

**Third UNFPA Country Programme:
Armenia
2016-2020**

FINAL EVALUATION REPORT

November 2019



Source: <https://www.un.org/Depts/Cartographic/map/profile/armenia.pdf>

Country Programme Evaluation: Armenia

The analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund, its Executive Board or the United Nations Member States.

EVALUATION TEAM	
Team Leader	Arlette Campbell White
Evaluator	Ada Babloyan
Evaluator	Lusine Kharatyan
Evaluation Research Assistant and Interpreter	Manana Mananyan

UNFPA Armenia CO

Country Programme Evaluations Reference Group

Composition

	Name	Organisation
1.	Mahbub Alam	M&E Adviser, UNFPA
2.	Tsovinar Harutyunyan	Assistant Representative, UNFPA Armenia CO
3.	Lusine Sargsyan	Evaluation Manager, UNFPA Armenia CO
4.	Anahit Safyan	National Statistical Committee
5.	Anahit Martirosyan	Ministry of Labour and Social Issues
6.	Zhanna Andriasyan	Ministry of Labour and Social Issues
7.	Nune Pashayan	Head of the Mother and childcare department, Ministry of Health
8.	Arman Hovhannisyan	Head of UN Desk MFA Armenia
9.	Mane Tadevosyan	RC Office, Monitoring and Evaluation
10.	Mikayel Khachatryan	Human Rights Defender's Office
11.	Nelly Duryan	RA Police
12.	Anna Harutyunyan	Individual consultant
13.	Astghik Martirosyan	Monitoring and Evaluation/Child Rights Systems Monitoring Specialist , UNICEF

Acknowledgements

The Evaluation Team would like to thank UNFPA for the opportunity to undertake the evaluation for the Government of the Republic of Armenia and UNFPA's Third Country Programme. We are particularly grateful to the UNFPA Armenia Country Office staff members who, despite a very heavy workload and other commitments, were so generous with their time and responsive to the Team's repeated requests, often at short notice. The participation of and inputs from the members of the Evaluation Reference Group have also been appreciated. Above all, the Team would also like to acknowledge the many other Armenian stakeholders and clients/beneficiaries, including experts in gender, health, population and development, and youth, and the dedicated staff at the various regional, district and community health services and health facilities, who supported the implementation of this evaluation despite their busy schedules. The Team hopes that this evaluation and the recommendations presented in this report will contribute positively to building a sound foundation for future UNFPA-supported programmes in Armenia in collaboration with the Government of the Republic of Armenia.

Table of Contents

Acknowledgements	3
List of Tables and Figures	6
Summary Box	8
Abbreviations and Acronyms	9
Republic of Armenia: Key Facts Table	12
EXECUTIVE SUMMARY	16
CHAPTER 1. INTRODUCTION	21
1.1 Purpose and Objectives of the Evaluation	21
1.2 Scope of the Evaluation.....	21
1.3 Methodology and Process.....	22
1.3.1 Methodology	22
1.3.2 Limitations Encountered	26
1.3.3 Evaluation Process.....	27
2. COUNTRY CONTEXT	29
2.1 Development Challenges and National Strategies	29
2.1.1 Wider Country Context, including Social, Political and Economic Data	29
2.1.2 Situation and Development Challenges vis-à-vis UNFPA Programmatic Areas	35
2.1.3 Progress Towards Achieving Relevant Internationally Agreed Development Goals....	37
2.2 The Role of External Assistance.....	38
3. United Nations/UNFPA Response and Programme Strategies	42
3.1 UNFPA Strategic Response	42
3.2 UNFPA Response through the Country Programme	46
3.2.1 Armenia Second Country Programme Coverage (2010-2015).....	46
3.2.2 Armenia Third Country Programme Coverage (2016-2020)	46
3.3 Armenia Programme Finance.....	48
CHAPTER 4. EVALUATION FINDINGS	51
4.1 Sexual and Reproductive Health	51
4.1.1 Relevance	51
4.1.2 Effectiveness.....	54
4.1.3 Efficiency	66
4.1.4 Sustainability	68
4.2 Adolescents and Youth.....	69
4.2.1 Relevance	69
4.2.2 Effectiveness.....	71
4.2.3 Efficiency	78

4.2.4	Sustainability	79
4.3	Gender Equality and Reproductive Rights.....	81
4.3.1	Relevance	81
4.3.2	Effectiveness.....	85
4.3.3	Efficiency	92
4.3.4	Sustainability	94
4.4	Population Dynamics and Development.....	95
4.4.1	Relevance	95
4.4.2	Effectiveness.....	97
4.4.3	Efficiency	100
4.4.4	Sustainability	101
4.5	UNFPA Country Programme Coordination with UNCT	102
4.6	UNFPA Country Programme Added Value	102
CHAPTER 5: CONCLUSIONS		105
5.1	Strategic Level	105
5.1.1	Relevance	105
5.1.2	Effectiveness.....	106
5.1.3	Efficiency	106
5.1.4	Sustainability	107
5.2	Programmatic Level.....	108
CHAPTER 6. RECOMMENDATIONS		111
6.1	Strategic Level Recommendations	111
6.2	Programmatic Level.....	114
Annex 1		117
Terms of Reference for the Evaluation of Armenia UNFPA Country Programme (2016-2020)		117
Annex 2		126
Evaluation Matrix		126
Annex 3		135
Evaluation Instruments		135
Focus Group Discussion Guide		136
Template for Interviews		137
Annex 6		153
Stakeholder Mapping		153
Annex 7		157
Annex 8		158
Bibliography		158

Annex 10	164
UNFPA Armenia Country Programme Implementing Partners	164

List of Tables and Figures

Table 1:	Armenia CPE Components and Evaluation Criteria
Table 2:	Evaluation Questions per Evaluation Criterion
Table 3:	Sampling Framework
Table 4:	Risks and Risk Management
Table 5:	Official Development Assistance 2015-2017
Table 6:	Bilateral Aid by Sector for Armenia, 2016-2017 average
Table 7:	Net Official Development Assistance to Armenia - 2016
Table 8:	Simplified Logic Model for UNFPA Armenia 2016-2020 Aligned Country Programme Framework
Table 9:	Chain of Results and Linkages Between National Priorities, UNDAF and UNFPA CPAP
Table 10:	Thematic Scope of the Armenia CPAP 2016-2020
Table 11:	UNFPA Armenia Country Programme Implementing Partners
Table 12:	Armenia CPAP 2016-2020 Indicative Budget (USD 000s)
Table 13:	Armenia CPAP 2016-2018 Actual Budget and Expenditure (USD)
Table 14:	Armenia CPAP 2016-2018 Expenditure by Programme Component (USD 000s)
Table 15:	Proportion of Armenia CPA P2016-2018 Expenditure by Programme Component
Table 16:	Sexual and Reproductive Health Linkages Between National Priorities, UNDAF and UNFPA
Table 17:	Linkages Between the Strategic Plan 2014-2017 and the Armenia Third Country Programme
Table 18:	SRH Component Output Indicators and Targets Met 2016-2019
Table 19:	A&Y Programme: Output Indicators and Targets Met, 2016 to mid-2019
Table 20:	Alignment of UNFPA GERR Interventions with Government Priorities
Table 21:	Gender Equality and Reproductive Rights Programme: Output Indicators and Targets Met 2016-2019
Table 22:	PDD Component Output Indicators and Targets Met 2016-2018

Figure 1: The Five Phases of a CPE

Chart 1:	Official Development Assistance Per Capita (current USD) to Armenia, 2006-2016
Chart 2:	Top 10 Donors of Gross ODA to Armenia 2016-2017 average (USD million)
Chart 3:	Armenia CPAP 2016-2018 Actual Budget and Expenditure (USD)
Chart 4:	Proportion of Armenia CPAP Expenditure by Programme Component 2016-2018
Annex 1:	Terms of Reference
Annex 2:	Evaluation Matrix
Annex 3:	Evaluation Instruments
Annex 4:	List of UNFPA Interventions/Atlas Projects 2016-2018
Annex 5:	Stakeholder Mapping Table
Annex 6:	Previous and Current Ministries in Armenia
Annex 7:	Bibliography
Annex 8:	List of Persons Met

- Best Practice 1: Clinical Guidelines for Quality of Care in Gynaecology and Obstetrics
- Best Practice 2: Mobile Application on Men's Health AYR
- Best Practice 3: Effective Communications
- Best Practice 4: A&Y Online E-Learning Course and the SDG Campaign
- Best Practice 5: Example of Innovation for Youth: the *Hartak* Festival
- Best Practice 6: UNFPA's Work with Non-traditional Partners
- Best Practice 7: Gender Equality and Reproductive Rights: UNFPA's Successful Partnerships with the MOD and RAP
- Best Practice 8: Geeks against GBV 'Hakathon'
- Best Practice 9: UNFPA supports the State Statistical Committee of the Republic of Armenia to establish an online national reporting platform on Sustainable Development Goals
- Best Practice 10: Cross-programme Communications Interventions in UNFPA Armenia: Intensively Working to Improve UNFPA's Visibility

- Box 1: UNFPA Third Country Programme Integrated Sexual and Reproductive Health Strategies
- Box 2: Recommendations from the Evaluation of the Second Country Programme, 2015
- Box 3: UNFPA Third Country Programme Adolescent and Youth Component Strategies
- Box 4: Gender Equality and Reproductive Rights Programme 2016-2020
- Box 5: Better Targeting is Required to Meet Project Goals

Summary Box

Structure of the Country Programme Evaluation Report

This report comprises an Executive Summary, six chapters and 10 annexes.

Chapter one is the introductory chapter which provides the background to the evaluation, its scope, methodology and process.

Chapter two, the country context, presents the development challenges faced by the Government of the Republic of Armenia in the four thematic areas, the national strategies as identified in the national strategic documents produced by the Government and the policy context of the challenges and the response, and the role of external assistance.

The third chapter refers to the United Nations/UNFPA response and programme strategies and then leads on to the response of the UNFPA Country Programme's previous cycle strategy to the national challenges in the programme areas. goals and achievement; the current UNFPA Country Programme; and the financial structure of the programme.

The fourth chapter presents the findings of the evaluation for each of the four thematic areas, including the added value and strategic positioning of the UNFPA Country Office in Armenia and the cross-cutting areas as applicable.

Chapter five covers the conclusions arranged according to strategic and programmatic levels.

Chapter six discusses the recommendations.

The annexures include: the Country Programme Evaluation Terms of Reference; list of individuals interviewed; the documents consulted; the Evaluation Matrix and Evaluation Tools; the previous and current ministries following the restructuring; the list of UNFPA Armenia programmes and projects; and more detailed descriptions and data referenced in the report.

Abbreviations and Acronyms

AAC	Armenia Apostolic Church
AAOG	Armenian Association of Obstetricians and Gynaecologists
ADHS	Armenia Demographic and Health Survey
ADS	Armenia Development Strategy
AHAOP	Association of Healthcare and Assistance to Older Persons
AMD	Armenian Drams
ANC	Antenatal care
ARMSTAT	Statistical Committee of the Republic of Armenia
ARNAP	National Platform for Disaster Risk Reduction Fund
AUA	American University of Armenia
AWP	Annual Work Plan
A&Y	Adolescents and Youth
BTN	Beyond the Numbers
CAHD	Child and Adolescent Health and Development
CEC	Christian Educational Centre
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CEPA	Comprehensive and Enhanced Partnership Agreement
CO	Country Office
COAF	Children of Armenia Fund
COE	Council of Europe
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CSE	Comprehensive sexuality education
CSO	Civil society organisation
DAC	Development Assistance Committee
DOTS	Directly observed treatment, short course
DP	Development partner
DV	Domestic violence
EECA	Eastern Europe and Central Asia
EECARO	Eastern Europe and Central Asia Regional Office
EmO	Emergency obstetrics
ERG	Evaluation Reference Group
EU/D	European Union/Delegation
FAO	Food and Agriculture Organization (of the United Nations)
FBO	Faith-based organisation
FGD	Focus group discussion
FIDEC	Fighting Infectious Diseases in Emerging Countries
FP	Family planning
GBV	Gender-based violence
GBSS	Gender-biased sex selection
GDP	Gross Domestic Product
GERR	Gender Equality and Reproductive Rights
GOA	Government of the Republic of Armenia
HDI	Human Development Index
HPV	Human papilloma virus
HQ	Headquarters
HRDO	Human Rights Defender's Office
IAEA	International Atomic Energy Agency

ICHD	International Centre for Human Development
ICPD	International Conference on Population and Development
IFAD	International Fund for Agricultural Development
ILO	International Labour Organisation
INGO	International non-government organisation
IOM	International Organization for Migration
IP	Implementing partner
IPPF	International Planned Parenthood Federation
IPSC	Institute for Political and Social Communication
ITN	insecticide-treated net
KII	Key informant interview/ee
LGBT	Lesbian gay bisexual and transgender
LMIS	Logistics management information system
M&E	Monitoring and evaluation
MCH	Maternal and child health
MDGs	Millennium Development Goals
MISP	Minimum initial service package
MOD	Ministry of Defence
MOEmS	Ministry of Emergency Situations
MOES	Ministry of Education and Science
MOESCS	Ministry of Education, Science, Culture and Sport
MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
MOJ	Ministry of Justice
MOLSA	Ministry of Labour and Social Affairs
MOU	Memorandum of Understanding
MOSYA	Ministry of Sports and Youth Affairs
MP	Member of parliament
NCDC	National Centre for Disease Control
NGO	Non-governmental organisation
NER	Net enrolment rate
NIE	National Institute of Education
NIH	National Institute of Health
NILSR	National Institute for Labour and Social Research
NSS	National Statistical Service (until 2018, when it was renamed ARMSTAT)
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
OEE	Organisational effectiveness and efficiency
OOP	Out-of-pocket
OSCE	Organization for Security and Co-operation in Europe
PD	Population dynamics
PDD	Population dynamics and development
PDF	Papahan Development Fund
PHC	Primary health care
RPS	Regional projects
PSA	Population situation analysis
RAIC	Republic of Armenia Investigative Committee
RAP	Republic of Armenia Police
RH	Reproductive health
RIRHPOG	Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynaecology
SCF	Save the Children Fund
SDGs	Sustainable Development Goals

SERAT	Sexuality education, review and assessment tool
SIOG	Switzerland International Organisation of Geriatrics
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SP	Strategic partner
STEM	Science, technology, engineering, and mathematics
STI	Sexually transmitted infection
TOR	Terms of reference
TOT	Training of trainers
UHC	Universal health coverage
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDGC	United Nations Department of Global Communications
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNIMA	Union Internationale de la Marionnette
UNOPS	United Nations Office for Project Services
UNTA	United Nations Transitional Authority
USAID	United States Agency for International Development
USD	United States dollar
VNR	Voluntary National Reviews
WCC	World Council of Churches
WHO	World Health Organization

Republic of Armenia: Key Facts Table

COUNTRY	
Geographical location	A landlocked country in the South Caucasus ¹
Land area	29,743 square kilometres ²
PEOPLE	
Population (2019)	2,965,100 ³
Urban/Rural Population (2019)	63.5 % urban ⁴
Population growth rate (2016)	0.09 % (ranked 213 th globally) ⁵
GOVERNMENT	
Type	Democratic Republic
KEY POLITICAL EVENTS	
Independence from the Soviet Union	21 September 1991
The Velvet Revolution —large nationwide and peaceful street protests—forced Armenia’s long-standing leader out of power	Spring 2018
ECONOMY	
GDP, current USD billion (2017)	11.6 ⁶
GDP per capita, current USD (2017)	3,813 ⁷
GDP growth rate	3.4% ⁸
Main economic activity	Agriculture (31.1% of total GDP) ⁹
Poverty Rate (USD 5.50/day 2011 PPP terms) (2016)	43.5 ¹⁰
SOCIAL INDICATORS	
Human development index (2017)	0.755 ¹¹
Total fertility rate (2017)	1.57 ¹²
Unemployment	16.9% ¹³
Life expectancy at birth, years (2015)	74.2 ¹⁴
Under 5 mortality (per 1,000 live births)	13 ¹⁵
Maternal mortality (deaths of women per 100,000 live births) (2017)	8 ¹⁶

¹UNDP, UNFPA and UNOPS (2015). *Armenia Country Programme Document Armenia (CPD) 2016- 2020*. June 2015: New York.

² *Ibid.*

³ www.armstat.am

⁴ www.worldometers.info/world-population/armenia-population/. Accessed 19 April 2019.

⁵ *Ibid.*

⁶ World Bank (2019a). <https://www.worldbank.org/en/country/armenia/overview>

⁷ *Ibid.*

⁸ <https://tradingeconomics.com/armenia/gdp-growth-annual>. *Fourth quarter 2018 figure*. Accessed 23 April 2019.

⁹ <https://www.advantour.com/armenia/economy.htm>. Accessed 23 April 2019.

¹⁰ *Ibid.*

¹¹ <https://countryeconomy.com/hdi/armenia>.

