



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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Final country programme document for Armenia

Proposed indicative UNFPA assistance: \$4.8 million: \$2.6 million from regular resources and \$2.2 million through co-financing modalities and/or other, including regular, resources

Programme period: Six years (2010-2015)

Cycle of assistance: Second

Category per decision 2007/42: B

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	1.0	1.0	2.0
Population and development	0.9	0.7	1.6
Gender equality	0.4	0.5	0.9
Programme coordination and assistance	0.3	-	0.3
Total	2.6	2.2	4.8

I. Situation analysis

1. Armenia has experienced internal political stability since 1998, except for election-related unrest in 2004 and 2008. However, the regional situation is volatile, due to unresolved conflicts and tensions. Relations with neighbouring countries and the instability of the region pose a serious threat to long-term development.

2. Armenia is a landlocked country with limited natural resources. Environmental degradation and vulnerability to natural disasters, such as earthquakes, landslides, floods and droughts, hamper efforts to achieve sustainable development. Damage caused by natural disasters is approximately 10 per cent of the annual gross domestic product.

3. The internal political stability, coupled with economic reforms, led to strong economic growth. During the past seven years, the economy grew an average of 12 per cent per year. As a result, the percentage of people living below the poverty line decreased from 56 per cent in 1999 to 27 per cent in 2007. Extreme poverty decreased sharply during the same period, from 21 per cent to 4 per cent. Nevertheless, in 2007, approximately one quarter of the population lived below the poverty line. Inequality exists between the capital and the regions. The global financial crisis will likely aggravate this inequality and cause the economic situation to worsen.

4. Social and economic factors have influenced population dynamics and exacerbated the natural decline in population growth. The number of births fell from 87,000 in 1988 to 39,000 in 2007. The total fertility rate dropped from 3.0 births per woman in the 1980s to 1.4 in 2007. Life expectancy stabilized after a decline in 1990 to 76 years for women and 70 years for men (2007). Currently, 12.7 per cent of the population is older than 60; in five years, the percentage will be nearly 20. The ageing of the population is occurring as large numbers of people born after World War II are reaching 60.

5. After rising dramatically in the 1990s, the maternal mortality ratio decreased from 26.4 deaths per 100,000 live births in 2005 to 14.9 in 2007. The

infant mortality rate decreased to 12.3 deaths per 1,000 live births in 2007, from 13.7 in 2005. The 2005 demographic and health survey shows that the contraceptive prevalence rate decreased from 22.3 per cent in 2000 to 19.5 per cent in 2005. According to official statistics, the abortion rate is 29.1 per 100 live births; however, the 2005 demographic and health survey indicates that the abortion rate is 48 per 100 live births.

6. The rate of secondary infertility (28 per cent) is associated with the high incidence of abortions and sexually transmitted infections. Sexually transmitted infections contribute to the incidence of cervical cancer, which is the second-leading cause of death among women. As of 2008, there were 674 registered cases of HIV. Heterosexual practices are the main mode of HIV transmission, followed by intravenous drug use.

7. Although there is no gender gap in education, the male-dominated political and economic environment discourages initiatives by women. The legal system does not fully support the prevention of gender-based violence.

II. Past cooperation and lessons learned

8. The first UNFPA country programme in Armenia began in 2005, with \$1.3 million in regular resources and \$1.2 million in other resources. UNFPA focused its assistance on population and development and reproductive health issues. The programme incorporated gender and advocacy issues into both components.

9. The programme supported the development of national reproductive health and demographic policies as well as data collection on basic demographic indicators such as migration, ageing and gender-based violence. The programme also assisted in the preparation of population projections for national development strategies, such as the poverty reduction strategy and pension reform.

10. One of the lessons learned was the need to address not only the supply side of reproductive health services and commodities, but also the

demand side. The programme helped to establish a network of family planning units, equipping them with trained service providers and supplies of modern contraceptives. Nevertheless, data indicate a decline in modern contraceptive use and the continuing use of abortion as a family planning method. There is a need to increase awareness of and demand for existing services.

11. Another lesson learned is the need to address the human rights dimension of population and development. Achieving the Millennium Development Goals will be difficult in the absence of an environment conducive to gender equality and equity.

12. The importance of the changing age structure transition was underestimated during the previous programme cycle. The social and economic implications of rapid population ageing must be addressed. Otherwise, demographic changes may hamper the development of Armenia.

