A. Country Information

**Country name:** Armenia

| Category per decision 2007/42 | Current programme period: 2010-2015 | Cycle of assistance: 2 |

B. Country Programme Outputs Achievement

**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.**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Target</th>
<th>End-line data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1.1.1</strong> No. of updated sub-legislative acts on reproductive health</td>
<td>0</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td><strong>Indicator 1.1.2</strong> Data on quality and accessibility of maternal healthcare services is available.</td>
<td>No assessment</td>
<td>Assessment conducted</td>
<td>Assessment conducted</td>
</tr>
<tr>
<td><strong>Indicator 1.1.3</strong> No. of survey reports on RH produced and disseminated among stakeholders.</td>
<td>0</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

**Key Achievements**

**Gender biased sex-selection**

In 2010, the survey on of *Prevalence of and Reasons for Sex-selective Abortions in Armenia* was initiated and it was carried out in 2011. The findings of the study validated the National Statistical Service data which demonstrated a specific sex-ratio imbalance in the third and fourth births and giving grounds to assume that sex-selective abortions are being used to secure the desired gender. The UNFPA supported a follow-on survey *Sex Imbalances at Birth in Armenia, Demographic Evidence and Analysis*, 2013 which provided further insight on the skewed sex ratio at birth and in view of the global trends on “missing women” and the implications for development of society that may be used for socio-economic planning. The study was conducted at the request of the UNFPA Armenia Country Office by a senior fellow at the Research Institute for Development in Paris, a leading expert on the issue of prenatal sex selection. The study was an opportunity to further explore the transformation of the population structures which will severely affect the dynamics of marriage; further, the male surplus is considered on a global basis to be a reflection of discrimination against women. In 2012-2014, UNFPA publicized the results of the study and promoted very effective interactions with the government and the public to stimulate awareness and discussion.

The UNFPA Armenia Country Program Evaluation executed in 2014 indicated a wide reach in the country of the results of the survey and awareness among society members of the longer term implications for the gender balance of the population. There is evidence from interviews that women are changing their attitudes toward prenatal sex selection, however there is no scientific data to indicate that there is a rise in the birth of daughters. It is clear that compared to the lack of acknowledgement in the past, the issue is now widely discussed and acted upon not only by the media and a large alliance of non-governmental and international organizations, but also by the highest secular and religious powers in the country, partly as a result of the UNFPA substantial contribution over the past three years.

In response to the need to address the pre-natal sex selection, the government has explored means to mitigate the facilitating factors. The members of Parliament in Armenia are discussing a ban on doctors revealing the sex of a fetus before the 30th week of pregnancy, which they hope will reduce selective abortions.
Conference on “The Situation of Reproductive Health in Armenia: Achievements and Obstacles”

In October 2010, UNFPA with the Ministry of Health, organized a conference where 79 participants including government officials, decision-makers, researchers and academicians, heads of maternity institutions of Yerevan and marzes, heads of women consultancies, UN officials, local and international NGOs and mass media met to discuss the issues of Family Planning, Infertility, Abortion, High Risk Pregnancy and the Role of the UNFPA in reproductive health improvement. The aim was to affect reproductive health policy and practice and to make recommendations for improvement. The participants expressed positive feedback on the opportunity to discuss the current problems and achievements.

Development of Sub-legislation, Policies, Protocols and Guidelines

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

- In 2011, development and publication of Standards on organization and delivery of obstetrical-gynecological services for maternity outpatient departments;
- A manual for doctors on “Efficient perinatal medical care” in Armenian was developed and published;
- In 2011, methodology for conducting the routine and sentinel HIV epidemiological surveillance was developed and an “Operational Manual for Epidemiological HIV Surveillance” in Armenian and English was published, available for dissemination in Armenia and in the region.
- In 2012, the standards on organization and delivery of obstetrical-gynecological services for maternity inpatient departments were developed.
- In 2012, UNFPA provided assistance to the MOH for the development of a policy document on localization of the state certificate of maternity care and introduction of a referral system. (This was not included initially in the annual workplan but was requested at a later stage by the Ministry of Health within a new programme of reforms initiated by the Ministry at the end of the year.)
- In 2013, in support of the “2013 Action Plan on Combating Gender-based Violence” a manual on Health Care Response to Persons who Experienced Sexual Assault was developed and approved by the Ministry of Health.
- In 2013 the protocols on Misoprostol (brand name: Cytotec) use for induction of labor and medical abortion were developed and approved in 2014 by the Ministry of Health. As a result of the UNFPA advocacy, in August 2014 the Ministry of Health banned the over-the-counter sales of Cytotec in the country. Currently, the medication can be purchased by doctor’s prescription only. Before a large number of women in Armenia have been using Cytotec (Misoprostol) as a medication to abort the unwanted fetus at home, which posed a serious threat to their health as they could buy the drug in pharmacies without any prescription and use it without the relevant information about its dosage and right usage, which can result in from an incomplete abortion to bleeding to death.
- In 2015 it is planned to provide assistance to the Ministry of Health in development of New Reproductive Health Strategy 2016-2020 and develop protocols on medical criteria of modern contraceptive methods.

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

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Indicator 2.1.1 No. of health care providers trained in RH/FP/AC/HIV counseling.</td>
<td>350</td>
<td>100 annually (850 by the end of 2014)</td>
<td>922 (300 planned for 2015)</td>
</tr>
<tr>
<td>Indicator 2.1.2 % of service delivery points offering at least two methods of family planning.</td>
<td>70%</td>
<td>90%</td>
<td>80%</td>
</tr>
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</table>
Key Achievements

From 2010 to 2014, UNFPA supported a number of capacity development interventions for “Strengthening of Sexual and Reproductive Services” through managerial and technical input. In July 2010, a series of trainings resulted in the training of 170 family doctors to strengthen their skills for RHR counselling in order to offer user-friendly services. To support this intervention, the manual “Medical Criteria on Selection of Modern Contraception” originally supported by UNFPA (2006) was reprinted.

