



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
12 April 2021

Original: English

Annual session 2021

7 to 11 June 2021, New York

Item 14 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Armenia

Proposed indicative UNFPA assistance: \$6.0 million: \$2.8 million from regular resources and \$3.2 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Fourth

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.4	0.5	0.9
Outcome 2	Adolescents and youth	0.5	0.4	0.9
Outcome 3	Gender equality and empowerment of women	0.8	1.3	2.1
Outcome 4	Population dynamics	0.8	1.0	1.8
Programme coordination and assistance		0.3	-	0.3
Total		2.8	3.2	6.0

Note: The present document was processed in its entirety by UNFPA.

21-06817X (E) 250521



Please recycle



I. Programme rationale

1. The Republic of Armenia is a landlocked country in the South Caucasus, with an area of 29,743 square kilometres and a population of 2,965,300. Over one third of the population is concentrated in the capital city of Yerevan and 36.1 per cent in rural areas. It is an upper-middle-income country undergoing political, economic and social transition. The human development index of Armenia for 2019 is 0.760 - which put the country in the high human development category – 81st out of 189 countries and territories.

2. In the spring of 2018, nationwide peaceful street protests largely involving youth – referred to as the Velvet Revolution – led the long-standing leader of Armenia to resign from power. In December 2018, after elections the new Government was formed with ambitious plans to realize the human rights agenda, invest in human capital and establish a human-centric governance system. Special emphasis was put on the promotion of women empowerment and leadership and gender equality.

3. The Constitution of Armenia guarantees human rights protection and non-discrimination, including for gender. The country is party to all nine United Nations international human rights treaties and most of their additional protocols. However, the reports for international treaty bodies indicate systematic problems and delays in the realization of citizens' rights in these areas.

4. As analysed in the Common Country Analysis (CCA), while Armenia has made efforts to establish institutional, policy and legal framework to advance gender equality, gender gaps and inequalities persist, harming especially the most vulnerable women and girls. Due to stigma, stereotypes and patriarchal social norms, many women and girls in Armenia experience different forms of exclusion and vulnerability, particularly women with disabilities, women survivors of violence, rural women, women living in confinement, such as in penitentiary and psychiatric institutions, as well as women who were widowed during the large-scale hostilities of September to November 2020.

5. Prevailing gender norms, subsequent gender stereotypes and challenges in health care, social protection, economic empowerment (including unpaid work at home) and political participation remain factors that are leaving many women behind. Six per cent of women aged 15-49 years have experienced physical violence at least once since age 15, and 3 per cent experienced physical violence in the 12 months prior to the survey (2016). Research has shown that harmful practice of undervaluing of girls and 'son preference' has led to a heavily skewed sex-at-birth ratio since the early 1990s. In 2012, 115 boys were born for every 100 girls born. By 2019, this balance improved to 110 boys born for every 100 girls born.

6. As noted in the CCA, in addition to prenatal sex selection, the demographic situation in Armenia is characterized by low fertility, declining numbers of births, high outmigration, and high infertility. The population of Armenia is rapidly ageing. According to the United Nations population projections, the percentage of older people in 2050 will reach around 24 per cent, up from 14.1 per cent (2018). During 1990 to 2018, more than one million people left the country. This emigrant population was much more concentrated in the economically active young adult ages (in the past 10 years the population of 15-29 olds decreased by a quarter) and largely involved men. The military hostilities in the Nagorno-Karabakh conflict area have also had an adverse impact on the demographic situation in Armenia, the full extent of which is likely to unfold over the coming years.

7. Young people aged 15-29 years constitute 21 per cent (2018) of the population and are affected by high unemployment (34.5 per cent for females and 26.9 per cent for males). As noted in the CCA, although youth educational attainment is high, there is a mismatch between skills and qualifications and labour demand. The rate of youth who are not in employment, education or training is among the highest in the region (34.6 per cent in 2016). The rate of young women who are not in employment, education or training is twice the rate for young men. For youth with disabilities, issues regarding access to education and transition to the labour market are even more severe.

