agencies was an idea from UNFPA and a sign of dedication to promoting interventions on behalf of youth. (See further discussion below.)

However, UNFPA as a smaller agency among others such as UNDP and UNICEF may not receive the credit due for its efforts; other agencies are aware of the funding decline which is also affecting their agencies but much less so than for UNFPA. There is a need for the UNCT to help UNFPA leverage its success resulting in more funding, to promote more joint initiatives among UN agencies and to urge more government buy-in for supporting joint efforts with UNFPA. Stakeholders consider it important that UNFPA does not lose critical staff positions that make large contributions to joint UN actions.

Thematic and Working Groups

There are four UNDAF Theme groups who meet regarding progress and issues on the four pillars: Equitable Economic Opportunities, Democratic Governance, Social Services, and Environmental Issues and Crisis management. UNFPA has typically participated in the Democratic Governance and Social Services groups.

There are currently several UN thematic and/or working groups, the Joint UN Theme Group on AIDS, the UN Disaster Management Team and the UN Gender Theme Group. The *Joint UN Group on AIDS* defines policies and strategies for support to the national response through providing interagency technical inputs and, in particular, identifying and exploiting opportunities for complementary and joint UN action on HIV and AIDS. The *Joint UN Theme Group on AIDS* consists of UNDP, UNHCR, UNICEF, UNFPA, WFP, WHO, and ILO. A new Human Rights working group has been formed and co-chaired by UNHCR.

The ***UN Disaster Management Team*** **(DMT**) is a mechanism for emergency preparedness and response coordination. It is responsible for preparing for, and facilitating prompt, effective and well-coordinated emergency response by its member organizations to a new disaster in Armenia. The DMT mechanism helps coordinate the disaster-related activities, consolidating and directing the efforts of its members to ensure the effectiveness and efficiency of the assistance provided and avoid to the extent possible duplications and unilateralism.

UNFPA has played a key role in the development of the Minimum Initial Service Package (MISP) for UNFPA response in emergencies. The expanded Disaster Management Team and the members of the National Platform on Disaster Risk Reduction were sensitized on MISP by UNFPA during a retreat on contingency planning in 2011. The full-fledged advocacy for importance of addressing the RHR needs during emergencies and implementation of MISP was commenced with the Ministry of Health, national disaster management platform, as well as other key health and emergency response actors. This allowed a full and meaningful support from the MoH for the integration of SRHR into emergency preparedness and humanitarian response. As a result, the MISP was incorporated into the country's Inter-Agency Contingency Plan. The presentation made by UNFPA triggered the interest by the partner UN agencies

and other non-UN development partners to collaborate with UNFPA and participate in the MISP roll out in the country (particularly OXFAM, UNDP, UNICEF, “Support to communities” NGO, and others).

To make the further roll out activities possible and to commence the MISP training in the country, the roll out team adapted and translated the MISP training modules into Armenian. The MISP was introduced into the curriculum of the trainings for the newly established regional level multi-sectoral emergency teams, and the three-day cascade training was conducted on September 21-23, 2012 for 22 obstetrician-gynecologists, neonatologists, and health administrators from all regions of Armenia (10 regions and Yerevan). In 2014, a pilot assessment will be conducted of readiness of the communities to provide MISP for RHR in humanitarian settings in one selected region of Armenia, followed by trainings of identified target groups on MISP in 2014.

The purpose of the ***Gender Theme Group*** **(GTG)** is to promote and support the mainstreaming of gender as a crosscutting issue in development agenda of Armenia, to track gender equality throughout assistance frameworks, and to create a venue for regular sharing of information, experience and tools and experience. All UN agencies have committed themselves to mainstreaming gender in their programmes and structures. Gender is a crosscutting issue in the UN Reform process, and accordingly the UNCT in Armenia is resolved to mainstream gender in its activities. A gender-responsive programming and implementation of UNDAF implies a continued need for the Country Team to develop and tap into expertise and technical support of a dedicated gender team. In the second UNDAF for Armenia (2010-2015) gender equality is mentioned in about a quarter of the outputs and seek to address gender in a substantive way, and there are specifically two agency outputs on increasing national and local capacities to ensure gender equality and the empowerment of women, and to combat violence against women.

UNFPA initiated the GTG and was the first co-chair in 2010-2011. The **minutes of the GTG** indicate that in February 2012, UNICEF assumed co-chairmanship with the Ministry of Labor and Social Affairs (MoLSA) which was the arrangement for two years. Meetings have taken place approximately two to three times a year which is fewer than gender theme group meetings in other countries, such as Afghanistan and Turkey. The issues surrounding the challenges of passing of the law on Gender Based Violence formed a large part of the meeting discussions and in the meeting of September 2013, the discussion was very heated but no further meetings took place until February 2014, thus many issues were raised and a working group was assigned to take up further discussion on the threats recently received by women’s organizations, a serious issue. Meetings would not seem to be timely enough regarding the collective feedback and actions needed on response to critical gender issues. Issues noted in the minutes included reticent feedback from members on issues that arose in the meetings. [90]

In 2014, UNFPA took over the GTG UN co-chairmanship in May of 2014. A retreat and workshop helped to reaffirm the purpose and potential of the GTG, to conduct a SWOT analysis, and to summarize the issues facing the organisations. After two days of discussion, the GTG members effectively listed the issues and challenges. . During the GTG meeting on September 2014, the resolutions were presented, however, it was unclear whether there had been follow-up on many of them. However, the participation of the GTG had been opened up to new organizations as recommended.

According to **key informants**, UNFPA acts effectively in the GTG as custodian to the gender related actions and this level of professionalism is important to help keep a balance between the forces at play, such as the anti-gender discussions and the gender equality activists. The process of interaction between the very strong actors in the GTG could be expected to take some time and even more time before true collaboration is achieved. Some suggestions on improvement included trying to keep an informed way of working such that each agency bears responsibility for informing other agencies of what interventions they are planning and what they are actually undertaking, to allow other actors to become aware of the background of their work.

A comment which pertains to the UNCT agencies is similar in that some Ministries do not feel that assistance agencies share their project and programme details and developments, but may share them

[90] Gender Theme Group meeting minutes, February 2012 to September 2014 (including eight meetings and a retreat)

after the project is already planned or funded without input from the coordination groups. Further, coordination for gender equality needs stronger focus to be effective, including to increase the capacity of the MoLSA for a stronger coordination role and to press for more gender disaggregation of data. At the local level, having gender focal points in the Women's Councils at marz and community levels could promote greater involvement in gender equality activities.

