



**COUNTRY PROGRAMME ACTION PLAN (CPAP)
2010-2015**

Between

United Nations Population Fund

And

The Government of the Republic of Armenia

Yerevan, Armenia

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List of Abbreviations and Acronyms

AWP	Annual Work Plan
CO	Country Office
COAR	Country Office Annual Report
CPR	Contraceptive prevalence rate
CP	Country Programme
CPAP	Country Programme Action Plan
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
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
IP	Implementing Partner
JP	Joint Programme
KAB	Knowledge, Attitude and Behavior
NCAP	National Centre for AIDS Prevention
NEI	National Educational Institute
NEX	National Execution
NPPP	National Professional Project Personnel
OSCE	Organization for Security and Co-operation in Europe
OSI AF	Open Society Institute Assistance Foundation
PCMs	Programme Component Managers
PD	Population and Development
PLHIV	People living with HIV
PPP	Public-private partnerships
PRSP	Poverty reduction strategy paper
RH	Reproductive health
RHCS	Reproductive health commodity security
RHIYC	Reproductive Health Initiative for Youth in the South Caucasus
SAMSA	Scientific Association of Medical Students of Armenia
SDP	Sustainable Development Program
SRH	Sexual and reproductive health
STIs	Sexually transmitted infections
TGT	Travelling gynecologist team
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCT	UN Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
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 Counseling and Testing
WB	World Bank
WFP	World Food Programme
YFHS	Youth-friendly health service

The Framework

In mutual agreement to the content of this document and their responsibilities in the implementation of the Country Programme (2010-2015), the United Nations Population Fund (hereinafter referred to as UNFPA) and the Government of the Republic of Armenia (hereinafter referred to as the Government);

Furthering the mutual agreement and cooperation for the fulfillment of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW, 1979); the World Conference on Human Rights (1993), the Programme of Action of the International Conference on Population and Development (ICPD, 1994); The Fourth International Conference on Women (1995); The Millennium Declaration; the UN General Assembly Special Session on HIV/AIDS (2001), and the World Summit on Sustainable Development (WSSD, 2002) and for the realization of the Millennium Development Goals (MDG) and the relevant UN and European Human Rights instruments and Summits to which the Government of the Republic of Armenia and UNFPA are committed, and with the aim of achieving the objectives of the United Nations Development Assistance Framework (UNDAF) signed by the United Nations and the Government on 24 July 2009;

Building upon the experience gained and progress made during the implementation of the previous UNFPA Country Program (2005-2009), and based on the Sustainable Development Program (SDP), Armenia's second 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 (2010-2015);

Entering into a new period of cooperation (2010-2015);

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

Part I. Basis of Relationship

UNFPA Assistance to Armenia will be subject to the provisions of the Standard Basic Assistance Agreement (SBAA) signed between United Nations Development Programme (UNDP) and the Government of Armenia in April 1993 and ratified by the National Assembly of Armenia in 2001.

The programme described herein has been agreed jointly by UNFPA and the Government.

Part II. Situation Analysis

Economic and Poverty situation

The internal political stability since 2000 coupled with the implementation of economic reforms led to a strong economic growth during last 8 years, in average of 12% per annum.¹ The “first generation” reforms combined with a very positive external environment in the 2000s, led to considerable improvements in the socio-economic situation of the country with poverty rates falling from 56% in 1998 to around 35% in 2004 and 25% in 2007. The extreme poverty decreased even more sharply from 21% to 6.4% and then to 4% over corresponding years.² There are also significant regional disparities in the representation of poor population across the country (poverty being more prevalent in urban rather than rural areas).³

Despite a comparatively successful decade of development gains the global crisis has heavily influenced both economic development and the poverty situation in the country from the fourth quarter of 2008 with substantial affect in the first and second quarters of 2009. Thus, GDP growth has slowed in 2008 dropping to 6,8% from around 10% in the first three quarters of 2008. In 2009, it has further deteriorated and is projected to fall by around 15%. It is expected that the slow recovery will start in 2010, which will be to some extent tied to the world economy recovery. However, Armenia similar to many CIS countries quickly and publicly committed not to reduce social expenditure during the crisis, and to protect the vulnerable.

According to the preliminary findings of the recent assessment of the impact of the global crisis on the households in Armenia⁴, the financial crisis worsened the purchasing power of the population and hit hardest those below and not far above the poverty line. For 40% of households hardships relate to healthcare spending. As a consequence of the crisis 39% of households discontinued/disrupted or decreased the usage of healthcare services, 8% of which relate to STIs, gynecological, urological treatment, 5.4% to maternal health, 5% relate to family planning (FP) services, and 20% decreased use of medication of which 11% relate to sexual and reproductive health/obstetric medication. Economic hardship forcing households to cut health and educational expenses may lead to changes in FP and increase insecurity and violence.

According to recent projections in 2008-2009 a decline of 25% in remittances was registered, and according to the World Bank the unemployment rate increased from 6.3% to 6.6%⁵. According to the preliminary results of the International Monetary Fund, in Armenia in 2009 poverty rate is projected at 28% compared to 23,5% registered in 2008.⁶

To soften this set back the Government plans to devote additional allocations to social safety net programs through its targeted family benefit package but for this to be successful there is an urgent need to improve the focus of this program in order to exclude non-eligible families from it. Recent

¹ World Bank, International Development Association, Program Document for a Proposed First Development Policy Operation (DPO-1) in the amount of SDR 40.4 mln (US\$ 60 mln equivalent) to the Republic of Armenia, Report No. 48605-AM, June 2009, URL: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2009/07/08/000350881_20090708095848/Rendered/INDEX/486050ADDENDU MOIDA1R2009101801201PUBLIC1.txt, p. 4

² Ibid, p. 12.

³ Millennium Development Goals National Progress Report: Armenia, UNDP, Armenia, 2010.

⁴ “Impact of the global financial crisis on households”, survey report, RA Institute of Labour and Social Research, Armenia, 2010.

⁵ World Bank, International Development Association, Program Document for a Proposed First Development Policy Operation (DPO-1) in the amount of SDR 40.4 mln (US\$ 60 mln equivalent) to the Republic of Armenia, Report No. 48605-AM, June 2009, URL: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2009/07/08/000350881_20090708095848/Rendered/INDEX/486050ADDENDU MOIDA1R2009101801201PUBLIC1.txt, p. 14.

⁶ International Monetary Fund, IMF Country Report No. 10/97, April 2010, p. 13.

calculations for Armenia suggest that a 0.4 % increase in safety nets spending is needed to protect the extremely poor and 1% to protect all the poor.⁷

Demographic Situation

Starting from 2003 a negative trend in the population dynamics, which was recorded in 1990, started to stabilize, and even a very small 0.1% growth per year was registered in 2006-2008. This is a result of stabilization of death rate, emigration trends and increase in the number of births in the recent years (www.armstat.am). Irrespective of these positive developments, Armenia with its 3.2 million inhabitants (as per the Census 2001) continue facing the challenges of depopulation and ageing because of low fertility rate and migration.

Armenia's social and economic transition influenced population dynamics and exacerbated a natural growth decline. The number of births fell from 87,000 in 1988 to 41,000 in 2008, total fertility rate dropped from 3.0 in the 1980s to 1.4 in 2008. The increase in the number of births for the last several years as a result of a big number of young people born in 1980s entering in the reproductive age did not however affect the birth rate.

The increase in the average life expectancy in the Republic of Armenia -by 18% over the last two decades- (73.5 years in 2007 and 62.3 years in 1988) combined with a decrease in birth rate that continues for more than 15 years and a mass migration of working-age people with high reproductive potential have greatly contributed to the ageing process over the last 15 years. Population aged 60+ comprised 13.3% in 2009⁸ and per the projections in the middle realistic scenario of the SDP in 2015 the figure will approach 15% and in 2024 the figure will approach 20%. The elderly are greatly affected by the poverty and they often lack access to basic social services. For males and females aged above 50 the first three most important needs are: financial, health and nutrition.⁹

Another serious concern for the country is high level of migration. The first wave of migration started in the first years of independence 1990-1994, when according to different estimations from 0,8 to 1 mln people left the country. After that the negative saldo was decreasing constantly but even as of the end of 2007 it is still -2.0.¹⁰ According to the migration survey¹¹ the main reason for emigration is the lack of employment opportunities, and this is true for both external and internal migration. This is the reason that more than 20% of families have at least one working migrant.

During recent years one of the positive tendencies of the demographic situation is the decrease of infant mortality rate – 18.5 per mln in 1990s versus 10.9 per mln in 2007.¹²

In 2009, the Government endorsed the Strategy of the Demographic Policy of the Republic of Armenia and its Action Plan, which aims at addressing the demographic challenges and at creating preconditions for sustainable and positive development.

Reproductive and Maternal Health

After rising dramatically in the 1990s, the maternal mortality ratio decreased from 37.8 per 100,000 live births for 2000-2002 to 26.8 in 2006-2008. This positive shift is attributed to an increase in budget allocations to reproductive health and to the some extent to the operation of mobile emergency obstetric care (EOC) and traveling gynecologist teams (TGT) schemes.

Despite universal knowledge of contraception methods (98.9% of married women) 2005 Demographic and Health Survey (DHS 2005) shows that the contraceptive prevalence rate (CPR) decreased from 22.3 % in 2000 to 19.5 % in 2005, with a rather low use of modern methods (20%).

⁷ "Leading by Example – Protecting the most vulnerable during the economic crisis, The Global Campaign for the Health Millennium Development Goals 2009", report by the Office of Prime Minister of Norway, 2009, URL: http://www.unicef.org/socialpolicy/index_52566.html.

⁸ Statistical Yearbook, Armenia 2008.

⁹ Armenia Ageing Survey, Ministry of Labor and Social Issues of RA, National Institute of Labor and Social Research, National Statistical Service of RA, UNFPA, Yerevan, 2009.

¹⁰ Statistical Yearbook, Armenia 2008.

¹¹ Sample Survey on External and Internal Migration in Armenia, Ministry of Labor and Social Issues of RA, National Statistical Service of RA, UNFPA, Yerevan 2008.

¹² Statistical Yearbook, Armenia 2008.

Over the last three years, the gap between the government budget for reproductive health commodity security (RHCS) and actual funding requirements has not been closed and there is a high reliance on UNFPA support for the procurement of reproductive health commodities.

The abortion rate has declined from 343 per 10,000 live births (2000) to 295 (2008) per the statistics of the Ministry of Health. There has been an apparent decline in induced abortions from 55% according to DHS 2000 to 45% as per DHS 2005, however still DHS 2005 indicates that the abortion rate is 48 per 100 live births. Since 2005 no cases of maternal death resulting from unsafe abortion have been observed and this tendency continued in 2009.

The number of home deliveries declined dramatically from 8.5% to 2.2% per DHS 2000 and DHS 2005. According to DHS 2005, 96.5% of all births were delivered at a health facility and 98% of all births were attended by skilled health personnel. Antenatal care coverage is very high at 93% of women receiving professional help during pregnancy and an estimated 71% of women have at least 4 antenatal visits.¹³ There are, however, regional disparities and difference between urban and rural populations. There is a significant urban-rural differential for number of antenatal care visits (at least 4): 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 financial constraints among the population. The urban-rural disparities exist with regard to assistance during pregnancy by non-medical personnel: 0,1% urban and 0.7% rural, use of any modern contraceptive method: 22%- urban, 16%- rural, no use of antenatal care: 4%- urban and 10%- rural, antenatal care early attendance (first 4 months): 51%- urban and 43%- rural. Infertility rate has decreased since 2000 from 32% (women) and 15.6% (men) to approximately 16.8% (of which 31.5% primary and 68.5% secondary) among 20-45 aged women and 5.9% for 20-60 aged men in 2009.¹⁴

Maternal and neonatal health considered as a highest priority 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) offer a comprehensive and integrated programme in line with current best practice. Safe motherhood, contraception, infertility and safe abortion are among 11 priorities. 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) place the MDG 5, maternal and reproductive health among the priorities.¹⁵ There is a clear commitment to and prioritization of the increased access to and quality of healthcare services in the SDP framework and a strong emphasis on maternal and reproductive health. It is expected that SDP implementation would contribute to improving reproductive health and reducing maternal mortality. 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 also approved the implementation framework on artificial termination of pregnancy. Starting 2008 reproductive health topics are incorporated into the “Healthy Lifestyle” in the state curricula for schools as mandatory. In addition, 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 of Armenia. 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.¹⁶

The current reproductive health (RH) situation is also characterized by: low quality of RH and maternal health care in regions, high level of secondary infertility even among married women caused by

¹³ WHO Statistical Information System, 2005.

¹⁴ 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.