¹² www.armstat.am

¹³ <https://tradingeconomics.com/armenia/unemployment-rate>. *Ibid.*

¹⁴ World Bank (2019a), *op. cit.*

¹⁵ World Bank (2017a), <https://data.worldbank.org/indicator/SH.DYN.MORT>. Accessed 23 April 2019.

¹⁶ https://www.armstat.am/en/?nid=699&ind_id=3.1.1 Accessed 25 April 2019.

Births attended by skilled health personnel (%) ARMSTAT/MOH	100 ¹⁷
Total expenditure on health per capita (Intl \$, 2016)	359 ¹⁸
SOCIAL INDICATORS	
Contraceptive prevalence rate (all methods) (ADHS 2015/16)	57% ¹⁹
Unmet need for family planning (% of currently married women, 15-49 years) (ADHS 2015/16)	13% ²⁰
Literacy aged 15 and above	100% ²¹
Rate of women aged 15-19 years who have already begun childbearing	24 ²²
People living with HIV, 15-49 years (%)	0.2 ²³
HIV prevalence, 15-24 years: Male/Female (%)	Male 0.1 Female 0.1 ²⁴

Sustainable Development Goals (SDGs) Status	Indicator and Source	Status
Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture	Proportion of children under 5 years who are stunted (ADHS 2015/16)	9.4 ²⁵
	Proportion of children under 5 years who are wasted (ADHS 2015/16)	4.2 ²⁶
Goal 3. Ensure healthy lives and promote well-being for all at all ages	Maternal mortality ratio (per 100,000 live births) (ARMSTAT 2017)	8 ²⁷
	Births attended by skilled health personnel, (ARMSTAT/MOH 2017)	100 ²⁸
	Antenatal care coverage (ARMSTAT/MOH 2015)	100 ²⁹
	Infant mortality rate (per 1,000 live births, (ARMSTAT 2017)	8.17 ³⁰
	Under 5 years mortality rate (per 1,000 live births) (ARMSTAT 2017)	13 ³¹
	HIV prevalence among general population (MOH, 2016)	0.2 ³²

¹⁷ https://www.armstat.am/en/?nid=699&ind_id=3.1.2 Accessed 25 April 2019.

¹⁸ <https://knoema.com/atlas/Armenia/Health-expenditure-per-capita>. Accessed 1 November 2019. Health expenditure per capita of Armenia increased from USD 45 in 2002 to USD 359 in 2016 growing at an average annual rate of 20.06 %

¹⁹ National Statistical Service (NSS) [Armenia], Ministry of Health (MOH) [Armenia], and ICF (2017). *2015-16 ADHS Key Findings*. Rockville, Maryland, USA: NSS, MOH and ICF.

²⁰ *Ibid.*

²¹ World Bank (2011a), <https://data.worldbank.org/indicator/SE.ADT.LITR.ZS>. Accessed 15 May 2019.

²² World Bank (2016), <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=AM>. Accessed 23 April 2019.

²³ World Bank (2017b), <https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS>. Accessed 23 April 2019.

²⁴ World Bank (2017c), <https://data.worldbank.org/indicator/SH.HIV.1524.FE.ZS>. Accessed 23 April 2019.

²⁵ https://www.armstat.am/en/?nid=699&ind_id=2.2.1 Accessed 25 April 2019.

²⁶ https://www.armstat.am/en/?nid=699&ind_id=2.2.2 Accessed 25 April 2019.

²⁷ https://www.armstat.am/en/?nid=699&ind_id=3.1.1 Accessed 25 April 2019.

²⁸ https://www.armstat.am/en/?nid=699&ind_id=3.1.2 Accessed 25 April 2019.

²⁹ https://www.armstat.am/en/?nid=699&ind_id=3.8.1. Accessed 25 April 2019.

³⁰ https://www.armstat.am/en/?nid=699&ind_id=3.2.2. Accessed 25 April 2019.

³¹ World Bank (2017a), *op. cit.*

³² GORA (2018). *SDG Implementation Voluntary National Review (VNR) Armenia*, July 2018, GORA: Yerevan, p.42.

Sustainable Development Goals (SDGs) Status	Indicator and Source	Status
	HIV prevalence among 15-24-year olds (UNAIDS estimates, 2017)	0.2 ³³
	Level of comprehensive knowledge about HIV among 15-24-year olds (National Centre for AIDS Prevention, 2017)	40% ³⁴
	Percentage of people living with HIV who know their status, who receive ARV treatment (MOH, 2015)	34% ³⁵
	TB prevalence rate (per 100,000), (ARMSTAT 2017)	23 ³⁶
	TB case detection and treatment (under DOTS Strategy), (MOH 2016)	83% ³⁷
	Contraceptive prevalence rate (all methods) (ADHS 2015/16)	57% ³⁸
	Unmet need for family planning (ADHS 2015/16)	13% ³⁹
Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all	Primary school net enrolment rate (NER), UNESCO Institute for Statistics 2017	92.4% ⁴⁰
	Proportion of pupils completing primary school (UNESCO Institute for Statistics 2016)	93.5% ⁴¹
	Primary to secondary transition rate, (UNESCO Institute for Statistics 2017)	91.6% ⁴²
	Secondary school NER (UNESCO Institute for Statistics 2011)	87.7% ⁴³
	Literacy rates of 15-24-year olds (UNESCO Institute for Statistics, 2011)	99.8% ⁴⁴
	Literacy level among men aged 15 and above (UNESCO Institute for Statistics 2011)	99.8% ⁴⁵
	Literacy level among women aged 15 and above (UNESCO Institute for Statistics, 2011)	99.7% ⁴⁶
Goal 5. Achieve gender equality and empower all women and girls	Proportion of seats held by women in the National Assembly (ARMSTAT, National Assembly Ministry of Territorial Administration and Development of the Republic of Armenia, 2017)	18.1 ⁴⁷
	Proportion of seats held by women in the local authorities (<i>ibid</i>)	9.4 ⁴⁸

³³ <https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS?locations=AM> Accessed 25 April 2019

³⁴ Grigoryan, S. R. et al (2017), *HIV Behavioural Surveillance Survey among Youth in the Republic of Armenia, 2016*, Yerevan: National Centre for AIDS Prevention, p. 12.

³⁵ https://www.armstat.am/en/?nid=699&ind_id=3.3.1. Accessed 25 April 2019.

³⁶ https://www.armstat.am/en/?nid=699&ind_id=3.3.2 Accessed 25 April 2019.

³⁷ GORA (2018), *op. cit.* p.43.

³⁸ NSS, MOH and ICF (2017), *op. cit.*

³⁹ *Ibid.*

⁴⁰ <https://data.worldbank.org/indicator/SE.PRM.TENR?locations=AM> Accessed 25 April 2019.

⁴¹ <https://data.worldbank.org/indicator/SE.PRM.PRSL.ZS?locations=AM> Accessed 25 April 2019.

⁴² <https://data.worldbank.org/indicator/SE.PRM.CMPT.ZS?locations=AM> Accessed 25 April 2019.

⁴³ <https://data.worldbank.org/indicator/SE.SEC.NENR?locations=AM> Accessed 25 April 2019.

⁴⁴ <https://data.worldbank.org/indicator/SE.ADT.1524.LT.ZS?locations=AM> Accessed 25 April 25, 2019.

⁴⁵ <https://data.worldbank.org/indicator/SE.ADT.LITR.MA.ZS?locations=AM> Accessed 25 April, 2019.

⁴⁶ <https://data.worldbank.org/indicator/SE.ADT.LITR.FE.ZS?locations=AM> Accessed 25 April 2019.

⁴⁷ https://www.armstat.am/en/?nid=699&ind_id=5.5.1 Accessed 25 April 2019.

⁴⁸ *Ibid.*

Sustainable Development Goals (SDGs) Status	Indicator and Source	Status
Goal 7. Ensure access to affordable, reliable, sustainable, and modern energy for all	Proportion of electricity generated from renewable sources (Renewable energy share in the total final energy consumption), (ARMSTAT 2017)	12.5 ⁴⁹
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Annual GDP Growth (ARMSTAT 2017)	108 ⁵⁰
Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation	Mobile penetration rate (Freedom on the Net 2017)	119 ⁵¹
	Internet/data penetration rate (ARMSTAT 2017)	117.1 ⁵²

⁴⁹ https://www.armstat.am/en/?nid=699&ind_id=7.2.1. Accessed 25 April 2019.

⁵⁰ https://www.armstat.am/en/?nid=699&ind_id=8.1.1 Accessed 25 April 2019.

⁵¹ <https://freedomhouse.org/report/freedom-net/2018/armenia> Accessed 25 April 2019.

⁵² https://www.armstat.am/en/?nid=699&ind_id=9.c.1 Accessed 25 April 2019.

EXECUTIVE SUMMARY

This report presents the independent results (findings, conclusions and recommendations) of UNFPA Armenia's Third Country Programme 2016-2020) Country Programme Evaluation. The Evaluation was commissioned by the Armenia Country Office to inform decision-making and the next cycle of programme development.

The UNFPA country programme evaluation was intended to provide an independent assessment of the relevance, performance and sustainability of UNFPA support provided to Armenia during 2016-2018, as well as an analysis of various facilitating and constraining factors influencing programme delivery.

Accordingly, the overall objectives of Armenia's Country Programme Evaluation were to: (1) enhance the accountability of UNFPA Armenia and its Country Office for the relevance and performance of its country programme; and (2) provide a widened evidence-base to inform the design of the next UNFPA programming cycle in Armenia.

The evaluation's specific objectives were to:

- Provide an independent assessment of the Country Programme's progress towards the expected outputs and outcomes set forth in its results framework;
- Provide an assessment of Country Office positioning within the development community and with national partners, determining its ability to respond to national priority needs while adding value to the country development results;
- Draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of the Agenda 2030 for the next programming cycle; and
- Document good practices and innovation in programme intervention design or strategy development.

The primary users of this evaluation will be decision-makers in the UNFPA Armenia Country Office and within UNFPA as a whole, Government counterparts in the country, the UNFPA Executive Board and other development partners. UNFPA will use the evaluation as an impartial basis for programme performance review and decision-making.

Context of the Country Programme

The Third UNFPA Country Programme for the period 2016 to 2020 was designed to respond to the Republic of Armenia's national needs and priorities as reflected in its national development plan, sectoral policies, strategies and international development agendas. UNFPA's Third Country Programme focused on four programmatic areas: Integrated Sexual and Reproductive Health Services; Adolescents and Youth; Gender Equality and Reproductive Rights; and Population Dynamics and Development. It also considered the cross-cutting areas covered by the Country Programme Action Plan 2016-2020 and Country Programme Document, namely, partnership, resource mobilisation and communications. The Country Programme is being implemented at national and regional level.

It should be noted that in 2018 Armenia underwent a significant political upheaval, a peaceful uprising known as the Velvet Revolution. This instability has impacted on UNFPA's work during the period under review, since the Government was in flux prior to January 2019 when the new Government came to power; and it was only in May 2019 when the restructuring finally resulted in 17 ministries being combined into 12. This 18 or so months of turbulence and uncertainty has now finally come to an end; but must be taken into account when looking at what the UNFPA Armenia Country Office has been able to achieve during this period.

Evaluation Approach

The Country Programme Evaluation follows the structure provided in the *UNFPA Evaluation Handbook* (third edition, revised February 2019) using two separate components: the first component employed the four main criteria of the Development Assistance Committee of the Organization for Economic Cooperation and Development: relevance, effectiveness, efficiency and sustainability. The second component assessed the positioning of the UNFPA Armenia Country Office in the country based on two criteria: United Nations Country Team coordination (its collaboration within the Country Team and other development agencies), and value added (comparative strengths in the country).

Evaluation Methodology

The evaluation was conducted by a four-person team comprising an international Team Leader, two Evaluators and one Research Assistant and Interpreter, in two phases: the development of a Design Report in May 2019 and field work for the data collection in Armenia in May 2018. Evaluation data collection was undertaken using five main methods: (i) desk review of documents, financial and other pertinent programme data, including from the UNFPA Information System and the Atlas System; (ii) secondary data analysis of available routine statistics and data, obtained through existing country specific population and facility-based surveys where possible; (iii) key informant individual and group interviews using a semi-structured qualitative questionnaire guide; (iv) six focus discussion groups on thematic questions; and (v) direct observation in cases where the Evaluation Team was able to attend training sessions or support services developed by UNFPA. All interviews followed informed consent procedures as required by the UN ethics guidelines for evaluators. Site visits to three regions were conducted and the primary data collection reached a total of 96 individuals.

Data analysis is based on the synthesis and triangulation of information obtained from the abovementioned five evaluation activities. To some extent, data collection was limited due to the insufficient time allowed for data collection in the field, meaning that several interviews had to be conducted at a distance via Skype or WhatsApp.

Main Conclusions

Strategic Level

Relevance

Conclusion 1: The Country Programme is highly relevant to the country context; and it is strategic and innovative. Broadly speaking, the Country Programme is aligned with UNFPA policies, Armenia's UNDAF and global priorities, including the goals of the ICPD Programme of Action and the Sustainable Development Goals, as well as with the national priorities of the Government. However, the strategy for UNFPA Armenia's forthcoming (Fourth) Country Programme needs better prioritisation of the most vulnerable and high-risk population groups. This is needed to inform the development of more and better-targeted interventions that specifically result in good health outcomes for the most marginalised Armenians, as well as strategies to overcome constraints to reaching those left behind.

Effectiveness

Conclusion 2: UNFPA Armenia has largely achieved its intended results and objectives at the output level. The Country Office's policy advocacy and capacity building efforts resulted in the development of appropriate national instruments and sector policy frameworks.

It is admirable that the Country Office has been able to achieve so much, and demonstrate best practice and innovation in many areas, with relatively small amounts of money and with comparatively few staff.

However, improved targeting of interventions and continuous efforts to ensure Government's ownership and commitment of resources, both human and financial, are crucial for ensuring the implementation of the

policies and the expected achievement of planned outcomes. Moreover, a plethora of small-scale projects can cause a lot of extra work to finance and administrative staff and may diffuse and dilute the potential impact and effect to be attained from one larger activity.

Efficiency

Conclusion 3: UNFPA Armenia succeeds in meeting and even in some cases exceeding its targets and outputs, and disbursing nearly 100% of its budget through the establishment of strategic and functional traditional and non-traditional partnerships; and is thus making a smooth transition to UNFPA's new business model. At the same time, given the number of projects and activities, it is frankly astonishing how the UNFPA Armenia manages to do so much with so few staff. For the future Country Programme, the Country Office needs to look at ways in which it may achieve its goals with fewer interventions, thus releasing to some extent the pressure on both programme and administrative/financial staff; and that the requisite staff are in place to accomplish this.

Sustainability

Conclusion 4: The UNFPA Armenia Third Country Programme has developed policies and enhanced national capacity that can be sustained in the short-, medium- and, eventually, long-term due to the institutionalisation of most of the planned protocols, guidelines, policy documents, legislative acts and standard operating procedures.

The Country Office selected well-placed partners in the various ministries who contribute to the long-term sustainability of programming and policy-making in the country. Yet advocacy efforts are not sufficiently supported by sustainable civil society engagement. The sustainability of implementing and other partners needs to be sufficiently considered to meet new post-Velvet Revolution realities.

Programmatic Level

Conclusion 5: In the early part of 2018 the country passed through significant political changes. These obviously affected many of UNFPA's projects. Nonetheless, UNFPA responded quickly and effectively to establish new relationships and to keep projects on course.

Conclusion 6: UNFPA Armenia is on track to realise its expected outputs and activities in Adolescents and Youth. However, given the restructuring of the Government and in particular the merging of the Ministry of Youth and Sport with the Ministry of Education and Science, and with some interventions also being delivered through the Ministry of Health, it is necessary to further redesign and refine Adolescent and Youth programmatic activities.

'Promoting youth health and participation' is likely to receive greater attention under the Fourth Country Programme as already reflected in 2019, through UNDAF Outcome 5 (*By 2020, vulnerable groups have greater access to basic education and social services and participate in their communities*) and the Country Programme Output 2 (*Strengthened national laws, policies and programmes for incorporating adolescent and youth rights through evidence-based policy advocacy*). The Adolescent and Youth area will potentially assume even more prominence importance in future programming. Having laid the groundwork for youth involvement through increased activities for youth during this Country Programme phase, UNFPA should now be able to build on that with the sensitive introduction and handling of more controversial topics (gender equality, sexual and reproductive health for young people including sexually transmitted infections and HIV, teenage pregnancy and abortion, and so on), backed by evidence-based needs identification and the appropriate services.

Conclusion 7: While word of mouth and key informant interviews indicate the success of the various communication campaigns and initiatives, unfortunately these have not been formally assessed. UNFPA does itself a disservice by not measuring the results of the investments in communication; and needs to investigate

further to identify and apply monitoring and evaluation techniques that would allow the measurement of interventions and the wider dissemination and sharing of these innovative models.

Conclusion 8: Non-traditional partnerships and innovation in delivering the results in the Gender Equality and Reproductive Rights programme generated good results, enhanced synergies and opened new avenues for the sensitisation of Armenian society's most conservative groups, positively affecting the relationships between UNFPA and its partners. However, UNFPA has found it difficult in some cases to collect data on the more innovative interventions (such as the puppet theatre) and this means that there is no way to measure the success of the intervention.