In 2011, new cycle of refresher trainings for obstetricians-gynecologists has incorporated HIV counseling and in July 2011, five day trainings were organized for 96 obstetricians-gynecologists from Yerevan on “Modern approaches to prenatal and postnatal care with integration of HIV and AIDS counseling”, which strengthened the capacities of this group of healthcare providers in the field of HIV and AIDS counseling integration to pre-and postnatal care. Three five day training sessions conducted in July-August 2012 improved capacities of 92 obstetricians-gynecologists from regional maternities and women consultancies of Armenia on “Modern approaches to prenatal and postnatal care with integration of HIV and AIDS counselling” The training was conducted using the manual for doctors on “Efficient perinatal medical care”, which was developed on the basis of WHO training modules and approved by the decree of Minister of Health.

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

In 2014 capacity building trainings on MISP for 69 community activists were conducted in 3 cities of Shirak marz, which was identified as “most vulnerable” taking into account its location in a high seismic risk zone. Overall, three one-day trainings were organized for representatives of local emergency services, NGOs, medical facilities, secondary schools and general public.

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

The assessment was well planned and carried out. The international and national professional team of co-assessors carried out assessment in one (referral hospital) tertiary level maternity hospital and one secondary level hospital in the capital Yerevan, one secondary level hospital in Gyumri, Shirak region (marz) and one facility of primary B level in Ijevan, Tavush region by using a new WHO Assessment tool for the quality of hospital care for mothers and newborn babies.

Eight professionals with different disciplinary backgrounds (obstetrics, midwifery and neonatology) were selected among well-known specialists, working in the MoH, Yerevan State Medical University and leading hospitals as national co-assessors. Prior to the assessment visits a half day start-up workshop was organized with participation of three international experts, experienced in quality assessments using the WHO tool, the national team, as well as the team representing the development partners: UNFPA, WHO, WV and UNICEF country offices.

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

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

Another assessment was conducted on Family Planning Units throughout Armenia in 2014: the report formulated a series of recommendations for the development of evidence-based Family Planning medical guidelines and protocols, as well as necessity for conducting trainings for service providers and ensuring sexual and reproductive health commodity security. In 2015 it is planned to organize capacity building training for 300 FP service providers.

In addition, UNFPA initiated development of web based Logistic Management Information System that will serve as a mechanism for monitoring, forecasting and tracking the reproductive health commodities, including contraceptives. Capacity building trainings for Family Planning Units’ administrators, MOH and warehouse’s relevant staff (hundred people) will be organized during the 2015.

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

<table>
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<tbody>
<tr>
<td><strong>Indicator 2.2.1</strong> No. of education institutions (10-11 grades of schools and universities) mainstreaming Healthy Lifestyle course into their curricula by 2015.</td>
<td>0</td>
<td>1,014 (secondary and high schools, and 2 universities)</td>
<td>1,543 schools and 2 universities</td>
</tr>
<tr>
<td><strong>Indicator 2.2.2</strong> No. of communities reached and sensitized on issues of safe motherhood, sexual and reproductive health, HIV/AIDS, including through peer education.</td>
<td>32</td>
<td>100</td>
<td>110 (102 planned for 2015)</td>
</tr>
<tr>
<td><strong>Indicator 2.2.3</strong> No. of TV programs broadcast on RH issues.</td>
<td>0</td>
<td>6</td>
<td>179</td>
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</tbody>
</table>

### Key Achievements

**Support for Reproductive Health Awareness among the Military**

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

In 2011, improvement of RHR awareness interventions was continued among military on RHR/STIs/FP; Information booklet for military servants on RHR/STIs/FP was reprinted and disseminated. In 2012, the successful cooperation continued with the Ministry of Defense (MoD) in the field of awareness raising among military servants on RHR/STIs/FP. The expert from the MoD was contracted to organize trainings for military servants and dissemination of information materials. The reprinted 15,000 copies of the booklet for military servants were distributed to the military units. 60,000 copies of the booklet for military servants RHR/STIs/FP were reprinted and distributed among the servants during the trainings carried out in 2013-2014 in military training units and 4 central army corps. In 2013
2014 the ways of optimization of the activity were discussed with the MoD. The suggestions and recommendations of the Ministry were reflected in 2014 year implementation of the corresponding activity. The training materials were revised and updated. The sustainability of the trainings was strengthened through introduction of RHR/STIs/FP lectures in curriculum of Yerevan State Medical University faculty of Military Medicine.

CP evaluation confirmed that the level of knowledge has been raised among the military population as well as improving attitudes and practices in the areas of sexual and reproductive health and HIV and AIDS prevention.

**Increasing Demand from Youth for Reproductive Health services**

In 2011, advanced TOT & Group Dynamics in Peer Education as well as trainings on HIV and AIDS & drug abuse were conducted for Y-PEERs. Advanced TOT & Group Dynamics in Peer Education training was conducted for 23 young Y-PEERs, and training on HIV and AIDS and drug abuse was conducted for 15 Y-PEERs to further implement peer education outreach among vulnerable youth in regions. Trainings were conducted on “Reproductive Health Issues for Youth” by peer education for 100 youth from Yerevan, Shirak, Lori and Tavush regions, and on HIV and AIDS and drug abuse for 60 vulnerable young people from orphanages, the rural and migration-affected regions of Armenia (Shirak, Gegharkunik and Lori regions). One of the outcomes/observations of the monitoring of the peer outreach interventions was a great demand for such educational programmes. Evidence-based programmes on peer outreach on issues of RHR, HIV and AIDS and drug abuse needs continuity, particularly in the regions. No formal evaluation was conducted.

Piloting “HIV prevention among vulnerable young people” has provided a useful experience for the expanded Y-PEER network to work with the specially targeted vulnerable groups. The funding also allowed expanding and strengthening the capacity of the national Y-PEER network. For the first time, the issues of drug abuse and an interactive theatre play were incorporated in the training agenda of the peer education, which proved to be effective. Interactive forum theatre performance on the topic of stigma related to HIV and AIDS was performed in three project sites. Use of drama in the context of HIV and AIDS proves an effective tool, particularly in tandem with peer education outreach. More than 300 young people were reached during the sensitization seminars and 100 young people during peer education trainings. The comparative analysis of the results of the pre- and post-tests, conducted during the peer education sessions, show significant increase in knowledge.