III. Proposed programme

13. The proposed programme is the second country programme. It contributes to the UNFPA strategic plan, 2008-2011; the United Nations Development Assistance Framework (UNDAF), 2010-2015; and the priorities identified in national strategic documents. UNFPA and the Government developed the programme through a participatory approach with national stakeholders, donors and United Nations organizations. The proposed programme will have three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. All three components incorporate issues related to the sexual and reproductive health of young people. UNFPA will mainstream responses to existing security risks into the programme.

14. The country programme contributes to three of the four UNDAF outcomes: (a) democratic governance; (b) social services and social protection; and (c) environment. The programme outcomes derive from the UNDAF. UNFPA and the Government have modified the outputs slightly to make them specific to UNFPA. The programme will focus on the following priority areas: (a) family planning; (b) adolescent sexual and reproductive

health and rights; (c) national capacity for data collection and use; and (d) national capacity to ensure gender equity and equality and to combat gender-based violence. The programme will also address the reproductive health dimensions of the environmental challenges facing the country, and will seek to strengthen national capacity in monitoring and evaluation.

Reproductive health and rights component

15. This component has two outcomes: (a) the capacity of government institutions is developed, and policies and legislation are promoted to ensure universal access to health for vulnerable groups, especially women, the disabled, youth and children; and (b) health-care providers ensure equitable access to high-quality services in targeted areas. Three outputs will contribute to achieving these outcomes. The outputs below contribute to outcomes 2 and 3, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

16. Output 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: (a) developing legislation on in-patient and out-patient reproductive health care; (b) strengthening national capacity in reproductive health commodity security, including advocating the inclusion of a budget line for contraceptives in the national budget; (c) strengthening the referral system and data management at all levels, including for young people; (d) identifying and adopting best practices for client-oriented services, particularly for young people; (e) conducting research on reproductive health, including on the prevalence of sexually transmitted infections among pregnant women and members of the military, and on the environmental impacts on reproductive health; (f) developing a surveillance system to monitor and evaluate the accessibility and quality of reproductive health services; and (g) developing the capacity, in cooperation with other agencies, to establish emergency responses to disasters.

17. Output 2. The capacity of health-care providers to provide high-quality sexual and reproductive health and HIV/AIDS prevention services is

strengthened. This will be achieved by: (a) training health-care workers to provide sexual and reproductive health services, modern family planning methods, antenatal care, HIV/AIDS and youth-friendly health services; (b) integrating HIV-prevention strategies into reproductive health services; (c) strengthening the involvement of family doctors in family planning counselling and the provision of contraceptives; (d) developing and reviewing methodological tools for health-care providers and educational establishments; and (e) promoting knowledge-sharing and the transfer of expertise from reproductive health centres to primary-level providers.

18. Output 3: The awareness of and demand for reproductive health and family planning services among women, youth and adolescents are increased. This will be achieved by: (a) implementing information, education and communication activities on services related to sexual and reproductive health, family planning, youth, and the prevention of sexually transmitted infections and HIV and AIDS; (b) sensitizing the population on utilizing health services; and (c) raising awareness about the availability and effectiveness of modern family planning methods; and (d) expanding the coverage of emergency obstetric care and travelling gynaecologist schemes.

Population and development component

19. This component has two outcomes: (a) disaggregated national Millennium Development Goal indicators are collected and disseminated; and (b) institutional capacity is strengthened and mechanisms are in place to respond to the needs of vulnerable groups. Two outputs will contribute to these outcomes. The outputs below contribute to population and development outcomes 3 and 4, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

20. Output 1: The capacity of national and local institutions is strengthened to implement the 2011 census, and to collect, analyse and manage gender- and age-disaggregated socio-economic data. This will be achieved by: (a) supporting the National Statistical Service and line ministries in implementing, disseminating and analysing results of the 2010 demographic and health survey and the 2011 census; (b) increasing the availability, analysis

and use of socio-demographic data for evidence-based policymaking; (c) conducting research on the linkages between population, gender, reproductive health issues and poverty; and (d) strengthening the knowledge base to support advocacy to accelerate the implementation of the Programme of Action of the International Conference on Population and Development among the Government, non-governmental organizations (NGOs), civil society and other stakeholders.

21. Output 2: The capacity of government institutions is strengthened to develop and implement social policies and programmes, and to effectively monitor and evaluate their implementation. This will be achieved by: (a) implementing the national demographic policy and its action plan; (b) implementing the national action plan on ageing to address demographic challenges; and (c) strengthening the national capacity and institutional mechanisms for implementing, monitoring and evaluating social policies and programmes.