UN coordination to support youth development
The UN Youth Advisory Panel (UNYAP) initiated by UNFPA started with the first meeting in September 2014. It was well attended by representatives of youth organizations and youth delegates. With the overall goal of increasing youth-adult partnership in decision making process, UNYAP key objectives include: advocating and advising the UN Country Team (UNCT) on the strategic opportunities and necessary actions for addressing adolescent and youth issues, increasing the level and quality of youth participation in planning and implementation of the UN programs in Armenia and reflecting youth related issues in the UN-Armenia Partnership Framework 2016-2020. The UNYAP is seen to be a step forward in youth representation in Armenia.

Key informants discussed the main issues surrounding the collective interventions undertaken on behalf of youth. First of all the youth category is not well defined in terms of age groups and also in terms of the groups and individuals that are being targeted by various organizations, thus coordination over coverage is very weak. While there are some multi-agency efforts for youth, a comprehensive youth strategy is lacking and the Ministry of Sports and Youth struggles for funding.

It is noted that the Youth Project Officer position in UNFPA has added a considerable boost to the youth interventions and coordination in the past year, however, even more work is required on coordination and as noted in the RHR section, the UNFPA budget for youth is very inadequate. Bridging gaps in coverage of youth development is critical for preventive reasons alone. The issues require high level coordination and advocacy from the UNCT and Government partners and more joint initiatives to support projects that will make a wider difference. The agencies should position themselves and appear united to suggest priorities for interventions, currently the goals set are quite low. The interventions need to be mapped out in order to provide strong information for priority setting.

The effective use of partnerships by UNFPA country office in Armenia

The CPAP mentions lessons from the previous Country Programme regarding partnerships. A key lesson concerns joint programme implementations which were shown to significantly increase the efficiency and effectiveness of UN-led interventions. However, it was noted that more effective interagency collaboration and cooperation are instrumental for strong joint programmes, especially in cross-cutting issues such as gender equality, GBV, and awareness raising on human rights.

Another lesson points to the benefits of the regional approach and the need to capitalize on successful regional cooperation in the South Caucasus through two major regional programmes on Combating GBV and Reproductive Health Initiative for Youth (RHRIYC). It was noted that a stated goal to work with wide-reaching Armenian Diaspora and public-private partnerships was not tapped in the first CP thus possibilities for partnership with the local businesses and the Armenian Diaspora would be explored, as well as to capitalize on the partnership with faith-based organizations (FBO) and the Armenian Church initiated in 2009.

The "Partnership Strategy" in the CPAP aimed to: *capitalize on strategic alliances successfully initiated during the previous cycle to avoid duplication, enhance synergies, and to mobilize additional resources, with Government playing the leading role in the coordination of these partnerships.* It was mentioned that the ICPD can be implemented only if all potential partners are mobilized. UNFPA will continue leveraging support for the Government by brokering bilateral and multilateral partnerships with parliamentary groups, civil society organizations, religious and faith-based groups, UN agencies, funds and programmes, academia and research institutions, the media, and non-traditional partners, including the private sector.

In general **key informants** validated the effective use of partnerships by UNFPA. A general problem relevant to all assistance agencies has been the **need for more information** in the sense of regular updating of Ministries with project and programme leadership regarding the scope of interventions and the outputs and outcomes. The following are some examples of the types of partnerships effectively used by UNFPA.

Government partners (Ministries, National Assembly). Effective collaboration has been maintained with the primary Government partners including in the previous CP. The **Ministry of Foreign Affairs** is tasked with oversight of the UNDAF and ensures that projects and programmes are in the national interest. The MoFA faces challenges with donor preferences for projects versus national priorities and the priorities may not always be in the forefront. The **Ministry of Health, Ministry of Labor and Social Issues, and the National Statistical Service** have been traditional partners of UNFPA in Armenia, and the areas of partnership with the latter in particular cut across all the components of the programme. UNFPA and the **National HIV and AIDS Prevention Center** have a long history of successful partnership in as development of the National Programme on HIV and AIDS and advocacy with the decision-makers on HIV and AIDS issues.

Many **examples of partnership effectiveness** have been mentioned in the previous sections, for example with the National Statistical Service during the 2011 Census and survey on "Prevalence of and reasons for sex-selective abortions in Armenia". Partnership with the **Ministry of Defense** in the framework of UNFPA's support to training military recruits on SRHR, gender and HIV and AIDS issues has been further forged. The MoD has strong capacity and resources to collaborate with UNFPA on the maintenance of RHR training in the army. The **Ministry of Justice** is an important partner in the work to support the legislative framework improvement and engagement as part of the inter-agency working group on GBV. Partnerships with the **regional and local authorities** are crucial for successful implementation of any activity at the community level. UNFPA is seeking strong involvement of those authorities in all aspects of programme design, implementation and monitoring. This partnership implies close collaboration with health and education departments of the governor offices as well; these partnerships are growing but much more effort is required.

UNFPA has worked very closely for many years with the **Standing Committee on Health Care, Maternity and Childhood** in relation to advocacy with Parliament on matters of reproductive and maternal health. The Standing Committee values UNFPA partnership for many reasons, of which the very professional level of cooperation and high level of technical knowledge are foremost reasons, and the ability to share international experience is also important. The current focus on the legislation regarding pre-natal sex selection has resulted in productive discussions and opening minds to the reproductive health problems. The Standing Committee prioritizes work with adolescents and youth to prevent sexually transmitted diseases and increasing the budgetary allocations by the government for primary health care, particularly to the regions.

Technical and Educational Institutions. The **Arabkir Joint Medical Center – Institute of Child and Adolescent Health** is a colleague of UNFPA in seeking solutions to the need for effective sexual and reproductive health education in school curriculums. The medical staff volunteer in some cases to make presentations to the adolescents from a medical point of view. The Institute for Perinatology, Obstetrics, and Gynecology (IPOG) **IPOG** will remain UNFPA's main partner under the reproductive health and rights programmatic area of the programme. Almost 15 years of partnership with the IPOG has been one of the most successful examples of effective collaboration with the leading RHR center of the country in design, formulation, implementation, and monitoring of UNFPA-supported projects.

Multi-lateral Partners: (UN, EU, OSCE and WB). UNFPA has worked in very close coordination with the **OSCE** on gender equality where OSCE has a strong interest and investment and both play active roles in the GTG. UNFPA has also worked in coordination with the EU on gender issues.