¹⁶ Millennium Development Goals National Progress Report: Armenia, UNDP, Armenia, 2010.

comparatively and still high levels of STIs, and induced abortions, and low level of knowledge and awareness among youth. In Armenia as worldwide there is a tendency of increasing incidence of STIs due to early onset of sexual relationship, liberalization of sexual relationships, and migration. For recent years in Armenia the possible causes of induced abortions are behavioral factors, still low use of modern contraceptives over traditional ones, lack of favorable socio-economic environment for more children. Another aspect is also the issue of sex ratio at birth, which in Armenia ranges between 1.14 and 1.18 (girls per boys) and in case of the third child it reaches 1.81 indicating that the problem of sex selection exists in the country and there is a need to further examine the issue of sex selective abortions. The incidence of cervical and breast cancer is continuously increasing, turning into a huge medical and social problem.

The main constraints in the RH field are related to poverty, still low spending on health (including RH, particularly insufficient national budget for FP and RHCS), complex issues of ongoing health and social services reforms, and inequality (urban/rural) in access to services. At present, there is also a lack of quality management structure and quality assurance with regard to RH within the Ministry of Health; healthcare standards are not sufficient and need further development and introduction. There are also reproductive health issues conditioned by gender roles, values and norms, cultural sensitivity, and existing gender stereotypes, hence the necessity for outreach to large groups of young males, particularly the young officers serving in the military.

With regard to addressing the existing challenges in the area of RH status by 2010 and 2015 some of the targets set by the recent Government's RH national strategy include: improving the quality and accessibility of perinatal, FP and EOC services for the population, particularly for vulnerable and high-risk groups, reducing maternal mortality, increasing access to quality contraceptive services and increasing the CPR, involvement of primary healthcare providers in FP counseling and contraceptive prescription, reducing rate of induced abortions as well as optimizing the monitoring and evaluation and reporting system in FP.

Young People's Reproductive Health

During the recent two decades adolescent fertility in Armenia fell considerably. According to the National Statistical Service administrative records, the adolescent birth 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.¹⁷

Results of Knowledge, Attitude and Behavior (KAB) survey 2009 indicate that since 2002 significant progress has been observed in the level of awareness among young people about pubertal changes, human sexuality, sexual relations, pregnancy and childbearing, abortion, contraception and STIs/HIV/AIDS. The comparative assessment with previous surveys (2002 and 2005) also revealed significant progress in the level of awareness of young people about STIs and main modes of HIV transmission. It also indicates universal awareness among all respondents about male condom as a mean of pregnancy prevention and high awareness about condom use as an effective means for protection from STIs/HIV. There is a higher awareness about some methods of contraception such as withdrawal method (82%), intrauterine device (64%) and hormonal contraceptive pills (46%) as compared to knowledge about female sterilization (11%), vasectomy (13%), injectables (0.9%) and sub-dermal implants (0.1%).

Results of 2009 KAB Survey clearly demonstrate that there is still lack of communication in Armenian families between children and parents on sexuality and SRH issues. 28% of young people in Armenia have never talked to their parents/guardians, and boys experience more difficulties than girls in communicating with parents on these 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 parents, as most important source of information, are mentioned by 68% of young people, whereas the teachers are noted only by 47% of youngsters. The great majority of young people is in favor of introduction of sex education into the school curriculum (99%) and prefers sex education during the period of early adolescence.

The attendance of young people to sexual and reproductive health (SRH) facilities has increased from 20% in 2002 up to 30% in 2009 thanks to 34 youth-friendly health service (YFHS) centers established all over Armenia by UNFPA, with support of EU and Japanese Government funding. Despite this

¹⁷ Ibid., p. 42.

increase 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%).

More than 38% of sexually active young women and 25% of young men do not use any methods of contraception, which exposes them to RH related risks. Male condom is however one of the first popular methods of contraception followed by withdrawal and vaginal douching. Therefore, UNFPA has continued social marketing of condoms, which addresses accessibility and affordability of condoms.

The Ministry of Education and Science incorporated sexual and reproductive health and HIV/AIDS topics into the "Healthy Lifestyle" national curriculum of the public schools only in 2008. In 2009, the Government decision has been endorsed to promote these themes 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.

One of the key achievements was the adoption in 2009 of the Strategy on Health and Development of Children and Adolescents (2009-2015). 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 and young people's reproductive health.

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 counseling 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 counseling and care as well as to affordable services.

STIs/HIV/AIDS Situation

Although the HIV/AIDS incidence in Armenia is currently low, there is a risk that it can be aggravated particularly taking into account the intensive migration flows and the fact that Armenia is located in a region which is characterized by a sharp increase of HIV/AIDS incidence during recent years.

In 2008, 136 new cases of HIV infection were registered as compared to 109 new cases of HIV in 2007, thus totaling the number of HIV infected people as of December 2009 to 796. This includes 590 cases (73%) of men, 218 cases (27%) of women and 16 cases of HIV infection among children (2%). The estimated number of people living with HIV (PLHIV) in the country is about 2300. In Armenia the main modes of HIV transmission are through heterosexual practices (50%) and injecting drug use (41.2%). 59.5% of the HIV-infected individuals belong to the age group of 25-39. Among pregnant women the coverage of HIV testing has improved from 3,219 women in 2004 to 40,067 women in 2008 (almost the majority of all 41,273 births for that year) resulting in identification of 35 HIV-positive. The above data suggests intensifying interventions with stronger HIV and RH linkage within the population of reproductive age.

Reliable statistics on STIs among the general population is limited, particularly among such groups as pregnant women and the military.

Since 2005 interventions have been scaled up considerably and the Government has improved its institutional capacity to address HIV/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 Counseling and Testing (VCT) to 155. HIV and AIDS treatment, care and support is being provided in accordance with the National HIV/AIDS Treatment and Care Protocols, National HIV and AIDS Monitoring and Evaluation System are created. However, the Government contribution towards HIV prevention and treatment is still less than 20% of required funding.

Challenges and emerging issues to be addressed:

- Low allocations of state resources towards the National Programme on HIV/AIDS prevention in Armenia. The main source of funding is planned to receive from outside sources mainly

through the second phase Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) amounting to EURO 18.9 mln;

- Registration of all Anti Retro Viral drugs and inclusion into the essential drug list;
- Increase of knowledge in prevention among migrants and young people;
- Operationalization of National HIV/AIDS Monitoring and Evaluation Framework;
- Lack of institutional capacity of NGOs dealing with PLHIV and most at-risk populations;
- Limited involvement of private sector in response to HIV;
- Stigma and discrimination towards PLHIV, affected people, most at-risk populations.

Gender Issues

At present, Armenia is ranking 51st among 155 countries by gender development index (DGI) and 93rd out of 109 countries in the gender empowerment measure (GEM).¹⁸ Despite high levels of education among women (52% of the population of Armenia and 58% of those with the higher education), the gender equality is not promptly addressed and women participation in political and economic activities is low.¹⁹

Despite the downward trend during 2001-2007, the female/male gap in unemployment rates is growing over time. Approximately 40% of the poor are women or women-led households. In economy, women are mainly engaged in small family economic activities and there is no women leading big business in the country. Women's participation in the labor force is heavily concentrated in the education, health, and services sectors.

Through the introduction of temporary measures to promote gender equality certain steps are being undertaken to address gender imbalance, specifically in decision-making. In 2005, amendments to the Electoral Code raised the 5% quota for women on political parties' lists in proportional elections up to 15% thus resulting in the increase from 14.2% in the 2003 parliamentary elections up to 22.6% in the 2007 elections. Currently, the Armenian Parliament has 9.1% women members of Parliament as compared to the previous 4%. One Deputy Speaker of the Parliament is a female, out of 18 ministerial seats 2 are held by women.

Representation of women in local self-governance (LSG) bodies is rather low. After the 2008 LSG elections, there were only 23 female community heads (or 2.6% out of the total number of 866) and 447 members of community councils elected (or 7.6% of the total number of 5,834). Moreover, the participation of women in policy-making on a decentralized level is mainly promoted through programmes of international donors that carry out activities aimed at fostering democratic political culture in the country's regions.

The activities of NGOs bridge some gaps in the national gender machinery. 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 activities for women's NGOs embrace protection of women's rights and enhancement of their participation in the socio-political life; promotion of women's entrepreneurship, combating violence against women and provision of social services and involvement in charitable activities. Free legal consultations are provided, as well as hot-lines are established through the NGOs' efforts on a wide range of gender-related issues.

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. Since 2008, UNFPA with Norwegian Government's support and in close partnership with the Armenian Government has been jointly creating an enabling environment for reduction of GBV in Armenia through adoption of gender sensitive legislation, programmes, plans and services, provision of basic knowledge to and increasing awareness on gender-based violence (GBV) among the target groups of policy-makers, educators and the population at large, building networks and strengthening partnerships between multiple actors on the local and regional levels, increasing capacity of the national gender machineries to effectively address GBV issues in the region, and advancing knowledge of the professionals in the field including police workers and prosecutors, social agents and health workers, statisticians and other actors involved.

¹⁸ Human Development Report Armenia, Overcoming Barriers: Human Mobility and Development, UNDP, 2009.

¹⁹ Millennium Development Goals National Progress Report: Armenia, UNDP, Armenia, 2010.

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.

A number of important reforms and initiatives have been launched by the Armenian Government to promote gender equality in the country, including implementation of the National Action Plan on Improving the Status of Women and Enhancing their Role in Society (2004-2010), incorporation of these issues in the RA Government Programme for 2008-2012, establishing several bodies responsible for promotion of gender equality and protection of women's rights, and bringing national legislation in compliance with the international standards.

In 2010, the Government developed the Gender Policy Concept Paper, and in 2008-2009 two draft laws were developed on State Guarantees for Equal Rights and Equal Opportunities for Women and Men and on Domestic Violence, which are pending the adoption.

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.

Part III. Past Cooperation and Lessons Learned

UNFPA support in the first country programme (CP) in Armenia focused its assistance on: (a) strengthening national capacity to implement poverty reduction policies that take into consideration population dynamics and gender disparities; (b) improving knowledge of sexual and reproductive health and access to reproductive health services among the population of reproductive age; (c) increasing availability of youth-friendly services and improving knowledge and skills of young people to prevent unwanted pregnancies, STIs and HIV/AIDS and to achieve healthy lifestyles; (d) incorporating reproductive health into thematic curricula of educational institutions; (e) increasing awareness and support of the public, the media and key decision-makers at central and local levels in addressing reproductive health and reproductive rights, gender equality and equity, including gender-based violence; and (f) fostering partnerships between the Government and civil society.

A total of USD 2.5 mln (USD 1.3 mln core resources and USD 1.2 mln non-core) was budgeted to implement the programme from 2005 to 2009. In reality, the overall budget for the 1st country programme totaled USD 4.6 mln. For the 1st cycle of assistance the main directions of successful fundraising were promoting youth reproductive health, increasing access to reproductive health services for vulnerable populations, combating GBV, and HIV/AIDS.

UNFPA also provided support to DHS 2005 and the dissemination of its results. UNFPA has also been an active partner in formulating broader national development frameworks, such as SDP and MDG strategies, the national reproductive health strategy (2007-2015), the national programme on HIV/AIDS, a newly endorsed first national state demographic policy (2009-2035) and strategy on child and adolescent health and development (2009-2015).

Over the course of the previous cycle, a series of positive developments took place. In 2007, budget allocations for the health sector exhibited 25% increase year-on-year and comprised 1.4% of GDP while in 2008 budget a moderate increase of 8% year-on-year was registered in health expenditures. Within this increase the part of reproductive health financing in 2007 increased by 8.6%. Since establishment of a network of family planning service delivery points across the country the contraceptive prevalence rate has risen from less than 1 % in 1994 to 20 % in 2005.

Steady reduction in MMR since 2000 to the low figure of 26.8 per 100,000 live births for 2006-2008 was also 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 has been increased by UNFPA to 7 during the first CP life time).

One of the key achievements over the first programme cycle was the incorporation of population dynamics, analysis of population trends and projections, as well as prioritization of reproductive health in the major development plans and strategies such as PRSP I, SDP and pension reform, which has also paved the way for gradual and substantial increase of state budget allocations to primary health care, particularly to safe motherhood and reproductive health programmes.

Adoption of the Strategy of the Demographic Policy of the Republic of Armenia and its Action Plan and adaptation of social security policy to demographic situation of Armenia meant a significant step forward. Among other achievements was incorporation of sexual and reproductive health topics in the school curricula countrywide, the establishment of parliamentary support group on reproductive health in 2008, establishment of 34 youth-friendly health service centres countrywide and large-scale awareness-raising on sexual and reproductive health and rights issues among the professionals and young people countrywide.

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 will be 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.

Attention and efforts should be directed towards advocating the importance of the 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 sub-legislative framework.

Over the last few years, it has become 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/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 (RHIYC).

In the first country programme, wide-reaching Armenian Diaspora and public-private partnerships (PPP) were untapped; hence for the next 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.