Conclusion 9: There is considerable interest among relevant organisations and IT specialists in developing innovative technologically-based interventions to tackle UNFPA/ICPD mandated issues such as gender-based violence, sexual and reproductive health and rights, and others. UNFPA's continued engagement here may yield interesting and valuable results.

Conclusion 10: Evidence generated through the Population and Development Dynamics component contributes to the formulation of national policies and development agendas, but the achievement of higher-level results largely depends on the commitment of the Government. The establishment of the Commission on Demography under the Prime Minister's Office is a good opportunity for UNFPA to advance the Country Programme Action Plan and the development agenda in line with country's priorities.

RECOMMENDATIONS

Strategic Level

Recommendation 1

Move both UNFPA fixed term contract staff members responsible for the Population and Development and Sexual and Reproductive Health Components back to UN House and establish a fixed long-term post for coordination of the Adolescents and Youth programme. Prepare an exit strategy for the two staff to move back into UN House, in such a way that the Government is left with the support it needs to build the long-term capacities of its staff to design and implement relevant programming.

Recommendation 2

Plan and implement more systematic and accurate monitoring and evaluation activities under programmatic interventions, providing UNFPA staff and its partners with clear monitoring and evaluation tools and guidance at both programme and project levels; in such a way that the achievement of results, as well as outreach to the most marginalised groups, can be overseen. For innovative interventions, such as interactive performances and communication events: (a) define and utilise clear monitoring and evaluation mechanisms, e.g. pre- and post-assessments; (b) ensure feedback via focus groups with the participants and beneficiaries; and (c) collect data on mentions of events in the media, experimental designs, and so on. This is an area in which the UNFPA might be able to provide some assistance at appropriate levels.

Recommendation 3

Strengthen the linkages between Country Programme components to mainstream the priorities in SRHR, A&Y, GERR and PPD to achieve greater results. When designing the Fourth Country Programme, include more cross-cutting, joint and inter-linked activities that would contribute to overarching results and avoid any potential duplication of effort.

Recommendation 4

Review and consolidate small project activities so as not to dissipate financial and human resources; and look into ways in which collaboration and cooperation with the UN Country Team and relevant UN agencies such as UNDP, UNICEF and WHO, as well as other development partners, could be further enhanced. In order to maximise both efficiency and effectiveness, the Country Office should take advantage of the formulation of the Fourth Country Programme to plan fewer small activities but consolidate and expand more strategic interventions with potentially more impact. This may entail more efforts on mainstreaming and integration across components. Additionally, in the light of UN reform, there may be more opportunities for cross-agency collaboration to leverage both human and financial resources.

Recommendation 5

Strengthen the partnerships and collaboration with civil society, so as to develop a shared vision and stronger advocacy, both of which will contribute towards better targeted and more sustainable interventions. Improved civil society ownership will help in both reaching out to broader constituencies and influencing community-level decision-makers, as well as strengthening the interrelationships of civil society with government staff. Moreover, this would have the potential to widen coverage, specify the outreach activities and groups for targeting, and augment programme results; as well as promote programme sustainability.

Programmatic Level

Recommendation 6

Undertake a situation analysis prior to the development of the next Country Programme to inform the gaps in programming, specifically the identification of marginalised and vulnerable groups who are currently not being reached by the Country Programme. This may also mean undertaking needs assessments for these populations once they have been identified, to determine how they could be reached and the potential interventions for doing so.

Recommendation 7

Enhance and intensify policy level work in the area of Adolescents and Youth to scale-up the achievements under this component and to mainstream the SRH and GERR interventions into the A&Y Component in a more focused and intensive manner. This might mean greater attention paid to the design and implementation of relevant policies, strategies and curricula, as well as training and other capacity building activities.

Recommendation 8

Provide ongoing support to the newly established Commission on Demography to ensure Government commitment and effectiveness in developing and implementing appropriate policies and agendas that address population dynamics by accounting for population trends and projections. This might include commissioning more surveys, studies and analyses; and the involvement of national and international experts, as well as capacity building to create the evidence and expertise necessary for the Commission to work effectively.

Recommendation 9

Consolidate the work achieved to date under the midwifery education project by reviewing the findings and designing the next phase of the project based on the results of the review. This implies that the former project on contraceptive security may have to be resuscitated and/or included in the next stage of the midwifery education project to address the continuing unmet need for contraception. Moreover, mainstreaming of these critical aspects of SRH into A&Y and GERR will be important for added reach and effectiveness (c.f. Recommendations 3 and 6 above).

CHAPTER 1. INTRODUCTION

1.1 Purpose and Objectives of the Evaluation

The United Nations Population Fund (UNFPA) manages its programme of assistance to countries through country offices. The UNFPA Country Office (CO) in Armenia is currently implementing its Third Country Programme (CP) for 2016-2020. As the current programme cycle is approaching completion, the CO – in collaboration with the UNFPA at appropriate levels – commissioned an independent evaluation of Armenia’s Third CP as part of the CO’s evaluation plan and in accordance with UNFPA Evaluation Policy. The aim was that the UNFPA country programme evaluation (CPE) would provide an independent assessment of the relevance, performance and sustainability of UNFPA support provided to Armenia during 2016-2018, as well as an analysis of various facilitating and constraining factors influencing programme delivery.

UNFPA’s evaluation strategy is based on three main principles. First, evaluation demonstrates accountability to stakeholders for the CO’s performance in achieving development results at the country level, and for resources invested by UNFPA, the United Nations (UN) and other development partners, as well as the country’s government. Second, evaluation provides the evidence base to inform decision-making that feeds into the development of new programmes; and, third, evaluation identifies significant lessons learnt on how to accelerate implementation of the International Conference on Population and Development (ICPD) Programme of Action; in particular, on how best to advance sexual and reproductive health and rights (SRHR), and on how UNFPA can best support the achievement of the global sustainable development goals (SDGs).

Accordingly, therefore, the overall objectives of Armenia’s CPE were to: (1) enhance the accountability of UNFPA Armenia and its CO for the relevance and performance of its country programme; and (2) provide a widened evidence-base to inform the design of the next UNFPA programming cycle in Armenia.⁵³

The evaluation’s specific objectives were to:

- Provide an independent assessment of the CP’s progress towards the expected outputs and outcomes set forth in its results framework;
- Provide an assessment of CO positioning within the development community and with national partners, determining its ability to respond to national priority needs while adding value to the country’s development results;
- Draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in the light of the Agenda 2030 for the next programming cycle; and
- Document good practices and innovation in programme intervention design or strategy development.

The CPE was launched in March 2019, was completed by September 2019 and was conducted in accordance with the CO’s Evaluation Implementation Plan (attached to the Terms of Reference (TORs) at Annex 1). It was managed by the CO Evaluation Manager with guidance and support from the Advisor on Monitoring and Evaluation (M&E), and in consultation with the Evaluation Reference Group (ERG) established to support the Evaluation Manager throughout the evaluation period and to validate the evaluation results.

1.2 Scope of the Evaluation

The evaluation is limited to one country, Armenia. Consistent with the CP’s structure, the scope of the evaluation considered the four core programme components: Integrated SRH Services; Adolescents and Youth (A&Y); Gender Equality and Reproductive Rights (GERR); and Population Dynamics and Development (PDD). It also considered the cross-cutting areas covered by the Country Programme Action Plan (CPAP) 2016-2020 and Country Programme Document (CPD) – namely: partnership and communications.

⁵³ The overall and specific objectives are based on those outlined in the TORs.

The Armenia CPE criteria (relevance, effectiveness, efficiency and sustainability) were applied to the different strategies adopted by UNFPA to select and implement interventions in the CP’s thematic/programmatic areas during 2016 to 2018.

In addition to analysing UNFPA’s achievements against expected results at the output and outcome levels, the evaluation examined the programme’s alignment with the UNFPA Strategic Plans for 2014-2017 and 2018-2021, the UN Partnership Framework (the UN Development Assistance Framework, or UNDAF), and national development priorities and needs.

The primary users of this evaluation will be decision-makers in the UNFPA CO and within UNFPA as a whole, Government counterparts in the country, the UNFPA Executive Board and other development partners (DPs). UNFPA’s divisions, branches and offices will also use the evaluation as an impartial basis for programme performance review and decision-making.

1.3 Methodology and Process

1.3.1 Methodology

Evaluation criteria and evaluation questions

The evaluation utilised a theory of change approach to evaluate UNFPA Armenia’s Third CP – its intended outputs and outcomes, the results delivered to achieve those outcomes, and the contextual factors that may have affected the implementation of CP interventions and their potential to bring about desired outcomes. Where outcome-level data were lacking, the evaluators assessed the extent to which programmes and interventions have contributed to the achievement of results foreseen in the UNFPA SPs.

In effect, the evaluation considered all activities planned and implemented during the period 2016-2018 and analysed the achievements of UNFPA in the country against expected results.

To delineate the thematic scope of the evaluation and to ensure the collection of relevant data, as per UNFPA evaluation guidance, six compulsory evaluation criteria were applied: four from the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development OECD, and two specific to UNFPA (see Table 1). These criteria were applied to each of the programme outcome areas to ascertain input on the performance of each area, as well as facilitating and constraining factors.⁵⁴

Table 1: Armenia CPE: Components and Evaluation Criteria

Evaluation Against Outcomes and Outputs	Analysis of UNFPA Positioning within the Country
DAC Evaluation Criteria	UNFPA Specific Evaluation Criteria
Relevance	Coordination with the UN Country Team
Effectiveness	
Efficiency	UNFPA country programme added value within the country context
Sustainability	

To capture the programmatic/thematic level of interest to UNFPA, evaluation questions for the current CPE were selected from a list of standard UNFPA evaluation questions and adapted by the Evaluation Manager and the M&E Advisor in the preparatory phase of the CPE and reflected in the CPE’s TOR, with the aim of setting out the clearly delineated issues and conceptual components of the UNFPA Armenia CP. The selection of evaluation questions also considered the likelihood of data availability, as well as the time necessary for data collection and analysis. At least one evaluation question per criterion was chosen, allowing the evaluation to fulfil its accountability and learning objectives. Key questions under each criterion – as defined

⁵⁴ The criterion of impact is not considered within the framework of UNFPA CPEs and in this CPE.

under the CPE TOR and later in the design phase consolidated by the Evaluation Team – are presented in Table 2. The final list of evaluation questions remained the same and was validated by the ERG once the field work phase had started.

Table 2: Evaluation Questions per Evaluation Criterion



Gender and human rights

The evaluation followed the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNFPA *Evaluation Handbook* and the United Nations Evaluation Group’s (UNEG) handbook, *Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance*. While persons of both sexes participated in the development of the CPE TORs and are represented on the ERG, the four-person Evaluation Team was comprised solely of women. Focus group discussion (FGD) participants included a mixture of both sexes with the exception of two including women only (gynaecologists and rural women) and one including only men (priests).

The evaluation questions were posed in a way to encourage respondents to comment on gender equality and human rights as cross-cutting issues, examining in particular the extent to which UNFPA Armenia has mainstreamed interventions to advance gender equality across all CP interventions. It should be noted that more than 50% of UNFPA Armenia interventions are already specifically directed at gender equality and reproductive rights, including human rights⁵⁵, and the importance accorded by the CO to gender and human rights concerns is not only reflected in its portfolio but in how the CPE planning process was conducted,

⁵⁵ The UNEG Handbook integrates guidance on the two concepts of ‘human rights’ and ‘gender equality’ to take advantage of the synergies and overlap between these mutually reinforcing concepts, including the understanding that gender equality is both a human right, but also a dimension of development in its own right. Also, human rights are inclusive of, but not limited to, gender-related human rights.

through ensuring that consultations would be arranged with all projects covering GERR, as well as the project addressing human rights and domestic violence (DV).

Evaluation methods

An evaluation questionnaire framework, developed in accordance with the evaluation criteria referenced above, was used as a guide for the entire data collection and analysis process, including the selection of types and sources of data, data collection methods and the development of evaluation tools. In order to link the questions to the evaluation criteria – and to reference them to assumptions and indicators, as well as to provide data sources and data collection methods – an Evaluation Matrix was developed by the Evaluation Team (see Annex 2).

The Evaluation Matrix was the primary analytical tool for current evaluation. Although it formed the basis on which the interviews were planned, it was also designed to be indicative and flexible, responding to changes that might have been necessary ‘on the ground’.

The evaluation utilised mixed data collection methods and drew on a combination of quantitative and qualitative data. These complementary approaches were deployed to ensure that the evaluation:

- Responded to the needs of users and their intended use of the evaluation results;
- Integrated gender and human rights principles throughout the evaluation process, including the participation of, and consultation with, multiple key stakeholders to the extent possible; and
- Utilised both quantitative and qualitative data collection and analysis methods to provide credible information about the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalised groups.

Although the evaluation employed a mixed-method approach in order to both triangulate data to optimise reliability, as well as to add depth and richness in analysis, it was not possible to use resource-intensive methods of quantitative data collection (such as surveys). For this reason, the Evaluation Team used existing secondary quantitative information to describe and analyse the changes in programme outcomes.

In order to use the comparative strengths of one method and to correct relative weaknesses of the others, as well as taking into consideration the availability of resources and types of data corresponding to the evaluation questions, the following five methods for primary data collection were used:

1. Desk review of documents, financial and other pertinent programme data, including from the UNFPA Information System and the Atlas System;
2. Secondary data analysis of available routine statistics and data, obtained through existing country specific population and facility-based surveys where possible;
3. Key informant individual and group interviews (KIIs) using a semi-structured qualitative questionnaire guide;
4. FGDs on thematic questions; and
5. Direct observation in cases where the Evaluation Team was able to attend training sessions, conferences or support services developed and/or supported by UNFPA.

Overall, three major sources of data were used during the evaluation: interviews, documentation (including secondary quantitative and financial/administrative data sources) and data from site visits.

The **desk review** was used to: (a) understand the country context and finalise the evaluation approach and methodology; (b) provide the opportunity to analyse common programme documents, previous evaluation reports, project documents, progress and monitoring reports, statistical data and other documents; (c) and to understand and assess the UNFPA CP and its outputs and outcomes.

Secondary data obtained through document analysis complemented the primary data collection process and allowed the triangulation of data sources and validation of the main findings.

Key informant interviews allowed the Team to solicit feedback on aspects of performance, as well as the perceived level of achievements of the UNFPA CP, its coordination and added value. Both individual and small group interviews were conducted with representatives of the CO, the UN Country Team (UNCT), Government agencies, implementing partners (IPs), DPs and other partners, civil society organisations (CSOs) and women’s-rights groups. Through individual and group interviews, the fieldwork collected information from a total of 96 respondents.

Focus Group Discussions were used to obtain first-hand accounts of UNFPA-supported interventions and activities taking place at the beneficiary level through interviewing the beneficiaries themselves and/or implementing partners working with beneficiaries, with a special focus on the most vulnerable population groups. Six FGDs – one more than originally envisaged in the design phase – of six to nine participants per group were conducted in Yerevan, Armenia’s capital city, and in the two selected regions (or *marzes*). At least one thematic FGD took place for each outcome area with key beneficiary groups.

Based on the level of interventions and advice from the CO, two **site-visits** to Shirak and Tavush were undertaken to capture the work in Armenia’s *marzes*.

Using the questionnaire framework, different instruments were developed for the different types of evaluation methods and interviewees. The evaluation instruments are presented in Annex 3 and include:

1. A qualitative interview guide, used for interviews with UNFPA CO leadership, as well as for interviews with UN Armenia partner agencies, Government and IPs.
2. A much simpler qualitative instrument for individual, one-on-one interviews with UNFPA Armenia CP beneficiaries.
3. The FGD guide comprised eleven open ended questions/topical domains adapted for different thematic discussion groups. Themes generally followed the questionnaire framework and were linked to core CP outcome areas.
4. An interview feedback form was used to systemise the notes of the evaluators during the site-visits.

All qualitative interviews and FGDs were summarised on a simple, standardised data summary sheet. The interviews were analysed systematically, using a semi-inductive thematic coding system. Considering the limited availability of quantitative data, the evaluators used triangulation and validation techniques when analysing primary qualitative data. Secondary quantitative data analysis of national statistical data and CO M&E data were utilised wherever possible, especially looking for data disaggregation by relevant criteria (age, sex, etc.). All conclusions and findings were based on evidence, including hard data, such as values of indicators in the CPAP, and soft data, such as the opinions and perceptions of the stakeholder groups. To enable the verification and validation of main assumptions and preliminary findings, the Evaluation Team convened daily internal team debriefings during the data collection and data analysis phases. At the end of the field phase the Evaluation Team debriefed UNFPA on the preliminary CPE results.

This evaluation report in its draft status was presented to the ERG and the CO for discussion. The final evaluation report will be shared with stakeholders in the country for a final round of validation. In addition, the final evaluation report follows the quality assurance criteria set out by UNFPA and is subject to a series of external reviews for quality assurance and scoring.