The **UN Agencies** and particularly, UNDP, UNICEF, UNAIDS, UNHCR, WFP, WHO, as well as IOM, are the key partners for the UNDAF and UNFPA CP implementation, joint programming, monitoring, and evaluation. UNFPA works closely with UNICEF, WHO and the World Bank, and other organizations

ensuring a coordinated response on RHR, including leveraging support to strengthen health systems for maternal health services. UNFPA continues its partnership with UNICEF in supporting the DevInfo ("ArmeniaInfo"), addressing the needs of adolescents, peer education, and youth-friendly services. UNFPA is furthering its strong partnership with other UN agencies in the areas of human rights, gender, anti-trafficking, social policies, HIV prevention and operationalization of national monitoring and evaluation system. There is a wide scope for joint programming in these areas with UNDP, UNICEF, and UNAIDS.

Collaboration with the **World Bank (WB)** is important to successful implementation of the Population and Development programmatic area. The WB is an important player in supporting the implementation of the Poverty Reduction Strategic Plan (PRSP) and a major source of funding for the economic and social reforms of the Government. UNFPA can also cooperate with the WB with regard to a larger health system performance issues, development of primary care-related financing reforms, and census. Partnership with the **European Union (EU)** is being further enhanced. This is especially important in view of Armenian's participation in the European Neighbourhood Policy, the growing support the EU provides to Armenia, as well as increased focus on poverty reduction and economic growth in particular at regional and local community level, including social services and education.

Joint UN Programmes. On the topic of joint programmes, **key informants** note that problems typically arise with sharing resources as a means of developing a joint effort, in terms of the various administrative rules, thus donor contribution for a joint project is more accepted by the UN agencies. For example, in 2012, UNFPA developed a project document with UNICEF and UNHCR to support the MoLSA to strengthen capacities of the Permanent Commission on Gender Issues and after extensive negotiation among the UN agencies regarding management and operations, there were no effective solutions and the project fell through. The lesson pointed to stronger and more effected integrated work and interagency cooperation and leadership. Consequently, most joint efforts have been donor supported with each agency taking on separate interventions. There have been no further joint UN programmes involving UNFPA following the end of the Caucasus Joint Programme on GBV, despite the donor coordination efforts and promoting the spirit of delivery as one by the RC office mentioned above.

Bilateral Partners (USAID, Embassies, International Organizations). USAID is one of the major donors for reproductive health and social programmes in Armenia, with special focus on improving the capacities of RHR providers, midwives, and nurses and improving the quality of care. USAID joins UNFPA in advocacy for greater government contributions to RHRR, and a large measure of success was achieved in the upcoming Total Marketing Approach (TMA) joint agreement. The **British Council** works with women in parliament to inspire political motivation to increase gender budgeting and coordinates with UNFPA on advocacy issues. UNFPA and the **Open Society Institute** have effectively collaborated on theatrical productions (Theatre for Change) on gender equality and pre-natal sex selection.

Civil Society (Local and international NGOs and associations, Faith-based organizations, Mass media, Think tanks). UNFPA partnership with the **World Council of Churches** (religious leader training) are described above. UNPFA has a record of partnership with faith based organizations (**FBOs)** by providing technical, logistical, and financial support at the country level initiated in the previous cycle. In view of the role of FBOs in fostering effective change and transformation in local communities and significant role in influencing local norms, the partnership with FBOs will be up-scaled during the next cycle.

The **International Center for Human Development (ICHD)** is a trusted partner of UNFPA and implements research and advocacy interventions funded by UNFPA. Partnership of the **national Y-PEER network** with Advocacy group on AIDS and "Theatre for Change" NGO (drama component) has been built upon, particularly for campaigns/WAD events. The **Caucasus Research Resource Center** (CRRC) is also a trusted partner and extensive collaboration on studies has taken place in the past.

UNFPA will strengthen partnerships with **mass media** (print, electronic and visual service providers) to foster greater public understanding of how UNFPA's programmes and policies advance the ICPD, the MDGs and other international priorities. Close working relationships with **NGOs** for ensuing years have helped shape public discourse, mobilize political will, and advance the ICPD agenda and progress toward the MDGs. Recognizing that NGOs and specialized associations have extensive outreach, particularly at

the grass-roots level, UNFPA will continue to expand and enhance its partnerships with NGOs during the next programme.

According to some **key informants**, UNFPA needs to branch out from its traditional partners to seek collaboration with more civil society actors who advocate for the marginal and most high risk groups. The inclusion of and/or coverage of these people is not necessarily guaranteed by lumping them together in larger identity groups (e.g. the poor, rural populations, women). The Women's Councils at marz and community levels are examples of civil groups who can identify the vulnerable women through outreach mechanisms. Organizations such as Public Information and Need of Knowledge (PINK) advocate for the rights of LGBT people and publish a review each year which presents the human rights situation of LGBT in Armenia.

Private Sector (Local companies, Development banks). The **Asian Development Bank** has supported a credit scheme for women entrepreneurs, and is working effectively with UNFPA through coordination forums and small partnerships, such as support for Women's Councils in the marz.

Armenian Diaspora (Diaspora organizations, foundations and funds). UNFPA is forging partnerships with **non-traditional partners** such as the private sector, and the Armenian Diaspora. With the development of the corporate social responsibility in Armenia, UNFPA CO has to consider exploring more actively possibilities for partnership with the local businesses, which have interest in promoting social and economic development of the country and contributing to improved health infrastructure and access to basic social services. The potential of stronger partnerships with the Armenian Diaspora is largely untapped. The successful experience of other UN Agencies, particularly UNDP, in the area of private public partnerships and Diaspora should be taken into account.

4.7 Added value of UNFPA country programme in Armenia

What are the main UNFPA comparative strengths in Armenia – particularly in comparison to other UN agencies? What is the main UNFPA added value in the country context as perceived by national stakeholders? (EQ7)

Summary

UNFPA has built upon its corporate and country based strengths in the 2nd Country Programme. These strengths include advocacy, policy making, leadership and coordination, provision of technical expertise, and knowledge transfer and awareness raising. Through its high energy and pro-active approach, UNFPA has significantly expanded the potential for results inspiring successful collaborations to reach vulnerable groups.