Communication activities and visibility of UNFPA work and awareness around the key mandated issues should be strengthened, including improved partnerships with mass media. 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.

Part IV. Proposed Programme

Linkages between national priorities, UNDAF and UNFPA CP 2010-2015

The new country programme was developed through a participatory approach under the leadership of the Government and in close consultation with the national stakeholders, civil society, development partners and other potential implementing partners, and in close collaboration with other UN agencies. The 2nd CP was formulated simultaneously with the development of the United Nations Development Assistance Framework (UNDAF); hence the CP outcomes and outputs under the current CP heavily reflect the formulations given at that development stage of UNDAF. For the purpose of the CPAP, some CP outcomes and outputs have been revisited to accommodate agency specifics.

The elaboration of the second country programme action plan entailed consultations with the same task forces of partners, who were involved in the development of the UNDAF to ensure also harmonization and linkages between UNDAF, national priorities and UNFPA activities. The six-year country programme has also taken into account the priorities and programmes of other international partners in Armenia.

The 2nd CP formulation is done within the context of a midpoint for achievement of MDG targets and implementation of ICPD Programme of Action. In this regard, it capitalizes on the past work by UNFPA, the UN collective efforts, and is expected to contribute to the achievement of three UNDAF outcomes on strengthening of democratic governance, access to and quality of social services, and environment and disaster risk management. The MDGs and ICPD goals as well as the outcomes of the development results framework of the UNFPA Strategic Plan (2008-2011) that best reflect the UNDAF priorities guided the overall context of identifying the expected outcomes and outputs of the new programme.

The guiding principles underpinning the development of the country programme is national ownership, national leadership and national capacity development. The human rights-based approach and ICPD principles will also guide the programming and operationalization of the country programme. Capacity development will be at the core of UNFPA’s overall strategy and will cover institutional, managerial, technical, human resource, and operational aspects of enhancing and strengthening the national capacities in Population and Development, Reproductive Health, and Gender Equality components.

United Nations Country Team (UNCT) has agreed to prioritize vulnerable groups as target group for its cooperation and for the purposes of the UNDAF, “vulnerable” include the poor, women and children, the disabled, elderly and refugees who are being hardest hit by the gaps in economic and human development. Based on this, the specific vulnerable groups targeted by UNFPA will be determined for each focus area accordingly.

The second UNFPA country programme has three components: Reproductive Health and Rights, Population and Development, and Gender Equality. Mainstreaming young people’s concerns and needs is a cross-cutting theme.

The chain of the Country Programme results is based on the UNFPA Strategic Plan (2008-2011). All six outcomes and seven outputs of the programme are directly linked and contribute to the Strategic Plan outcomes in three focus areas:

CP Component	UNFPA CP	UNFPA STRATEGIC PLAN
Reproductive health and rights	Outcome 1 Policies and legislation promoted to ensure universal access to health for vulnerable groups. (1 output)	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 2 Health-care providers ensure	

	equitable access to high-quality services in targeted areas. (2 outputs)	Outcome 3 Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention.
Population and development	Outcome 3 National systems of data collection, reporting and monitoring of human development strengthened, including MDGs and ICPD goals. (1 output)	Outcome 3 Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and program implementation.
	Outcome 4 Institutional capacities strengthened and mechanisms in place to respond to the needs of the vulnerable groups. (1 output)	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.
Gender equality	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 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 6 Communities and people have the capacities to claim their rights and participate in decision-making processes. (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.

A communications strategy will be prepared and will focus on increasing the visibility and marketing of UNFPA programmes and priorities. It will include advocacy in support of meeting the ICPD commitments and priorities in the UNFPA core areas.

As Armenia is vulnerable to the impacts of climate change considered the biggest global health threat of the 21st century, there is urgency to invest in disaster preparedness to reduce vulnerability and promote adaptation within the framework of the linkages between population and climate change. As part of UNCT, UNFPA will continue to contribute to the UNCT's disaster preparedness and response efforts by maintaining the Disaster Management Team and ensuring inter-agency contingency planning.

Two projects from the previous cycle will be carried forward to the second programme cycle: interventions in the RH area within the framework of a Joint Programme on "Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families" (2009-2010) by UN Agencies through funding of the United Nations Trust Fund for Human Security (UNTFHS), and interventions as part of "Combating Gender-Based Violence in the South Caucasus" (2008-2011) through co-financing of UNFPA and the Norwegian Government.

The chain of results and linkages between the national priorities, Armenia UNDAF, and UNFPA CP are indicated below as follows:

Reproductive health and rights component

UNFPA CP Outcome 1	UNDAF Outcome 3 & 4	National Priority
<p>Policies and legislation promoted to ensure universal access to health for vulnerable groups.</p> <p>(1 output)</p>	<p>Access and quality of social services is improved especially for vulnerable groups.</p> <p>Environment and disaster risk management is integrated into national and local development frameworks.</p>	<p>Access to social services in line with sustainable development principles.</p> <p>Promote effective management of natural resources in line with sustainable development principles.</p>

UNFPA's contribution to this CP outcome is defined as follows:

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.

This output will be achieved by:

- engaging in policy dialogue with the Government to increase the budget allocation to reproductive health commodities and strengthening the national capacity on RHCS;
- supporting the improvement of the sub-legislation on in-patient and out-patient reproductive health care;
- replicating successful and innovative interventions;
- strengthening the capacity of the Ministry of Health in 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.

In view of the gaps in the baseline data in a number of identified areas, selected surveys and baseline studies will be undertaken, such as on prevalence of STIs among the pregnant women, among the military, and sex selective abortions. The diverse methodology will be utilized for data generation, including target group research and focus group discussions.

In view of the newly endorsed the Strategy on Health and Development of Children and Adolescents (2009-2015) and successful establishment of the 34 YFHS centers countrywide, UNFPA will make 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.

UNFPA will assist in strengthening national capacities to prevent reproductive tract cancers (breast, cervical) and to respond to public health threats through identifying impact of environmental factors on population's reproductive health.

UNFPA CP Outcome 2	UNDAF Outcome 3	National Priority
<p>Health-care providers ensure equitable access to high-quality services in targeted areas.</p> <p>(2 outputs)</p>	<p>Access and quality of social services is improved especially for vulnerable groups.</p>	<p>Access to social services in line with sustainable development principles.</p>

Two specific country programme outputs will contribute to achieving the second CP outcome.

Output 2.1: The capacity of health-care providers to provide high-quality sexual and reproductive health and HIV/AIDS prevention services is strengthened.

This output will be achieved by:

- supporting the design and review of methodological tools for healthcare providers in the RH field;
- strengthening provision of family planning services through family doctors;
- promoting knowledge sharing and the transfer of expertise from leading reproductive health centers to primary-level providers, including on reproductive tract cancer prevention;
- strengthening the capacity of family planning units/women consultancies to prevent STIs and HIV;

- integrating HIV prevention strategies into reproductive health services and
- improving knowledge and skills of obstetricians and gynecologists in HIV/AIDS counseling.

UNFPA will capitalize on the successful capacity development strategies and results within the first country programme and will expand the coverage of the beneficiaries.

Output 2.2: The awareness of and demand for reproductive health and family planning services among women, youth and adolescents are increased.

UNFPA will focus on the need to re-energize family planning units. The comprehensive behavior change communication (BCC) strategy is key for increasing the demand for RH 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 BCC activities will be greatly used 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 RH and HIV/AIDS issues in Armenia. To ensure sustainability of the social marketing initiative UNFPA will continue its complementary support to the condom social marketing initiative with targets also in view of the DHS 2010 results.

UNFPA will continue supporting the introduction of RH and gender issues into the mandatory curriculum for the military thus ensuring outreach to large groups of young males. The armed forces have their own healthcare services, but counseling on reproductive health is not part of the network. In cooperation with the Ministries of Defense and Health, UNFPA will assist the training and health structures of the military to introduce the above course and to ensure access of young recruits as well as the officers to RH commodities and services:

- 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/AIDS, gender equality and GBV topics.

Through this training, by the time they have completed their military duty, all young males will have gained critical information on sexual and reproductive health including how to use a condom correctly, the basic concepts of gender equality and GBV.

Further emphasis will be placed on expanding the coverage and outreach of mobile reproductive health teams and EOC teams to remote and poor areas. One intervention in the RH area will be 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) by funding of the UNTFHS. Other interventions to be implemented will be informed by the national priorities and results of the analysis of the impact of crisis in Armenia and vulnerability assessment conducted by Government, UNFPA and other UN agencies in 2009 and 2010.

Population and development component

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.

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.

This output will be achieved by providing technical assistance to the National Statistical Service of RA (NSS) to conduct Armenia Demographic and Health Survey 2010 and to analyze and disseminate the received data in close partnership with the Government and donor community, including other UN agencies.

The Census plays a central role in official statistics systems, and is also crucial for evaluating progress towards the MDGs, hence year 2011 will be a milestone year for the second house and population census in Armenia. As UNFPA is recognized for its leadership in supporting countries in census undertaking, UNFPA will have a key role in supporting national counterparts for coordination, capacity building and resource mobilization. UNFPA will be 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 will be needed.

There are many challenges in preparing and carrying out a census, therefore good planning, early preparatory activities and the mobilization of financial and human resources will be the main guiding principles of UNFPA’s work towards this output. UNFPA will also rely on the guidance from the Eastern Europe and Central Asia Regional Office (EECARO) and HQ and “Advocacy and Resource Mobilization towards the Successful Implementation of the 2010 Round (2005–2014) of Population and Housing Censuses in Developing Countries”.

Particularly, during year 2010 UNFPA will assist the NSS to conduct the Pilot Census, will help develop capacity in various technical aspects of the process, including cartography, data collection and processing, and data analysis and dissemination.

During the new country programme, a number of researches will be 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 Programme of Action. Comparative studies (based both on DHS (2000, 2005 and 2010) and Census (2001 and 2011) will be 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 will also provide 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. UNFPA will continue to work on capacity development in the field of population studies.

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.

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 programme will support the Government’s efforts in implementation of the Strategy of Demographic Policy and its Action Plan ratified in 2009, including the development of mechanisms for annual monitoring and evaluation to allow sound reporting system.

Close coordination with the review of the SDP and national monitoring and evaluation system in view of economic crisis and development situation of the country will be ensured. UNFPA will closely work with the MLSI in support of achievement of targets and goals prescribed by Strategy of Demographic

Policy based on annual analyses and suggestions on further policy implementation and strengthening the M&E system.

Following the development of the sound M&E system UNFPA will support the Government in addressing specific capacity challenges for relevant specialists on demography and M&E, which will ensure the process of continuous improvements of the state social policies.

Special emphasis will be made on addressing the existing and emerging demographic challenges, in particular the ageing of the population in Armenia through support to the national action plan on ageing.

Gender equality component

UNFPA CP Outcome 5	UNDAF Outcomes 2 & 3	National Priority
<p>Improved structures and mechanisms at centralized and decentralized levels ensure realization of human rights, with particular focus on gender equality, and combating GBV.</p> <p>(1 output)</p>	<p>Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people’s participation.</p> <p>Access and quality of social services is improved especially for vulnerable groups.</p>	<p>Increase the capacity of citizens to participate, exercise their rights and responsibilities and government institutions to comply with their obligations.</p> <p>Access to social services in line with sustainable development principles.</p>

Output 5.1: Increased national and local capacity to ensure gender equality and the empowerment of women, and to combat gender-based violence.

Over the next six-year cycle UNFPA will significantly intensify its contributions to national capacity development for gender equality and combating GBV based on its comparative advantage in the area. Special emphasis will be on two substantive dimensions of gender equality: i) addressing gender-based violence, and ii) promoting reproductive rights among the young people. In partnership with sister UN agencies, particularly UNDP, the programme will continue to advocate and develop national capacities to implement relevant human rights standards and recommendations, including the CEDAW, and to develop and enforce relevant policies with emphasis on GBV prevention and reproductive rights.

This output will be achieved by:

- Establishment of policy mechanisms to ensure gender equality and combating GBV;
- Capacity development at three levels: professional staff in national machinery on gender issues, GBV and reporting mechanisms; service staff (health care personnel, law enforcement, NGOs) on gender issues, GBV and supporting mechanisms; and community activists on gender and GBV issues. This also includes formulation of special modules (curricula, manuals) for these target groups.

The programme interventions include: (a) establishment of the inter-agency working group on GBV issues; (b) development of a national action plan on combating GBV; (c) development of an effective referral mechanism to combat GBV; (d) development of a law on family protection with special emphasis on domestic violence. High-quality research will inform the programming as need be.

An inter-agency working group will comprise the representatives of National Assembly, line Ministries, law enforcement, General prosecutor’s and Ombudsman’s offices, international organizations and local NGOs. One of the outcomes of this working group will be “National Action Plan to combat GBV”. UNFPA will continue 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 will include cooperation with national and international experts, including experts on male involvement, NGOs, think tanks and counseling centers.