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

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

**Joint Programme: “Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families”**

According to the final progress report, the aims of the “Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families” project in Armenia (2009-2011) to enhance minimum living standards for the people living in Kasakh, Geghamasar, and Pambak communities and surrounding areas were fully achieved. In September 2011, three participating agencies within the United Nations Trust Fund for Human Security (UNTFHS) project (UNDP, UNFPA and UNICEF) successfully completed interventions relating to the project and commenced their follow-up implementation.
UNFPA achieved all planned outputs for the entire project. The UNFPA contribution focused on the provision of basic health services delivered by trained healthcare providers in adequately equipped health facilities targeting mostly youth and women to the benefit of the whole communities and their surroundings. In 2010, the annual target of 17 communities was reached. With UNFPA implementation - using the peer education methodology and in partnership with the Generation’s Solidarity youth NGO- 10 communities were covered in 2011 and 6 communities were covered in 2012. In 2012, 24 communities were covered. All the interventions are in line with the Armenian National Strategy on Reproductive Health, “National Strategy on Child and Adolescent Health and Development” and the current national priorities.

UNFPA conducted regular monitoring visits to provide timely and accurate evidence on compliance, changes in the situation of the target population groups, as well as on possible changes in the environment that might affect the programme. As per the final report, local ownership and participation of communities in the sub-interventions have been critical for the success of UNFPA interventions.

**Increasing Demand for Reproductive Health services from Communities**

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

In the frame of USAID Cooperative Grant Agreement UNFPA started public awareness raising campaign aimed at increasing the demand of the modern contraceptives and addressing underlying social issues that influence contraceptive behavior. As a start up of the campaign in 2014 five 3-day trainings for youth were conducted in Yerevan and three regions. Public education materials on modern methods of contraception (brochures, leaflets) have been developed and distributed to participants during the trainings.

For year 2015 it is planned to prepare and conduct 102 community meetings/trainings that influence contraceptive behavior;

(i) to develop and disseminate public education materials to raise awareness and provide accurate information on modern methods of contraception;

(ii) to organize public events in regions (marzes) to influence contraceptive behavior while also providing accurate information about the benefits of family planning for women, their children, and their families;

(iii) to organize trainings for the youth based on peer-education methodology on the topics of sexual and reproductive health and rights;

(iv) to prepare and perform forum theatre plays on FP and RH topics countrywide.

In partnership with Gedeon Richter Pharmaceutical Company and Fund for Armenian Relief UNFPA Armenia initiated development of mini webpages for regional gynecologists in medical portal (med-practic.am). The webpages provide an opportunity for marz population to get in contact with physicians via internet and receive online counseling. This will also enable marz physicians to be in contact with their colleagues from Armenia and Diaspora through the medical portal.
### 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.

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<thead>
<tr>
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<th>Target</th>
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</thead>
<tbody>
<tr>
<td><strong>Indicator 3.1.1</strong> No. of reports and desk reviews on demographic and human development issues by 2015.</td>
<td>4</td>
<td>2 reports annually</td>
<td>21 reports</td>
</tr>
</tbody>
</table>

#### Key Achievements

In 2010 ADHS 2010 and Pilot Census have been conducted. Population Census 2011 has been conducted on October 12-21, 2011. Sample survey on fertility preferences in RA has been conducted. Demographic unified master database has been developed and introduced at the National Institute of Labor and Social Researches, which allows summarizing all types of data collected from different surveys and studies as well as to analyze and effectively use them by various breakdowns and disaggregation.

In 2012 “Qualitative Survey through focus groups to study demographic situation in high mountainous and bordering marzes as well the situation with labor market and labor force” has been conducted in eight marzes of RA.

In 2013 Analysis of youth employment situation in Armenia has been conducted through focus group discussions in Yerevan, Shirak, Kotayk, Gegharkunik and Aragatsotn marzes. The main goal of the analysis was the evaluation of current problems and challenges of youth employment issues in Armenia as well as presentation of recommendation package on employment promotion. In 2013 Qualitative Survey on “Fertility Preferences, its Incentives and Disincentives” through focus-group discussions has been conducted. Totally 152 people (women-79, men-73) have participated at the focus-group discussions. The main goal of the survey was to assist to the improvement of currently implementing demographic and family policies in Armenia by identification of incentives and disincentives influencing on fertility behaviour of Armenian population. In 2013 the development of the concept paper on provision of alternative services to aged population has been initiated in order to create new system on provision of social services to elderly people on free of charge, partial payment and full payment basis. National Statistical Service of RA has initiated the implementation of population projections in Armenia for the period of 2013-2050. 17 models containing “MORTPAK” software (“PROJECT” program) developed by UN Population Division has been used as a tool for implementing population projections.

In 2014 solutions of employment promotion for uncompetitive young people in Armenian labor market through analysis, focus-group discussions and development of specific projects have been elaborated. Mechanisms for preliminary identification of domestic violence victims and elaboration of relevant training modules for social workers have been developed. Analysis of factors influencing the current demographic situation and three-year Action Plan on demography have been elaborated.

### Output 4.1 Capacity of government institutions is strengthened to develop and implement social policies related to population development and to effectively monitor and evaluate their implementation.

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<thead>
<tr>
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<th>Target</th>
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</thead>
<tbody>
<tr>
<td><strong>Indicator 4.1.1</strong> No. of officials trained in the field of monitoring and evaluation and demography.</td>
<td>60</td>
<td>20 annually</td>
<td>205 officials</td>
</tr>
<tr>
<td><strong>Indicator 4.1.2</strong> No. of social workers trained in delivery of quality social services.</td>
<td>0</td>
<td>20 annually</td>
<td>347 social workers</td>
</tr>
<tr>
<td><strong>Indicator 4.1.3</strong> No. of programs under the Demographic Policy of RA monitored and evaluated through the M&amp;E system.</td>
<td>0</td>
<td>2 annually</td>
<td>18 programs</td>
</tr>
</tbody>
</table>

#### Key Achievements

Manuals on Home Visit and Ethics Rules have been developed and piloted in 5 regions among 11 social workers in 2011.