There is strong evidence that UNFPA has added significant value to national efforts to realize development goals in the programmatic areas. UNFPA demonstrates a significant added value to the UN Country Team and to Government and all other partners and is considered a main source of expertise with regard to Reproductive Health and Rights, Population and Development and Gender Equality. Through its high energy and pro-active approach, UNFPA has added significant value to national efforts to realize development goals in the programmatic area areas and has worked to its strengths in advocacy, policy making, leadership, provision of technical expertise, and knowledge transfer. Stakeholders stress the importance of UNFPA oversight and participation especially through drawing in political, institutional and religious leaders as well as donors, NGOs and other advocacy groups.

4.7.1 Identification and use by UNFPA of its main comparative strengths

UNFPA has built upon its corporate and country based strengths in the 2nd Country Programme. Through its high energy and pro-active approach, UNFPA has significantly expanded the potential for results inspiring successful collaborations to reach vulnerable groups.

Corporately, UNFPA has identified its organizational strengths among other UN agencies through global analysis, and similar characteristic strengths are observed in the performance of the Armenia Country Office. The chief comparative advantage is its ability to convene national and international stakeholders to address sensitive issues relating to family planning, reproductive health and rights (RHR), and any related fields in which UNFPA staff are undisputedly expert, such as gender equality. UNFPA is highly regarded for its ability to bring together senior policy officials to talk about certain sensitive issues about which it has undeniable expertise. UNFPA has a comparative advantage recruiting highly specialized talent and operating as the primary agent in matters defined within the UNFPA Strategic Focus. This expertise legitimates UNFPA's ability to take a leadership role in attacking issues related to its mandate.[91] UNFPA has been developing its expertise in delivering the Minimum Initial Service Package (MISP) for RHR since 2008 and creating capacity globally, regionally and nationally.[92]

At the Country Office (CO) level and in the context of Armenia, UNFPA has worked effectively to realize the planned outcomes in the last country programme and in its previous interventions in Armenia and has aligned its work closely with the UNDAF. The Country Programme Action Plan (CPAP) has built upon previous achievements but does not specify the specific strengths with which it goes forward and the analysis of CO strengths based on past achievements and future potential should be part of the planning and documented in the next CPAP.

[91] Review of UNFPA Business Model, Deliverables 3 and 4, Comparative Advantages, Brad Herbert Associates, January 2014
[92] http://www.unfpa.org/public/global/pid/1058

Interviewees from other development organizations in Armenia have unanimously confirmed that the UNFPA role is appropriate and relevant and based on the expertise and experience that the organization has to offer and the niche that UNFPA fills in the spectrum of development. **Key informants** from other UN agencies such as WHO, UNICEF and UNDP attest to the strengths of UNFPA and work in close collaboration on common projects and programmes. UNFPA is also a trusted collaborator working for similar objectives for the affiliated government agencies and for donors such as the Asian Development Bank, USAID and the European Union. UNFPA work complements and balances the work of other organizations.

The extent to which UNFPA has built upon its strengths to position itself within Armenia's development context is discussed below.

- **Advocacy.** Advocacy efforts are part of every intervention undertaken by UNFPA and many have taken the form of high level consultations, such as regarding pre-natal sex selection. Some staff have been working alongside government partners for many years. The permanent presence of UNFPA staff in the Ministry of Health and the Ministry of Labor and Social Affairs (MoLSA) has resulted in long term relationships and daily sharing of information and opinions. UNFPA has also been able to draw in and widen the range of actors who contribute to outcomes, such as the military and religious leaders.

  A key strength of UNFPA has been its high energy and pro-active attitude that pushes the recognition of national development needs by government, the public and other stakeholders, and its ability to involve and motivate other organizations to join in dialog and interventions and to locate needed resources. UNFPA steps forward to seek information and answers and to address sensitive issues in sexual and reproductive health and gender based violence (GBV) that give momentum to the work of other organizations addressing the same issues. An example discussed in section 4.3 was the implementation of the 2010 Armenia Demographic and Household Survey (ADHS) and the 2011 Census, and subsequent establishment of required databases and the support for development of the strategies, programs and actions as well as demographic risks and challenges.
- **Working with vulnerable and high risk groups.** UNFPA has successfully engaged stakeholders to collaborate on interventions for vulnerable people and these relationships have extended the potential for results. Since the issues concerning reproductive health and rights, population demographics and gender equality are all highly interrelated, research and initiatives have shed light on the root causes and reasons for vulnerability in Armenian society. Interventions are targeted toward achieving standards that reduce the overall vulnerability of women, and prevention of vulnerability, such as reaching youth through the military training in reproductive health, stressing prevention of sexually transmitted infections, ongoing since 2008 and recently covering gender equality.
- **Policy.** As described in Section 4.2, policy dialog has resulted in nationally accepted guidelines on inpatient and outpatient standards on organization and delivery of obstetrical-gynecological maternity services, MISP training, as well as progress toward the Total Marketing Approach for supply of contraceptives. The outputs of the Population and Development (PD) programmatic area successfully underpinned decision making and dialog in policy making forums as discussed and the data collection supports monitoring the ICPD and MDG indicators as well as the PD indicators.

  UNFPA has become a reliable and important partner for state governmental authorities (e.g. MoLSA and NSS). UNFPA not only responds the main and current needs of those structures, but also participates actively in the development of their annual action programs. At the same time the representatives of those institutions participate in the development of UNFPA annual programs and finalization of the program outcomes.
- **Leadership and Coordination.** UNFPA leadership and speaking out on key issues is well recognized by stakeholders and partners. UNFPA has taken leadership in the UNCT coordination groups and particularly of the Gender Thematic Group and works with partner ministries to coordinate agency efforts. UNFPA leadership role in gender equality is clear and carried out in cooperation with other UN agencies and other assistance organizations. UNFPA has stimulated the formation of the UN Youth Advisory Group to get youth input for development planning.

- **Technical expertise of staff in programmatic area interventions and attraction and retention of staff who recognize and speak to the UNFPA strengths.** UNFPA staff is highly specialized in the areas of reproductive health, family planning, censuses and surveys, and gender equality as well as media and communications skills. For technical advice on matters concerning RHR, stakeholders point to the strong knowledge and skills of the staff in guiding the process of guideline development, determining content of in-service, MISP training, and interventions relating to youth development. For PD, the successful production and promotion of the wide utilization of demographic publications attests to the strength of the CO. For gender equality, the staff have demonstrated strong commitment as well as professional quality and expertise in the subject. UNFPA is praised for its creative and well targeted communications skills, specially cultivated media relations and bringing out communications potential in its partners.
- **Knowledge transfer and awareness raising.** Interviews and focus group discussions testified as to the practical knowledge gained through the MoH in-service training, the MISP training, the training of soldiers, and through non-formal youth peer education success in addressing lack of information related to RHR amongst young people, encouraging them to use youth friendly health services. Youth peer and education is an effective strategy to create networks to pass along information; inclusion of the Healthy Lifestyles in school curriculums is important.