8. In the last three decades, the adolescent birth rate in Armenia declined sharply (from about 70 to 24 per 1,000 women aged 15-19 years); however, despite this significant improvement, it is still about three times higher than in Western Europe. An important conditioning factor for adolescent fertility is adolescent marriage, as this exposes girls to a much higher risk of pregnancy. The Sustainable Development Goal (SDG) 5 indicator of the proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (indicator 5.3.1) shows that although no women in this age category were married before age 15, 5.3 per cent were married by age 18. Employment and housing issues are observed to be major obstacles for youth to start a family and realize their fertility intentions.

9. Overall, adolescents have poor health-seeking practices. There is a strong need for comprehensive and confidential adolescent-friendly health services and for health promotion in this age group. The national curriculum of general education incorporates healthy lifestyle and health education, including reproductive health, already rolled out for school levels 8–11 since 2008. However, there are significant challenges in actual delivery of the sexual and reproductive health (SRH) section of the curriculum, including lack of proper teacher training and materials, accountability and monitoring systems and prevailing misconceptions in society regarding sexuality education. There is an absence of trained professionals to deliver a comprehensive sexuality education programme for students with disabilities.

10. The health system requires strengthening to improve access, quality of SRH services and accountability for sexual and reproductive health and rights (SRHR). Despite a significant drop of the maternal mortality ratio since 2000 (down to 33.2 maternal deaths per 100,000 live births in 2019), Armenia is behind the average European levels. Extragenital causes, such as cardiovascular diseases, liver diseases and cancer, constitute 60 per cent of maternal deaths.

11. The contraceptive prevalence rate in Armenia remains low. Fifty-seven per cent (as of 2016) of currently married women reported using a contraceptive method, half of which used traditional methods. Overall, 12.5 per cent of currently married women have an unmet need for family planning. For the first time, in 2016-2017, the Ministry of Health used national health resources (about \$100,000) to procure contraceptives for socially vulnerable populations through the [MyAccessRH](#) web portal. However, it was a single instalment, and continuous advocacy is needed for sustainable contraceptive financing. There are still very low utilization rates of evidence-based clinical guidelines among doctors, exacerbated by outdated teaching materials used post-graduate and continuous medical education.

12. As detailed in the CCA, migration has become a major driving force of the sexually transmitted infections/HIV spread in Armenia, affecting not only the male seasonal migrants but also their partners. A number of studies clearly identify and confirm risky sexual activities among seasonal migrants. Overall, 66 per cent (2018) of registered HIV cases were among labour migrants and their partners. However, HIV prevalence in Armenia is 0.2 per cent, which is 4.5 times lower than the average HIV prevalence in the region. The predominant mode of transmission of HIV cases (65.0 per cent) is through heterosexual intercourse, followed by injecting drug use. The analysis of modes of HIV transmission according to gender shows that almost all the women (99.1 per cent) were infected through sexual contact.

13. Armenia is vulnerable to a number of challenges and risks that are identified in the CCA. These include political, social, economic and environmental shocks, due to the overall geopolitical situation, macroeconomic structure, environmental degradation and climate change, as well as incidence of natural disasters (e.g. earthquakes but also climate induced disasters), and health hazards.

14. There is an increasing gap between rural and urban areas and across provinces, and still significant levels of multi-dimensional poverty and vulnerability to poverty. There are also significant funding gaps in relation to the priority areas identified by the previous country programme. Hence there is a need for sustainable financing in order to adequately meet the needs of the populations left behind.

15. Volatile regional dynamics, including regarding Nagorno-Karabakh, affects the population and exposes it to various forms of deprivation. The recent large-scale military hostilities in the Nagorno-Karabakh conflict area caused a massive displacement from Nagorno-Karabakh to Armenia, resulting in a humanitarian disaster for tens of thousands women and children. Among the estimated 90,000 displaced people, 88 per cent were women and children who were housed in host communities and collective shelters.

16. A significant number of the arrivals from Nagorno-Karabakh may not be able to return safely, even now with the ceasefire in place, particularly residents of territories currently under control of Azerbaijan. Tens of thousands of those who arrived have lost their homes and productive assets due to the large-scale military hostilities. The humanitarian needs of women and children need to be prioritized due to their additional vulnerabilities, on the basis of the humanitarian principles of humanity, neutrality, impartiality and independence. Additionally, meeting the psychosocial and economic needs of war veterans, including those disabled during the war, and other victims, is an issue of utmost importance.