The Government of RA has initiated broad reforms to improve social assistance system in the country in order to provide high quality social services to the citizens as well as to ensure the accessibility of social services for the most vulnerable groups of the society. Particularly, the Government of RA approved the Decree 952-N on 26
July, 2012 on approval of the project for introduction of integrated social services system in Armenia.

In 2012 within the framework of newly introduced system it was planned that UNFPA will support the capacity development training for social workers on delivery of quality social services. However, the mentioned Decree prescribed certain activities and time-schedule for all related activities including the training for social workers. In compliance with the same Decree, UNFPA supported development of the following materials and inclusion in the training package: 1) job descriptions for coordinators of social services, 2) job descriptions for employees of unified receptions of the social services, 3) job descriptions for employees of citizens' application processing, 4) job descriptions for case managers, 5) application forms to be submitted by citizens on various social issues, 6) form for assessment of social needs of the family, 7) guidelines for home visits by social workers, 8) form for individual social case, 9) guidelines for individual assessment. These documents ensure the effective functioning of newly established social service centers. According to the activity time-schedule prescribed by MLSI of RA the series of trainings for social workers have been postponed to year 2013, which will be periodically conducted from February to November, 2013. As a result target of this, the initial indicator target (20 officials trained) has not been achieved during year 2012 as the training was postponed to the year 2013.

UNFPA Armenia in collaboration with the Caucasus Research Resource Centers (CRRC) – Armenia have initiated Conduction of Training of Trainers on Demography for Government Officials (1-5 October, 2012) by invited international expert from Belarus (South-South cooperation) and three trainings (22-26 October, 2012, 5-9 November, 2012, 19-23 November, 2012) on Demography for Government Officials, Academia and NGOs by local trainers, which aimed to strengthen the capacity of Government Institutions, academic scientists and researchers to obtain comprehensive knowledge and skills in the field of Population Studies.

In order to reveal the consistency and eliminate any discrepancy between the Strategy of Demographic Policy activities and 2012, as well as identify how the budget decisions on demographic issues relate to the strategy, ICHD has analyzed the State Budget of RA for 2012 from the demographic perspective. This allowed identifying the adequacy of the Strategy of Demographic Policy with the planned implementation of the action plan. Desk review and comparison of the proposed budget for 2012 with the envisaged activities in the Strategy of Demographic Policy have been also implemented. The discrepancies revealed in 2011 budget have been also compared and the relevant conclusions have been presented. Two Off the Record (OtR) discussions with two key speakers and 25-30 participants for each have been conducted on 23 April and 25 May, 2012 and the results of the analysis have been presented to the stakeholders, policy makers and experts. As a result of effective implementation of this activity the target of this indicator has been exceeded and 12 documents and programs have been monitored and evaluated from demographic impact perspective (vs. the planned 2) and relevant policy-making recommendations have been developed, discussed and disseminated to stakeholders and policy makers.

UNFPA in collaboration with ICHD undertook the review of the progress achieved and the constraints faced in the implementation of the ICPD Programme of Action as part of ICPD beyond 2014 operational global review. UNFPA jointly with ICHD has established the Working Group on ICPD Beyond 2014 led by the Ministry of Foreign Affairs of RA to complete the Global Survey Questionnaire. All key stakeholders in the government, civil society (including youth organizations, as well as representatives at sub-national levels where relevant), and academia have been involved in the ICPD review process in Armenia. Within this framework a Validation Meeting has been organized and Armenia ICPD Beyond 2014 Review Report and Armenia Global Survey Questionnaire have been finalized. In addition, ICHD experts developed a subsequent final National Stakeholders Consultation Meeting Report.

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by local trainers, which aimed to strengthen the capacity of Government Institutions, academic scientists and researchers to obtain comprehensive knowledge and skills in the field of Population Studies. The trainings brought together the participants with various backgrounds for stimulating discussions on global demographic issues mainly focusing on the best international practices in demographic challenges, Demographic transition, Demographic data and sources of information, System of main demographic indicators, Demographic policy and Population projections. Gained knowledge and skills transferred through international experience provided the Government officials with the opportunity to utilize the skills and knowledge during their daily work to develop and implement the evidence-based social policies. Due to time constraint CRRC had an unspent amount of 6,968.96 USD from last year, and requested no-cost extension taking into account the high need and very positive feedback received, to fulfill the initially planned project to the fullest by March 6, 2013 the latest. As a result on 20-26 February, 2013 ten participants have completed the training on Demography.

On 23-27 September, 2013 Training on Demography and M&E framework has been conducted for 20 Government Officials, Academia and NGO representatives in Tsaghkadzor by the trainer who has passed the ToT on Demography for Government Officials in 2012. Participants of the training were representing almost all line Ministries and NGOs. All the participants have successfully completed the course and received Certificates of completion. An introductory manual on demography which will serve as a quick guide for journalists and other people interested in Demographics has been developed which will be used for upcoming trainings and seminars.

In 2013 within the framework of Integrated Social Services System Reforms the on-job trainings in 9 integrated social services centers located in Masis, Vedi, Ararat, Artashat, Charentsavan, Nairi, Armavir, Noyemberyan and Chambarak have been conducted. 171 social workers have been trained by "Social case Management" module and newly developed module on "Case Management IT database" who provide social services to 521,000 citizens.

In 2013 the Law on State Benefit of RA, Law on Social Assistance of RA and the Government Decree on Child Birth benefit have been monitored and evaluated from demographic impact perspective (vs. the planned 2) and introduced to the approval of the National Assembly of RA.