4.7.2 UNFPA added value as perceived by national stakeholders

There is strong evidence that UNFPA has added significant value to national efforts to realize development goals in the programmatic areas.

The national stakeholders in Reproductive Health and Rights (RHR) almost unanimously agreed on the added value that UNFPA brings to support for RHR. According to **key informants**, UNFPA reminds them of their duties and the charters and global instruments that have been agreed to. Since UNFPA is the main UN supporter of RHR and Family Planning (FP) to national partners, the impact of interventions is accelerated through UNFPA coordination among the actors. UNFPA is perceived to hold significant expertise and contributed to capacity building and awareness raising. The NGOs say that they gain prestige when they cooperate with UNFPA and that UNFPA has helped them to add their voices to dialog on, for example, GBV issues.

Stakeholders have mentioned UNFPA added value to address these sometimes sensitive and complex issues in partnership with ministries, NGOs and youth networks. In the area of gender equality, UNFPA is widely recognized by all stakeholders as one of the key actors. UNFPA is found to be supportive, flexible and familiar with specific national and local conditions in comparison with other development partners.

Some specific comments offered by key informants in Armenia included:

- UNFPA is a very highly trusted and in some case the one most trusted by other organizations
- UNFPA is very flexible in its operations and is able to respond quickly to changes taking place in the demographic area, it identifies and draws the government and public attention to the most important issues of the country
- UNFPA is always able to develop goals which are clear, realistic, achievable and measurable which is not always the case with other UN organizations. UNFPA also responds to evolving situations by making planning adjustments such as to the outputs and indicators in the CPAP
- UNFPA monitoring is stronger than in some other organizations, and the outcome indicators are updated after completion of each year and which allows to evaluate the progress of achieving the results. Particularly the monitoring of UNFPA CPAP Outcomes and outputs indicators shows that the majority of them have already been reached and the target outcome has been achieved. Within the framework of UNDAF, UNFPA related results are achieved out of the main output results, for example, the reduction in the maternal mortality rate.

In summary, stakeholders and partners are in wide agreement regarding UNFPA comparative strengths and its substantive added value. Many interviewees thought UNFPA strengths needed to be expanded and built upon but that funding and the changing role of the organization are obvious constraints.

Stakeholders mention that UNFPA needs to more strongly advocate with government for increasing the budget and its contributions to agreed outcomes, particularly for the reproductive health and rights interventions, which is seriously inadequate.

5 Conclusions and Recommendations

Introduction

This chapter presents the evaluation conclusions and recommendations organized by number. Both conclusions and recommendations are grouped under strategic or programmatic-related headings. Each conclusion mentions the associated Evaluation Question (EQ) from the Evaluation Matrix (see annexes), as well as the relevant recommendation(s).

5.1 Strategic Level Conclusions and Recommendations

CONCLUSION 1 Evaluation Question (EQ) 1 Relevance

The UNFPA 2nd Country Programme is highly relevant to Reproductive Health and Rights, Population and Development, and Gender Equality needs in Armenia. It was designed in view of the country context, assessments and research, and, in consideration of lessons learned from the previous country programme. Planning was in sync with the UN Development Assistance Framework, the UNFPA Strategic Plan, and national policies and strategies.

UNFPA adapted its 2nd country programme to the evolving needs of the country and, in particular, identification of issues that required stronger focus such as reproductive health practices, demographic changes and imbalances, and gender based violence. The youth and gender equality themes could have been more strongly integrated in the components earlier in the programme. Some vulnerable and high risk groups, such as adolescents and youth and the poor, especially women, required greater attention in plans and interventions.

RECOMMENDATION 1

UNFPA should focus more strategically in this country programme and in planning the 3rd country programme on advocating for and reaching more of the most vulnerable and high risk people and groups as per its mandate, with a particular emphasis on prevention.

- **Priority level:** High
- **Addressee: Country Office**

OPERATIONAL IMPLICATIONS

- UNFPA should continue to **support studies** with focus on vulnerable and high-risk groups such as groups at high risk for spreading sexually transmitted infections, , Reproductive Health and Rights data on youth and adolescents, marginalized females such as the rural poor and sex workers, and other groups who lack equitable access to reproductive health and rights services due to economic disadvantages or social isolation.
- UNFPA should prioritize vulnerable groups and individuals and identify the most at risk and support the groups and individuals who can reach them. This may require the establishment of new partnerships or stronger partnerships with advocacy actors.
- In planning the next Country Programme, based on lessons learned and good practices, include in **interventions,** more of the vulnerable, marginal and high risk groups, including the women, youth and lesbian, gay, bi-sexual and transgender people, who do not access reproductive health services, women who practice pre-natal sex selection or have abortions, male migrants and sex workers who may spread sexually transmitted infections, for example, for preventing high risk pregnancies and infertility, detecting early cases of breast and cervical cancer, and strengthening knowledge,

attitudes and good practices, etc.

- In planning for the 3rd Country Programme in Armenia, UNFPA should intensify efforts to reach **adolescents and youth** more effectively with preventive and rights-based messages, allotting the appropriate budget and promoting more joint initiatives. The expansion of youth peer education interventions can be strategic in reaching more highly vulnerable people with preventive approaches.
- In this Country Programme and the next, ensure that adolescents and youth and gender equality are **integrated** to the extent possible in all interventions to improve efficiency and effectiveness.

CONCLUSION 2 Evaluation Question 5: Efficiency

UNFPA disbursement of program funds has been somewhat uneven due to bureaucratic and implementation delays but effectiveness has not been adversely affected. UNFPA human and technical resources were of high quality and expertise and the outputs achieved were numerous and effective given the limited staff and resources. The use of Special Service Agreements can reduce staff longevity. UNFPA has optimized use of tools and resources, particularly coordination mechanisms and behavior change communications, multi-media and public events to promote key messages and create awareness of issues.