17. Of note, the negotiated comprehensive and sustainable settlement of all remaining core substantive issues of the Nagorno-Karabakh conflict, in line with the basic principles and elements within the framework of the internationally agreed format of the Organization for Security and Co-operation in Europe (OSCE) Minsk Group Co-Chairs, continues to shape the humanitarian-development-peace nexus for the region, including Armenia.

18. The coronavirus (COVID-19) pandemic has affected all segments of the Armenian population. It has been particularly detrimental to older persons, people with particular health conditions, people living in poverty, persons with disabilities, people at risk of domestic violence, and youth. The COVID-19 pandemic has had and will continue to have significant influence on health care, and the socio-economic and demographic situation in the country. In order to be more efficient and targeted, UNFPA carried out joint initiatives with other United Nations agencies and the Government of Armenia to mitigate the economic and social consequences of the new coronavirus.

19. UNFPA will maintain strong collaboration and coordination with other United Nations agencies in the framework of the UNSDCF and common chapter, nurturing joint programming under the overall leadership and coordination of the UN Resident Coordinator. The unique leadership position of UNFPA and its value proposition in the area of SRHR, population dynamics, youth empowerment and gender equality, and inclusive approach will support achievement of goals set forth in UNSDCF and will position groups that are left behind (listed in UNFPA Armenia Theory of Change document) in the core of UNSDCF. This will be achieved by using resources, expertise, platforms and networks available to UNFPA and partners.

20. An independent evaluation of the third country programme was conducted in 2019. It highlighted a number of key achievements, including: (a) being strategic and innovative with high relevance of the programme to reproductive health and reproductive rights, population dynamics and gender equality to the country context and needs; (b) successful leverage of funds; (c) significant added value to the United Nations country team, Government and other partners; (d) awareness raising on prenatal sex selection and advocacy to address the problem; and (e) non-traditional partnerships and innovation.

21. The evaluation provided relevant recommendations for the upcoming programme: (a) plan and implement more systematic and accurate monitoring and evaluation activities; (b) strengthen the linkages between country programme components; (c) strengthen the partnerships and collaboration with civil society; (d) undertake a situation analysis prior to the development of the next country programme to identify gaps in programming; (e) enhance and intensify policy-level work focused on adolescents and youth; (f) provide ongoing support to the newly established commission on demography. The formulation of the proposed programme fully reflects the evaluation recommendations.

II. Programme priorities and partnerships

22. The UNFPA fourth country programme vision for the Decade of Action toward 2030 is that all people, including those left behind, enjoy a healthy life, free of discrimination, harmful practices and violence, and live with dignity and have opportunities to fulfil their full potential and contribute to development. The country programme supports two of the three main priority areas/pillars of the United Nations Sustainable Development Cooperation Framework (UNSDCF) theory of change – people’s well-being and capabilities and responsive and effective governance – and the cross-cutting outcome related to gender equality and women’s empowerment.

23. The country programme will support achieving the three transformative results set forth by UNFPA. It will promote investment in human development to create transformational change in the lives of youth, women and girls, older persons, as well as of those groups that are left behind, ensuring that gender equality, principles of human rights, and disaggregated population data and analysis are centrally positioned in policy and service development and implementation at all levels.

24. UNFPA will scale-up its humanitarian assistance as part of the international humanitarian community’s response, focusing on the protection of women from gender-based violence and negative coping practices, as well as ensuring access of the most vulnerable displaced women and girls to sexual and reproductive health services.

25. UNFPA commits to supporting further decrease of the skewed sex ratio at birth – already decreased from 115 boys/100 girls (2012) to 110 boys/100 girls (2019) – to normal, 106 boys/100 girls, by addressing ‘son preference’ and undervaluing of girls. Solid research, wide and persistent advocacy, involving the media and youth, alliance forming with a broad range of partners, resource mobilization and leveraging, using visualized data and innovative edutainment techniques to tackle the root causes, were the main steps that led to this notable decrease. The equal valuing of girls and boys which will be achieved by tackling gender stereotypes and harmful social norms, would catalyse and leapfrog the achievement of gender equality, the transformative goals of the country, the Sustainable Development Goals (SDGs) and strategic priorities of UNSDCF, and the UNFPA transformative goal of ending harmful practices, ensuring that no one is left behind under the leadership of the UN Resident Coordinator.