In 2014 156 social workers have been trained in Yerevan, Ararat, Armavir and Kotayk marzes. 17 Government Officials and 14 mass media representatives have passed the training on Demography.

| Output 5.1 Increased national and local capacities to ensure gender equality, the empowerment of women, and to combat gender based violence. |
|---|---|---|---|
| **Indicators** | **Baseline** | **Target** | **End-line data** |
| **Indicator 5.1.1** No. of policy mechanisms to ensure gender equality and combating gender based violence established. | State Development Concept 2009-2013 | National Action Plan on Combating GBV 2011-2014 | 2011-2015 NAPs on Gender Equality and to Combat GBV developed and implemented |
| **Indicator 5.1.2** No. of professional staff in national machinery trained on gender issues, GBV and reporting mechanisms. | 500 | 1000 | 859 |
| **Indicator 5.1.3** No. of service staff (health care personnel, law enforcement, NGOs) trained on gender issues, GBV and supporting mechanisms. | 150 | 600 | 1034 without 2015 |
| **Indicator 5.1.4** No. of public campaigns carried out. | 0 | 1 per year | 8 campaigns |
Key Achievements

UNFPA Armenia CO supported the first ever nation-wide survey on domestic violence against women in cooperation with national statistical service, thus improving availability of data, strengthening the institutional capacity to track the phenomenon and developing new strategies for interventions.


UNFPA has contributed to more effective cooperation between stakeholders by promoting dialogue on many levels and as a co-leader of the Gender Thematic Group. By the UNFPA support Inter-Agency Committee to Combat Gender-Based Violence and its Working Group on Combating Skewed Sex-at-birth Ratio in Armenia were established. The UNFPA built strong strategic partnerships with important structures such as Ministry of Defense, Ombudsman and Faith-based organization.

UNFPA worked in communities with municipal leaders and service workers, priests, military and community members to promote awareness and to sensitize men, women, adolescents and youth on gender equality and gender based violence. UNFPA was particularly successful in reaching communities by conducting and disseminating research, use of media and public campaigns to build country–wide awareness of gender equality and violence issues.

UNFPA has promoted capacity development using a wide range of tools and approaches and broadening the audience. Training module on GBV for social workers with an identification tool of GBV victims have been developed and trainings for 156 social workers were conducted.

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

<table>
<thead>
<tr>
<th>C. National Progress on Strategic Plan Outcomes</th>
<th>Start value</th>
<th>Year</th>
<th>End value</th>
<th>Year</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1</strong> Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National development plans (NDPs) and poverty reduction strategies (PRSs) that address population dynamics and its interlinkages with the multisectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National health policies and plans that have integrated sexual and reproductive health (SRH) services (including family planning)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Summary of National Progress**

Strategic Plan Outcome 1 was not covered under 2010-2015 UNFPA Armenia Country Office contributions.

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### Outcome 2 Increased access to and utilization of quality maternal and newborn health services

<table>
<thead>
<tr>
<th>Maternal mortality ratio</th>
<th>27</th>
<th>2009</th>
<th>18.4</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births attended by skilled health personnel</td>
<td>99.9%</td>
<td>2009</td>
<td>100%</td>
<td>2014</td>
</tr>
<tr>
<td>Caesarean sections as a proportion of all live births</td>
<td>17.7%</td>
<td>2009</td>
<td>21.5%</td>
<td>2014</td>
</tr>
</tbody>
</table>

**Summary of National Progress**

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

According to the Ministry of Health, in 2011-2013 the maternal mortality ratio decreased by 17% compared to 2008 and 2010 (23.2/100,000). For the first time in Armenia during the past several decades the rate of maternal mortality was registered below 20/100,000. This positive shift is partly attributed to an increase in budget allocations to reproductive health and to some extent to the operation of mobile emergency obstetric care (EOC) and travelling gynecologist teams (TGT) schemes. While the current maternal mortality indicators of Armenia are ahead of many CIS countries, the MMR is still far above the EU which is 5/100,000.¹

The main causes of maternal mortality in the country are: extra-genital diseases (31 per cent); obstetric bleeding (27 per cent); hypertensive disorders (25 per cent); abortions (3 per cent); sepsis (8 per cent); and other causes (6 per cent).² The MDGs for maternal mortality are measured in maternal mortality ratio. The Government aimed to achieve the level of maternal mortality of 10.3 maternal deaths per 100,000 live births by 2015 which is close to the corresponding MDG Target 6A: Reduce, by three quarters between 1990 and 2015, the Maternal Mortality Ratio.³ WHO notes the maternal mortality ratio to be 30 in 2010.⁴ Facility deliveries increased slightly from 97 % in the 2005 ADHS to 99 % according to the 2010 ADHS. In particular, Gegharkunik marz shows great improvement, increasing from 84 % in 2005 to 98 % in 2010, followed by the Aragatsotn marz, increasing from 88 % in 2005 to 100 % in 2010.

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

**UNFPA’s Contributions**

To help address the regional disparities, the 2nd CP aimed to place further emphasis on expanding the coverage and outreach of mobile reproductive health teams (Traveling Gynecologist) and Emergency Obstetrics Care (EOC) teams to remote and poor areas. One intervention in the RHR programmatic area was continued from the

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¹ Ministry of Health, Karine Saribekyan, Head of the Maternity and Child Welfare Department, Armenia's Ministry of Health, said that the maternal and infant mortality rates are down in Armenia, Armenian News, 6/24/2014.
² UNFPA website - http://unfpa.am/en/safe-motherhood
⁴ UNDP website - http://www.am.undp.org/content/armenia/en/home/mdgooverview/overview/mdg5/
previous cycle, within the framework of a Joint Programme on “Sustainable Livelihood for Socially Vulnerable Refugees, Internally Displaced and Local Families” commenced in 2009 by UN Agencies (UNHCR, UNFPA, UNDP, UNIDO, and UNICEF).