Gender equality component

22. This component has two outcomes: (a) improved national structures and mechanisms at national and decentralized levels ensure human rights; and (b) the capacity of the Government at different levels to enhance transparency, accountability and inclusiveness is improved. Two outputs will contribute to these outcomes. The outputs below will contribute to gender equality outcomes 4 and 2, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

23. Output 1: Increased national and local capacity to ensure gender equality and the empowerment of women, and to combat gender-based violence. This will be achieved by: (a) incorporating into national policies the principles of gender equality, including measures to combat gender-based violence; (b) developing and establishing institutional mechanisms on national policy implementation and monitoring; (c) strengthening the national capacity to develop gender-responsive initiatives and to monitor the implementation of national and international regulatory instruments; (d) strengthening the capacity of stakeholders, including local government and municipal and regional authorities, to prevent sexual and gender-based

violence and to promote sexual and reproductive health and HIV-prevention services; (e) conducting research on gender-based violence issues; and (f) strengthening the capacity of non-governmental and community-based organizations to provide counselling and other services to victims of sexual and gender-based violence.

24. Output 2: The awareness and knowledge of the population on gender issues, gender-based violence, and sexual and reproductive rights are increased. This will be achieved by: (a) supporting education to prevent sexual and gender-based violence among schools and universities; (b) supporting awareness-raising among young people and women on gender issues and sexual and reproductive health and rights; (c) capacity-building for the media on reproductive rights, gender and gender-based violence issues; (d) reviewing the enforcement of existing legislation on sexual and reproductive health and rights, and promoting civic and legislative initiatives in this area; (e) promoting male participation in the elimination of harmful practices; (f) conducting surveys on reproductive rights to support evidence-based policymaking; and (g) expanding the youth peer network to promote the participation of young people in sexual and reproductive health issues.

IV. Programme management, monitoring and evaluation

25. The Ministry of Foreign Affairs will coordinate the country programme using the national execution modality, through a rights-based, results-based programme approach. UNFPA will collaborate with several line ministries and government entities in implementing the programme. The programme will promote partnerships with and the participation of mass media, civil society and faith-based organizations.

26. The programme will develop a monitoring and evaluation plan, aligned with the UNFPA strategic plan, the UNDAF and national priorities. UNFPA, the Government and partner agencies will undertake joint participatory reviews and the monitoring and evaluation of programme implementation. UNFPA and the Government will participate in all strategic and operational aspects of UNDAF implementation, monitoring and evaluation through monitoring and

evaluation plans, annual reviews, and an end-cycle evaluation of the UNDAF.

27. The Government and the United Nations country team validated baseline data during the development of the UNDAF, 2010-2015. The programme will also use data from surveys, analyses, research, government sources and development partners. The results of 2010 demographic and health survey and the 2011 census will be used to update the baseline data.

28. UNFPA will seek additional resources from international and bilateral donors, and will engage in joint programming with other United Nations organizations.

29. The UNFPA country office in Armenia consists of a non-resident UNFPA country director based in Ankara, Turkey, an assistant representative, a national programme officer and several support staff, as per the approved country office typology. UNFPA may recruit national project personnel to strengthen programme implementation, and will obtain additional technical assistance from national and international consultants. The UNFPA regional office in Bratislava, Slovakia, will provide additional technical and programme assistance.