26. In 2021-2025, to deliver on this overall commitment, UNFPA will bring together different streams of its mandate and harness expertise and multiple partnerships. UNFPA will focus its efforts on enhancing institutional and accountability systems for advancing high-quality and rights-based SRH services, including family planning services to women, men and youth, as well as on promoting innovation to improve access to high-quality health and social services, especially for those furthest left behind.

27. The country programme will advocate for young people, in particular adolescent girls, to have the skills and opportunities to make informed choices about their SRHR and well-being.

28. The programme will strengthen policy, legal, accountability and awareness raising frameworks for advancing gender equality, and empowering women and girls to be protected from violence and harmful practices. It will promote institutionalization of a multisectoral response to gender-based violence (GBV) and improvement of societal perceptions of girls and women.

29. The country programme will focus on supporting population data collection and utilization and mainstreaming demographic intelligence to improve the responsiveness, targeting and impact of evidence-based, data-driven, family-friendly, gender-sensitive policies, programmes and advocacy.

30. Through these interventions, the country programme will achieve the three UNFPA transformative goals of ending preventable maternal deaths, ending unmet need for family planning, and ending gender-based violence and all harmful practices by applying the following modes of engagement: advocacy and policy dialogue; capacity development for enabling environment; partnership and coordination; knowledge management.

31. Under the new country programme, UNFPA will catalyse strong accountability mechanisms for policies. As the new Government of Armenia has undertaken national transformation that includes the human rights agenda, UNFPA will need to be more agile to respond to changes quickly, and the fourth country programme will allow for that.

32. The country programme will base its interventions on the international and regional human rights standards, taking into account recommendations of the Convention on the Elimination of All Forms of Discrimination against Women and the universal periodic review, and the human rights agenda and international commitments of Armenia.

33. Rights and needs of persons from vulnerable groups, including persons with disabilities, will be prioritized and mainstreamed within all the interventions and programme activities, including in humanitarian settings such as the COVID-19 pandemic.

34. UNFPA will maintain effective partnerships, while reaching out to new partners. UNFPA will use its credibility, position and convening role to bring together all stakeholders that contribute to improving overall health status, SRHR, and well-being of all communities in Armenia.

35. Strategic partnerships will be critical to achieving the results envisioned under the fourth country programme. Across the previous country programmes of support, UNFPA has built strong alliances and strategic partnerships with the Government entities, the media, local self-governments, local youth organizations, diaspora organizations and civil society organizations (CSOs). The political will of the Government and its commitment to human rights agenda and investing in human capital will ensure that the results achieved are sustainable, tangible and transformational.

36. UNFPA will enhance the strategic cooperation with the national human rights institution during the fourth country programme. As the national human rights institution in Armenia has an “A” status as an independent institution, it will ensure sustainable objective monitoring of the human rights situation and policy-level recommendations.

37. The programme will enhance collaboration with CSOs, especially those representing the most vulnerable communities and those that promote and empower women, adolescents and youth or work on SRH and gender equality. Such collaboration has been one of the key achievements for ensuring the effective implementation of the third country programme. During the fourth country programme, UNFPA will also enhance its other achievements – collaboration with the media and non-formal actors (including faith-based organizations), while exploring strategies to expand cooperation with the private sector. As CSOs are mainly grassroots organizations, they ensure that voices of beneficiaries, particularly of those left behind, are heard and taken into account, ensuring a bottom-up approach.

38. Under the fourth country programme, South-South and triangular cooperation will be enhanced to advance the International Conference on Population and Development (ICPD) agenda and the 2030 Agenda for Sustainable Development. Since countries and territories in the Eastern Europe and Central Asia are facing similar demographic challenges, UNFPA will foster regional cooperation and provide technical assistance for development of evidence-based population policies.