The above activities will be implemented in Yerevan and other 10 regions of Armenia to ensure nation-wide coverage and a basis for an effective referral mechanism. Three regional teams will be established in the North, the South of Armenia and the last one in the Central Armenia, capital Yerevan. This will regionalize the referral mechanism and raise the effectiveness of services to be provided.

Another important and innovative initiative to be led by UNFPA under this Output is the continued UNFPA/FBO cooperation in support of ICPD and to combat GBV. The program will focus on:

- raising awareness around ICPD issues and links between ICPD thematic areas, including GBV;
- promoting the role of FBOs in strengthening values and beliefs that provide the foundation for fundamental rights and human dignity.

In order to effectively address the issue of GBV and to promote understanding of the problem among priests who directly deliver messages to community members (women, men, and youth) it is planned to further develop the priests' capacities. Concepts of gender and GBV as well as planning and management topics will be introduced to priests of Armenian Apostolic and Catholic churches.

UNFPA CP Outcome 6	UNDAF Outcomes 2 & 3	National Priority
Communities and people have the capacities to claim their rights and participate in decision-making processes. (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.

Output 6.1: The awareness and knowledge of the population on gender issues, gender-based violence, and sexual and reproductive rights are increased.

Output 2 will be implemented through the following activities:

- 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;
- Carrying public campaigns to promote gender equality and combat GBV;
- Supporting awareness-raising among young people and women on gender issues and sexual and reproductive health and rights;
- Reviewing the enforcement of existing legislation on sexual and reproductive health and rights, and promoting civic and legislative initiatives in this area.

Activities will include substantive support to the incorporation of reproductive health, gender equality and GBV issues into the curricula of educational institutions (in cooperation with UN agencies and line Ministries) and development of an advocacy and communication strategy to introduce the issues of gender equality and GBV to decision-makers, journalists and public at large.

UNFPA will work with the Ministry of Territorial Administration and Labour and Social Issues to ensure the involvement of governmental structures, especially national machinery on gender equality. During the country program implementation a number of public advisory committees by the local self-governance bodies will be established and operated in Yerevan and other regions of Armenia.

Special emphasis will be 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 in the society.

Interventions will be also targeted to raise awareness of young people in and out of school on sexual and reproductive health and rights, with a special focus on rural youth, to promote sex education/healthy lifestyle in general schools, and to improve parents' knowledge and communication skills on sexual and reproductive health and rights and needs of young people.

UNFPA will also assist in expanding the Y-PEER network in Armenia and promoting youth participation on sexual and reproductive health and HIV/AIDS issues. To this end, the programme will focus on increasing access to information, knowledge, and youth-friendly health services on SRH and

gender issues. Research and studies will be conducted to shed light on the trends and feed into programming. The cross-cutting issues of young people will be implemented in line with the national policies and strategies and UNFPA's Framework for Action on Adolescents and Youth.

Part V. Partnership Strategy

The new country programme will capitalize on strategic alliances successfully initiated during the previous cycle and contribute to the results defined within the second UNDAF and in line with the UNFPA strategic direction focusing on supporting national ownership, leadership and capacity development, as well as advocacy and multisectoral partnership development. UNFPA will actively work with development partners to avoid duplication, enhance synergies, and to mobilize additional resources, with Government playing the leading role in the coordination of these partnerships.

ICDP is at the core of UNFPA activities and can be implemented only if all potential partners are mobilized. In the course of the 2nd CP implementation, 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.

Strategic partnerships are critical for pulling the necessary support to advance the implementation of the national priorities in line with the ICPD Programme of Action; hence UNFPA will work with a relatively large circle of development partners and donor states, especially those with significant support to the areas within the UNFPA mandate. UNFPA will continue to work with other agencies to ensure the central importance of ICPD agenda in common UN programming framework and its integration into national development strategies.

UNFPA will also focus on men and boys to advance and promote gender equality to maximize efficiency and effectiveness of its interventions. Through culturally sensitive approach the CO will further its partnership with local communities vital to sustainability of interventions. During the second programme cycle UNFPA will also promote participation of beneficiaries, especially the young people and vulnerable populations, in the design, implementation, monitoring and evaluation of the interventions.

As UNFPA is fully committed to the United Nations reform process, interagency cooperation will continue to be important during the next programme cycle where UNFPA will engage in joint programming with other UN agencies in the areas identified to reach the UNDAF outcomes.

UNFPA will also engage in a series of forums including SDP Steering Committee and Working Group, the UNDAF Steering Committee, the UNCT, UNDAF Outcome Groups, UN Theme Groups, Donor Coordination Theme Groups, PPP Working Group to increase coordination and effectiveness. During the next programme cycle UNFPA will further strengthen knowledge sharing and exchange of up-to-date information and experience with its partners at the country and regional levels.

Main partners of UNFPA will include:

Government

- Ministry of Foreign Affairs (MFA)
- Ministry of Finance (MOF)
- Ministry of Economy (MOE)
- Ministry of Labor and Social Issues (MLSI)
- Ministry of Health (MOH)
- Ministry of Education and Science (MOES)
- Ministry of Defense (MOD)
- Ministry of Diaspora (MOD)
- Ministry of Justice (MOJ)
- Ministry of Youth and Sport Affairs (MoYSA)
- Ministry of Territorial Administration (MoTA)
- National Statistical Service (NSS)
- National health and educational institutions
- National Center for HIV/AIDS Prevention (NCAP)
- Regional Administrations
- Local Self-Governance Bodies

Ministry of Health, Ministry of Labor and Social Issues, 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/AIDS Prevention Center** have a long history of successful partnership in such areas, as development of the National Programme on HIV/AIDS; formulation of GFATM proposal; implementation of a number of activities for HIV/AIDS prevention among the general population and risk groups; advocacy with the decision-makers on HIV/AIDS issues. This partnership will be further strengthened.

Partnership established with the **Ministry of Defense** in the framework of UNFPA's support to training military recruits on SRH, gender and HIV/AIDS issues will be further forged. The MOD has strong capacity and resources to collaborate with UNFPA on the introduction of such a programme in the army.

Ministry of Justice will be 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 will seek 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.

National Assembly

- Standing Committees of the National Assembly
- Parliamentary Support Group on Reproductive Health

Strategic partnership initiated with the **National Assembly of Armenia** and its structures will be advanced. The parliament has a vital role in establishing and promoting an enabling legal environment in the three focus areas of UNFPA programming. New partnerships will involve such aspects of the UNFPA programme as advocacy, promoting ICPD agenda, education and awareness raising, policy dialogue, monitoring and oversight of implementation of the national development frameworks.

Technical and Educational Institutions

- Institute for Perinatology, Obstetrics, and Gynecology (IPOG)
- Universities and Research Institutions
- Leading demographic and population centers in the region
- Civil Service Academy (CSI)

The **IPOG** will remain UNFPA's main partner under the reproductive health and rights component 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 RH center of the country in design, formulation, implementation, and monitoring of UNFPA-supported projects.

UNFPA Armenia will seek partnership with the leading **demographic institutions** in the region that could contribute to building the government's capacity to address issues related to population dynamics in the context of poverty reduction and development strategies. Such partnership could be established in the framework of the UNFPA regional programme, and specifically, under its PD component.

Forging alliances with **academia** is also vital as these relationships facilitate knowledge sharing and networking with health, development and communications experts. They are also important when the offices solicit expert opinion or arrange speakers for major conferences.

Multilateral Partners

- United Nations (UN)
- World Bank (WB)
- European Union (EU)
- Organization for Security and Co-operation in Europe (OSCE)

The **UN Agencies** and particularly, UNDP, UNICEF, UNAIDS, UNHCR, WFP, WHO, as well as IOM, will be the key partners for the UNDAF and UNFPA CP implementation, joint programming, monitoring, and evaluation.

UNFPA will promote a continuum of maternal health care as part of reproductive health and the right to health. It will work closely with United Nations partners, such as UNICEF, WHO and the World Bank, and other organizations ensuring a coordinated response, including leveraging support to strengthen health systems for maternal health services. UNFPA will also continue its partnership with the UNICEF in supporting the DevInfo (“ArmenialInfo”), addressing the needs of adolescents, peer education, and youth-friendly services. UNFPA will further 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, UNAIDS.

Collaboration with the **WB** will be important to successful implementation of the population and development component of the programme. The WB is an important player in supporting the implementation of the 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 **EU** will be further enhanced. This is especially important in view of Armenian’s participation in the European Neighborhood 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.

Bilateral Partners

- US Agency for International Development (USAID)
- Embassies
- International organizations

In Armenia there is a relatively large circle of development partners and donor states (of the EU countries, especially France, Germany, Greece and Italy), and UNFPA will further strengthen its partnership both with the premier donors with significant support to the areas within the UNFPA mandate and establish new partnerships with individual country representations.

USAID is one of the major donors for reproductive health and social programmes in Armenia, with special focus on improving the capacities of RH providers, midwives, and nurses and improving the quality of care. DHS 2010 and Census 2011 are two of the possible areas of joint activities for USAID and UNFPA.

UNFPA will also explore venues to strengthen partnerships on human rights awareness, gender issues, including GBV, migration, health, HIV/AIDS, research with development partners present in Armenia, such as OSCE Office, Eurasia Partnership Foundation, and Open Society Institute Assistance Foundation (OSI AF), Oxfam, and others.

Civil Society

- Local and international NGOs and associations
- Faith-based organizations
- Mass media
- Think tanks

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.

UNFPA has a record of partnership with **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.

Private Sector

- Local companies
- Development banks

Armenian Diaspora

- Diaspora organizations, foundations and funds

UNFPA will forge partnerships with **non-traditional partners** such as private sector, and the Armenian Diaspora. With the development of the corporate social responsibility in Armenia, UNFPA CO will 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.

Another untapped source for partnership and resources for UNFPA Armenia CO is the wide-reaching Armenian Diaspora. The successful experience of other UN Agencies, particularly UNDP, in the area of PPP and Diaspora will be taken into account.

UNFPA will contribute to these partnerships by:

- Contributing available financial, human and technical resources and expertise from within;
- Coordinating and organizing appropriate external expertise at the request of the Government;
- Co-leading advocacy for resource mobilization and support to Census 2011;
- Contributing to promotion of human rights of women and girls, with specific focus on reproductive health and rights;
- Co-leading and participating in advocacy initiatives and policy dialogues to increase capacity for policy analysis and development;
- Advocating for acceleration of progress to meet the ICPD commitments, raising awareness around the key mandated issues, and encouraging broader and more inclusive partnerships among a larger stakeholder and donor community;
- Ensuring that the ICPD agenda is reflected in the communication activities of the entire UN system;
- Designing and formulating new programmes in accordance with national priorities;
- Supporting initiatives on capacity development;
- Conducting internal evaluations of programme components and the management framework.

Part VI. Programme Management

The country programme will be implemented using the national execution as the main modality in all cases when it will be the most appropriate. **UNFPA** and the **Government of Armenia** will cooperate closely with other United Nations agencies and other development partners in implementing and coordinating the programme.

Joint programmes shall be carried out with other UN agencies in line with the UN Development Group (UNDG) Joint Programming Guidance Note using all three fund management modalities as appropriate from a programmatic point of view.

The programme will have three Programme Component Managers (PCMs) and several Implementing Partners (IPs), including Government ministries, NGOs, IGOs, UN agencies, subject to adjustment as the programme implementation progresses. The PCMs and IPs will work under overall coordination of the Government Coordinating Authority (GCA). In selecting an implementing partner, UNFPA will make every effort to ensure, where possible, that UN agencies work with the same partner on similar programme component, as appropriate.

UNFPA will work closely with the Resident Coordinator Unit and UNDAF Steering Committee and Outcome Groups to update the monitoring and evaluation plan and harmonize UNFPA interventions with other UN agencies.

UNFPA will conduct its activities relevant to the programme in compliance with UN and UNFPA security policies and procedures.

UNFPA will act as implementing partner for all activities related to the identification of the relevant training and learning courses, for selection of participants, jointly with the Component Managers and implementing partners, facilitating the participation of national experts and officials in short and long-term training and learning programmes in all three focus areas, as well as for provision of technical assistance under the three components of the programme.

Resource Mobilization

The resource mobilization plan is an integral part of the country programme. For the 2nd CP UNFPA Armenia CO will ensure that the resource mobilization is streamlined with the new aid environment, and is well positioned within the strategic direction of UN in Armenia, UNFPA, and national frameworks. A diversified resource base and a mix of harmonized/co-financed and bilateral activities will be targeted. Resource mobilization efforts will be strengthened to tap into the potential of Armenian Diaspora and PPPs, as necessary. UNFPA will consider all opportunities for resource mobilization jointly with other UN Agencies in the framework of the UNDAF. UNFPA CO in Armenia will also strengthen its resource mobilization efforts, in particular, to maintain a steady supply of contraceptives and increased state involvement and national ownership in reproductive health commodity security.