Selection of the stakeholder samples

Broad stakeholder participation formed a critical component of the evaluation design. The evaluation approach ensured the active engagement of key stakeholder groups involved in the CP’s implementation. These included UNFPA staff; IPs; other partners including the ERG and other UN agencies and programme beneficiaries. Stakeholders were identified by CO technical staff through the stakeholder mapping exercise conducted in preparation for the CPE. The List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome and the Stakeholder Mapping Table were elaborated and were presented in the Design Report (Annexes 4 and 5 respectively of that report). The stakeholders were clustered in five main categories (donors, implementing agencies, other partners, rights-holders/beneficiaries/implementing partners and other non-partner entities working in UNFPA-mandated areas), corresponding to four

programmatic areas. Thereafter, for each programmatic area, stakeholders were grouped by UNFPA strategic plan outcomes/CPAP output and Atlas code, wherever relevant. Every effort was made to ensure that interviews were conducted with as wide a group of participants from all five categories as possible.

Based on the stakeholder selection criteria set out by the UNFPA Evaluation Handbook, the final sample of stakeholders was produced by the Evaluation Team. Where samples were selected from broader groups, gender balance was considered in selecting the participants to be interviewed. The sample covered all types of stakeholders per output — stakeholders associated with both large and modest financial activities, regular and pilot interventions, those involved in joint or interagency projects, working in the capital city and in the regions of Armenia, as well as those not partnering with UNFPA but engaged in similar types of activities.

Participants in FGDs and site visits were chosen based on consultations with UNFPA. The sampling framework that was applied is set out in Annex 4.

1.3.2 Limitations Encountered

The potential risks and measures to minimise them were identified during the Design Phase, and the updated list of risks and mitigation measures is set out in Table 3.

Table 3: Risks and Risk Management

Risk	Likelihood	Impact	Mitigation Measures
Possible challenges in evaluating the outcomes of UNFPA with equity lenses due to the lack of data disaggregation	Low	Medium	The Evaluation Team attempted to extract disaggregated data from the operational systems and routine statistics wherever possible. The Atlas and SIS systems presented challenges to non-UNFPA staff users but the CO staff were extremely accommodating in responding to the Team’s queries. The staff member in charge of admin and finance was away for the first week of the mission but provided the requisite data on return and afterwards on request.
Lack of availability of key quantitative data, incomplete data or reports, etc.	Medium	High	Recognising the limitations of data availability noted throughout the report, analytical methods, where possible, included finding data from country trend analysis and comparing and validating data from various sources.
Organisational restructuring processes in the Government agencies due to the April 2018 revolution and change of political elite in the country.	High	Medium	The CO provided the Evaluation Team with an updated list of Government restructuring when the previous 17 ministries became 12; and this is attached as Annex 7. Former authorities and policy-makers were also contacted during the field phase.
Evaluator subjectivity and discrepancy between evaluators regarding interpretation of data collected	Medium	High	To minimise the impact of subjective interpretation of data collected (desk review, KIIs, FGDs, etc.), all information was discussed by the Team at the daily debriefing meetings to ensure maximum consensus and minimise subjective biases in the interpretation of findings.
Language issues	Medium	Medium	The CPE Team Leader received the simultaneous translation she needed for some of the KIIs during the field phase and in Yerevan. Evaluation Team members ensured that the quality of translation of all materials from Armenian into English, as well as precise

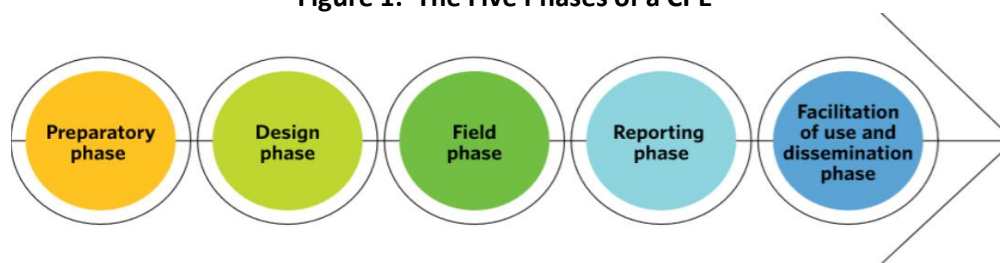
Risk	Likelihood	Impact	Mitigation Measures
			translation of the tools from English into Armenian, as needed.
Limited data collection from beneficiaries and on programme level	Medium	Medium	Statistically strong quantitative data collection from beneficiaries was not possible, but deliberate sampling was conducted to target main beneficiary groups of the most vulnerable population through the FGDs (for example, the FGD with rural women in Tavush). The programme level data were complemented using monitoring and other programmatic reports.
Unforeseen delays as a result of risks mentioned above	Medium	Medium	The Evaluation Team members were flexible with regard to adjusting their availability during the planned assignment period, according to need. The evaluation reporting and synthesis stage took place over the summer holidays. Moreover, the short in-country time meant a delay to ensure that all data had been collected and analysed (see paragraph below).

As noted above, the single but important limitation was the extremely short field visit phase of only two weeks although, according to the TORs⁵⁶, the initial time allowed had been three weeks — and the *Evaluation Handbook* recommends three to four weeks. While the two Evaluators were later allowed another one to two weeks for data collection from interviews that could not be held during the first two weeks, this was not applied to the Team Leader. Accordingly, some information was only confirmed from a distance, and the delivery of the first draft of the evaluation report was delayed by two weeks.

1.3.3 Evaluation Process

The CPE was designed by UNFPA to take place in five stages, as depicted in Figure 1 below.

Figure 1: The Five Phases of a CPE⁵⁷



The **Preparatory Phase** comprised five weeks in March and April, and was managed by the UNFPA CO through the M&E Specialist who performed the role of Evaluation Manager. It included: (i) drafting the CPE TOR and establishing an ERG; (ii) receiving approval of the CPE TOR from the UNFPA; (iii) selecting potential evaluators and receiving the pre-qualification of potential evaluators; (iv) recruiting evaluators and establishing an Evaluation Team managed by the Evaluation Team Leader; and (v) preparing the initial set of documentation for the evaluation, including the list of programmes and projects, and stakeholder mapping.

The **Design Phase** took three weeks in April/Early May and included: (i) a review of all relevant documents available at UNFPA Headquarters and the CO regarding the CP for the period being examined, as well as documents located through internet searches; (ii) stakeholder mapping: the Evaluation Manager identified and ‘mapped’ those stakeholders relevant to the evaluation; the exercise included state and civil society

⁵⁶ UNFPA (2019), *Terms of Reference for the Evaluation of Armenia UNFPA Country Programme (2016-2020)*. UNFPA, Yerevan: Armenia. P.9.

⁵⁷ UNFPA (2019), *Evaluation Handbook*. Third Edition. UNFPA: New York. Accessible at www.unfpa.org/EvaluationHandbook.

stakeholders, IPs and DPs, and indicated the relationships between different sets of stakeholders; (iii) an analysis of the intervention logic of the programme, i.e., the theory of change meant to lead from planned activities to the intended results of the programme; (iv) finalising the list of evaluation questions; and (v) the development of a data collection and analysis strategy as well as a concrete work plan for the field phase.

The **deliverable**: At the end of the Design Phase, the Evaluation Team produced a Design Report outlining the detailed evaluation methodology, criteria, timeframes and the structure of the final report.

The Design Report included the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited. The Design Report shows the relationship between the country programme outcomes, the global UNFPA Strategic Plan, the country's UNDAF and the Government priorities. The Design Report was reviewed, validated and approved by the UNFPA Evaluation Manager and the M&E Advisor during the field phase.

The **Field Phase** of two weeks in May involved the Evaluation Team collecting and analysing the data required to answer the evaluation questions finalised earlier. At the end of the field phase, there was one **deliverable**: a presentation of the preliminary findings of the field mission made to UNFPA to order to validate preliminary findings and test tentative conclusions and recommendations.

The Synthesis and Dissemination phase (initially 17 weeks, actually 19 weeks between the end of May and September 2019). During this phase, the CPE Team continued the analytical work initiated during the field phase, taking into account comments made by the CO at the debriefing meeting. There were four deliverables: two draft and one final CPE report; and a four-page synthesis report.

2. COUNTRY CONTEXT

2.1 Development Challenges and National Strategies

2.1.1 Wider Country Context, including Social, Political and Economic Data

The Republic of Armenia is a landlocked country in the South Caucasus in Eastern European and Central Asia (EECA) with an area of 29,743 square kilometres and a population of slightly under three million, of which over one-third is concentrated in the capital city of Yerevan and 36.4% in rural areas.⁵⁸ It is an upper-middle-income country⁵⁹ undergoing political, economic and social transition.

The Human Development Index (HDI) value for 2017 was 0.755, placing Armenia in the high human development category and positioning the country at 83 out of 187 countries and territories.⁶⁰

Migration

Poverty, unemployment and lack of social inclusion drive outward migration. During the first decade of independence (1991-2001), high unemployment and conflict with neighbouring Azerbaijan forced a quarter of the population to leave Armenia. As a result, remittances from migrant workers grew and, during the period under review, totalled an annual average of 12.8% of gross domestic product (GDP).

It is estimated that an average of 35,000 people (of which 82% are men aged 20-54) emigrated annually between 2007 and 2013. At the same time, the country is presently hosting an estimated 15,000 persons, mostly of ethnic Armenian background, who are displaced due to the conflict in Syria and are seeking protection in Armenia.⁶¹

Language and cultural traits

Armenians are an ethnic group native to the Armenian Highlands of Western Asia. Armenians constitute the main population of Armenia. There is a wide-ranging diaspora of around five million people of full or partial Armenian ancestry living outside modern Armenia.⁶² Most Armenians adhere to the Armenian Apostolic Church, a non-Chalcedonian church, which is also the world's oldest national church.

The official language of Armenia is Armenian, a standalone group within the Indo-European Language Family, and the unique Armenian alphabet was invented in 405 AD.⁶³

Politics

Armenia is facing internal and external geo-political challenges which could influence its further development: the borders with Azerbaijan and Turkey remain closed; and the political situation may deteriorate if socio-economic conditions and political risks associated with the interests of different global and regional players continue to worsen,⁶⁴ although recent political events are a cause for cautious optimism.

In the spring of 2018, large nationwide and peaceful street protests – referred to as the Velvet Revolution – forced Armenia's long-standing leader out of power. The country had just moved from a semi-presidential

⁵⁸ Statistical Committee of the Republic of Armenia (2018), *Demographic Handbook of Armenia 2017*. http://www.armstat.am/file/article/demog_2017_2.pdf.

⁵⁹ In July 2018, the World Bank changed its country classification for Armenia from lower middle income to upper middle income. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2018-2019>. Accessed 23 April 2019.

⁶⁰ <https://countryeconomy.com/hdi/armenia>. Accessed 23 April 2019.

⁶¹ UN Armenia (2015), *op.cit.*

⁶² <https://en.wikipedia.org/wiki/Armenians>. Accessed 10 October 2019.

⁶³ <https://en.wikipedia.org/wiki/Armenians>.

⁶⁴ UNFPA (2015a), *op. cit.*

system to a parliamentary republic in accordance with constitutional amendments passed in 2015. Under the new political system, the Prime Minister's Office became the centre of power while the President was elected through parliament. The outgoing President's subsequent appointment as Prime Minister, despite public statements that he would not seek the post, sparked vibrant street protests that led to his resignation.⁶⁵

Nikol Pashinyan, a member of the parliamentary opposition who had led the protest movement, was appointed Prime Minister. In June 2018, parliament passed a Government programme that committed to new and fair parliamentary elections within a year and prioritised better governance and the rule of law, including to: fight corruption; foster open market competition; support human capital development; and facilitate better links to the Armenian diaspora to spur economic growth, job creation and poverty reduction. In December 2018 sudden parliamentary elections were held; Nikol Pashinyan's My Step Alliance won 70.4% of the vote, securing a comfortable 88-seat majority in the 132-seat parliament.

The impact that these events have had on Armenia's development should not be under-estimated. More detail on this is supplied in Chapter 4 when discussing the Findings of the Evaluation Team.

Economy⁶⁶

Armenia's economy has undergone a profound transformation since independence. In 1993, Turkey closed its borders with Armenia, interrupting the transport and trade links between the two countries. To this day over 82% of the length of Armenia's border remains closed, blocking all roads, rail lines and pipelines from Turkey into Armenia and also Armenia's access to the sea. This has significantly increased the costs of imports and exports, inflicting a heavy burden upon Armenia's economy and businesses on both sides of the border.⁶⁷

Real GDP growth during 2013-2017 changed dramatically by more than USD two billion or around one trillion Armenian Drams (AMD), reaching USD 11.5 billion or AMD 5.6 trillion. Although there was no growth in 2016 (due to fiscal tightening), it rose by 7.5% in 2017 and by a further 5% in 2018.⁶⁸

In September 2013 the country joined the Eurasian Economic Union and this became effective in January 2015. However, since 1999, Armenia has been part of the Partnership and Cooperation Agreement with the European Union (EU); and in 2017 Armenia and the EU signed the Comprehensive and Enhanced Partnership Agreement (CEPA).

Following an initial spike in early 2018, Armenia's economic performance slowed during the rest of the year, mostly due to weakening external conditions and lower public capital expenditures, and slowing investment. Even so, the economy expanded at a robust 5.2% for the year, reflecting higher private investment and consumption. Two years of pro-poor growth lowered the poverty rate to its lowest level since the 2008–09 crisis. Although larger economic disturbances were avoided during the political transition after the December 2018 parliamentary elections, the associated uncertainty may have impacted on economic performance.

Unemployment affects a significant portion of the labour force, with rates especially high outside the capital and among youth and women.⁶⁹ During the evaluation period, unemployment remained steady at near 18%.⁷⁰

Poverty

Two consecutive years of solid growth and low inflation contributed to an improvement in living conditions. The national poverty rate declined from 29.4% in 2016 to 25.7% in 2017; and the GDP per capita was USD

⁶⁵ World Bank (2019b). *Country Partnership Framework for the Republic of Armenia for the Period Fy19–Fy23*. South Caucasus Country Management Unit Europe and Central Asia Region, Washington DC, 28 February 2019.

⁶⁶ Unless otherwise noted, this section is largely based on information from the World Bank (2019a), *op. cit.*

⁶⁷ GORA (2018). *SDG Implementation: Voluntary National Review (VNR)*. Yerevan.

⁶⁸ World Bank database, available online.

⁶⁹ UNFPA (2015a), *op. cit.*

⁷⁰ World Bank database, available online.

3,813, leading the World Bank to reclassify Armenia as an upper middle-income country in 2018. Economic growth in 2017 translated into higher consumption levels for those at the bottom 40% of the distribution, breaking the pattern observed in 2011-2016, when growth largely benefited the upper deciles only.⁷¹ Hence, economic inequality persists and has recently worsened.

Poverty, therefore, still remains high – and disproportionately so for some population groups. A United Nations Children’s Fund (UNICEF) study based on nationally representative data from the Armenian Integrated Living Conditions Survey in 2013/14 found that 64% of children under 18 were deprived in two or more of the measurement dimensions, with a substantially higher rate in rural than in urban areas.⁷² In 2017, 30.8% of Armenian children were living in poverty and 2.1% in extreme poverty, as compared to 25.7% and 1.4% respectively for the general population.⁷³

There are regional disparities widening the equity gap between urban and rural incomes as reflected in the income inequality measured by the Gini index of 32.4 in 2015.⁷⁴ Unemployment is a major contributing factor to poverty. It stands at around 17%, with rates especially high outside the capital, among youth (36%) as well as women (18.1%). The social protection systems require extensive revision as benefits are not well targeted or socially fair.⁷⁵

Sexual and reproductive health⁷⁶

Fertility and its determinants: In 2018, the total fertility rate was 1.6 children per woman⁷⁷ (compared to 1.31 in 2000). In 2017, there was barely any difference in fertility between women in urban areas (1.62 children) and women in rural areas (1.46 children). Fertility decreases as a woman’s level of education increases, from 2.8 children per woman with basic education to 1.6 children per woman with higher education. There is no clear relationship between fertility and household wealth.

Contraception: The proportion of married women aged 15-49 who use any contraceptive method has increased from 27% in 2010 to 57% in 2015/16, according to the 2016 Armenia Demographic and Health Survey (ADHS); 28% use a modern method, while 29% use a traditional method.

Demand for family planning: One-quarter of married women aged 15-49 want to delay childbearing (delay their first birth or space out births) for at least two years. Additionally, 45% of married women aged 15-49 do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning (FP); hence, the total demand for FP is 70%. Unmet need for FP is defined as the proportion of married women who want to delay or stop childbearing but are not using FP; 13% of married women have an unmet need for FP.

Antenatal care: All women aged 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse or midwife/*feldsher*). The timing and quality of ANC is also important; nearly all (96%) women made four or more ANC *feldsher* visits, while 94% of women had their first ANC visit in the first trimester.

Delivery care: 99% of births are delivered in a health facility, the vast majority in public sector facilities. More than 99% of births are delivered by a skilled provider: 96% by doctors and 3% by nurses or midwives.