39. The strategic interventions of the fourth country programme take into account the CCA and are informed by the priorities of the national transformational agenda, arising from the velvet revolution since 2018. Mainly, the Government prioritizes the SDGs promoting human dignity, equality and democracy, and aims to revive and strengthen those human-centred values. Hence, the country programme will catalyse implementation of the Government’s commitment to SDGs and its Nairobi commitments to accelerate achievement of the ICPD Programme of Action.

A. Sexual and reproductive health

40. *Output 1. Enhanced accountability of health systems for advancing the provision of high-quality and rights-based sexual and reproductive health services, including family planning services for women and youth, especially those furthest behind, including in humanitarian settings.*

41. *Output 2. Young people, in particular adolescent girls, have the skills and opportunities to make informed choices about their sexual and reproductive health and rights and their well-being, including in humanitarian situations.*

42. Outputs 1 and 2 contribute to the UNSDCF Outcome 1. This will be done by enhancing accountability of health systems in preventing maternal deaths, reducing unmet need for family planning, and ensuring access to SRH services, especially for vulnerable populations, and by ensuring adolescents and youth have access to comprehensive and age-appropriate information, inclusive education and adolescent-friendly high-quality health services.

43. UNFPA will contribute to the outputs by: (a) revising and operationalizing medical education curricula on reproductive health and rights, in accordance with international standards and a rights-based approach; (b) supporting the Government in strengthening accountability mechanisms for health governance and to initiate community-based processes through CSOs to improve the quality of reproductive healthcare services; (c) advocating for inclusion of a designated health budget line for family planning commodities to reach the furthest behind first; (d) building capacity to implement the Minimum Initial Service Package interventions at the onset of a crisis in areas affected by the Nagorno-Karabakh conflict and integrate them in national disaster risk reduction plans; (e) introducing adolescent health competencies in curricula of health professionals; (f) advocating for investment in adolescents; (g) supporting introduction of adolescent-friendly health services in primary healthcare facilities, especially for adolescents from rural and remote areas; (h) operationalizing school-based healthy lifestyle education, including support to teacher training and development of materials; and (i) supporting revision and realization of the State youth strategy and action plan.

B. Gender equality and women empowerment

44. *Output 3. Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to be protected from violence and harmful practices, including in humanitarian settings.*

45. Output 3 directly contributes to UNSDCF Outcome 8. This will be done by revising legal acts and policies in accordance with international standards to prevent and address gender-based violence and gender-biased sex selection, a coordinated multisectoral response to GBV, including for persons with disabilities and in humanitarian settings; this includes behaviourally informed campaigns addressing discriminatory gender and sociocultural norms, gender inequalities, GBV and gender-biased sex selection, and establishing women's resource centres, in partnership with CSOs.

46. UNFPA will contribute to this output through advocacy, policy advice and technical support by: (a) strengthening civil society organizations and community mobilization to eliminate discriminatory gender and sociocultural norms, including related to SRHR affecting women and girls, including through engagement of men and boys and faith-based organizations; (b) supporting communities to develop innovative advocacy initiatives to eliminate discriminatory gender and sociocultural norms that affect women and girls; (c) supporting advancement of policies and the legal framework to prevent and address GBV and harmful practices, including through involvement of youth, men and boys, and persons with disabilities; (d) supporting creation and operationalization of a coordinated multisectoral response to GBV; (e) mainstreaming GBV prevention and response into protection interventions in the humanitarian settings in Armenia, in line with international humanitarian law and principles; (f) supporting introduction of an accountability mechanism to ensure implementation of legislation and policies, in line with international standards;

(g) supporting improvement of educational and employment opportunities for women and improvement of women's participation; and (h) improving knowledge regarding women's human rights and ways of protection from GBV and harmful practices.

C. Population dynamics

47. *Output 4. Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of evidence-based development policies, programmes and advocacy to advance achievement of the Sustainable Development Goals.*

48. This output will contribute to the UNSDCF Outcome 7. It will be done by strengthening the data collection system and its disaggregation for all population groups, focusing on the most vulnerable and addressing their needs based on the principle of 'leaving no one behind'.