Coordination

The **Ministry of Foreign Affairs** will act as the Government Coordinating Authority for the entire programme. A representative of the GCA will sign the CPAP, together with the UNFPA Representative. This signature indicates that the Government and UNFPA have agreed on the development outcomes to be supported through the country programme.

Apart from the UNFPA Representative and the non-resident UNFPA Country Director based in Ankara, at present the Armenia CO consists of 4 core staff: an assistant representative (AR), a national program officer, an admin/finance associate and a secretary, a project-funded logistics assistant per the approved country office typology. Under the country programme the CO has three national professional project personnel (NPPPs), and six support personnel. Against programme funds of the country programme UNFPA CO plans to recruit a communication associate, who will assist in raising visibility and designing marketing opportunities of UNFPA programmes to allow better positioning for resource mobilization. Where necessary, additional national project personnel may be recruited to strengthen the programme implementation. The UNFPA Regional Office will provide additional technical and programme assistance.

Implementing Partners

Under each component of the programme, UNFPA will work with the IPs, who will be responsible for managing UNFPA and other inputs and for achieving the programme outputs.

Key responsibilities of each implementing partner include the following:

- Obtaining signatures of the contractee(s), if applicable, on the specific services to be performed;
- Communicating to concerned parties the official activation of the Annual Work Plan (AWP);
- Cooperating and coordinating with all personnel/staff implementing activities under programme output as well as with other implementing partners working towards the achievement of the same output, and with the PCM, and UNFPA;
- Establishing and operating arrangements for financial management and accountability, including preparing requests for advances and expenditure reports;
- Fostering monitoring and evaluating activities and outputs listed in the AWP through field monitoring visits, participation in annual UNDAF review meeting, preparation of the AWP monitoring tool, contributions to the Standard Progress Report (SPR) and participation in programme evaluation;
- Ensuring, in the case of government- and NGO-implemented AWP, that audits are conducted in accordance with UNFPA requirements, unless otherwise specified by UNFPA;
- Conducting annual and end-of-project inventories; and

- Ensuring closure of the AWP(s) (when all operational activity of the final AWP(s) has been completed).

The IPs jointly with UNFPA and PCMs, will participate in formulation of AWP(s) at the beginning of each year of the programme, based on the results of the previous year AWP(s) implementation, as well as the recommendations of the annual UNDAF review meetings.

All cash transfers to an implementing partner are based on the AWP(s)/Letter of Understanding/Memorandum of Understanding agreed between the implementing partner and UNFPA.

Cash transfers for activities detailed in AWP(s) can be made by the UNFPA using the following modalities:

1. Cash transferred directly to the implementing partner:
 - a. Prior to the start of activities (direct cash transfer), or
 - b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by the implementing partners on the basis of requests signed by the designated official of the implementing partner;
3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with implementing partners.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNFPA shall not be obligated to reimburse expenditure made by the implementing partner over and above the authorized amounts.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the implementing partner and UNFPA, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN²⁰ implementing partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the implementing partner shall participate.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

Reproductive health and rights component

The **Ministry of Health** of Armenia will act as the Reproductive Health Component Manager (RHCM). The MOH will designate a Deputy Minister to act as the overall coordinator for the RHCM.

The RHCM will be responsible for coordinating the AWP(s) of the implementing partners working for realization of Outcomes 1 and 2 of the RH component. The coordinating role of the RHCM will include responsibilities such as preparing the annual component progress report (ACPR), organizing component level meetings with implementing partners in the context of the UNDAF annual review and ensuring consistency of programmatic approach among the IPs under the RH component, facilitating information-sharing and lessons learned and effective practices and to the extent possible, any constraints encountered in the implementation of the component. The MOH will be also called to play the dual role of PCM and an IP, as necessary.

The **Institute of Perinatology, Obstetrics and Gynecology (IPOG)** will be the main implementing partner of this programme component and **Association of Obstetricians, Gynecologists and Neonatologists of RA** will be among potential organizations for partnership. The IPOG will host a UNFPA project support unit (PSU) comprised of an NPPP, a project assistant, and a driver. The PSU will provide technical, managerial and operational support to implementation of all the activities under

²⁰ For the purposes of these clauses, "the UN" includes the IFIs.

the RH component of the programme. When necessary, additional project personnel may be recruited on an ad hoc basis as per the AWP. The Director of the IPOG will act as the Project Director for the above activities.

The Health Department of the **Ministry of Defense** of Armenia will act as the implementing partner for introducing reproductive health and gender programme into the training curriculum for military recruits. The Department will ensure close collaboration with the Training and Education Department of the same Ministry, as well as with the MOH and the Yerevan State Medical University, which will contribute to development of the curriculum, training of trainers and educators, as well as will ensure access to condoms and RH services for the military recruits.

Partnership with the **National Assembly** will be strengthened in supporting the improvement of policies and legislative frameworks for better access to high-quality reproductive health services and commodities.

To ensure sustainability of the social marketing initiative UNFPA will continue its complementary support to the condom social marketing initiative in cooperation with specialized organizations, including **Scientific Association of Medical Students of Armenia (SAMSA) NGO**. UNFPA will make sure that the quality and affordable condoms are available to the population, in particular young people.

UNFPA will also seek services of **NGOs, associations and companies** to carry out specific advocacy and BCC activities and campaigns for implementation of the RH programme, particularly to increase the awareness of and demand for reproductive health and family planning services, advocacy for prioritization of reproductive health and RHCS, and increased state budget allocations.

Alliances for conduct of researches and surveys will be forged both with the Government agencies, such as the National Statistical Service, and with NGOs, research institutions, individual researchers, and the academia.

Population and development component

The **Ministry of Labor and Social Issues (MLSI)** will act as the Population and Development Component Manager (PDCM). PDCM will coordinate the capacity development activities of the line ministries, the newly established departments on demography of the MLSI and the National Institute of Labour and Social Research, the department on demography and population census of the National Statistical Service (NSS), and other respective government agencies for developing, implementing, monitoring and evaluating the social policies and programmes, and integrating the population dynamics and demographic trends into social policies; will contribute to implementation of the newly endorsed Strategy of the Demographic Policy, and the policy on ageing. It will also coordinate the research activities under this component.

The coordinating role of the PDCM will include responsibilities such as preparing the ACPR and organizing component level meetings with implementing partners in the context of the UNDAF annual review, as well as facilitating the information-sharing and addressing any constraints faced in the AWP implementation. A designated Deputy Minister of the MLSI acting as the Project Director will be responsible for the management and coordination of all the activities under the PD component.

The **National Statistical Service** will be the main IP for implementing, disseminating and analyzing results of the DHS 2010 and Census2011. Partnerships with the line ministries, NSS and **National Institute of Labour and Social Research** will be strengthened for evidence generation and analysis and use of socio-demographic data for high-quality research and knowledge base to accelerate the implementation of the ICPD Programme of Action. Strong alliances will be developed with the research institutions, NGOs, and individual researchers for evidence generation and management. As the census lays the foundation for the improved data availability and better policy-making based on evidence in all areas of UN involvement in Armenia, cooperation with other UN agencies will be leveraged.

The MLSI will also host a UNFPA PSU comprised of an NPPP, a project assistant, and a driver. The PSU will provide technical, managerial and operational support to implementation of all the activities under the PD component of the programme.

The **SPD review group** and the line ministry responsible for the implementation, oversight and monitoring of SDP will be the partners for incorporating population dynamics into the SDP during the upcoming review in 2010.

Gender equality component

The **Ministry of Labor and Social Issues** (MLSI) will also act as the Gender Equality Component Manager (GECM). The coordinating role of the GECM will include responsibilities such as preparing the ACPR and organizing component level meetings with implementing partners in the context of the UNDAF annual review, as well as facilitating the information-sharing and addressing any constraints faced in the AWP implementation. A designated Deputy Minister of the MLSI acting as the Project Director will be responsible for the management and coordination of all the activities under the GE component.

Inter-agency cooperation will be strengthened amongst the Government, National Assembly, Ministries of Labour and Social Issues, Health, Education and Science, Territorial Administration, Justice, RA Police, General Prosecutor's and Ombudsman's Offices, international organizations and local NGOs towards increased national and local capacity to ensure gender equality and empowerment of women, and to combat GBV.

Partnership with the **National Assembly** will be further strengthened in implementation of legislative reforms in the area of GBV prevention and promotion of reproductive rights. UNFPA will ensure provision of national and international technical assistance to development of sub-legislative legislation.

Based on the experience under the previous programme, partnership with the **faith-based organizations** and Armenian Church will be bolstered in support of ICPD objectives, including such FBO as Armenian Roundtable Foundation of the World Council of Churches NGO.

Towards increasing the awareness and knowledge of the population and special groups on gender issues, GBV, and sexual and reproductive rights UNFPA will continue its partnership with the **local NGOs** and capitalize on the experience of work with the consortium of NGOs for raising public awareness on gender equality and equity, and GBV, including the **International Centre for Human Development (ICHHD)**.

The **Ministry of Education and Science of Armenia** will be the implementing partner for the activities to continue introduction of healthy lifestyle and health education, including reproductive health, into curriculum of the secondary educational institutions. The **National Educational Institute (NEI)** is the government entity in charge of developing the curricula of public schools, and will be partnered with. Through cooperation with the NEI UNFPA will support incorporation of gender and GBV issues in curricula of both formal and non-formal educational institutions.

UNFPA will continue its close collaboration with the organizations working in the area of young people to implement peer education activities, to encourage healthy lifestyles and to inform and educate young people on sexual and reproductive health and rights, and STIs/HIV/AIDS prevention, as well as to expand and strengthen the Y-Peer network in Armenia.

For generation of data to support evidence-based policymaking UNFPA will use the capacities of the **NSS, local NGOs, research institutions and individual researchers**. Cooperation with the **mass media** will be strengthened also in line with the advocacy strategy of UNFPA CO to be developed during the next programme cycle.

Part VII. Monitoring and Evaluation

The Monitoring and Evaluation system of this CPAP includes the CPAP planning and tracking tool and the M&E calendar attached hereto. The monitoring and evaluation strategy for the programme will be based on the UNFPA M&E Guidelines and Evaluation Policy, and will utilize the systems and tools described below.

UNFPA will be also part of the UNDAF implementation structure and participate 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 programme baseline data is obtained from the DHS Armenia 2005, Census 2001, official statistics provided by the NSS and line ministries (MOFE, MOH, MLSI, MOES), UNFPA surveys on family (2005), external and internal migration (2008), ageing (2009), infertility (2009), KAB surveys (2005 and 2009), SDP, WB household poverty survey 2008, and others.

The targets and indicators in this CPAP have been set for the outcome, output and activity levels. The indicators identified to monitor CPAP implementation are in line with the MDG national targets and indicators and will be adjusted in accordance with the SDP indicators reviewed in view of the crisis. "Armenia-Info" will be used by the United Nations system as a whole to monitor targets of the SDP as well as progress towards achieving the MDGs, and will be promoted as the principal tool for the set-up of data collection networks at national and regional levels. A special effort will be made to focus the analysis on disparities, including gender inequalities.

The baseline will be updated and indicators will be monitored through periodic demographic and health surveys (2010 and 2015), Census 2011, with data routinely generated by strengthened government information systems, both at national and regional levels, regularly tracked at central and local levels through the NSS, and the government's oversight units. Mid-line data, such as surveys or rapid assessments, will provide useful information for country programme evaluations and indicate whether interventions are having an impact.

Trends in resource allocations and spending in the social sectors will be monitored through the annual expenditure frameworks, which have replaced the mid-term expenditure frameworks by the anti-crisis programme of the Government. The overall CP mid-term programme evaluations will be carried out. UNFPA will also support strengthening of the effective national monitoring and evaluation system together with other UN agencies, organizations and partners in creating the necessary capacity.

The monitoring will be conducted by the implementing partners and UNFPA. The following monitoring and reporting tools will be used:

- CPAP planning and tracking tool and the M&E Calendar;
- Annual Work Plan monitoring tool (will be completed for each AWP);
- Annual Component Progress Meetings (conducted by the PCMs at the end of each programme year and documented in the minutes);
- UNDAF Annual Review meetings (will be conducted where the Annual Progress Reports of the UNDAF Outcome Groups will be presented and discussed);
- Country Office Annual Reports (COARs will be completed by UNFPA Armenia CO at the end of each programme year);
- Final CPAP evaluation (will be conducted in the final year of the country programme);
- Final UNDAF evaluation (will be conducted in the final year of the country programme and UNDAF cycle to take stock of the overall performance of the UNDAF).