UNFPA has successfully leveraged a significant amount of funding, however, core resources are diminishing for Armenia and consequently UNFPA mandate areas may not receive sufficient support in the future. Thus efforts need to be stronger to ensure resources to maintain momentum toward jointly planned outcomes including expanding Government contributions and seeking more funding, particularly non-core resources, and implementation partnerships.

RECOMMENDATION 2

UNFPA should develop a carefully crafted sustainability strategy in coordination with the main partner organizations which will include strategies for resource sharing with government, donors, partners and UN agencies working on similar issues. This will include structured plans for Government takeover of funding responsibilities and strategies for fund raising. This will also include a human resources strategy that ensures secure funding.

- **Priority level: High**
- **Addressees: Country Office, Regional Offices**

OPERATIONAL IMPLICATIONS

- Work with Government partners to create resource sharing strategies as part of the UNFPA sustainability strategy, using the Total Marketing Approach example of incrementally increasing government funding over the next Country Programme cycle.
- Plan more joint programmes with other UN agencies, in the spirit of the UN delivering as one, Ministries such as the Ministry of Health, and NGOs, targeting the vulnerable groups, using effective coordination mechanisms such as the Resident Coordinator, and the Thematic and Working Groups to create synergies and promote resource sharing.
- Consider turning over more research and advocacy work to think tanks such as International Center for Human Development) which may be able to leverage other funds.
- Work with the Resident Coordinator, UNFPA Representative and the Regional Offices, to identify resources needed and to plan fund raising strategies and make investments, for example, to visit donor countries.

- The Country Office should develop a human resources strategy for the next year and the following Country Programme aiming to retain experienced staff with longer term contracts and job security and seek appropriate funding.

CONCLUSION 3   Evaluation Question 5: Efficiency – Monitoring

UNFPA is considered a main source of expertise with regard to Reproductive Health and Rights, Population and Development and Gender Equality. However, the results of some interventions are measured by intermediate output (for example, the completion of surveys, training, or publications) and through subjective opinions, rather than the outcomes and impact for the target populations in Armenia.

RECOMMENDATION 3

UNFPA should support a nationally regulated system of monitoring and evaluation for a unified approach among government and assistance organizations, and should improve its own internal reporting and data collection to more effectively assess its contribution to the planned outcomes. The results or outcomes from UNFPA contributions need to be demonstrated through structured monitoring and evaluation to collect feedback from targeted groups and to predict changes in national level indicators.

- **Priority level:** Medium
- **Addressee: Country Office**

OPERATIONAL IMPLICATIONS

- UNFPA should support the introduction of nationally regulated system of monitoring and evaluation using indicator data available in the publications and databases of the National Statistical Service and other state institutions, which are amalgamated and presented to users in a structured manner. The application of such a system will make possible both to assess the progress and the achievements and to create enough basis for development of new projects.
- Strengthen monitoring reporting through Monitoring and Evaluation training for staff
- Improve monitoring forms or quality of data and analysis provided
- Aim for systematic data collection, both qualitative and quantitative to regularly obtain feedback from partners and beneficiaries. Means to collect data include periodic sample surveys, round table discussions involving a range of stakeholders, structured monitoring reporting that aims to collect data during visits to implementation sites or key informants and using follow-up mechanisms to address issues; and, collection of statistical data on regional and community level.
- Strengthen follow-up on monitoring/evaluation findings, for example taking a sample survey of trainees several months after training to assess practicality and applicability.
- Plan and reserve funds for mid-term and end term evaluations for the next Country Programme.

CONCLUSION 4   Evaluation Questions 6 and 7: Coordination, Partnerships and Added Value

UNFPA demonstrates a significant added value to the UN Country Team and to Government and all other partners and is considered a main source of expertise with regard to Reproductive Health and Rights, Population and Development and Gender Equality. Through its high energy and pro-active approach, UNFPA has added significant value to national efforts to realize development goals in the programmatic area areas and has worked to its strengths in advocacy, policy making, leadership, provision of technical expertise, and knowledge transfer. Stakeholders stress the importance of UNFPA oversight and participation especially through drawing in political, institutional and religious leaders as well as donors, NGOs and other advocacy groups.

UNFPA has effectively supported the consolidation of UN Country Team coordination efforts through effective leadership of the Gender Thematic Group, support for the Disaster Management Team and the Minimum Initial Services Package and promoting the UN Youth Advisory Group, among others. Coordination and partnerships are not strong enough to address priority issues in youth development and gender equality. UNFPA has expanded the range of partnerships but more work is needed to draw in the private sector and the Armenian Diaspora.

RECOMMENDATION 4

UNFPA should expand its leadership and coordination efforts to draw in the needed cooperation and collaboration around the youth development and gender equality issues in order to make a greater collective impact especially in the marz and rural areas. More effort should be focused on gathering support from the private sector and the Armenian Diaspora for gender equality and youth interventions.

- **Priority level:** Medium
- **Addressee: Country Office**

OPERATIONAL IMPLICATIONS

- Draw in funds from more sources, and greater funds from donors who have a strong youth and/or gender equality focus, such as the European Union, and lobby with the private sector and Armenian Diasphora to support joint programmes and leverage funds for NGOs and other stakeholders who are working in communities.
- Conduct mapping of needs and interventions in both realms of gender equality and youth sexual and reproductive health, identify gaps and overlaps
- UNFPA should assume a stronger leadership and advocacy position among the ministries and assistance organizations to form a cohesive strategy for both youth development and gender equality, and effect agreement on priority interventions on behalf of the most vulnerable people.
- UNFPA should advocate and promote a larger focus of efforts in the communities and with marz leadership and in support of NGOs who are doing grassroots and coordination work.
- UNFPA should support more pilot efforts to find plausible and replicable approaches
- UNFPA should lobby with the Resident Coordinator and the UN Country Team members to actualize the deliver as one attitude and promote joint programmes among the Government and UN agencies working on similar issues and NGOs and civil society actors.

5.2 Programmatic level

Joint Programmatic Conclusions

CONCLUSION 5 Interventions on Pre-natal Sex Selection - Evaluation Questions 1, 2, 3, 4, and 5 Effectiveness and Sustainability

UNFPA and partners have effectively identified the issues and risks in pre-natal sex selection and have effectively raised awareness through advocacy and public discussions. The discussions, publications and

the subsequent feedback are relevant for all three components. However, the proposed legal regulations and restrictions also carry risks, which need to be assessed. Changes in knowledge and attitudes are important to reduce the practice and are longer term challenges.