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

### Outcome. 3 Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive prevalence rate (modern methods)</td>
<td>27.2</td>
<td>-</td>
</tr>
<tr>
<td>Percent of service delivery points (SDPs) offering at least three modern methods of contraception</td>
<td>21.3</td>
<td>-</td>
</tr>
</tbody>
</table>

| Percentage of service delivery points (SDPs) offering at least three modern methods of contraception | 2010 | - |
|---|---|
| Unmet need for family planning | 2010 | - |
| Percentage of service delivery points (SDPs) offering at least three modern methods of contraception | 2015 | To be set by DHS 2015 |

### Summary of National Progress

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

- **Use of contraception** has decreased, from 61% of married women in the 2000 ADHS to 55% in the 2010 ADHS. However, the proportion of married women who use modern contraceptive methods increased from 20 to 22% in previous surveys to 27% in the 2010 survey which is comparatively low. There is a steady decrease in the use of traditional methods (from 37% in 2000 to 28% in 2010).

- The 2010 ADHS **Total Abortion Rate** (TAR) for Armenia is 0.8 abortions per woman, a dramatic decrease since the 2000 ADHS rate of 2.6. The reason for such a considerable difference is not clear; however, it is notable that more married women reported use of modern methods of family planning in 2010 and the use of abortifacient drugs is not documented in the 2010 ADHS.

Access to family planning services has improved but demand remains low. The unmet need for family planning has increased from 12% of married women of reproductive age in 2000 to 21.3% in 2010.\(^5\) In Armenia, family doctors and pediatricians can provide family planning counseling referral to contraceptive services. Midwives and nurses are allowed to provide information on all methods and distribute condoms. Family planning training has been integrated into medical training module at the State Medical University.

### UNFPA’s Contributions

To address these demand issues, UNFPA planned to engage in policy dialogue with the Government to increase the budget allocation to reproductive health commodities and strengthening the national capacity on Reproductive health commodity security. Progress has been made to this end through the government agreement on the Total Marketing Approach (TMA). The government will undertake the Total Market Approach (TMA), co-funded by USAID and implemented by UNFPA, to contraceptive procurement which may stem reliance on UNFPA for contraceptives. The total market approach (TMA) looks at what the public sector, commercial suppliers, and nongovernmental organizations can do to ensure a reliable supply of reproductive health commodities, in particular for family planning and HIV prevention. It takes into account that not all population groups are able or willing to pay the full market price for such commodities, and foresees subsidies or free supplies for those who cannot afford them. This helps ensure that the entire population has access to a wider range of affordable quality

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5 2000 and 2010 Demographic and Health Survey Key Findings, NSS, MOH, USAID, ICF International Calverton, Yerevan, 2012, p. 6
contraceptives, including marginalized or otherwise under-served groups. Starting from 2015 the Government will allocate funds in state budget for procuring contraceptives. Procured contraceptives will be distributed to vulnerable groups of population free of charge.

UNFPA also planned to focus on the need to re-energize family planning units. The comprehensive behavior change communication (BCC) strategy is key for increasing the demand for RHR services, including youth-friendly health services; and it has proved to be an effective strategy through the previous cycle of assistance. Mass communication campaigns and other interventions were planned to contribute to increased utilization of modern methods of contraception, reduced unwanted pregnancies and unsafe abortion, prevented reproductive tract cancer cases, as well as improved awareness of RHR and HIV and AIDS issues in Armenia.

### Outcome 4 Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk

<table>
<thead>
<tr>
<th>HIV prevalence in youth (15-24 years)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of women and men aged 15-49 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse</td>
<td></td>
</tr>
</tbody>
</table>

Strategic Plan Outcome 4 was not covered under 2010-2015 UNFPA Armenia country office contributions.

### Outcome 5 Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

<table>
<thead>
<tr>
<th>Percentage of women aged 20-24 who were married or in union before age 18</th>
<th>0.5%</th>
<th>2010</th>
<th>0.24%</th>
<th>2013</th>
<th>The latest available data is for 2013.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of mechanisms in place to implement laws and policies advancing gender equality and reproductive rights</td>
<td>1</td>
<td>2010</td>
<td>4</td>
<td>2014</td>
<td></td>
</tr>
</tbody>
</table>

### Summary of National Progress

Gender equality is a challenge in Armenia, particularly for economic and political participation of women, and in addressing gender-based violence and discrimination. Despite high levels of education among women, participation in political and economic life is low. As of 2014, women comprise 11% of ministers and deputy ministers; only 10.7% of parliamentarians (although an amendment to the Electoral Code set a 20% quota for women in party lists), and about 8% among local government authorities (no governors or heads of urban communities). Women in Armenia own only 11% of micro, small and medium enterprises. The male to female sex ratio at birth rose after independence and remains at the very high level of 114 males per 100 females, pointing to prenatal sex selection.

The country’s ranking in the World Economic Forum’s Gender Gap Index has declined from 84th in 2010/11 to 103rd in 2014 (among 142 countries). A rise in single-headed households by women since 2010 has reached nearly one third which is related to high levels of migrant labour among the male population, especially in rural areas. Given the limits on women’s economic opportunity, these households are vulnerable to poverty. Armenia is unlikely to achieve national MDG targets on gender equality and women’s empowerment.

A number of policy instruments and institutional mechanisms have been developed since 2010 in cooperation with NGOs and UN Agencies, but effective implementation has remained an issue. Gender policy in RoA is guided by a Concept Paper aimed at creating gender equality, eliminating discrimination on grounds of gender, ensuring equal rights in the labour market and equal access to economic resources, establishing democratic political culture and tolerance, gender-related dialogue in the public through the inclusion of the gender criterion in all spheres of life. The key issues set forth in the Concept Paper have been further addressed by the GoA through targeted strategic action plans, including the Gender Policy Strategic Action Plan for 2011-2015, the Strategic Action Plan to Combat Gender-Based Violence for 2011-2015, and annual gender policy action plans.
stemming from these strategic documents. Measures are aimed at introducing the gender component in policy development and decision-making processes at national and regional levels in socio-economic, political, education, health, cultural and public information fields.

Several bodies responsible for promotion of gender equality and protection of women’s rights have been established, specifically the Prime Minister established the National Inter-Agency Committee to Combat Gender-Based Violence in Armenia in 2010; later the composition and the charter of the Women’s Council under the Prime Minister was revised which is now considered to be the top national machinery; also a Gender Theme Group was established which is co-chaired by the Ministry of Labor and Social Issues, the UN and the OSCE.