⁷¹ World Bank, <https://www.worldbank.org/en/country/armenia/overview>, accessed 7 October 2019.

⁷² <https://www.unicef-irc.org/publications/862-child-poverty-in-armenia-national-multiple-overlapping-deprivation-analysis.html>. Accessed 23 April 2019.

⁷³ National Statistical Service of the Republic of Armenia (2018). *A Social Snapshot and Poverty in Armenia*.

⁷⁴ <https://www.indexmundi.com/facts/armenia/indicator/SI.POV.GINI>. Accessed 21 September 2019.

⁷⁵ UN Armenia (2015), *op. cit.*

⁷⁶ Unless otherwise stated, this section is based on the most recent *Armenian Demographic and Health Survey* published in 2017: NSS, MOH, and ICF (2017), *op. cit.*

⁷⁷ Statistical Committee of the Republic of Armenia (2018), *op. cit.*

According to the World Health Organisation (WHO), the ideal proportion of Caesarean deliveries is 10% to 15%. In Armenia, 18.5% of births are delivered by C-section.⁷⁸

Young people

Young people aged 10-24 constitute 22.2% of the population. The 15-29 age group, which in 2018 constituted 21% of the total population, is affected by high unemployment with rates of 34.5% for women and 26.9% for men. Existing policies are inadequate for addressing adolescent and youth needs, including for SRH; and young people's SRH knowledge is poor. However, during the past two decades adolescent fertility has fallen considerably, declining from 69.1 live births in 1990 to 27 live births in 2013 per 1,000 women aged 15-19.⁷⁹

Mortality

During the past decade the maternal mortality ratio decreased and by 2017 it was eight per 100,000 live births.⁸⁰

In 2019, the average *life expectancy* rate is 73.2 years: 69.6 for men, 79.3 for women.⁸¹ The population aged 65 and above comprised 11.6% of the country's total population in 2017 and is estimated to reach 22% by 2050. Social protection systems require an extensive overhaul since they are not well targeted or socially equitable. The *Strategy on Social Protection of Older Persons and Overcoming the Consequences of Aging* and its Action Plan have been adopted but services for elderly people are lacking, as reflected in the 2013 World Ageing Index where Armenia ranked 51 out of 91 countries.⁸²

HIV/AIDS

Knowledge of HIV prevention methods is high; nearly nine in ten women and men aged 15-49 have heard of AIDS. Overall, 72% of women and 73% of men aged 15-49 know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV; and knowledge of HIV prevention methods substantially increases with the level of education.⁸³ However, regarding the prevention of mother-to-child transmission, less than half (48%) of women and 44% of men know that HIV can be transmitted during pregnancy, delivery and by breastfeeding; and only about one in four women and one in five men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy.⁸⁴

Although the prevalence of HIV/AIDS in Armenia is low, risk factors and vulnerabilities exist that could negatively impact on the prevalence rate. Moreover, 57% of all newly reported HIV infections are among migrant men. This provides evidence of a rapid shift from blood-borne transmission through injecting drug use to sexual transmission. The juncture of HIV incidence and migrant labour is concerning and means that, regardless of low prevalence, there is no room for complacency.⁸⁵

⁷⁸ ADHS (2017), *op. cit.*

⁷⁹ UNFPA Armenia (2015c), *Country Programme Action Plan (CPAP) 2016-2020*. UNFPA: Yerevan.

⁸⁰ https://www.armstat.am/en/?nid=699&ind_id=3.1.1. Accessed 23 April 2019.

⁸¹ <https://countrymeters.info/en/Armenia#facts>. Accessed 23 April 2019. But note that the life expectancy data are different from those published in the World Bank online database.

⁸² *Ibid.*

⁸³ NSS, MOH, and ICF (2017), *op. cit.*

⁸⁴ *Ibid.*

⁸⁵ TOR for Armenia CPE, Annex 1 of this report.

Health systems⁸⁶

On independence from the Soviet Union in 1991, Armenia inherited a Semashko-style health system.⁸⁷ Initial severe economic and socio-political difficulties during the 1990s affected the population's health, though strong economic growth from 2000 onwards had more beneficial effects.

Nevertheless, the Armenian health system remains unduly skewed towards inpatient care concentrated in the capital city despite an overall reduction in the number of hospital beds and concerted efforts to reform primary care provision. Changes in health system financing since independence have been more profound, as out-of-pocket (OOP) payments now account for just over 80% of total health expenditure.⁸⁸ Overall, just 7% of women and 8% of men aged 15-49 have health insurance coverage and, of those that do, the majority only have the Basic Benefits Package.⁸⁹ This reduces access to essential services for the poorest households – particularly for inpatient care and pharmaceuticals – and many households face catastrophic health expenditure.

Gender and gender-based violence

Gender equality is a challenge in Armenia, particularly affecting the economic and political participation of women (only 24% of parliamentarians are female), and in addressing gender-based violence (GBV) and discrimination. According to the Gender Gap Index published in 2018,⁹⁰ Armenia ranks 98 out of 149 countries – a reversal of the progress made earlier. The male to female sex ratio at birth in 2013 was at the very high level of 113 males per 100 females, although there was a slight decrease in 2018 to 111 boys per 100 girls. This is a clear indication of the country's practice of gender-biased sex selection (GBSS).⁹¹ Indeed, Armenia is among the worst performing countries globally on the Health and Survival sub-index, recording the third lowest female-to-male sex ratios at birth in the world, just above that of Azerbaijan and China.⁹²

Research on gender equality in Armenia has identified critical issues such as gender-based discrimination in the labour market, disparities in wages between men and women, unequal access to economic resources and poor social protection for low income female-headed households.⁹³ According to the Armenia Gender Assessment of 2016, the gap in participation in the labour market between men and women is about 17%. Moreover, while the difference in earnings between the sexes has declined significantly over the past decade, on average women earn 36% less than men.⁹⁴

Domestic violence (DV) is a serious problem in Armenia. According to the police, during the first five months of 2018 864 incidents of violence against women were recorded, of which 223 were cases of DV. However, of these, by July 2018 the authorities had only brought charges against 31 persons for DV, and the courts convicted a mere seven. Women's rights activists believe DV is widely underreported.⁹⁵

In January 2018, a new law on violence in the family came into force, providing a definition of DV but including notions of 'strengthening traditional values' and 'restoring family harmony' as key principles. In February

⁸⁶ E. Richardson (2013). 'Armenia: Health System Review.' *Health Systems in Transition*, Vol.15, No.4. European Observatory on Health Systems and Policies.

⁸⁷ The Semashko model was built as a multi-tiered system of care with a strongly differentiated network of service providers, where each of the five levels corresponded to the severity of the disease (district, central rayon, municipal, oblast and federal hospitals) and these were all connected by a sound referral system.

⁸⁸ See World Bank database available online.

⁸⁹ NSS, MOH and ICF (2017), *op. cit.*

⁹⁰ World Economic Forum (2018). *The Global Gender Gap Report 2018*. Geneva: WEF. Available at: http://www3.weforum.org/docs/WEF_GGGR_2018.pdf.

⁹¹ UNFPA (2015a), *op. cit.*

⁹² http://www3.weforum.org/docs/WEF_GGGR_2017.pdf. Accessed 23 April 2019.

⁹³ Asian Development Bank (2016). *Armenia Country Gender Assessment*.

⁹⁴ <http://documents.worldbank.org/curated/en/153131489418520050/pdf/113503-WP-PUBLIC-P157626-ArmeniaGenderAssesment-Summary.pdf>.

⁹⁵ <https://www.hrw.org/world-report/2019/country-chapters/armenia>. Accessed 19 April 2019.

2018, the Government approved the action plan for the implementation of the Law and in June set up the Council on Prevention of Violence in the Family, the coordination body for policies on DV prevention. The authorities also drafted relevant decrees regulating requirements for shelter staff members, and for establishing a centralised record of DV cases. However, at the time of writing, the decrees had not been adopted.⁹⁶

Women's rights activists raised concerns that those principles could be used to reinforce obsolete and problematic gender roles and stereotypes, and to pressure women to remain in abusive relationships.⁹⁷ Indeed, a severe backlash and anti-DV Law propaganda followed the Government's intention to adopt the DV Law. This had a negative impact both in regard to the Law's regulations as well as creating a very harmful atmosphere in the area of DV prevention; resulting in a significant amount of stigma and misinformation around the Law. This negativity still remains and creates difficulties for those working in the area.⁹⁸

Policy instruments that have been developed still remain unimplemented.⁹⁹ For example, in January 2018, Armenia signed – but still has to ratify – the Council of Europe (COE) Istanbul Convention on Prevention and Combating Violence against Women and Domestic Violence (known as the Istanbul Convention).¹⁰⁰ Indeed, currently, the Istanbul Convention is still a contentious issue due to negative propaganda that gives rise to many difficulties. In 2019, right-wing groups and individuals actively campaigned against its ratification, although the Government has announced its intention to do so in the near future. Groups against the ratification argue that, instead of being aimed at the prevention of sexual and domestic violence and victim protection, the document seeks to 'open up opportunities for the propaganda and legitimisation of perversion and perverts' and 'destroy Armenian national family values, religion and traditions [...] by legitimising a 'third sex' in the country.

The Convention has also been criticised by the Armenian Apostolic Church which in late July 2018 issued a statement urging the Government to refrain from ratifying the document as 'there are extremely concerning points in the Convention from the perspective of our national-spiritual identity and security.' According to the Church, there are 'formulations and explanations in the Convention that define a third sex', which is 'incompatible with the moral understandings of the Church'. The statement also expressed a concern that same-sex marriage would be legalised following the document's ratification which is described as 'in contradiction with the Church's invariable doctrine about family, since a family can be formed only by the unification of man and woman'.

The authorities still need to increase the number of shelter spaces, establish state-run shelters, and conduct campaigns to educate the public about the new law, how to file complaints and the availability of services.¹⁰¹

Finally, interviews with KIIs have highlighted the importance of understanding the depth and degree of stigma and discrimination against women in Armenia; that it hinders work in all walks of life and can create difficulties in reality. Without taking into account these complications, it is hard to understand working conditions in Armenia for women compared to those of men and, consequently, appreciate the work that is being done in gender equality against this toxic backdrop.

Stereotypes and stigma are one of the biggest challenges for gender equality and are responsible for people feeling they can justify GBV and DV. Surveys show that a significant percentage of Armenian men still conform to what they see as traditional and cultural norms but what are in fact patriarchal stereotypes. Depending on the reason behind physical violence against an intimate female partner, over one-third or about a half or

⁹⁶ *Ibid.*

⁹⁷ *Ibid.*

⁹⁸ KII.

⁹⁹ UN/UNFPA/UNOPS (2015), *op. cit.*

¹⁰⁰ <https://www.hrw.org/world-report/2019/country-chapters/armenia> *op. cit.*

¹⁰¹ *Ibid.*

even more than a half of male respondents in the sample are deemed to be ‘gender inequitable’ because they justify and condone intimate partner violence.

Sexual orientation and gender identity¹⁰²

Lesbian, gay, bisexual and transgender (LGBT) people face harassment, discrimination and violence.

The LGBT rights organisation PINK Armenia documented physical attacks against at least 17 individuals based on sexual orientation or gender identity between January and August 2018. New Generation, a NGO, had to cancel an LGBT Christian Groups’ conference planned in November 2018, amid uproar by the public and Government officials over the event.

Fear of discrimination and public disclosure of their sexual orientation prevents many LGBT people from reporting crimes. The criminal code does not recognise homophobia as an aggravating criminal circumstance and a Government bill on equality does not include sexual orientation and gender identity as grounds for protection from discrimination.

Openly gay men fear for their physical safety in the military and some seek exemption from serving in the army. An exemption, however, requires a medical conclusion finding them ‘psychologically or mentally unfit’ to serve. In Armenia, a finding of ‘psychological or mental disorder’ could be an obstacle to employment or obtaining a driver’s license; hence, it might be a detrimental option to take.¹⁰³

Education

Armenia has a literacy index of 99.8%.¹⁰⁴ Interestingly, women in Armenia are slightly better educated than men. Furthermore, while more men undergo more vocational education than women (11% compared to 5% respectively in 2016), at the higher and post-doctoral level the proportion of women obtaining a higher education (first and second stage diplomas) is higher: 16% of women have university degrees compared to 14% of men in 2016. However, despite the large-scale reforms supported by DPs in Armenia, numerous studies point to a decrease in the quality of, access to and integrity of education. The Government has declared education to be one of the prerequisites for the country’s sustainable development and the cornerstone of human capital. However, despite this, the state budget for education has decreased with around 2.2% of GDP allocated for education in 2018.¹⁰⁵ This indicator is very low in comparison to the 7% to 10% of GDP expenditure for education in EU countries.

Children with disabilities are among the most marginalised groups but Armenia has made significant progress in inclusive education with the passing of legislation and financing for school inclusion.¹⁰⁶

2.1.2 Situation and Development Challenges vis-à-vis UNFPA Programmatic Areas

Development challenges

The evaluation of the previous CP, conducted in 2014, summarised the most pressing challenges to be addressed in the new CP cycle 2016-2020: (a) a lack of services for the most vulnerable groups; (b) weak partnerships for policy advocacy and resource mobilisation; (c) the need to tackle gender equality and provide youth interventions, particularly in rural areas; hence, the importance of fostering support from the private sector and Armenian diaspora for these issues; (d) the lack of an integrated information centre to facilitate demographic data collection, analysis and dissemination; and (e) the need to develop and apply sustainable strategies to advance the goals of the ICPD Programme of Action.

¹⁰² This section is based on the 2019 Human Rights Watch report available at <https://www.hrw.org/world-report/2019/country-chapters/armenia>.

¹⁰³ *Ibid.*

¹⁰⁴ <https://data.worldbank.org/indicator/SE.ADT.LITR.ZS?locations=AM>

¹⁰⁵ World Bank (2019), *op. cit.*

¹⁰⁶ UN Armenia (2015), *op. cit.*

More recently, the World Bank partnership agreement with the Government, published in February of this year, noted several challenges that affect the development agenda. Those with relevance to UNFPA include:¹⁰⁷

- Significant **demographic changes**. The country's population is aging and shrinking. The total population has declined from around 3.5 million people in 1990 to just under three million in 2018. The elderly comprises a rising share of the population, posing a growing need for social services catering to this population group.
- **Gender gaps and imbalances** constrain Armenia's achievement of its full economic potential. As already noted, Armenia ranked 98th among 149 countries on the World Economic Forum's Global Gender Gap Index 2018, six up from 105th in 2015; a modest improvement but still a poor ranking for an upper middle-income country. The World Bank Group's 2016 *Armenia Country Gender Assessment* found that, while gender equality outcomes in Armenia are broadly comparable with regional and income comparator groups, gender inequalities persist in some areas.
- **Poverty reduction** has slowed considerably since the 2008–09 global financial crisis; and the most recent available data show that Armenia still has one of the highest poverty rates in EECA. According to World Bank data¹⁰⁸, 50% of the population was living on less than USD 5.50 per day in 2017, while 12.3% of the population was living on less than USD 3.20 per day. Close to 750,000 people continue to live below the national poverty line and a large share of the population remains vulnerable to shocks. Poverty in Armenia has three distinctive features that present significant challenges to sustainable poverty reduction. These impact on all DPs and will influence how and where UNFPA intends to provide support in the future:
 - (i) Regional disparities between the capital, Yerevan, other urban areas and rural areas persist due to limited economic activity and a lack of job creation beyond the agricultural sector. The poverty headcount is highest in urban areas outside the capital city, at 27.9% in 2017, with elevated levels of unemployment and emigration. Poverty in rural areas is 26.8%. Over two-thirds (70%) of Armenia's poor people, therefore, live in secondary cities and rural areas. The lowest poverty rate is in Yerevan, at 22.4%;
 - (ii) Many households experience multiple and overlapping deprivations linked to deficits in the human capital endowment, including: low levels of education and access to health; insufficient access to economic opportunities; and inadequate access to good housing conditions, well-functioning infrastructure and public services; and
 - (iii) Vulnerability to poverty persists, and a large share of households are at risk of falling into poverty if aggregate or idiosyncratic shocks such as unemployment and severe illness were to hit them. High unemployment, together with limited coordination between employment services and social assistance, create poverty traps that threaten the inclusiveness of growth. And high OOP health expenditures compound these vulnerabilities.
- In spite of Armenia's significant human development gains over the past 25 years, many **challenges remain in ensuring access to good-quality health and education services**. Armenia is foregoing a substantial amount of future growth and development by not adequately prioritising investment in human capital. Public spending on education in Armenia was 2.2% of GDP in 2017, 1.8 times lower than the average for upper-middle-income countries and 2.5 times lower than the average among EECA countries. In the same year, public spending on health was 1% of GDP, or less than half of the average for upper-middle-income countries and nearly five times lower than the average among EECA countries.

While the SDGs 'nationalisation process' was delayed due to the recent changes in the Government, Armenia's report outlining progress made towards SDG targets was submitted as planned in 2018. In it the Government lists the following areas of concern that are relevant to the work of UNFPA:¹⁰⁹

¹⁰⁷ World Bank (2019b), *op. cit.*

¹⁰⁸ World Bank database available online.