Furthermore, while the issue of pre-natal sex selection needs to be addressed, other important challenges in Armenia that may have widespread effects on reproductive health and rights and population demographics include miscarriages, abortions and infertility.

RECOMMENDATION 5

UNFPA should assess the potential outcomes and repercussions of legislation and other restrictions planned or in practice against pre-natal sex selection as well as assessing other potential and pre-eminent problems affecting women's reproductive health and rights as well as the population demographics such as miscarriages, abortions and cases of infertility

- **Priority level:** Medium
- **Addressee: Country Office**

OPERATIONAL IMPLICATIONS

- Parallel to the identification of the challenges and issues, UNFPA should pay attention or make a prior assessment of the expected reaction of the RA Government and population, the scope of the possible work which the Government is going to undertake, as well the accessibility of the resources and final outcomes.
- UNFPA needs to foresee the possible outcomes of such activities through the creation of possible development scenarios. This factor is important in the sense that the issue which has immediately got wider public discussions is being solved rapidly, but it can have visible and hidden risks, for example on the public reaction to the now open discussion on sex selection abortions, and the reactive behavior changes.
- UNFPA should also monitor changes in knowledge, attitudes and behaviors among couples as a result of interventions, in regard to gender preference, changing the outcomes of pregnancy, and use of reproductive health services such as family planning.

Reproductive Health and Rights Conclusions and Recommendations

CONCLUSION 6 Evaluation Question 2: Reproductive Health And Rights

UNFPA support to the Ministry of Health for capacity development has contributed significantly to increased quality of services for reproductive health and family planning. Continuous effort is important to improve the skills of medical staff and for creating and enforcing guidelines and protocols to meet international standards. However, UNFPA core funds to support capacity interventions will likely be more limited thus a sustainability strategy is important to ensure increasing government resources devoted to capacity development.

Change in demand for reproductive health services is unclear during the country programme. Access is not always equitable and rural and poor people and other high risk groups face the greatest economic and social constraints and barriers that exist due to distances to the services and the limited outreach of the health service centers. The approach that will be taken through the Total Marketing Approach to create more equitable access to contraceptives is a major step forward, but for some services, such as sexual and reproductive health and rights services targeting youth and other high risk groups, more user-friendly access is needed and interventions to address the barriers to usage of the services.

RECOMMENDATION 6

UNFPA should focus its efforts on means to reach the high risk and vulnerable people who need reproductive health services, to increase their access and demand. UNFPA should continue to support capacity development with a view to ensuring greater resource sharing with the Ministry of Health and building and sustaining national institutions for continuous medical education for obstetrician/gynecologists and reproductive health staff. Efforts should center on improvement of midwifery skills and standardization of obstetrical care, in addition to developing outreach capacities.

- **Priority level:** Medium
- **Addressee: Country Office**

OPERATIONAL IMPLICATIONS

- UNFPA should continue to advocate with UN partners and other stakeholders for an increase in Government funding for reproductive health services especially those that reach the adolescents and youth, people vulnerable to acquiring and spreading sexually transmitted infections, women who use pre-natal sex selections and abortions as contraception, and marginalized and socially segregated groups.
- UNFPA should advocate for significant expansion of outreach capacity by health system staff especially in rural areas to distribute and provide information outside as well as inside of the health service centers and to offer services that draw in the vulnerable groups and facilitate their access to contraceptives and other services.
- UNFPA should support assessment and promotion of the “Traveling Gynecologist” scheme to ensure universal assess for care, especially for poor population of remote areas, or an alternative solution to providing access in the remote communities.
- UNFPA should support the assessment of the midwifery training system to increase midwifery skills for the provision of a range of required midwifery services in line with international standards.
- Advocacy is important to ensure standardization of obstetrical care in accordance with international standards across the various levels of the healthcare system through development (or revision and optimization), introduction and adaptation of Reproductive Health and Rights clinical guidelines/protocols.
- To promote sustainability, UNFPA should create a joint strategy as part of the UNFPA sustainability strategy for sustaining capacity of relevant national institutions in provision of continuous medical education for obstetricians and gynecologists and other health workers in reproductive health and family planning.
- UNFPA with partners should develop a strategy to addressing barriers to usage of reproductive health services, such as inability to afford the contraceptives, difficulties to reach the health centers, traditional beliefs about Family Planning, and services which are not or do not seem user friendly for the marginal and high risk groups. This may be done in tandem with the Total Marketing Approach.

CONCLUSION 7 Evaluation Question 2: Youth Theme – Effectiveness and Sustainability

Interventions which have focused on adolescents and youth have the potential to influence a broad range of youth including Youth Friendly Health Services, Healthy Lifestyles in school curriculums, reproductive health in military training, and peer education. Youth participation in decision making concerning their needs is expanding with the formation of the UN Youth Advisory Panel and through coordination groups around youth.

Intervention strategies need to be stronger, particularly to find more effective methods to impart knowledge in schools, the means to reach the most vulnerable youth, and the structures and skills to increase accessibility of reproductive health services. Reproductive health interventions and

other developmental inputs on behalf of adolescents and youth suffer major under-funding relative to needs. Further, descriptions of results of interventions are largely anecdotal and more evidence is needed. The understanding of youth sexual and reproductive health problems in Armenia and how to effectively reach them with information and support is still limited.

RECOMMENDATION 7

UNFPA should work with Government and other partners very closely to make sustainable impact on various levels, including at the policy level, in the youth friendly health services, in school curriculums, through peer education, in research and at the regional level. UNFPA should devote and seek more resources for the youth theme and boost its profile while promoting stronger coordination such as through a Youth Thematic Group.

- **Priority level:** High
- **Addressee: Country Office**
- **Origin:** C7

OPERATIONAL IMPLICATIONS

- Work with Government partners, the Ministry of Health and the Ministry of Sports and Youth to affect the policy level, to create a viable youth development and reproductive health strategy which devotes needed resources in a coordinated manner
- Support the development of the UN Youth Thematic Group and include action planning and follow-up in meetings; link coordination around youth to gender equality interventions
- Map all interventions for youth to avoid a piecemeal approach and to see which age groups and locations are not covered.
- Reassess the Youth Friendly Health Services approach and collect data on numbers of users, user satisfaction and suggestions for improvement.
- Support joint analysis of the effectiveness of the sexual and reproductive health curriculum; add messages on gender equality
- Support research to determine what factors affect behavior, as part of the Demographic Health Survey, sampling marz regarding Knowledge, Attitudes and Behavior changes
- Conduct pilot interventions and then appraise results before expanding the scale based on evidence of positive outputs

Population and Development Conclusions and Recommendations

CONCLUSION 8 Evaluation Question 3: Population and Development – Effectiveness and Sustainability

Population and Development interventions have contributed effectively to increasing analysis of data and information both at central and local levels, however, the information flow is not always timely enough to be used for policy and programme decision making and the required resources for large studies are increasingly difficult to find.