49. This output will be achieved through advocacy, policy advice and technical support by: (a) strengthening capacities of national counterparts to ensure that reliable population data are generated, made available and analysed on topics related to SRH, violence against women and girls, gender equality, youth and low fertility and migration; (b) strengthening capacities of the official statistical system to have updated comprehensive population data inform rights-based and evidence-based social policies with strong accountability mechanisms; (c) improving national statistical and demographic capacity; (d) supporting evidence-based and human rights-centred policy formulation and implementation regarding SRH, youth, gender equality and ageing, with a focus on those furthest behind.

III. Programme and risk management

50. The fourth country programme was drafted in a participatory process with the Government of Armenia, the national human rights institution, civil society organizations and independent experts, United Nations agencies and other development partners, beneficiaries, including representatives of those left furthest behind. Through its implementation, UNFPA will contribute to United Nations results groups, and other relevant interagency groups as internal country team coordination mechanisms, including for humanitarian response, towards the achievement of the SDGs and the Nairobi commitments on the advancement of the ICPD.

51. An integrated partnerships and resource mobilization plan will guide efforts to leverage strategic partnership opportunities with the Government, international multilateral and bilateral partners, the private sector and United Nations organizations to secure the critical support and resources necessary for effective programme implementation, in line with the respective UNFPA policies and procedures. The plan provides a conceptual framework for mutual accountability regarding UNFPA contribution to national priorities and development needs.

52. The UNFPA country office in Armenia will consist of a head of office, three national programme analysts, a finance/administration associate, a communication associate and several support staff for delivering the outputs of the proposed country programme, as well as additional project staff to manage and utilize other resources. The office staff will be funded from the UNFPA integrated budget for management and development effectiveness functions and from the programme budget for programme functions. During implementation of the country programme, the office will seek technical support from UNFPA headquarters, and other sources, as appropriate.

53. Following recommendations from the country programme evaluation, two UNFPA staff members, responsible for population and development and SRH components, respectively, will move to the United Nations house, and a fixed-term post will be established for coordination of the adolescents and youth programme.

54. As highlighted in the UNSDCF, there are multiple risks to the implementation of the UNFPA programme in Armenia. These include but are not limited to: political instability and a shift in Government priorities due to the post-COVID-19 economic downturn and other emergency situations; environmental degradation and climate change as well as incidence of natural disasters; turnover of key staff in the government agencies; lack of data and delay of SDG nationalization processes; expansion of radical organizations that could influence spread of misinformation and incorrect interpretation of sexuality education, gender equality, and family-planning issues; and deviation from a rights-based and choice-based approach to reproductive behaviour. Lack of sustainable funding is a significant risk.

55. Armenia is also at high risk of natural and technogenic disasters, combined with an unstable security situation in the region, owing to high levels of exposure and vulnerability, as well as an insufficient capacity to manage risks. Updating emergency response and preparedness plans and integrating capacities for rapid assessments in case of emergencies along with MISIP would be one of the solutions to better manage crisis situations.

56. UNFPA will regularly assess operational and programmatic risks identified in the theory of change and make required adjustments. Political risks will be assessed regularly through environmental scanning.

57. To mitigate the risks, UNFPA will develop an advocacy strategy for the country programme to provide the relevant Government authorities with evidence-based information and expand partnerships with CSOs and media. UNFPA will also address some of the challenges through innovative approaches for resource mobilization, improved use of communications, including the use of social media. UNFPA will continuously review its risk management system to introduce change, leverage existing resources and integrate lessons learned. Moreover, mitigation strategies will include reprogramming, focusing programme implementation at the local level, strengthening communication and employing innovative methodologies to reach out to vulnerable populations. The harmonized approach to cash transfers will be used in a coordinated fashion with other United Nations agencies to manage financial risks.

58. The good reputation of UNFPA and the alignment of the programme with national priorities create a solid foundation for partnership and successful country programme implementation. Programme implementation will benefit from UNFPA regional and global expertise on demographic intelligence and engagement of national partners working with vulnerable women (poor urban and rural women, women with disabilities, violence survivors, single women who have children with disabilities), older people and youth.

59. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

60. One of the main recommendations of the UNFPA country programme evaluation was to strengthen the monitoring and evaluation systems for programme implementation at all levels of intervention. The new country programme will explore and invest in innovative and effective ways of monitoring the programme and achievement of the SDGs, including the use of administrative and real-time data.

61. Nationally owned and internationally available sources of data will be used to track progress to national commitments to achieving the transformative results and the related SDGs, as well as relevant national strategies and action plans.

62. UNFPA will support implementing partners in conducting regular monitoring in the field, monitor their performance and periodically adjust implementing arrangements, as needed. UNFPA will support the national statistical and monitoring capacities to produce disaggregated population data and ensure effective monitoring and evaluation of the progress made in achieving the SDGs, making sure that data is available on those furthest behind. UNFPA will support analysis and dissemination of census data.

63. Monitoring, evaluation and reporting of the UNFPA programme will be based on the expected outcomes, outputs and respective indicators, as presented in the results framework. Monitoring and evaluation will be done in collaboration with national partners, implementing partners and other United Nations agencies. UNFPA, jointly with partners, will conduct field monitoring visits to assess if the programme interventions reach the intended beneficiaries. In addition, UNFPA will take an active role in the monitoring and evaluation group and will participate in the common country analysis, development of joint workplans and reporting on achievements.

64. In accordance with UNFPA evaluation guidelines, an independent evaluation of the country programme will be conducted in order to assess the relevance, coherence, efficiency, effectiveness, impact and sustainability of UNFPA support. It will also support the next programme cycle through recommendations on programming improvement.

RESULTS AND RESOURCES FRAMEWORK FOR ARMENIA (2021-2025)

NATIONAL PRIORITY: Armenia Transformation Strategy 2020-2050, Mega Goal 4: Healthy and secure nation and citizens. Government Action Plan for 2019-2023 (Increase of efficiency of the health system; Improvement of mother and child healthcare)				
UNSDCF OUTCOME INVOLVING UNFPA: People living in Armenia benefit from a universal, affordable, accessible and quality health system, while adopting healthy lifestyle practices				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> Outcome 1: <ul style="list-style-type: none"> ● Maternal mortality ratio <i>Baseline:</i> 21 per 100,000 live births (3-year average, 2016-2019); <i>Target:</i> <16 per 100,000 live births (3-year average, 2023-2025) ● Contraceptive prevalence rate (modern) <i>Baseline:</i> 28 (2016); <i>Target:</i> 32 (2025) ● Unmet need for family planning women aged 15-49 <i>Baseline:</i> 12.5 (2016); <i>Target:</i> 10 (2025) <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> Outcome 2: <ul style="list-style-type: none"> ● School-based comprehensive sexuality education curricula operationalized in accordance with international standards <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025) ● Adolescent health competencies are included in the pre-service curricula of health professionals <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025) 	<u>Output 1:</u> Enhanced accountability of health systems for advancing the provision of high quality and rights based sexual and reproductive health services, including family planning services for women and youth, especially those furthest behind, including in humanitarian settings.	<ul style="list-style-type: none"> ● Percentage of medical students studying based on the revised pre and postgraduate education curricula on reproductive health and rights <i>Baseline:</i> 0% (2020); <i>Target:</i> 100% (2025) ● Proportion of provinces that have key staff trained on minimum initial service package interventions at the onset of a crisis <i>Baseline:</i> 50% (2020); <i>Target:</i> 100% (2025) ● A national accountability system introduced to improve the quality of reproductive health care services for all <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025) ● Health budget includes a designated budget line for family planning commodities to reach furthest behind <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025) 	Ministry of Health, Ministry of Emergency Situations, Ministry of Education, Science, Culture and Sport, municipalities and local authorities, Human Rights Defender, United Nations agencies, development partners, civil society organizations, academia, media	\$0,9 million (\$0.5 million from regular resources and \$0.4 million from other resources)
	<u>Output 2:</u> Young people, in particular adolescent girls, have the skills and opportunities to make informed choices about their sexual and reproductive health and rights, and well-being, including in humanitarian situations.	<ul style="list-style-type: none"> ● Proportion of schools operationalized “healthy lifestyle” curricula, including for people with disabilities <i>Baseline:</i> 0% (2020); <i>Target:</i> 100% (2025) ● Global Guidelines on adolescent health competencies are included in the pre-service curricula of health professionals in accordance with international standards <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025) ● Proportion of primary healthcare facilities providing adolescent-friendly health services in accordance with WHO standards <i>Baseline:</i> 0 (2020); <i>Target:</i> 25% (2025) 		
NATIONAL PRIORITY: Gender Equality Strategy. Priority 2. Overcoming gender discrimination in the socio-economic sphere, expanding women’s economic opportunities; Priority 5. Prevention of gender discrimination				
UNSDCF OUTCOME INVOLVING UNFPA: All persons benefit from gender equality and equal opportunities to realize their human rights, fulfil their economic, political and social potential and contribute to the sustainable development of the country				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women’s empowerment. Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings				