¹⁰⁹ GOA (2018), *op. cit.*

- (a) **Poverty:** although Armenia almost ended extreme poverty and USD 1.25-per day poverty, almost 30% of the population are still under the national poverty line, and children are more affected by poverty than the total population, with high regional disparities;
- (b) **Education:** while almost all of the population has some degree of education, young boys and girls (especially boys in rural areas) often drop out of high school in order to earn money for their families at an early age;
- (c) **Child nutrition:** About 18% of children under five are underweight, while another 14% are overweight;
- (d) **Health:** Non-communicable diseases are estimated to account for 80% of deaths;
- (e) **Gender equality:** Although gender equality is guaranteed by the Constitution and laws, women have low rates of participation in economic, business and political decision-making positions. As previously noted, women's wages on average are lower than men's wages by around 36%. Women, especially young women (15-24 years of age) are relatively more likely to be unemployed than men. GBSS continues to be a challenge;
- (f) **Water:** Armenia remains a water stressed country, due to inefficient use and management of water. Agriculture is the main user of water and more than 50% of irrigation is lost;
- (g) **Environment:** Despite recent improvements, a number of issues still remain critical, including deforestation risks, use of solid fuel by the population, and deepening negative impacts on the environment caused by mining activities; and
- (h) **Migration:** Labour migration, both temporary and permanent, continues to be a means of coping with poverty and unemployment.

In the same report, the Government highlights five main challenges to meeting SDG targets:

1. *Funding:* Public funding on education, health, and environment remains very low and is far from adequate for accelerating the SDG implementation process.
2. *Governance:* Despite significant legal and institutional reforms, weaknesses in governance still remain a major challenge.
3. *Knowledge and behaviour (cultural):* The implementation of many SDGs requires not only knowledge but also behavioural/attitudinal change from all parts of society.
4. *Engagement:* This relates to the challenge of ensuring the active and direct engagement of private businesses, NGOs and individual citizens in the sustainable development process.
5. *Data gaps:* Relevant, effective and timely collection of sex, gender and diversity-disaggregated data is critical for analysis, monitoring, evaluation, reporting and for evidence-based policy adjustments.

Government strategies to respond to challenges

In April/May 2018, the new Government proclaimed the launch of wide-ranging fundamental reforms. The enhancement of democracy, efficient and effective governance, increased levels of transparency and accountability in public governance, fight against corruption, free economic competition, protection of investors' rights, rule of law and human rights have been prioritised by the new Government.¹¹⁰

2.1.3 Progress Towards Achieving Relevant Internationally Agreed Development Goals

The Armenian Constitution guarantees human rights protection and non-discrimination, including for gender. The country is party to all nine UN human rights treaties and most of the additional protocols. However, the reports for international treaty bodies indicate systematic delays in the realisation of people's rights.

Sustainable Development Goals

With regard to the Millennium Development Goals (MDGs) that preceded the SDGs, Armenia achieved a number of MDGs targets by 2015, including a notable fall in infant and maternal mortality, high enrolment in primary education and an increased proportion of the population with access to safe water sources. However,

¹¹⁰ *Ibid.*

Armenia was unable to achieve national MDG targets to eradicate extreme poverty, promote gender equality and ensure environmental sustainability.¹¹¹

In 2013, in the context of shaping the Post-2015 Development Agenda, the Government and the UNCT in Armenia partnered to form a Post-2015 Task Force with the aim of identifying priorities for the next global SDG agenda. The participatory process used for prioritisation, comprising a series of town hall meetings, was essential for reflecting the perspectives of all stakeholders, including those from the wider international development community, and reaching consensus across society about the SDGs and the mechanisms for their implementation. The country also began the process of designing the Armenia Development Strategy (ADS), an overarching strategy document that has benefitted from the SDG framework and provides a comprehensive set of targets and indicators necessary for the effective planning and monitoring of development objectives.

The new Government that came into power in 2018 is confident that the ongoing political transformations will have positive effects on the process of implementing the SDGs, since the 2030 Agenda is explicitly grounded in international human rights treaties, and the commitment to human rights is reflected in the general principle of non-discrimination and the aim to 'leave no one behind'. In 2018 a voluntary national review (VNR) was undertaken to measure progress towards achieving the SDGs and reported that Armenia has, so far, had mixed results in SDG implementation.

Armenia has made good progress in many areas, such as: (i) health protection in terms of MCH; (ii) access to safe and reliable water supply in urban and rural areas; (iii) improved sanitation in urban areas; (iv) universal access to reliable energy; (v) promotion of renewable energy; and (vi) environmental protection, in terms of enlargement of protected areas and biodiversity. Yet, there are areas where Armenia has had slow or mixed progress. These include Poverty, education, gender equality, inefficient use of water, the environment, low access to sanitation in rural areas, weakness in governance and lack of sustainable consumption and production practices.

The VNR also highlighted a number of key areas and SDG targets/indicators that are lacking effective monitoring and/or control. The Key Facts Table at the front of this report provides more data regarding the SDGs of particular relevance to the work of UNFPA.

ICPD Programme of Action

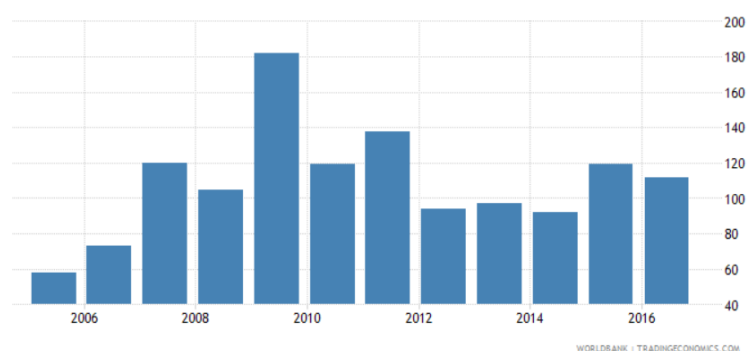
According to the Armenian Government's report presented at the United Nations Economic Commission for Europe (UNECE) Regional Conference on ICPD+25 in 2018, Armenia has made some progress in the area of gender equality, equity and empowerment of women. One of the country's notable achievements has been the adoption of a Law 'On Prevention of Domestic Violence, Protection of the Persons Subjected to Violence in the Family and Restoration of Solidarity in the Family' (hereafter referred to as the DV Law) that was enacted at the beginning of 2018. Another major achievement has been the decrease in the reported high rate of sex-selective abortion, achieved through a combination of legislative restrictions and activities aimed at public awareness raising, capacity building and transformation of stereotypes.

2.2 The Role of External Assistance

Net official development assistance (ODA) received per capita (current USD) in Armenia was reported at USD 112 in 2016, according to the World Bank development indicators, compiled from officially recognised sources – see Chart 1.

¹¹¹ *Ibid.*

Chart 1: Official Development Assistance Per Capita (current USD) to Armenia, 2006-2016



Source : <https://tradingeconomics.com/armenia/net-oda-received-per-capita-us-dollar-wb-data.html>. Accessed on 23 April 2019.

The most recent OECD data on ODA are shown in Table 4, Chart 2 and Table 5.

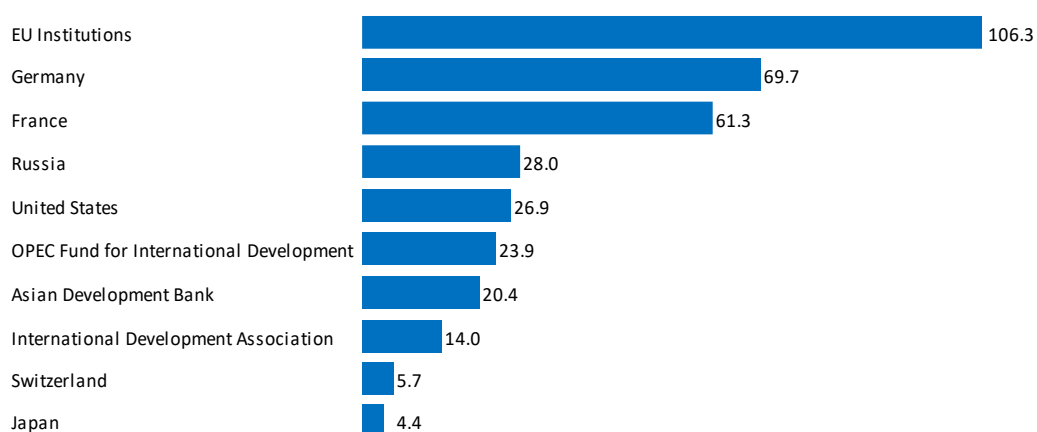
Table 4: Official Development Assistance 2015-2017

	2015	2016	2017
Net ODA (USD million)	347.5	324.6	255.4
Net ODA/GNI (%)	3.2	3.0	2.1
Gross ODA (USD million)	409.0	408.0	365.9
Bilateral share (gross ODA (%))	32.4	52.6	54.2

Source:

https://public.tableau.com/views/OECDDataataglancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no

Chart 2: Top 10 Donors of Gross ODA for Armenia 2016-2017 average (USD million)



Source: OECD

Table 5: Bilateral Aid by Sector for Armenia, 2016-2017 average

Economic infrastructure	19%
Education	1%
Health and population	1%
Multisector	2%
Other social infrastructure	42%
Production	26%
Other	2%

Source: OECD

Table 4 shows that net ODA is declining and, in 2015-2017, only accounted for 2-3% of gross national income. Chart 2 shows that in 2016-17 EU institutions and Western European countries provided two-thirds of net ODA to Armenia. Table 5 shows that there has been very little bilateral assistance for health and population matters. A further breakdown of net ODA in 2016 is provided in Table 6.

Table 6: Net Official Development Assistance to Armenia - 2016

Net Bilateral Flows from DAC Donors (USD)	
Australia	30,000
Austria	1,700,000
Belgium	210,000
Canada	100,000
Denmark	1,820,000
European Commission	110,830,000
Czech Republic	410,000
Finland	220,000
France	81,860,000
Germany	27,590,000
Greece	50,000
Ireland	30,000
Italy	590,000
Korea, Republic of	150,000
Luxembourg	120,000
Netherlands	220,000
Norway	270,000
Poland	170,000
Portugal	10,000
Slovak Republic	10,000
Spain	520,000
Sweden	600,000
Switzerland	7,280,000
United Kingdom	590,000
USA	25,080,000
Total	260,460,000

Net Official Flows from UN Agencies¹¹² (USD)	
FAO	710,000
IAEA	130,000
IFAD	5,010,000
ILO	110,000
UNAIDS	60,000
UNDP	610,000
UNFPA	500,000
UNHCR	550,000
UNICEF	980,000
UNTA	1,630,000
WHO	350,000
Total	10,640

Total Net ODA	271,100,000
----------------------	--------------------

Source: <https://tradingeconomics.com/armenia/net-oda-received-per-capita-us-dollar-wb-data.html>

¹¹² Food and Agriculture Organization (FAO), International Atomic Energy Agency (IAEA), International Fund for Agricultural Development (IFAD), International Labour Organization (ILO), United Nations Joint Programme on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), United Nations High Committee for Refugees (UNHCR), United Nations Transitional Authority (UNTA)

3. United Nations/UNFPA Response and Programme Strategies

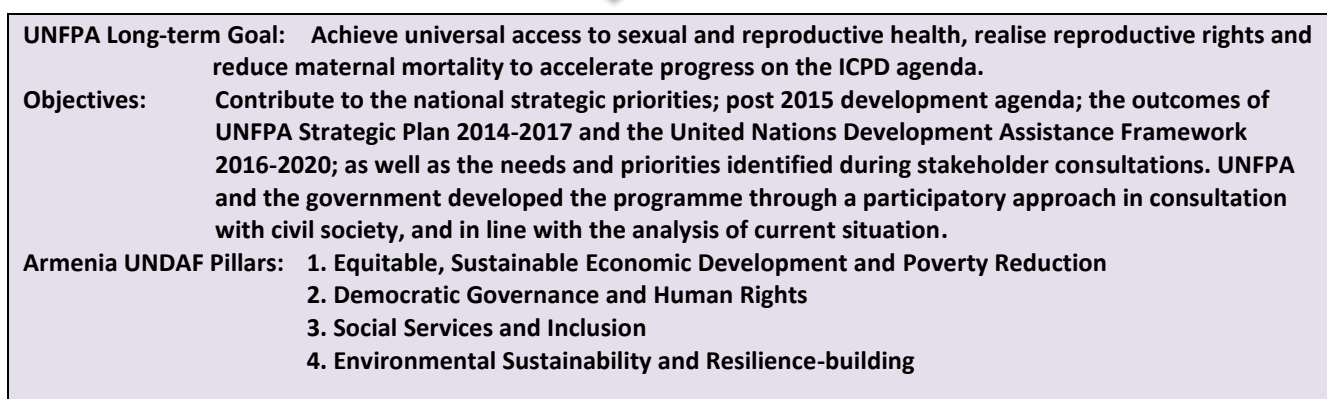
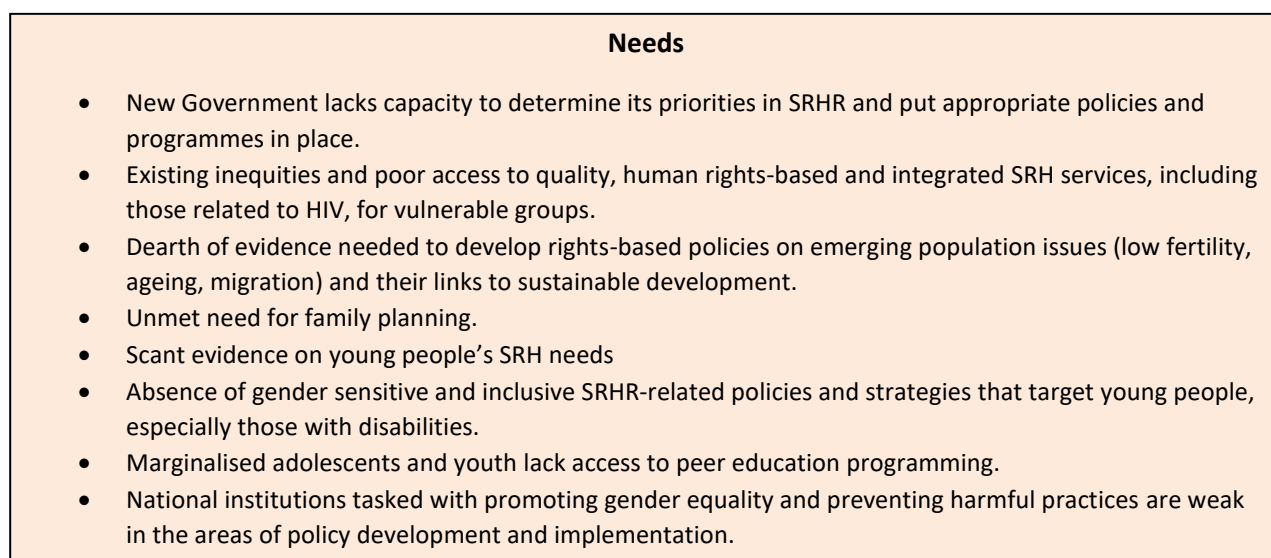
3.1 UNFPA Strategic Response

The UNFPA Programme in Armenia is based on two main documents; the Country Programme Action Plan (CPAP) and the UNFPA Armenia Country Programme Document 2016-2020 (CPD). The CPD is the initial programme document developed by UNFPA and approved by UNDP, UNFPA and the United Nations Office for Project Services (UNOPS) Executive Board. While the CPD describes programme strategies and interventions, they are operationalised through the CPAP, which is the actual implementation strategy document signed between UNFPA and the Government.

The CPD, with a total budget of USD 3.6 million (of which USD 2.0 million is from core funds and USD 1.6 million from non-core resources) for the five years, was approved at the Executive Board's annual session in June 2015, followed by the CPAP signing between the UNFPA and the Government of Armenia at the end of the same year. The programme was developed to align with the SDGs, the UNFPA Strategic Plan 2014-2017 and the UNDAF 2016-2020, contributing to two of UNDAF's priority areas in Armenia: (i) democratic governance; and (ii) social services and inclusion.

The needs of the country have been clearly articulated in the CPD and CPAP; and the CP has been designed to directly address these concerns. Moreover, the CP demonstrates its commitment, and contributes, to UNFPA's renewed focus on women's SRHR, adolescent and youth issues, gender equality and reproductive rights, as well as population dynamics and related policies for strengthening the national development agenda. The chain of the CP results is based on UNFPA's 2014-2017 Strategic Plan. All four outcomes and four outputs of the programme are directly linked and contribute to the achievement of the Strategic Plan outcomes in the four focus areas as shown in Table 7, the logic intervention model.