The MDG National Report developed in Armenia will serve as the primary means for reporting on UNDAF activities, complemented by the Annual Report of the Resident Coordinator. A linkage will be established between the indicators used to measure the contribution of UNDAF outcomes to the achievement of the MDGs since the country programme also coincides with the milestone of end-year for MDGs, i.e. 2015.

UNFPA will make a special effort to improve the quality of its evaluations as compared to the previous cycle and will rely on the support from EECARO in strengthening the capacity to deliver these evaluation functions.

Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, implementing partners agree to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,

2. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
3. Special or scheduled audits. UNFPA in collaboration with other UN agencies will establish an annual audit plan, giving priority to audits of implementing partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, implementing partners and the UNFPA may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government implementing partners will be conducted in accordance with the policies and procedures of UNFPA.

Part VIII. Commitments of UNFPA

UNFPA will commit to the programme USD 2.6 million over 6 years from the regular resources subject to availability of funds.

UNFPA is also committed to mobilizing an additional USD 2.2 million from external resources subject to donor interest and in line with the country programme resource mobilization plan. The resource mobilization of UNFPA CO for the next programme cycle will be aligned with the new strategic direction of UNFPA, country priorities, and interventions supporting the achievement of the hardly achievable national MDG targets.

The budgets agreed in the CPAP will be further detailed in the AWP. By mutual consent between the Government and UNFPA, if the rate of implementation in any project is substantially below the annual estimates, funds not earmarked by donors to UNFPA for specific projects may be re-allocated to other programmatically equally worthwhile projects that are expected to achieve faster rates of execution.

The above regular and other resources funds are exclusive of funding received in response to emergency appeals, which may be launched by the Government or by the United Nations system in response to the Government's request.

In the framework of the country programme, UNFPA will 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;
- Capacity development through facilitation of training activities, including fellowships and study tours;
- Support for recruitment of project personnel in accordance with the AWP;
- 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 may also be undertaken;
- Administrative, operational, and technical support by the UNFPA Armenia CO to the implementing partners as regards the implementation of the UNFPA assistance to the country.

In consultation with the Government focal cooperation department, UNFPA maintains the right to request a joint review of the use of the UNFPA supplied commodities not used for the purposes specified in this CPAP and AWP, for the purpose of reprogramming those commodities within the framework of CPAP.

Part of UNFPA support may be provided to non-governmental and civil society organisations as agreed within the framework of individual projects. UNFPA will use annual reviews of UNDAF and programme reviews to confirm, and, if necessary, adjust the responsibilities between the Government, UNFPA and implementing partners.

UNFPA will ensure coherence between the CPAP/AWP, UNDAF results matrix, UNFPA Strategic Plan 2008-2011 and national MDGs targets. Through annual reviews and periodic progress reporting, responsibilities between UNFPA, the Government and implementing partners will be emphasized and documented.

In case of direct cash transfer or reimbursement, UNFPA shall notify the implementing partner of the amount approved by UNFPA and shall disburse funds to the implementing partner in 15 working days, upon submission of duly completed Funding Authorization and Certificate of Expenditures (FACE), invoice, where applicable, and/or supporting documentation pertaining to the activity.

In case of direct payment to vendors or third parties for obligations incurred by the implementing partners on the basis of requests signed by the designated official of the implementing partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with implementing partners, UNFPA shall proceed with the payment within 15 working days upon submission of invoice and/or supporting documentation pertaining to the implemented activity.

UNFPA shall not have any direct liability under the contractual arrangements concluded between the implementing partner and a third party vendor.

Where more than one UN agency provides cash to the same implementing partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

Part IX. Commitments of the Government

The Government will make in-kind contributions to the programme, including office premises and some operational costs technical assistance and funds, recurring and non-recurring support, necessary for the programme to be specified under each AWP except as provided by UNFPA and/or other United Nations agencies, international organisations or bilateral agencies, or non-governmental organisations.

The Government is also committed to steady increase of budgetary allocations to the programme priority areas, in accordance with the SDP Action Plan, in particular to reproductive health and safe motherhood programmes, reproductive health commodities, as well as young people's reproductive health, education, and youth-friendly health services.

The Government will also support UNFPA in its efforts to mobilize the funds required to meet the financial needs of the country programme and provide all the necessary support for timely and quality implementation of the programs under the mobilized funds.

The Government Coordinating Authority and PCMs will organize periodic programme reviews, including annual planning and component level meetings, and the UNDAF annual review meetings. The PCMs will facilitate coordination of the activities under their respective components and will contribute to preparation of SPRs, AWPs as appropriate, ensuring participation of donors, NGOs, and other stakeholders in these processes.

In accordance with the SBAA, the Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNFPA as appropriate. No taxes, fees, tolls or duties shall be levied on supplies, equipments, or services furnished by UNFPA under this CPAP. UNFPA shall also be exempt from value added tax (VAT) in respect of local procurement of supplies or services procured in support of UNFPA assisted programmes.

The Government shall facilitate periodic visits to project sites and observation of programme activities for UNFPA officials for the purpose of monitoring the end use of programme assistance, assessing progress and collecting information for programme development, encourage stakeholder participation, monitoring and evaluation.

The government shall ensure the safety and security of UN personnel in country in compliance with the clauses of the Convention on the Privileges and Immunities of the United Nations.

A standard FACE report, reflecting the activity lines of the AWP, will be used by implementing partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The implementing partners will use the FACE to report on the utilization of cash received. The implementing partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the implementing partner. Cash transferred to implementing partners should be spent for the purpose of activities as agreed in the AWP's only.

Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed by mutual consent between the Government and UNFPA. Cash assistance for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations system (as stated in the International Civil Service Commission (ICSC) circulars).

Cash received by the Government and national NGO implementing partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures is not consistent with international standards, the UNFPA regulations, policies and procedures will apply.

In the case of international NGO and IGO implementing partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

To facilitate scheduled and special audits, each implementing partner receiving cash from UNFPA will provide UNFPA or its representative with timely access to:

- all financial records which establish the transactional record of the cash transfers provided by UNFPA;
- all relevant documentation and personnel associated with the functioning of the implementing partner's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the implementing partner and UNFPA. Each implementing partner will furthermore:

- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash.
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to the UNFPA on a quarterly basis (or as locally agreed).

Part X. Other Provisions

This Country Programme Action Plan shall become effective upon signature, but will be understood to cover programme activities to be implemented during the period from 1 January 2010 through 31 December 2015.

This CPAP supersedes any previously signed CPAP and may be modified by mutual consent of both parties. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government is a signatory.

IN WITNESS THERE OF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day of 28th June 2010, in Yerevan, Republic of Armenia.

For United Nations Population Fund, Armenia Office:

For the Government of the Republic of Armenia:

Signature: _____

Signature: _____

Name: **Dafina GERCHEVA**

Name: **Edward NALBANDIAN**

Title: **UN Resident Coordinator
UNDP Resident Representative
UNFPA Representative**

Title: **Minister of Foreign Affairs**

List of Annexes:

- CPAP Results and Resources Framework
- CPAP Planning and Tracking Tool
- CPAP Monitoring and Evaluation Calendar
- The Mechanism for Armenia Country Programme Coordination and Implementation

Annexes

Annex 1. The CPAP Results and Resources Framework

Country: Armenia
CP Cycle: Second

Reproductive health and rights component								
UNDAF outcome 3: Access and quality of social services is improved especially for vulnerable groups.								
UNDAF outcome 4: Environment and disaster risk management is integrated into national and local development frameworks.								
Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by programme component outcomes (per year, US\$)				Total
				Yr 1	Yr 2	Yr 3	Yr 4	
Outcome 1: Policies and legislation promoted to ensure universal access to health for vulnerable groups. <i>Outcome indicators:</i> * <ul style="list-style-type: none"> ▪ <i>Maternal mortality ratio. Baseline: 28. Target: 20.</i> ▪ <i>Induced abortion rate. Baseline: 12.4 per 1,000 women. Target: 8 per 1,000 women.</i> ▪ <i>Contraceptive prevalence rate (modern). Baseline: 19.5%. Target: 25%.</i> ▪ <i>Unmet need for FP. Baseline: 13.3. Target: 9.</i> 	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.	<i>Output indicators:</i> <ul style="list-style-type: none"> ▪ <i>% of state health budget funds allocated for purchase of contraceptives. Baseline: 0. Target: 0.02%.</i> ▪ <i>Number of updated sub-legislative acts on reproductive health. Baseline: 0. Target: 4.</i> ▪ <i>Data on quality and accessibility of reproductive health services is available and regularly updated. Baseline: no surveillance system. Target: surveillance system is developed and data regularly updated.</i> ▪ <i>Number of survey reports on RH produced and disseminated among stakeholders. Baseline: 0. Target: 4.</i> 	MOH MOD National Assembly NSS IPOG NGOs UNFPA	Regular Resources				620
				80	110	110	110	
				Other Resources				650
0	150	160	120	110	110			
Outcome 2: Health care providers ensure equitable access to improved quality services in targeted areas of Armenia. <i>Outcome indicator:</i> <ul style="list-style-type: none"> ▪ <i>Proportion of high-risk births to women. Baseline: 40%. Target: 35%.</i> 	Output 2.1 The capacity of health-care providers to provide high-quality sexual and reproductive health and HIV/AIDS prevention services is strengthened.	<ul style="list-style-type: none"> ▪ <i>% of health care providers trained in RH/FP/AC. Baseline: 45%. Target: 70%.</i> ▪ <i>% of service delivery points offering at least two methods of family planning. Baseline: 70%. Target: 90%.</i> ▪ <i>HIV biological and behavioral surveillances are implemented biannually. Baseline: 1 in 2007. Target: 1 in 2013.</i> ▪ <i>Number of FP units staff trained on HIV/AIDS counselling. Baseline: 50. Target: 150.</i> 	MOH MOD IPOG NGOs NCAP UNFPA	Regular Resources				380
				30	80	70	70	
				Other Resources				350
10	90	90	60	50	50			
Output 2.2 The awareness of and demand for reproductive health and family planning services among women, youth and adolescents are increased.		<ul style="list-style-type: none"> ▪ <i>% of antenatal care visits by travelling gynecologist teams. Baseline: 22%. Target: 35%.</i> ▪ <i>% of emergency obstetrical cases in regions attended by EOC teams. Baseline: 51%. Target: 70%.</i> ▪ <i>% of pregnant women having at least 4 antenatal visits. Baseline: 71%. Target: 90%.</i> 						
Population and development component								
UNDAF outcome 2: Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation.								
Outcome 3: National systems of data collection, reporting and monitoring of human development strengthened, including MDGs and ICPD.	Output 3.1 Capacities of national and local institutions to implement Census 2011, to collect, update, analyze and manage	<ul style="list-style-type: none"> ▪ <i>2010 Demographic and Health Survey and 2011 Census conducted and results are analyzed, disseminated and used. Baseline: 2005 Demographic and Health Survey and 2001 Census. Target: 2010 demographic and health survey and 2011 census data are available.</i> ▪ <i>Pilot Census is conducted. Baseline: 0. Target: 1.</i> 	MLSI NILSR NSS NGOs UNFPA	Regular Resources				610
				110	120	110	110	
				Other Resources				