RESULTS AND RESOURCES FRAMEWORK FOR ARMENIA

National priority: access to social services is in line with sustainable development principles UNDAF outcome: access to and the quality of social services are improved, especially for vulnerable groups				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: The capacity of government institutions is developed, and policies and legislation are promoted to ensure universal access to health for vulnerable groups, especially women, the disabled, youth and children</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ● Maternal mortality ratio. Baseline: 28 deaths per 100,000 live births; Target: 20 deaths per 100,000 live births ● Induced abortion rate. Baseline: 12.4 per 1,000 women; Target: 8 per 1,000 women ● Modern contraceptive prevalence rate. Baseline: 19.5 per cent; Target: 25 per cent <p>Outcome: Health-care providers ensure equitable access to high-quality services in targeted areas</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> ● Percentage of high-risk births to women. Baseline: 40 per cent; Target: 35 per cent 	<p>Output 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</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Percentage of national health budget funds allocated for the purchase of contraceptives. Baseline: 0; Target: .02 per cent ● Number of amendments to legislation on youth sexual and reproductive health. Baseline: two laws; Target: four laws ● Data on the quality and accessibility of reproductive health services are available and regularly updated. Baseline: no surveillance system; Target: surveillance system is developed and data are regularly updated <p>Output 2: The capacity of health-care providers to provide high-quality sexual and reproductive health and HIV/AIDS prevention services is strengthened</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Percentage of health-care providers trained in reproductive health and family planning. Baseline: 45 per cent; Target: 70 per cent ● Percentage of service delivery points offering at least two methods of family planning. Baseline: 70 per cent; Target: 90 per cent ● Percentage of unmet need for family planning. Baseline: 13.3 per cent; Target: 9 per cent ● HIV biological and behavioural surveillance studies are undertaken biannually. Baseline: one in 2007; Target: three in 2009, 2011 and 2013 <p>Output 3: The awareness of and demand for reproductive health and family planning services among women, youth and adolescents are increased</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Percentage of antenatal care visits by travelling gynaecologist teams. Baseline: 22 per cent; Target: 35 per cent ● Percentage of emergency obstetrical cases in regions attended by emergency obstetric care teams. Baseline: 51 per cent; Target: 70 per cent ● Percentage of pregnant women having at least two antenatal visits. Baseline: 71 per cent; Target: 90 per cent 	<p>Local government authorities; National Assembly; National Statistical Service; Ministries of: Defence; Education and Science; Emergency Situations; Finance; Foreign Affairs; Health; Justice; Nature Protection; Sport and Youth Affairs</p> <p>Bilateral and multilateral donors; United Nations organizations</p> <p>Academia; faith-based organizations; NGOs; the private sector</p>	<p>\$2 million (\$1 million from regular resources and \$1 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Disaggregated national Millennium Development Goal indicators are collected and disseminated</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Increased availability and use of socio-demographic information on population issues. Baseline: available official statistics on population; Target: updated population data <p><u>Outcome:</u> Institutional capacity is strengthened and mechanisms are in place to respond to the needs of vulnerable groups</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> National demographic policy and action plan are operational. Baseline: social security policy. Target: demographic policy and action plan are operational 	<p><u>Output 1:</u> The capacity of national and local institutions is strengthened to implement the 2011 census, and to collect, update, analyse and manage socio-economic data disaggregated by gender and age</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> 2010 demographic and health survey and 2011 census are conducted and the results are analysed, disseminated and used. Baseline: 2005 demographic and health survey and 2001 census; Target: 2010 demographic and health survey and 2011 census data are available <p><u>Output 2:</u> The capacity of government institutions is strengthened to develop and implement social policies and programmes, and to effectively monitor and evaluate their implementation</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of costed plans on population issues enacted and in use. Baseline: two; Target: one plan annually Number of officials trained in monitoring and evaluation. Baseline: lack of capacity; Target: 20 officials per year 	<p>National Statistical Service; State Migration Agency; Ministries of: Finance; Foreign Affairs; Health; Labour and Social Affairs</p> <p>Bilateral and multilateral donors; faith-based organizations; NGOs; United Nations organizations</p>	<p>\$1.6 million (\$0.9 million from regular resources and \$0.7 million from other resources)</p>
<p>National priority: increase the capacity of: (a) citizens to exercise their rights and responsibilities; and (b) government institutions to comply with their obligations</p> <p>UNDAF outcome: democratic governance is strengthened by improving accountability, promoting institutional and capacity development and expanding people's participation</p>				
Gender equality	<p><u>Outcome:</u> Improved national structures and mechanisms at national and decentralized levels ensure human rights</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of laws and legal acts on gender issues adopted by the Government. Baseline: two draft laws; Target: two adopted laws <p><u>Outcome:</u> The capacity of the Government at different levels to enhance transparency, accountability and inclusiveness is improved</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of advisory committees on gender issues established. Baseline: 0; Target: 11 advisory committees 	<p><u>Output 1:</u> Increased national and local capacity to ensure gender equality and the empowerment of women, and to combat gender-based violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number and type of policy mechanisms to ensure gender equality and combat gender-based violence established. Baseline: National development concept 2009-2013. Target: National action plan on improving the status of women, 2013-2018 Number of community activists trained on gender and gender-based violence. Baseline: 0; Target: 200 <p><u>Output 2:</u> The awareness and knowledge of the population on gender, gender-based violence, and sexual and reproductive rights are increased</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of educational institutions mainstreaming gender equality and gender-based violence into their curricula. Baseline: five universities; Target: 50 schools and 10 universities Number of public campaigns carried out. Baseline: one per year; Target: three per year 	<p>Human Rights Defender's Office; National Assembly; National Statistical Service; Ministries of: Education and Science; Foreign Affairs; Health; Justice; Labour and Social Affairs; Sport and Youth Affairs; Territorial Administration</p> <p>Local government entities; police</p> <p>Academia; bilateral and multilateral donors; community- and faith-based organizations; media; NGOs</p> <p>United Nations organizations</p>	<p>\$0.9 million (\$0.4 million regular resources and \$0.5 million from other resources)</p> <p>-----</p> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>