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RECOMMENDATION 8

UNFPA should initiate and support with partners the establishment of an integrated information center which collects and analyzes data from various administrative databases to promote timely and efficient

demographic data collection and analysis which includes critical data on health and migration that is currently not effectively collected and analyzed.

- **Priority level:** High
- **Addressee: Country Office**

OPERATIONAL IMPLICATIONS

- UNFPA could be the initiator of and support with partners the establishment of an integrated information center, which is based on the data from various administrative data bases such as form the "Population registry" of the Police, the National Statistics Service, Ministry of Health, Ministry of Labour and Social Affairs, Migration Agency, the Border Patrol and other databases (administrative registries).
- UNFPA can advocate for the integrated information center to receive information on demography, healthcare and development which are involved in Demographic Health Survey, and instead of them to include other indicators which are more expensive and are left out of Demographic Health Survey (For example: anemia, etc.).
- UNFPA could demonstrate that the establishment of such center and its efficient operation will make possible to improve the statistics for population flow and particularly registration of migration.
- UNFPA should seek sources of funding to support the integrated center particularly through joint projects and programmes.

Gender Equality Conclusions and Recommendations

CONCLUSION 9 Evaluation Question 4: Gender Equality – Effectiveness and Sustainability

UNFPA work in conducting and disseminating research, use of media and public campaigns to build country–wide awareness of gender equality and violence issues was successful especially in reaching communities. UNFPA advocacy for gender legislation contributed effectively to acceptance of strategies, plans and the gender equality law, but resistance to gender terminology resulted in non-passage of the gender based violence law which would support critical mechanisms for protection. UNFPA has contributed to more effective cooperation between stakeholders promoting dialog on many levels and as a leader of the Gender Thematic Group. UNFPA has promoted capacity development using a wide range of tools and approaches and broadening the audience.

The level of tolerance in society for domestic violence seems to be reduced with a slightly higher level of reporting, however, evidence is weak as to whether there are fewer incidences. The understanding of gender equality issues and mechanisms to prevent gender based violence is not strong enough on the part of lawmakers and the law enforcement system. Needed behaviour changes to prevent violence are extensive and have to be addressed in communities.

RECOMMENDATION 9

UNFPA should strike a balance between policy work and promoting community empowerment to support gender equality and prevent domestic violence. UNFPA should advocate for passage of the gender based violence bill, promote gender sensitive training, promote research, and use the media effectively to challenge gender stereotypes. UNFPA should use its leadership in the Gender Thematic Group to ensure coverage, unified messages and joint efforts for the range of needed interventions.

Priority level: High

Addressee: Country Office

OPERATIONAL IMPLICATIONS

- UNFPA should work with the members of Parliament to promote the passing of the gender based violence law, striking balances in use of gender language and stimulating political will
- UNFPA should support gender sensitive legislation by following up on new draft laws and policies on gender equality and gender based violence and domestic violence, and stressing the progress already made by the Government
- Promote awareness raising on existence of the laws, to support implementation, monitoring and evaluation of the existing gender legislation and international relevant commitments
- Implement a comprehensive capacity building project with lawyers, advocates and judges to promote legal means to protect victims of violence, and interpret and apply the laws
- Work closely with the media to support their efforts to challenge discriminatory gender stereotypes
- Support women's groups in enhancing their strategic influence
- Promote relevant research, such as by the national institutions, for example, to show linkages between sustainable economic development and gender equality, to guide policy
- Promote coordination data collection needed for supporting evidence of changes and policy decisions, advocate with one voice among stakeholders for gender disaggregated data
- Support interventions which would eliminate structural barriers to gender equality and would combat all forms of gender-based discrimination and violence through zero tolerance targets
- Through the Gender Thematic Group, ensure coverage of all levels of need – decide who is best placed to carry out the work and avoid overlap and duplication
- Through the Gender Thematic Group, promote sending unified messages and joint programming.

CONCLUSION 10 Evaluation Question 4: Gender Equality – Effectiveness and Sustainability

UNFPA support for research on the causes and consequences of gender based violence helped in developing strategies for interventions. UNFPA work in communities with municipal leaders and service workers, priests, the military and community members was effective to promote awareness and to sensitize men, women, adolescents and youth on gender equality and gender based violence. Due to the tendencies to hide incidences of gender based violence, interventions concerning males are not strong enough and need to factor in the psychosocial issues regarding socio-economic problems in Armenia.

Priests are essential agents of change and can promote non-discrimination and reduce stereotyping through counseling and mentoring. School aged children and youth are key audiences for prevention of gender based violence and reduction of stereotyping.

RECOMMENDATION 10

UNFPA should work in the marz and communities through women's centers, committees, support groups and organizations, media, community leaders, priests and Y-PEER. Interventions should encompass adherence to laws and protocols, sensitization of the communities, counselling, mentoring, and education for children, adolescents and youth to address and prevent discriminatory gender stereotyping.

- **Priority Level: High**
- **Addressee: Country Office**

OPERATIONAL IMPLICATIONS

- UNFPA should strike a balance between policy work and promoting community empowerment to support gender equality and prevent domestic violence.
- UNFPA should work more in the regions and on grassroots level as much work of the UNFPA on gender equality remains focused in Yerevan
- UNFPA should use existing women's organizations as a good entry point for building gender capacity/awareness in the regions and help them develop concrete agendas
- UNFPA should promote sensitization particularly with the younger generation from school age through inter-active initiatives on gender issues, using Y-PEER
- Promote role models, support mentoring/coaching initiatives for women and girls.
- Determine effective means to reach males particularly those who migrate for work.
- Craft the messages with priests regarding non-discrimination and follow-up their impact.
- Work closely with the local media to support their efforts to challenge discriminatory gender stereotypes
- Periodically evaluate the interventions through surveys and gathering feedback.

UNFPA – Because everyone counts

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