<p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Increased availability and use of socio-demographic information on population issues. <u>Baseline:</u> Available official statistics on population. <u>Target:</u> at least 2 reports with updated demographic data per year 	<p>socio-economic data disaggregated by gender and age.</p>	<ul style="list-style-type: none"> Comparative study based on Censuses 2001 and 2011 is conducted. <u>Baseline:</u> 0. <u>Target:</u> 1. Comparative study based on DHS 2000, 2005 and 2010 is conducted. <u>Baseline:</u> 0. <u>Target:</u> 1. No. of Demographic surveys conducted. <u>Baseline:</u> 4. <u>Target:</u> 6. No. of reports containing updated and analyzed sex and age disaggregated socio-economic data. <u>Baseline:</u> 4. <u>Target:</u> 6. 		100	200	100	100	50	0	550	
UNDAF outcome 3: Access and quality of social services is improved especially for vulnerable groups.											
<p>Outcome 4: Institutional capacities strengthened and mechanisms in place to respond to the needs of the vulnerable groups.</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> No. of implemented activities towards operationalization of Strategy of Demographic Policy of RA and Action Plan <u>Baseline:</u> None. <u>Target:</u> 30. 	<p>Output 4.1 Capacity of government institutions is strengthened to develop and implement social policies and programmes and to effectively monitor and evaluate their implementation.</p>	<ul style="list-style-type: none"> No. of costed plans on population issues enacted and in use. <u>Baseline:</u> 2. <u>Target:</u> one plan annually. No. of officials trained in the field of monitoring and evaluation and demography. <u>Baseline:</u> 60. <u>Target:</u> 20 officials per year. Manual for social workers is developed. <u>Baseline:</u> 0. <u>Target:</u> 1. No. of social workers trained. <u>Baseline:</u> 0. <u>Target:</u> 20 officials per year. 	<p>MLSI NILSR UNFPA</p>	Regular Resources							
				40	70	60	60	60	60	290	
				Other Resources							
				0	0	50	50	50	0	150	
Gender equality component											
UNDAF outcome 2: Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation.											
UNDAF outcome 3: Access and quality of social services is improved especially for vulnerable groups.											
<p>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.</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> No. of laws and legal acts on gender issues adopted by the government. <u>Baseline:</u> 2 draft laws. <u>Target:</u> 2 adopted laws. 	<p>Output 5.1 Increased national and local capacities to ensure gender equality, the empowerment of women, and to combat gender based violence.</p>	<ul style="list-style-type: none"> No. and type of policy mechanisms to ensure gender equality and combating gender based violence established. <u>Baseline:</u> State development concept 2009-2013. <u>Target:</u> National action plan on combating GBV 2011-2014. No. of professional staff in national machinery trained on gender issues, GBV and reporting mechanisms. <u>Baseline:</u> 500. <u>Target:</u> 1000. No. of service staff (health care personnel, law enforcement, NGOs) trained on gender issues, GBV and supporting mechanisms. <u>Baseline:</u> 150. <u>Target:</u> 600. No. of community activists trained on gender and gender based violence. <u>Baseline:</u> 0. <u>Target:</u> 200. 	<p>MLSI NGOs FBOs UNFPA</p>	Regular Resources							
				15	15	35	35	40	30	200	
				Other Resources							
				180	15	15	15	15	10	250	
<p>Outcome 6: Communities and people have the capacities to claim their rights and participate in decision-making processes.</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> No. of advisory committees on gender issues established. <u>Baseline:</u> 0. <u>Target:</u> 11. 	<p>Output 6.1 Awareness and knowledge of citizens on gender, gender based violence, and sexual and reproductive rights increased.</p>	<ul style="list-style-type: none"> No. of education institutions mainstreaming gender equality and gender based violence into their curricula. <u>Baseline:</u> 5 universities. <u>Target:</u> 50 schools and 10 universities. No. of journalists trained on GE and GBV issues. <u>Baseline:</u> 50. <u>Target:</u> 200. No. of public campaigns carried out. <u>Baseline:</u> 1 per year. <u>Target:</u> 3 per year. % of young people aware of modern methods of contraception. <u>Baseline:</u> 64% of young people aware of IUDs and 46% - of hormonal contraceptive pills. <u>Target:</u> 79% of young people aware of IUDs and 61% - of hormonal contraceptive pills. % of young people who applied to any healthcare facility for SRHR-related services. <u>Baseline:</u> 30%. <u>Target:</u> 45%. 	<p>MLSI MOES NGOs UNFPA</p>	Regular Resources							
				65	20	25	30	30	30	200	
				Other Resources							
				70	50	60	30	20	20	250	
Programme Coordination and Assistance				Regular Resources							
				50	50	50	50	50	50	300	

* The achievement of these outcomes is not possible only with UNFPA efforts within the offered programme cycle but jointly with other UN agencies, however these are the ultimate outcomes of the RH component and cannot be omitted.

Annex 2: The CPAP Planning and Tracking Tool

Country: Armenia
CP Cycle: Second

Programme Component	RESULTS	Indicator	MoV	Res. Party	Baseline	Target YR1	Achievement	Target YR2	Achievement	Target YR3	Achievement	Target YR4	Achievement	Target YR5	Achievement	Target YR6	Achievement	
Reproductive health and rights component	UNDAF Outcome 3: Access and quality of social services is improved especially for vulnerable groups	Government expenditures for social sectors (% of GDP) Infant mortality rate Under-five mortality rate Maternal mortality rate Unmet need for family planning	MOH data and records, NSS DHS Data; SDP/PRSP progress reports; MDG Reports	MOH NSS MoF MoE	Health – 1.5%; Education – 3%; Social Protection – 6% (2008) 13.9 per 1,000 live births Maternal mortality rate (2006, NSS) 12.3 per 1000 live births (2007) 35.7 per 100,000 live births (2008, MOH) 13,3% (2005)												Health – 2.5%; Education – 4%; Social Protection – 7.8% 8 per 1000 live births <10 (9,6) per 1000 live births 25 per 100,000 live births <7%	
	UNDAF Outcome 4: Environment and disaster risk management is integrated into national and local development frameworks.	Environmental Performance Index (EPI) % increase in state budget allocation for environment protection	EPI report (Yale Center for Environmental Law & Policy; CIESIN); MNP; MENR data/reports; National Sustainable development (SD) programme implementation report; SDP/PRSP progress reports; MDG Reports	MNP, MENR	Score - 77.8, rank - 62 Allocations from state budget for environmental expenditures in 2007 stands for 4.1 billion AMD.													Score – 80, rank 45(min of new EU member countries) Increase level of environmental expenditures from the state budget up to the level of environmental revenues. Local communities receive 100 % of environmental charges

	The capacity of health-care providers to provide high-quality sexual and reproductive health and HIV/AIDS prevention services is strengthened.	care providers trained in RH/FP/AC 2. % of service delivery points offering at least two methods of family planning 3. HIV biological and behavioral surveillances are implemented biannually 4. No. of FP units staff trained on HIV/AIDS counselling	data/reports, NSS regular reports, survey reports, BBS reports, NCAP reports, Programme monitoring reports, UNGASS report, KAP surveys, DHS data, records of primary service delivery points	MOD IPOG NGOs UNFPA	45%. Ind. 2. 70%. Ind. 3. 1 in 2007. Ind. 4. 50.	50%.		55%. Ind. 4. 150.		60%.		65%. Ind. 2. 90%.		70%. Ind. 3. 2.		Ind. 4. 25.???
	Output 2.2 The awareness of and demand for reproductive health and family planning services among women, youth and adolescents are increased.	1. % of antenatal care visits by travelling gynaecologist teams 2. % of emergency obstetrical cases in regions attended by EOC teams 3. % of pregnant women having at least 4 antenatal visits	MOH data/reports, NSS regular reports, survey reports, KAP surveys, DHS data, records of primary service delivery points follow-up visits, health facility records		Ind. 1. 22%. Ind. 2. 51%. Ind. 3. 71%.	Ind.2. 53%. Ind. 3. 73%.		Ind. 1. 24%. Ind. 2. 55%. Ind.3. 75%.		Ind. 1. 28%. Ind. 2. 60%. Ind. 3. 80%.		Ind. 1. 30%. Ind. 2. 62%. Ind. 3. 83%.		Ind. 1. 32%. Ind. 2. 65%. Ind. 3. 85%.		Ind. 1. 35%. Ind. 2. 70%. Ind. 3. 90%.
Population and development component	UNDAF Outcome 2: Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation	Government effectiveness governance score Regulatory quality, governance score Rule of law index, governance score Voice and accountability, governance score	WB reports, NSS surveys/ reports; SDP/PRSP2 progress report	MLSI MOH MoES	-0.31 (2007) +0.24 (2007) -0.51 (2007) -0.59 (2007)											+0.37 (MDG report) +0.62 +0.11 +0.83

	CP Outcome 3 National systems of data collection, reporting and monitoring of human development strengthened, including MDGs and ICPD goals.	<ul style="list-style-type: none"> Increased availability and use of socio-demographic information on population issues 	NSS regular reports, sample surveys reports	MLSI MOH MoES NSS UNDAF Steering Committee	Available official statistics on population	At least 2 reports with updated demographic data per year		At least 2 reports with updated demographic data per year		At least 2 reports with updated demographic data per year		At least 2 reports with updated demographic data per year		At least 2 reports with updated demographic data per year		At least 2 reports with updated demographic data per year		
	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.	<ol style="list-style-type: none"> 2010 Demographic and Health Survey and 2011 Census conducted and results are analyzed, disseminated and used Pilot Census is conducted Comparative study based on Censuses 2001 and 2011 is conducted Comparative study based on DHS 2000, 2005 and 2010 is conducted No. of Demographic surveys conducted No. of reports containing updated and analyzed sex and age disaggregated socio-economic data 	ADHS 2010, final reports, 2011 Census data NSS data/report, MoF data/report	NSS MoF MLSI NILSR NGOs UNFPA	Ind. 1. 2005 Demographic and Health Survey and 2001 Census Ind. 2 0 Ind. 3 0 Ind. 4 0 Ind. 5 4 Ind. 6 4	Ind. 1. 2010 Demographic and Health Survey is conducted Ind. 2. Data from Pilot Census are available Ind. 5 Data from dem. Surveys are available and widely distributed Ind. 6 1 report.		Ind. 1. 2011 Census data are gathered Ind. 5 Data from dem. Surveys are available and widely distributed Ind. 6 2 reports.		Ind. 1. 2011 Census data are available and analyzed Ind. 5 Data from dem. Surveys are available and widely distributed Ind. 6 3 reports.		Ind. 1. 2011 Census data are analyzed and published Ind. 5 Data from dem. Survey are available and widely distributed Ind. 6 4 reports.		Ind. 4. Report on Comparative study based on DHS2000, 2005 and 2010 are available Ind. 5 Data from dem. Survey are available and widely distributed Ind. 6 5 reports.		Ind. 3. Report on Comparative study based on Censuses 2001 and 2011 is available Ind. 5 Data from dem. Survey are available and widely distributed Ind. 6 6 reports.		
	UNDAF Outcome 3: Access and quality of social services is improved especially for vulnerable groups	Government expenditures for social sectors (% of GDP) Infant mortality rate Under-five mortality rate Maternal mortality rate Unmet need for family planning, total	MOH data and records, NSS DHS Data, SDP/PRSP progress reports; MDG Reports	MOH NSS MoF MoE	Health – 1.5%; Education – 3%; Social Protection – 6% (2008) 13.9 per 1,000 live births (2006, NSS) 12,3 per 1000 live births												Health – 2.5%; Education – 4%; Social Protection – 7.8% 8 per 1000 live births <10 (9.6) per 1000 live births 25 per 100,000	

					(2007) 35.7 per 100,000 live births (2008, MOH) 13.3% (2005)										live births <7%	
	CP Outcome 4 Institutional capacities strengthened and mechanisms in place to respond to the needs of the vulnerable groups.	▪ No. of implemented activities towards operationalization of Strategy of Demographic Policy of RA and Action Plan	MLSI data/report, MDG SDP/PRSP reports; Other Surveys/reports	MLSI MoF NILSR NSS NGOs UNFPA	None	5 activities		5 activities		5 activities		5 activities		5 activities	5 activities	
	Output 4.1 Capacity of government institutions is strengthened to develop and implement social policies and programmes and to effectively monitor and evaluate their implementation	1. No. of costed plans on population issues enacted and in use 2. No. of officials trained in the field of monitoring and evaluation and demography 3. Manual for social workers is developed 4. No. of social workers trained	MLSI, NILSR, NSS data/reports	MLSI NILSR UNFPA	Ind. 1. 2 Ind. 2 60 Ind. 3 0 Ind. 4 0	Ind. 1. 1 plan Ind. 2 20 officials are trained Ind. 3 Manual is developed Ind. 4 20 officials are trained		Ind. 1. 1 plan Ind. 2 20 officials are trained Ind. 4 20 officials are trained		Ind. 1. 1 plan Ind. 2 20 officials are trained Ind. 4 20 officials are trained		Ind. 1. 1 plan Ind. 2 20 officials are trained Ind. 4 20 officials are trained		Ind. 1. 1 plan Ind. 2 20 officials are trained Ind. 4 20 officials are trained	Ind. 1. 1 plan Ind. 2 20 officials are trained Ind. 4 20 officials are trained	
Gender equality component	UNDAF Outcome 2: Democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation	Government effectiveness governance score Regulatory quality, governance score Rule of law index, governance score Voice and accountability, governance score	WB reports, NSS surveys/reports; SDP/PRSP2 progress report	MLSI MOH MoES	-0.31 (2007) +0.24 (2007) -0.51 (2007) -0.59 (2007)										+0.37 (MDG report) +0.62 +0.11 +0.83	