Starting from 2011 the Government announced different awards affirming its commitment to gender equality, in particular “Best Community Response to Gender Issues” Award; “Best Women Entrepreneur” Award and “Best Journalist Covering Gender Issues” Award.

The Government of the Republic of Armenia has declared 2014 the Year of Family, stressing once again the Government’s commitment to families.

The Women’s Council adjunct to the Prime Minister is the mechanism coordinating the implementation of the gender strategy in all sectors of state policy. With the view of reinforcing and improving the institutional mechanisms, Standing Committees on gender-related issues were established in 2011 in regional administrations, in Yerevan Municipality and the capital’s 12 administrative districts, upon the executive orders of regional governors and the Mayor of Yerevan.

The adoption of the RoA Law “On provision of equal rights and equal opportunities for women and men” in May 2013 constituted an important achievement, however was followed by significant controversy regarding the concept of “gender” as defined in the law (frequently misunderstood) and intimidation of women’s rights defenders.

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. There continues to be lack of appropriate legal measures to protect victims of violence and punish the perpetrators. In February 2013 the Government rejected a draft Law on Domestic Violence elaborated for many years through multilateral cooperation, proposing, instead, to incorporate the suggested actions as part of amendments to other codes. At the January 2015 UPR review, Armenia was recommended to adopt standalone legislation to combat domestic violence and to set up a specialized referral system for the victims of domestic abuse, wherein violence would be qualified as a criminal and civil offence subject to prosecution.

**UNFPA’s Contributions**

For the first time the issue of prenatal sex selection was raised with and acknowledged by the Armenian Government; the media took the topic to a wider audience; the general public, the civil society, other international organizations started speaking about it. Currently the issue of prenatal sex selection is a hot topic. Armenia became the first country in the region to gather reliable national data on prenatal sex selection, to inform government policies regarding the issue. Armenia is successfully fulfilling its international obligations as per the Parliamentary Assembly of the Council of Europe Resolution 1829 on prenatal sex selection - first among the other countries indicated in the Resolution (Georgia, Azerbaijan, and Albania). The Armenian Government is already taking steps towards elimination of prenatal sex selection in the country. An official working group under Inter-Agency Committee to Combat Gender-Based Violence was established to work on the issue in a cooperative manner. Two options of revisions of the Law on Reproductive Health and Reproductive Rights have been put in circulation. Prime Minister publicly condemned the phenomena and tasked Ministries of Health and of Labour and Social Issues to develop action plan by 15 March 2015.
**Outcome 6 Improved access to SRH services and sexuality education for young people (including adolescents)**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2013</th>
<th>The latest available data is for 2013.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adolescent birth rate</strong></td>
<td>5.3 birth per 1000 women</td>
<td>5.0 birth per 1000 women</td>
<td></td>
</tr>
<tr>
<td><strong>Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission</strong></td>
<td>20.3%</td>
<td>22.4</td>
<td></td>
</tr>
<tr>
<td><strong>Implementation status of comprehensive age-appropriate sexuality education in and out of school at national scale</strong></td>
<td>1049 schools</td>
<td>1,543 schools</td>
<td></td>
</tr>
</tbody>
</table>

**UNFPA’s Contributions**

By the end of 2011 SAMSA trained 555 teachers (out of a target of 600) in 30 four day training workshops covering 277 schools (out of a target of 1,200 schools) from Yerevan, Armvir, Lori and Tavush marzes. Qualified trainers from SAMSA experienced in the field of Healthy Lifestyle education worked in pairs and organized trainings on Healthy Lifestyle issues and methods of effective and sustainable education for 10th -11th grades. Interactive methods were used during the trainings, so that participants got not only theoretical but also practical knowledge. 46% of teachers were males and 54% were females. The majority were teachers of Physical Education - 70%, Biology - 15%, Geography and Mathematics – 10%, and others – 5%. Constraints to the training were the weather and road conditions that caused cancellations and reduced the numbers of trainees as per the plan.

The outputs of the project in 2011 were reported to be a gain in knowledge confirmed through pre and post-tests which showed that through trainings the level of knowledge of 555 teachers on the subject of Healthy Lifestyle was increased by 24.5% (from 70% up to 94.5%). There is no feedback regarding the use of this knowledge in the schools and the subsequent behavioral changes for students (the outcomes).

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

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

More than 300 young people were reached during the sensitization seminars and 100 young people during peer education trainings. The comparative analysis of the results of the pre- and post-tests, conducted during the peer education sessions, show significant increase in knowledge. In 2013, two flash-mobs were organized on the candlelight memorial day (20th of May) and international youth day (12nd of August) The first flash mob actions were implemented in one of the most crowded areas of the city (Northern Avenue). During the flash mob action cooperation was established with the Municipality of Yerevan and with an NGO “Day Center of the Araratian Patriarchal Diocese of Holy Armenian Apostolic Church” that takes up initiatives in the field of HIV prevention. As one of the key actions of the flash mob was to attract the attention of Mass Media to the issues related to youth, the promotion of the event was held via available social networks (Twitter, Facebook, My Space etc.), national media and e-journals. Approximately 10 journals wrote articles about the flash mob. The second flashmob was organized on the International Youth Day. The message of the day was “Wake Up Youth”, which urged the youth to take the initiative of participating in the decision-making on issues concerning their lives. During the flash mob cooperation with a group of professional break dancers has been established. This event also made it possible to make a promotional short movie for future presentations of the Y-PEER National network. Volunteers from the “College of Light Industry” took part in the organization and implementation of the event. The abovementioned two flashmobs reached more than 1000 people. In 2014, the youth-oriented interventions have increased in momentum with the hiring of full time UNFPA staff for youth.