Table 7: Simplified Intervention Logic Model for UNFPA Armenia 2016-2020 Aligned Country Programme Framework



INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH

UNFPA Strategic Plan Outcome 1



Activities	2016-2020 Country Programme Output	2014-2017 Strategic Plan Outcome
Activities: (a) undertake studies, surveys and assessments; (b) develop clinical guidelines; (c) improve knowledge and skills of vulnerable groups; (d) advance midwifery education system; and (e) support	Output 1: Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for quality integrated SRH services for women,	Outcome 1: Increased availability and use of integrated SRH services (including FP, maternal health and HIV) that are gender-responsive and meet human

development of regional preparedness plans/ minimum initial service package (MISP) provision.	adolescents and youth, with a focus on vulnerable groups, and in humanitarian settings.	rights standards for quality of care and equity in access.
---	---	--

ADOLESCENTS AND YOUTH
UNFPA Strategic Plan Outcome 2



Activities: Develop/implement SRHR-related policies/strategies for young people with special focus on young people with disabilities; (b) establish participatory advocacy platforms for increased involvement of marginalised youth; (c) strengthen peer education programme; and (d) revise teaching content and methodology for school-based healthy lifestyle education curriculum; and (e) generate evidence on SRH needs of young people.	Output 2: Strengthened national laws, policies and programmes for incorporating adolescent and youth rights and needs through evidence-based policy advocacy.	Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and SRH.
--	--	--

GENDER EQUALITY AND REPRODUCTIVE RIGHTS
UNFPA Strategic Plan Outcome 3



Activities: (a) generate evidence and analyse effects of GBV on RH, social and economic participation of women/girls to further guide policy; (b) advocate for their improvement/implementation of gender sensitive legislation and institutionalisation of GBV policies and programmes; (c) strengthen capacity of multiple sectors to address GBV; and (d) promote gender transformative approaches and support engagement of men/boys to address gender inequality/GBV.	Output 3: Strengthened capacity of national institutions for policy development and implementation to promote gender equality and prevent harmful practices.	Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth.
---	---	---

POPULATION DYNAMICS AND DEVELOPMENT
UNFPA Strategic Plan Outcome 4



Activities: (a) collect/analyse, disseminate/use data for informed policy development; (b) establish accessible web-based platforms to, <i>inter alia</i> , reflect socioeconomic and demographic inequalities; and (c) utilise emerging opportunities of data revolution to support population and sustainable development policies.	Output 4: Increased availability of evidence for formulation of rights-based policies on emerging population issues (low fertility, ageing, migration) and their linkages to sustainable development.	Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and reproductive rights, HIV and gender equality.
--	--	--

The CPAP is also aligned with national strategic priorities and the Post 2015 Agenda. Table 8 sets out the linkages between the CPAP, UNDAF and Armenia’s national priorities.

Table 8: Chain of Results and Linkages Between National Priorities, UNDAF and UNFPA CPAP

UNFPA CP Output 1	UNDAF Outcome 6	National Priority/ies
Sexual and Reproductive Health		
Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for quality integrated SRH services for women, adolescents and youth, with a focus on vulnerable groups, and in humanitarian settings.	By 2020, quality health services are accessible to all, including especially vulnerable groups.	Reproductive and maternal health is among the five priorities highlighted in the 2013-2018 Election Programme of the Armenian President as well as in the 2014-2017 GOA Programme.
Adolescents and Youth		
Strengthened national laws, policies and programmes for incorporating adolescent and youth rights and needs through evidence-based policy advocacy.	By 2020, vulnerable groups have improved access to basic education and social protection services and participate in their communities.	Enhanced participation of young people in the country’s political, economic and cultural life; improved youth employment and socio-economic issues; promotion of healthy lifestyles among young people; recognition of the importance of non-formal education; and the development of spiritual, cultural and patriotic values among youth.
Gender Equality and Reproductive Rights		
Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices.	By 2020, Armenia has achieved greater progress in reducing gender inequality, and women are more empowered and less likely to suffer domestic violence.	Institutional modernisation of the public administration and governance-related activities will adhere to the adopted fundamental policies and will be geared towards improving public efficiency, the growth of public resources and their targeted use, improved service quality and accessibility, reduced corruption, transparency of decision-making, and increased civil society participation in these processes.
Population Dynamics and Development		
Increased availability of evidence for the formulation of rights-based policies on emerging population issues (low fertility, ageing, migration) and their links to sustainable development.	By 2020, people benefit from improved systems of democratic governance and strengthened protection of human rights.	Improved social protection system will be geared towards enhancing the effectiveness of the current systems (including better targeting) and creating a basis for long-term financial stability, ensuring the provision of comprehensive social guarantees, the essential reduction of social risks and reduction of poverty.

Sources: UNFPA (2015b and 2015c) (CPD and CPAD), *op. cit.*; UNDAF, *op. cit.*

The CPAP is being implemented under UNFPA's business model which classifies countries according to 'development colour categories', in which middle-income countries such as Armenia (pink category)¹¹³ focus exclusively on policy and advocacy work. The UNFPA revised resource allocation system has implications for programme resources, structure and the capacity to deliver results. Through adopting advocacy, policy dialogue/advice and generating evidence for policy development as its key strategies, the Armenia CPAP provides the mechanisms for implementing UNFPA's global strategies on FP, adolescents and youth, and partnerships and communication for middle-income countries.

3.2 UNFPA Response through the Country Programme

3.2.1 Armenia Second Country Programme Coverage (2010-2015)

The Second CP 2010-2015 focused on three mandated areas: (a) SRH; (b) gender equality and GBV; and (c) the development of evidence-based population strategies. Youth issues were cross-cutting for all the three programme components.

The CPE 2014 highlighted a number of achievements, including: (i) the high relevance of the programme to the needs of Armenia; (ii) successful leverage of funds; (iii) significant added value to the UNCT, Government and other partners; (iv) awareness-raising on pre-natal sex selection and advocacy to address the problem; and (v) the total market approach to create equitable access to contraceptives.

Two main lessons learnt from this Second CP were: (i) working on focused issues such as prenatal sex selection or total market approach helps to widen the cooperation with different stockholders such as the media and religious organisations, and facilitates strong advocacy in these areas; and (ii) there is a persuasive need to work towards the institutionalisation and sustainability of processes, strategies and interventions in support of the UNFPA mandate.

The CPD stated that UNFPA had built upon its corporate and country-based strengths in the Second Country Programme. These strengths were deemed to include advocacy, policymaking, leadership and coordination, provision of technical expertise, knowledge transfer and awareness raising. There was convincing evidence that UNFPA had added substantial value to the national efforts to realise development goals. Furthermore, UNFPA had demonstrated significant value added to the UNCT, the Government and other partners, and was – and is still – considered the main source of expertise on SRHR, population and development, and gender equality. Stakeholders stressed 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.¹¹⁴

3.2.2 Armenia Third Country Programme Coverage (2016-2020)¹¹⁵

The Armenia CPAP was developed through a participatory approach involving relevant actors, including CSOs, the private sector, academia and other stakeholders, and in close cooperation with the relevant structures of the Government, in particular line ministries such as the Ministry of Health (MOH), Ministry of Labour and Social Affairs (MOLSA) and others. Its development was informed by a situation analysis conducted by UNFPA and implemented by the UNFPA CO in Armenia. As a 'pink category' country, the Armenia CPAP focuses on

¹¹³ Given the diversity of the development landscape and the challenges faced by countries, UNFPA has developed a differentiated country presence based on a classification system that places countries into four colour-coded quadrants, whereby countries with a combination of: (a) highest need and low or lower-middle level ability to finance their programme; and (b) high need and low ability to finance – are placed in the red quadrant. Countries with a combination of: (a) low need and lower-middle ability to finance; (b) medium need and upper-middle ability to finance; (c) low need and upper-middle and high ability to finance – are placed in the pink quadrant. In between these are countries in the orange and yellow quadrants.

¹¹⁴ GOA and UNFPA (2015a), *op. cit.*

¹¹⁵ UNDP/UNFPA, UNOPS (2015b), *op. cit.*

advocacy and policy-level interventions; however, the CP also has a regional focus in certain targeted provinces and areas.

The Third CP was formulated simultaneously with the development of UNDAF; hence, the CP outcomes and outputs under the current CP reflect the formulations provided at that development stage of UNDAF. It was within the context of the development of post-2015 SDGs and targets and, in this regard, it capitalised on the past work by UNFPA, the collective efforts of the UN family and was expected to contribute to the achievement of UNDAF outcomes by 2020.

Unlike the Second CP, which covered only three thematic areas, the Third CPAP covers all four programme outcome areas of the UNFPA Strategic Plan 2014-2017, as well as programme outputs related to organisational effectiveness and efficiency (OEE), as presented in Table 9. Areas related to OEE, as described in Table 9, are dealt with in an integrated manner, within the four thematic areas, since they are cross-cutting in nature.

The Third CP, as described in the CPAP, built on proven effective approaches for working in the middle-income countries, such as brokerage, advocacy and policy dialogue. It signified the shift from service delivery to more upstream policy work. To enhance its impact, the programme employed a comprehensive approach by integrating maternal health, gender and youth issues in midwifery interventions.

The CPAP was based on the following core strategies to achieve results:

1. Policy dialogue and advocacy, including support to the entire policy cycle (policy agenda setting, policy formulation, budget allocation, policy implementation including ensuring the existence of related capacities on the ground, M&E and feedback on lessons learnt);
2. Establishing mechanisms of knowledge transfer between the UNFPA Armenia CO and IPs;
3. Mobilising civil society (NGOs, faith-based organisations (FBOs), youth and parliamentarian networks) at the national level in support of the CPAP agenda; and
4. Addressing capacity gaps through cooperation and quality-assured technical assistance; and working with emerging donors and the private sector to target the remaining CPAP agenda with new funding.

Table 9: Thematic Scope of the Armenia CPAP 2016-2020

Programme Area	Expected Outcome
SRHR	Increased availability and use of integrated SRH services (including FP, MCH and HIV) that are gender-responsive and meet human rights standards for quality care and equity in access.
Adolescents and Youth	Increased priority on interventions aimed at adolescents, especially very young adolescent girls, in national development policies and programmes, particularly the increased availability of comprehensive sexuality education (CSE) and RH.
Gender Equality and Reproductive Rights	Advanced gender equality, women’s and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth.
Population Dynamics and Development	Strengthened national policies and international development agendas by integrating evidence-based analysis on population dynamics and their links to sustainable development, SRH and reproductive rights, HIV and Gender.
OEE	Expected Outcomes
Capacity Development	Effective mechanisms in place for continuous transfer of knowledge, skills and good practices between national institutions and the UNFPA CO, contributing to stronger national capacity to implement the CPAP agenda.
Monitoring and Evaluation	Enhanced effectiveness and accountability of CPAP by improving quality assurance and M&E.
Operational Excellence	Improved resource management through an increased focus on value for money and systematic risk management.

Resource Mobilisation	Improved mobilisation of financial and non-financial resources from traditional and less traditional donors (country co-financing, the private sector, the Armenian diaspora and emerging donors).
Partnership	Strengthened partnership with strategic institutions, including Government, civil society, academia and media to advance the implementation of the CPAP agenda in Armenia.
Communications	Increased visibility of UNFPA in Armenia and strengthened capacity of Armenia CO to develop and implement the UNFPA communication strategy.

Finally, the Armenia CPD is guided by six key principles: (a) national ownership of the CPAP agenda; (b) a human rights-based approach; (c) programmatic relevance and focus on results; (d) adding value for money based on comparative advantage and complementarity; (e) joint programming and delivering as one; and (f) accountability and transparency.

To deliver its results, the CO works with more than 20 strategic partners (SPs) and stakeholders, including Government agencies, international non-government organisations (INGOs) and national CSOs, bilateral and multilateral DPs and embassies, the media and other UN agencies. Annex 10 lists the SPs and their respective areas of involvement.

3.3 Armenia Programme Finance

With a total budget of USD 3.6 million, the UNFPA allocations for CPAP 2016-2020 were distributed in accordance with the CPAP Results and Resources Framework (see Table 10).

Table 10: Armenia CPAP 2016-2020 Indicative Budget (USD 000s)

	2016		2017		2018		2019		2020		TOTAL	
	Core	Non-Core	Core	Non-Core	Core	Non-Core	Core	Non-Core	Core	Non-Core	Core	Non-Core
SRHR	110	100	110	100	110	100	110	100	110	100	550	500
GERR	80	100	80	100	80	100	80	100	80	100	400	500
Youth	60	60	60	60	60	60	60	60	60	60	300	300
PDD	90	60	90	60	90	60	90	60	90	60	450	300
Programme Coordination and Assistance	60	-	60	-	60	-	60	-	60	-	300	-
TOTAL	400	320	400	320	400	320	400	320	400	320	2,000	1,600

In practice, the core resources made available were consistently more than the indicative budget and more than compensated for the shortfalls in non-core resources made available. Also, in the Atlas system a further category, Regional Projects (RPS) was added.

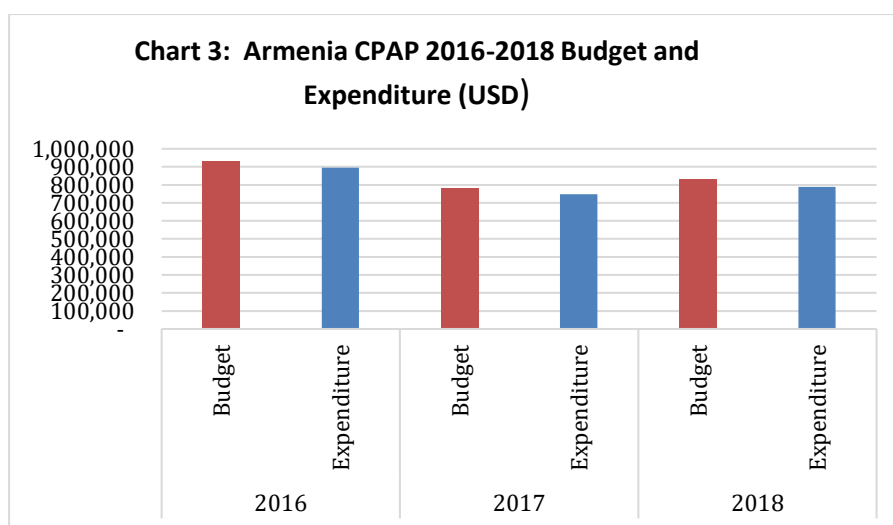
Table 11 summarises the total annual budget and expenditure in each year according to core and non-core sources; and the overall annual budgets and expenditure are depicted in Chart 3.

Table 11: Armenia CPAP 2016-2018 Actual Budget and Expenditure (USD)

	Core Resources			Non-Core Resources			Programme Total		
	Budget	Spent	% Spent	Budget	Spent	% Spent	Budget	Spent	% Spent
2016	642,422	628,384	97.8	286,405	266,133	92.9	928,831	894,951	96.3
2017	626,576	611,321	97.6	153,430	137,210	89.4	780,007	748,530	96.0
2018	668,879	667,908	99.9	161,650	120,055	74.3	830,530	787,962	94.9
Total:	1,937,877	1,907,613	98.4	601,485	523,398	87.0	2,539,368	2,431,443	95.7

Source: Armenia CO Annual Project Monitoring Reports

Instead of available non-core resources accounting for 44% of the total budget in each year (as can be seen from Table 10), they were actually only 29% in 2016 and declined to 20% in 2017 and 19% in 2018.



Except perhaps for the use of non-core resources in 2018, Table 11 and Chart 3 show an overall good level of utilisation of available resources; and this is reflected in the levels of expenditure by programme area.

A summary of expenditure by programme component is provided in Table 12. This shows that, over the three-year period, actual expenditure on all components except Regional Projects, was close to budget.

Table 12: Armenia CPAP 2016-2018 Expenditure by Programme Component (USD 000s)

	2016			2017			2018			2016-18 Total		
	Budget	Spent	% Spent	Budget	Spent	% Spent	Budget	Spent	% Spent	Budget	Spent	% Spent
Regional Projects	-	-	-	37.5	31.7	85	52.8	36.4	69	90.3	68.2	76
SRHR	398.1	377.8	95	97.0	97.2	100	105.0	105.0	100	600.1	580.1	97
AY	38.0	36.4	96	29.3	29.0	99	60.0	59.8	100	127.3	125.2	98
GERR	121.5	120.4	99	245.2	228.7	93	223.3	196.9	88	590.0	546.0	93
PD	136.2	135.7	97	148.6	146.7	99	197.3	197.5	100	482.1	479.8	99
Admin	235.0	224.2	95	222.4	215.2	97	192.1	192.4	100	649.6	631.7	97
Total	928.8	894.5	96	780.0	748.5	96	830.5	788.0	95	2,539.4	2,431.0	96

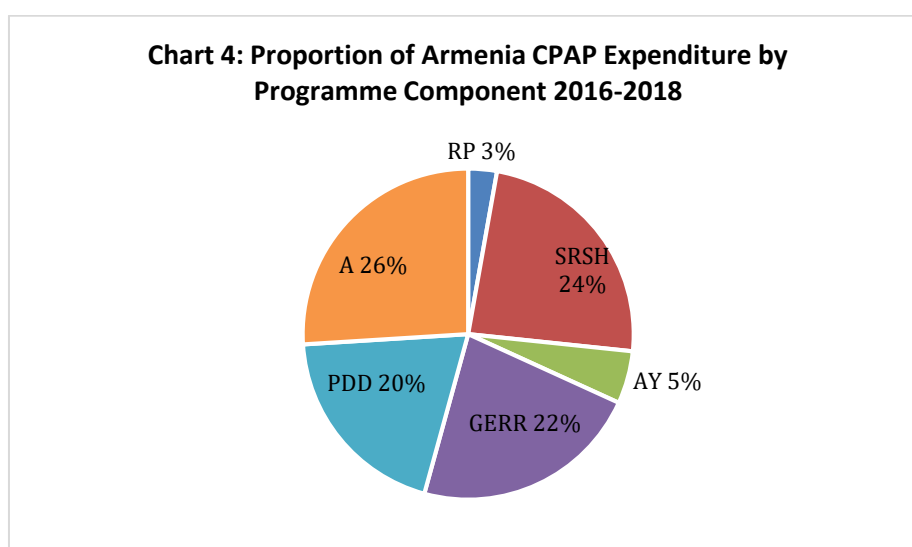
Source: Armenia CO List of Atlas Projects (Annex 5)

A full list of the Atlas projects in 2016-2018, from which Table 14 was compiled, is provided at Annex 5. Using the same data as in Table 12, Table 13 shows the proportions of expenditure by programme component.