<p>UNDAF Outcome 3: Access and quality of social services is improved especially for vulnerable groups</p>	<p>Government expenditures for social sectors (% of GDP) Infant mortality rate Under-five mortality rate Maternal mortality rate Unmet need for family planning, total</p>	<p>MOH data and records, NSS, DHS Data; SDP/PRSP progress reports; MDG Reports</p>	<p>MOH NSS MoF MoE</p>	<p>Health – 1.5%; Education – 3%; Social Protection – 6% (2008) 13.9 per 1,000 live births (2006, NSS) 12,3 per 1000 live births (2007) 35.7 per 100,000 live births (2008, MOH) 13,3% (2005)</p>										<p>Health – 2.5%; Education – 4%; Social Protection – 7.8% 8 per 1000 live births <10 (9,6) per 1000 live births 25 per 100,000 live births <7%</p>	
<p>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.</p>	<p>▪ No. of laws and legal acts on gender issues adopted by the government</p>	<p>Bulletin and official website of the RoA NA</p>	<p>UNFPA RoA NA MLSI MOH RoA Police</p>	<p>2 draft laws</p>									<p>2 laws</p>		
<p>Output 5.1 Increased national and local capacities to ensure gender equality, the empowerment of women, and to combat gender based violence.</p>	<p>1. No. and type of policy mechanisms to ensure gender equality and combating gender based violence established 2. No. of professional staff in national machinery trained on gender issues, GBV and reporting mechanisms. Target 3. No. of service staff (health care personnel, law enforcement, NGOs) trained on gender issues, GBV and supporting</p>	<p>MLSI data and records, MTA data and records, NSS, Programme monitoring reports</p>	<p>MLSI MOH MTA NGOs FBOs UNFPA</p>	<p>Ind. 1 State development concept 2009-2013. Ind. 2 500. Ind. 3 150. Ind. 4 0.</p>	<p>Ind. 1 National action plan on combating GBV 2011-2014. Ind. 2 250. Ind. 3 250. Ind. 4 100.</p>		<p>Ind. 2 50. Ind. 3 40. Ind. 4 50.</p>	<p>Ind. 2 50. Ind. 3 40. Ind. 4 50.</p>		<p>Ind. 2 50. Ind. 3 40.</p>		<p>Ind. 2 50. Ind. 3 40.</p>	<p>Ind. 2 50. Ind. 3 40.</p>		

		mechanisms 4. No. of community activists trained on gender and gender based violence															
	CP Outcome 6 Communities and people have the capacities to claim their rights and participate in decision making processes.	▪ No. of advisory committees on gender issues established	MTA data	UNFPA Ministry of territorial administr ation	0.												11 advisory committee s.
	Output 6.1: Awareness and knowledge of citizens on gender, gender based violence, and sexual and reproductive rights increased.	1. No. of education institutions mainstreaming gender equality and gender based violence into their curricula 2. No. of journalists trained on GE and GBV issues, baseline 50, target 200 3. No. of public campaigns carried out % of young people aware of modern methods of contraception. % of young people who applied to any healthcare facility for SRHR-related services	MOES data/ reports, HRDO data/ reports, school curricula, Programme monitoring reports, HR NGO community data/ reports	MOES MLSI NIE NGOs UNFPA	Ind. 1 5. Ind. 2 50. Ind. 3 1 per year. Ind. 4 64% of young people aware of IUDs and 46%- of Hormonal contracept ive pills. Ind. 5 30%	Ind. 1 10 schools and 2 universiti es. Ind. 2 100. Ind. 3 3 per year.		Ind. 1 10 schools and 2 universiti es. Ind. 2 20. Ind. 3 2 per year.		Ind. 1 10 schools and 2 universiti es. Ind. 2 20. Ind. 3 2 per year.		Ind. 1 10 schools and 2 universiti es. Ind. 2 20. Ind. 3 2 per year.		Ind. 1 10 schools and 2 universiti es. Ind. 2 20. Ind. 3 2 per year.		Ind. 2 20. Ind. 3 3 per year. Ind. 4 79% of young people aware of IUDs and 61% - of Hormonal contracep tive pills. Ind. 5 45%.	

Annex 3: The CPAP Monitoring and Evaluation Calendar

Country: Armenia
CP Cycle: Second

	Year 1 (2010)	Year 2 (2011)	Year 3 (2012)	Year 4 (2013)	Year 5 (2014)	Year 6 (2015)	
M&E activities	Surveys/studies	<ul style="list-style-type: none"> - 1 survey on population dynamics and ICPD based on Demo Policy - Support to ADHS 2010 - 2010 pilot census - Focused research on GBV issues 	<ul style="list-style-type: none"> - 1 survey on impact of environmental factors on RH - 1 survey on sex selection - 1 survey & 1 research on population dynamics and ICPD based on Demo Policy - Support to ADHS 2010 - 2011 Census - Focused research on GBV issues - political participation 	<ul style="list-style-type: none"> - 1 survey on prevalence of STIs among pregnant women - 1 survey & 1 research on population dynamics and ICPD based on Demo Policy - 2011 Census 	<ul style="list-style-type: none"> - 1 survey & 1 research on population dynamics and ICPD based on Demo Policy 	<ul style="list-style-type: none"> - 1 survey on prevalence of STIs among the military - 1 survey & 1 research on population dynamics and ICPD based on Demo Policy 	<ul style="list-style-type: none"> - 1 survey & 1 research on population dynamics and ICPD based on Demo Policy - Comparative studies based on Population Censuses 2001 and 2011 - Nationwide survey on GBV situation
	Monitoring systems	<ul style="list-style-type: none"> - NSS annual reports - MOH annual data - DevInfo system - Monitoring Indicators of Demo Policy - National Social Monitoring System - Progress reports - Standard Progress Reporting & Annual Work Plan Tracking Tool 	<ul style="list-style-type: none"> - National Social Monitoring System - NSS annual reports - MOH annual data - DevInfo system - Monitoring Indicators of Demo Policy - Progress reports - Demographic and Health Survey 2010 - HIV/AIDS national M&E system - Standard Progress Reporting & Annual Work Plan Tracking Tool 	<ul style="list-style-type: none"> - National Social Monitoring System - NSS annual reports - MOH annual data - DevInfo system - Monitoring Indicators of Demo Policy - HIV/AIDS national M&E system - Standard Progress Reporting & Annual Work Plan Tracking Tool 	<ul style="list-style-type: none"> - NSS annual reports - MOH annual data - DevInfo system - Monitoring Indicators of Demo Policy - National Social Monitoring System - HIV/AIDS national M&E system - Standard Progress Reporting & Annual Work Plan Tracking Tool 	<ul style="list-style-type: none"> - National Social Monitoring System - NSS annual reports - MOH annual data - DevInfo system - Monitoring Indicators of Demo Policy - HIV/AIDS national M&E system - Standard Progress Reporting & Annual Work Plan Tracking Tool 	<ul style="list-style-type: none"> - National Social Monitoring System - NSS annual reports - MOH annual data - DevInfo system - Monitoring Indicators of Demo Policy - Progress reports - HIV/AIDS national M&E system - Standard Progress Reporting & Annual Work Plan Tracking Tool
	Evaluations	<ul style="list-style-type: none"> - Reports on Activities 	<ul style="list-style-type: none"> - NEX audit for IPs with expenditure of USD 100,000 and above of UNFPA funds - Reports on Activities 	<ul style="list-style-type: none"> - Evaluation of Monitoring and Information System in reproductive health - NEX audit for IPs with expenditure of USD 100,000 and above of UNFPA funds - Reports on Activities - UNFPA cluster meetings and regional forums - CPAP mid-term evaluation 	<ul style="list-style-type: none"> - NEX audit for IPs with expenditure of USD 100,000 and above of UNFPA funds - Reports on Activities 	<ul style="list-style-type: none"> - UNDAF evaluation - NEX audit for IPs with expenditure of USD 100,000 and above of UNFPA funds - Internal Audit of UNFPA projects - Reports on Activities 	<ul style="list-style-type: none"> - Reports on Activities - NEX audit for IPs with expenditure of USD 100,000 and above of UNFPA funds - Final CPAP evaluation
	Reviews	<ul style="list-style-type: none"> - UNDAF Annual review - Review and improvement of legislation on reproductive health - AWP reviews - Annual projects reviews - COAR 	<ul style="list-style-type: none"> - UNDAF Annual review - AWP reviews - Annual projects reviews - COAR - "National Action plan on GBV" review 	<ul style="list-style-type: none"> - UNDAF Annual review - Review and improvement of legislation on reproductive health - AWP reviews - Annual projects reviews - Interim (mid-term) review - COAR - "National Action plan on GBV" review 	<ul style="list-style-type: none"> - UNDAF Annual review - AWP reviews - Annual projects reviews - COAR - "National Action plan on GBV" review 	<ul style="list-style-type: none"> - UNDAF Annual review - AWP reviews - Annual projects reviews - COAR - "National Action plan on GBV" review 	<ul style="list-style-type: none"> - Final UNDAF review - AWP reviews - Annual projects reviews - COAR - "National Action plan on GBV" review
	Support activities	<ul style="list-style-type: none"> - Field monitoring visits - Assurance Activities: spot checks and program reviews 	<ul style="list-style-type: none"> - Field monitoring visits - Assurance Activities: spot checks and program reviews 	<ul style="list-style-type: none"> - Field monitoring visits - Assurance Activities: spot checks and program reviews 	<ul style="list-style-type: none"> - Field monitoring visits - Assurance Activities: spot checks and program reviews 	<ul style="list-style-type: none"> - Field monitoring visits - CPD preparation - Assurance Activities: spot checks and program reviews 	<ul style="list-style-type: none"> - Field monitoring visits - Assurance Activities: spot checks and program reviews
	Planning references	UNDAF final evaluation milestones					<ul style="list-style-type: none"> - To be agreed with the UN agencies and the UNDAF Steering Committee
M&E capacity- building		<ul style="list-style-type: none"> - Capacity development for basic social services - Participation in M&E seminars (regionally and internationally) - Knowledge sharing amongst local partners - Expert advice from EECARO and Country Director Offices 	<ul style="list-style-type: none"> - Capacity development for basic social services - Participation in M&E seminars (regionally and internationally) - Knowledge sharing amongst local partners - Expert advice from EECARO and Country Director Offices 	<ul style="list-style-type: none"> - Capacity development for basic social services - Participation in M&E seminars (regionally and internationally) - Knowledge sharing amongst local partners - Expert advice from EECARO and Country Director Offices 	<ul style="list-style-type: none"> - Capacity development for basic social services - Participation in M&E seminars (regionally and internationally) - Knowledge sharing amongst local partners - Expert advice from EECARO and Country Director Offices 	<ul style="list-style-type: none"> - Capacity development for basic social services - Participation in M&E seminars (regionally and internationally) - Knowledge sharing amongst local partners - Expert advice from EECARO and Country Director Offices 	
Use of information		<ul style="list-style-type: none"> - MDG reporting - National and International conferences - CEDAW reporting - Any follow-up activities supporting the national development and policy frameworks, including on population and development, sexual and reproductive health and rights, and gender equality - AWP preparations 	<ul style="list-style-type: none"> - MDG reporting - National and International conferences - CEDAW reporting - Any follow-up activities supporting the national development and policy frameworks, including on population and development, sexual and reproductive health and rights, and gender equality - AWP preparations 	<ul style="list-style-type: none"> - MDG reporting - National and International conferences - CEDAW reporting - Any follow-up activities supporting the national development and policy frameworks, including on population and development, sexual and reproductive health and rights, and gender equality - AWP preparations 	<ul style="list-style-type: none"> - MDG reporting - National and International conferences - CEDAW reporting - Any follow-up activities supporting the national development and policy frameworks, including on population and development, sexual and reproductive health and rights, and gender equality - AWP preparations 	<ul style="list-style-type: none"> - MDG reporting - National and International conferences - CEDAW reporting - Any follow-up activities supporting the national development and policy frameworks, including on population and development, sexual and reproductive health and rights, and gender equality - CCA-UNDAF preparation - UNFPA CP development - AWP preparations 	<ul style="list-style-type: none"> - MDG reporting - National and International conferences - CEDAW reporting - Any follow-up activities supporting the national development and policy frameworks, including on population and development, sexual and reproductive health and rights, and gender equality - UNFPA CP finalization - UNFPA CPAP development - AWP preparations
Partner activities		<ul style="list-style-type: none"> - Demographic and Health Survey 2010 - Pilot census 2010, NSS - Annual Statistical Yearbook, NSS - "Women and men in Armenia", NSS - Local partner initiated surveys to respond to the current gaps through new programming 	<ul style="list-style-type: none"> - Annual Statistical Yearbook, NSS - Demographic and Health Survey 2010 - National Population Census, NSS - Local partner initiated surveys to respond to the current gaps through new programming - "Women and men in Armenia", NSS 	<ul style="list-style-type: none"> - Annual Statistical Yearbook, NSS - National Population Census, NSS - Local partner initiated surveys to respond to the current gaps through new programming - "Women and men in Armenia", NSS 	<ul style="list-style-type: none"> - Annual Statistical Yearbook, NSS - Local partner initiated surveys to respond to the current gaps through new programming 	<ul style="list-style-type: none"> - Annual Statistical Yearbook, NSS - Local partner initiated surveys to respond to the current gaps through new programming - "Women and men in Armenia", NSS 	<ul style="list-style-type: none"> - Annual Statistical Yearbook, NSS - Local partner initiated surveys to respond to the current gaps through new programming - "Women and men in Armenia", NSS

Annex 4: The Mechanism for Armenia Country Programme Coordination and Implementation