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

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July 2014
During 2014, UNFPA Armenia organized five 3-day trainings for youth on the topics of “Sexual and reproductive health and rights” in Yerevan and in three marzes (regions). In total 106 young people aged 15-24 (63 female and 43 male) participated in 3-day trainings and received certificates. The training sessions were conducted by UNFPA partner NGO’s volunteers via peer education methodology. The trainings efficiency was measured through a knowledge pre- and post-tests which showed a total knowledge increase of 21, 4 %. The knowledge increase on the topic of HIV / AIDS transmission and prevention was 29.1%.

| Outcome 7 Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality |
|---|---|---|---|
| Pilot census has been conducted in 2 regions on 21-30 October, 2010 | 2010 | The main Census has been conducted from 12 to 21 October, 2011 |
| Number of national household surveys conducted (in the last five years) that allow for the estimation of all MDG 5B indicators | 3 national household surveys | 2010 |

**Summary of National Progress**

National Statistical Service of RA is the Government’s main agency which is responsible for collection, processing, summarizing and publication of statistical data. NSS of RA. According to RA Government Decree N 301-N dated on 26 March, 2009 Population Census was conducted during 14-23 October, 2011. According to the mentioned decree Yerevan city and marz committees have been established in order to support to population census preparation and conduction processes. Through conduction of pilot census in the selected regions (town Sevan, Tavush marz: Getahovit, Gandzakar, Achajur and Khashtarak rural communities) all the activities of preparation and conduction of population census 2009 have been tested during 21-30 October, 2010. NSS of RA is the only Government agency which is responsible for conduction of nation-wide sample surveys in RA.

**UNFPA’s Contributions**

UNFPA Armenia CO has focused on enhancing the capacities of the Government’s main agency in data collection and analysis, the National Statistical Service of RA (NSS), for data analysis and dissemination of the Population Census 2011 UNFPA Armenia CO, and enhancing the potential of the Government institutions in conducting a number of researches, desk reviews and surveys. All the above-mentioned allows to have improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, SRH (including family planning), and gender equality.

UNFPA Armenia CO has supported the National Statistical Service of RA which initiated the implementation of population projections in Armenia for the period of 2013-2050. 17 models containing “MORTPAK” software (“PROJCT” program) developed by UN Population Division has been used as a tool for implementing population projections. The projection has been done by cohort component method.

Family Planning Units’ assessment conducted by UNFPA Armenia in 2014 provided detailed information and analysis about 75 Family Planning Units throughout the country. The assessment provided data on FPU’s current organizational status, human resources, availability of medical and non-medical equipment, and workload. The report provided set of recommendations on further improvement of FP services.
D. Overall Summary of CP Evaluation Findings

Key Conclusions

Relevance

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

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

Effectiveness and Sustainability

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

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

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

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

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

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

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

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

**Efficiency**

UNFPA has achieved satisfactory levels of disbursement of its financial resources but funds were unevenly disbursed due to delays in implementation. Human resources and technical expertise within UNFPA are of very high quality, however, staff longevity is adversely affected by short term contracts. UNFPA effectively leveraged many forms of additional resources particularly for the census and pre-natal sex selection work. The financial resources are not sufficient to support UNFPA critical interventions and efforts need to be stronger to maintain momentum toward jointly planned outcomes with Government partners. However, UNFPA core funds to support capacity interventions will likely be more limited and a sustainability strategy is not yet in place to ensure increasing government resources devoted to capacity development.

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

**Coordination and Partnerships**

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

Value added

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

Strategic and Programmatic Recommendations

UNFPA should:

1. Focus strategic planning on means to advocate for, identify and target the most vulnerable and high risk people, with a particular emphasis on prevention of reproductive health issues and domestic violence.
2. Develop a sustainability strategy with structured plans for resource sharing with government, donors, partners and UN agencies working on similar issues.
3. Initiate and support a nationally regulated system of monitoring and evaluation for a unified approach among government and assistance organizations, while improving internal reporting and data collection.
4. Expand UNFPA leadership and coordination efforts to draw in the needed funds and collaboration around the youth development and gender equality issues in order to make a greater collective impact.
5. Assess the potential outcomes and repercussions of legislation and other restrictions planned or in practice to address pre-natal sex selection.
6. Support development of health service outreach capacities to promote access for vulnerable people, and strengthen national medical training capacity to improve midwifery skills and standardize obstetrical care.
7. Aim for sustainable changes in adolescents and youth reproductive health knowledge, attitudes and behaviour, at the policy level, in the youth friendly health services, in school curriculums, and through peer education.
8. Initiate and support the establishment of an integrated information center which collects data from various administrative databases to promote timely and efficient demographic data collection and analysis.
9. Use leadership of the Gender Thematic Group to ensure coverage, unified messages and joint efforts for the range of needed interventions.
10. Expand partnerships and methodology to promoted gender equality through work in the marz and communities through women’s centers, committees, support groups and organizations, media, community leaders, priests and peer education.

E. Country Programme resources*

<table>
<thead>
<tr>
<th>SP Outcome</th>
<th>Regular Resource (Planned and Final Expenditure)</th>
<th>Others (Planned and Final Expenditure)</th>
<th>Total (Planned and Final Expenditure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population dynamics</td>
<td>1,213,215</td>
<td>1,039,328</td>
<td>1,213,215</td>
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<tr>
<td>Maternal &amp; newborn health</td>
<td>992,337</td>
<td>870,371</td>
<td>1,028,812</td>
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<td>--------------------------------------------------------</td>
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<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Family planning</td>
<td>-</td>
<td>-</td>
<td>145,022</td>
</tr>
<tr>
<td>HIV and STI prevention</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Gender equality and reproductive rights</td>
<td>363,604</td>
<td>268,810</td>
<td>476,470</td>
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<tr>
<td>HIV and STI prevention</td>
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<td>-</td>
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<tr>
<td>Young people’s SRH and sexuality education</td>
<td>56,039</td>
<td>55,553</td>
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<td>Data</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Programme coordination and assistance</td>
<td>531,889</td>
<td>437,905</td>
<td>-</td>
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<tr>
<td>Total</td>
<td>3,157,084</td>
<td>2,671,967</td>
<td>657,967</td>
</tr>
</tbody>
</table>

*NOTE: Data is presented for the period of 2010-2015. Planned resources are more than those spent due to the fact that for the year of 2015 only planned resources are presented in the table.