<p><u>Related UNFPA Strategic Plan Outcome 3 indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older reported to be subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and type of violence <i>Baseline: 450 (2019); Target: 1,000 (2025)</i> 	<p>Output 3: Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to be protected from violence and harmful practices, including in humanitarian settings.</p>	<ul style="list-style-type: none"> Number of legal acts/policies revised in accordance with international conventions and commitments to prevent and address gender-based violence and gender-biased sex selection <i>Baseline: 0 (2020); Target: 2 (2025)</i> A coordinated multisectoral response to gender-based violence in place (including ensuring accessibility of services for persons with disabilities), including in humanitarian settings, in partnership with CSOs <i>Baseline: No (2020); Target: Yes (2025)</i> Number of behaviourally informed campaigns addressing discriminatory gender and sociocultural norms, gender inequalities, GBV and gender-biased sex selection (including those accessible for persons with disabilities) in partnership with CSOs <i>Baseline: 17 (2020); Target: 25 (2025)</i> Proportion of provinces in Armenia with women's resource centres established with support from UNFPA and in partnership with CSOs <i>Baseline: 30% (2020); Target: 60% (2025)</i> 	<p>Ministry of Labour and Social Affairs, Ministry of Defence, Ministry of Justice, Ministry of Health, Ministry of Education, Science, Culture and Sport, Police, Prosecutor's Office, Investigative Committee, municipalities and local authorities, Human Rights Defender, United Nations agencies, development partners, civil society organizations, media</p>	<p>\$2.1 million (\$0.8 million from regular resources and \$1.3 million from other resources)</p>
<p>NATIONAL PRIORITY: State Demographic Policy 2009-2035, Armenia Transformation Strategy 2020-2050</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: People benefit from evidence-based, human-centric and SDG-aligned policies supported by diversified sources of financing, innovation, and partnerships for sustainable development for all</p>				
<p>UNFPA STRATEGIC PLAN OUTCOMES: Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development. Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p>				
<p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics <i>Baseline: 49%; Target: 97%</i> Population Census 2021 conducted <i>Baseline: No; Target: Yes</i> 	<p>Output 4: Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of evidence-based development policies, programmes and advocacy to advance the achievement of the Sustainable Development Goals</p>	<ul style="list-style-type: none"> Number of in-depth analysis and studies based on population census 2021 data policy recommendations, with focus on furthest behind <i>Baseline: 0 (2020); Target: 5 (2025)</i> Proportion of new policies addressing demographic challenges that are rights based with defined coordination and implementation mechanism <i>Baseline: 0, Target: 100 (2025)</i> <ul style="list-style-type: none"> (a) rights-based (25%); (b) holistic (25%); (c) implementation budgeted and monitored (25%); and (d) cross-sectoral coordination (25%) Number of partnerships established to build national capacity for preparing specialized statisticians and demographers <i>Baseline: 0 (2020); Target: 6 (2025)</i> 	<p>Government of Armenia, Ministry of Labour and Social Affairs, Statistical Committee, National Institute of Labour and Social Research, CSOs, media, National Commission on Demography</p>	<p>\$1,8 million (\$0.8 million from regular resources and \$1.0 million from other resources)</p>