Table 13: Proportion of Armenia CPAP 2016-2018 Expenditure by Programme Component

	2016		2017		2018		2016-2018	
	USD	%	USD	%	USD	%	USD	%
Regional Projects	-	-	31,724	4	36,437	5	68,161	3
Sexual and Reproductive Health Rights	377,850	42	97,190	13	105,020	13	580,060	24
Adolescents and Youth	36,453	4	29,050	4	59,751	8	125,254	5
Gender Equality and Reproductive Rights	120,387	14	228,730	30	196,876	25	545,993	22
Population Dynamics and Development	135,665	15	146,656	20	197,481	25	479,802	20
Administration	224,169	25	215,181	29	192,398	24	631,748	26
Total	894,524	100	748,531	100	787,963	100	2,431,018	100

Table 15 shows that, over the period 2016-2018, expenditure on PDD increased steadily while expenditure on SRHR declined. Chart 4 depicts the total expenditure by programme component over the three years.



CHAPTER 4. EVALUATION FINDINGS

4.1 Sexual and Reproductive Health

4.1.1 Relevance

The evaluation questions on relevance of the SRH component of the programme were:

EQ1A. To what extent is UNFPA Armenia support adapted to the needs of the population with emphasis on the most vulnerable population? Are there needs that are not being addressed?

EQ1B. To what extent is UNFPA Armenia support in line with the priorities set by the ICPD Programme of Action and national policy frameworks related to UNFPA mandated areas, as well as with the UNFPA Strategic Plan principles (leaving no one behind and reaching the furthest behind), three transformative goals, and business model and with the UN Partnership Framework and UNDAF)?

Finding 1: UNFPA's Third Country Programme was developed on the basis of lessons learnt and challenges identified in the Evaluation of the Second Country Programme. Its development approach was participatory, involving the relevant national, donor and implementing partners including non-government organisations and civil society working with the most vulnerable groups. It follows, therefore, that interventions would be designed with these vulnerabilities in mind and, on the whole, this has been largely achieved. However, despite these wide consultations, there is room for improvement in ensuring that 'no-one is left behind'.

An evaluation of UNFPA Armenia's *Second Country Programme 2010-2015* was undertaken in 2014 that provided recommendations highlighting the importance of SRH service provision and other activities aimed in particular at populations such as 'vulnerable adolescents and youth from rural and migration-affected regions and with special needs; marginalised females, especially rural and poor; groups at high risk for spreading STIs and other groups who lack equitable access to RH and rights services due to economic disadvantages or social isolation'.¹¹⁶ It also provided relevant recommendations for the next CP that included specific mention of SRH services for women, and A&Y.

Under the previous programming cycle, while the first three thematic areas were addressed separately, A&Y was addressed as a cross-cutting component and of relevance to all three thematic components. Under the Third CP, however, it was decided to elevate the A&Y component to a standalone thematic area. This was based on the previous CPE's lessons learnt and recommendations to expand UNFPA leadership and coordination efforts to attract the necessary collaboration from youth development organisations in Armenia.¹¹⁷ Another rationale suggested by KIIs is that Gender, for example, is a no more or less cross-cutting than A&Y but is addressed separately – not only because of its underlying importance to the other thematic areas but because it would also allow the more widespread development of targeted interventions with gender-specific organisations. The justification therefore was that, as a standalone component, A&Y would receive greater attention and young people would be reached more easily while still being cross-cutting and present across the other three thematic areas (as indeed Gender, in particular, but also SRH and P&D too are cross-cutting and linked to activities that take place under the A&Y umbrella).

Each of the four components of the Third CP has one output. To ensure that the needs of vulnerable populations would be met, Output 1 for SRH clearly states the intention of reaching several different vulnerable groups: '*Output 1: Increased capacity of national institutions to develop evidence-based policies*

¹¹⁶ UNFPA (2015a), *Independent Country Programme Evaluation Armenia Evaluation Report: 2nd Country Programme 2010 – 2015*. Final Report January 2015. UNFPA: Yerevan, Armenia

¹¹⁷ *Ibid.*

and implementation mechanisms for quality integrated SRH services for women, adolescents and youth, with focus on vulnerable groups, and in humanitarian settings'.¹¹⁸ In the spirit of 'leaving no-one behind', the CP has certainly made strenuous attempts to ensure that these groups are targeted to the extent possible, in particular by working in remote communities, trying to reach out to poor women and their families, and designing some interventions specifically addressing families with children with disabilities.

With regard to young people both with or without disabilities, there are several examples of how UNFPA has tried to reach this group. In 2016 UNFPA Armenia undertook an assessment of adolescents' SRH rights including their rights to CSE. This comprehensive study was presented as a separate chapter in the report *Public Inquiry into the Enjoyment of SRH Rights in Armenia* that was compiled under the UNFPA Project on 'Strengthening of Sexual and Reproductive Health Services', in collaboration with the HRDO. This project is discussed more fully under section 4.2 on A&Y.

In 2017, recognising that it is extremely difficult for the mothers of disabled children to find employment, UNFPA supported the Source Foundation (which sponsors children with disabilities and their families) to establish a sewing centre for the children and their young mothers. UNFPA also sponsored the participation of seven beneficiaries from one NGO and an orphanage to attend the first World Congress for Persons with Disabilities in Yekaterinburg, Russia, also in 2017.¹¹⁹

Still aimed at children with disabilities, in 2018 support was provided to the Step Forward NGO to establish the 'Inclusive Gym Hand in Hand' to provide free-of-charge sports classes for adolescents with autism spectrum disorders and different behavioural impairments. And, during the celebration of International Youth Day 2018, facilitated by the Bridge of Hope NGO, a group of adolescents met with the Minister of Health to discuss how young people with disabilities could ensure that their participation in discussions and decisions about health services aimed at them.

It is well understood that adolescents with chronic illnesses are at risk of having issues related to body image and self-esteem, which obviously impacts on sexual health. The establishment of the inclusive gym is aimed at decreasing young people's risks stemming from an inactive lifestyle and obesity among adolescents with mental disabilities, which will impact both their physical and mental health, including SRH. However, it is possible that more could be done in terms of improving access to and quality of RH services for disabled youth. It is easier to see how RH concerns are being addressed for A&Y in the context of CSE in schools (discussed in more detail in section 4.2) and gender, through the several projects under the gender and reproductive rights (GERR) component discussed in section 4.3.

The SRH needs of poor and marginalised youth in remote communities are to some extent being tackled through Y-Peer Armenia activities, discussed later in this section and also in section 4.2. However, it is still unclear how migrants and refugees are being reached with SRH information and services. Likewise, evidence shows that socially disadvantaged women are still unwilling to move towards using a modern contraceptive method due to prevailing cultural opinions; and this is discussed further under Finding 3.

Finding 2: The Third Country Programme's strategies reflect national strategic priorities, the post-2015 development agenda, the outcomes of the UNFPA Strategic Plan 2014-2017 and the United Nations Development Assistance Framework 2016-2020 as well as the priorities identified during stakeholder consultations. The SRHR interventions, therefore, are in line with UNFPA policies and strategies, as well as with global priorities and the UNDAF.

To support the development of the Third CP, a wide range of actors from civil society – including those working with disadvantaged and marginalised populations – were given the opportunity to collaborate with UNFPA in

¹¹⁸ UNFPA (2015b) and (2015c), *op. cit.*

¹¹⁹ UNFPA (2019), *Innovation Brief*, UNFPA: Yerevan, Armenia. Unpublished.

designing the proposed new CP.¹²⁰ Indeed, the Third CP was developed through an impressive hands-on approach led by the Government and in close consultation with the national stakeholders, including not only civil society and NGOs but DPs and other potential SPs, as well as other UN agencies. It was prepared simultaneously with the development of the UNDAF; hence, the outputs and outcomes under the current CP reflect the preparations at UNDAF’s stage of development.¹²¹

The formulation of the Third CP was within the context of the development of the post-2015 SDGs and targets. In this regard, it benefitted from UNFPA’s previous work and the joint efforts of the UN, and was expected to contribute to the achievement of UNDAF outcomes by 2020. The SDGs and ICPD goals, as well as the outcomes of the UNFPA Strategic Plan (2014-2017) and its development results framework that best reflect the UNDAF priorities, guided the overall perspective for the identification of the expected outcomes and outputs of the new programme. Accordingly, the guiding principles underpinning the development of the CP were national ownership and leadership. In line with the UNFPA Strategic Plan and its Business Model, the Third CP builds on tried and tested effective approaches to working in middle-income countries, such as brokering partners and their resources and efforts, advocacy and policy dialogue; as such, it demonstrated a shift from service delivery to higher level policy work. Advocacy, policy dialogue/advice and generating evidence for policy development were therefore the key programming strategies for addressing SRH under the Third CP.¹²²

The chain of results and linkages between national priorities, the Armenia UNDAF and the UNFPA CP are indicated in Table 14 below:

Table 14: Sexual and Reproductive Health Linkages Between National Priorities, UNDAF and UNFPA¹²³

UNFPA CP Output 1	UNDAF Outcome 6	National Priority
Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for quality integrated SRH services for women, adolescents and youth, with focus on vulnerable groups and in humanitarian settings.	By 2020, quality health services are accessible to all, including especially vulnerable groups.	Reproductive and maternal health is among the five priorities highlighted in the 2013-2018 Election Programme of the Armenian President, as well as in the 2014-2017 GOA Programme.

Reproductive and maternal health were among the five priorities in the Government’s 2013-2018 political programme. In line with the *National Strategy on Reproductive Health 2007-2015* and *RH Programme Action Plan*, UNFPA interventions were designed to focus on reducing inequities and ensuring equitable access to quality, human rights-based and integrated SRH services, including those related to HIV, for vulnerable groups. The proposed Third CP, therefore, was of direct relevance to national concerns. Furthermore, during the whole cycle of the *2016-2020 CPAP*, UNFPA interventions were also intended to contribute, in one way or another, to address the unmet need for FP through advocacy and technical support. There were five strategies to achieve this, as described in Box 1.

However, smooth implementation has been challenged by the fact that UNFPA’s key partner for this component is the MOH, which has suffered from a high staff turnover and as many as three ministers in four-years. Moreover, the Government changed completely as a result of the Velvet Revolution and, at the time of the evaluation in-country phase in May 2019, new Members of Parliament (MPs) and key Ministry staff had only taken their places in the preceding month.

¹²⁰ *Ibid*, p.7.
¹²¹ UNFPA (2015b), *op. cit.*
¹²² UNFPA (2015c), *op. cit.*; and Klls.
¹²³ *Ibid*, p.7.

Box 1: UNFPA Third Country Programme Integrated Sexual and Reproductive Health Strategies

- (a) Generating evidence to inform SRH policies and implementation mechanisms by conducting various studies, surveys and assessments;
- (b) Developing/adapting national standards, clinical guidelines and protocols on SRH for all;
- (c) Improving the knowledge and skills of vulnerable groups for safer SRH behaviour by conducting information campaigns on healthy lifestyle and safe motherhood in regions mostly populated with refugees and work with migrants as well as the military;
- (d) Advancing the midwifery education system by assessing its compliance with international standards and, if necessary, revising/developing new curricula; and
- (e) Supporting the development of regional preparedness plans that include provision of MISP on RH in humanitarian settings in five *marzes*, conducting an assessment of maternity hospitals' capacity to deliver services in crisis, training of medical personnel on MISP principles and supporting the strengthening of the coordination mechanisms in place.

Nonetheless, in spite of the inherent difficulties in having to deal with a new and largely uninformed Government, the Evaluation Team found that most stakeholders viewed this change as a positive step. Moreover, it seemed that the new Minister of Health was very approachable compared to previous ones¹²⁴ and, while the upheaval had some unwanted aspects of some (not all) loss of institutional memory, it also offered new opportunities with younger, less conservative MPs in place who appear to be more amenable and less concerned about working on culturally and socially controversial topics in SRHR and who are eager and willing to learn. It seems therefore that, once the MOH has settled into a new political reality, UNFPA will be able to take advantage of this to work with the Government on preparations for a new Fourth CP that will build on UNFPA's current work in widening cooperation with different stockholders, not only the Government but important cultural arbiters and influencers such as the media,

religious organisations and NGOs, as well as non-traditional partners such as the MOD and the Republic of Armenia Police (RAP).

One key lesson learnt from the previous programme cycle was that working on focused issues such as prenatal sex selection or total market approach helps to extend cooperation with a wide range of stakeholders.¹²⁵ Accordingly, UNFPA involved these actors in consultations prior to CP development and this approach has resulted in a programme of strategies and related activities designed by and aimed at these same stakeholders. In every way, therefore, the Third CP can be said to be relevant from both an international and national standpoint.

4.1.2. Effectiveness

The effectiveness of the SRH component was assessed by the responses to three questions:

- EQ2. To what extent have the intended programme outputs been achieved? Is there any evidence of applying the past lessons learnt and innovation in delivering programme results?
- EQ3. To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilisation of integrated SRH services by those furthest behind, ii. increased the access of young people to quality SRH services and sexual education, iii. mainstreaming of provisions to advance gender equality, and iv. developing evidence based national population policies) and what was the degree of achievement of the outcomes?
- EQ4. To what extent has UNFPA Armenia policy advocacy and capacity building support helped to ensure that SRHR (including FP), and the associated concerns for the needs of young people, gender equality and relevant PD are appropriately integrated into national development instruments and sector policy frameworks in Armenia?

¹²⁴ KIIs.

¹²⁵ UNFPA (2015a), *op. cit.*

Finding 3: The interventions in the current programming period – which build on the achievements of the previous SRH programming, the previous evaluation and the Annual Reports – take into consideration lessons learnt and the main challenges faced in the implementation process, including remedial actions to be taken.

The evaluation of the Second Country Programme 2010-2015 highlighted a number of achievements, including: (a) high relevance of the programme to the needs of Armenia; (b) successful leverage of funds; (c) significant added value to the UNCT, Government and other partners; (d) awareness raising on pre-natal sex selection and advocacy to address the problem; and (e) total market approach to create equitable access to contraceptives. As well as urging the country to build on these best practices, the previous evaluation made several recommendations (repeated here for ease of reference) to be considered in the development of the forthcoming programme¹²⁶ - see Box 2.

In line with the National RH Strategy 2007-2015 and the Action Plan on RH, UNFPA's planned SRH and maternal health interventions in the Third CP were based on the previous evaluation's recommendations on the reduction of inequities and ensuring equitable access to quality, human rights-based and integrated SRH services, including those related to HIV for vulnerable groups.

Box 2: Recommendations from the Evaluation of the Second Country Programme, 2015

- 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 RH issues and DV.
- Develop a sustainability strategy with structured plans for resource sharing with government, donors, partners and UN agencies working on similar issues.
- Initiate and support a nationally regulated M&E system M&E for a unified approach among government and assistance organizations, while improving internal reporting and data collection.
- 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.
- Assess the potential outcomes and repercussions of legislation and other restrictions planned or in practice to address pre-natal sex selection.
- Support development of health service outreach capacities to promote access for vulnerable people, and strengthen national medical training capacity to improve midwifery skills and standardise obstetrical care.
- Aim for sustainable changes in adolescents and youth's RH knowledge, attitudes and behaviour, at the policy level, in the youth friendly health services, in school curricula and through peer education.
- Initiate and support the establishment of an integrated information centre that collects data from various administrative databases to promote timely and efficient demographic data collection and analysis.
- Use leadership of the Gender Thematic Group to ensure coverage, unified messages and joint efforts for the range of needed interventions.
- Expand partnerships and methodology to promoted gender equality through work in the *marz* and communities through women's centres, committees, support groups and organizations, media, community leaders, priests and peer education.

Source: UNFPA (2015a).

A significant RH issue continues to be the unmet demand for FP: data from 2017 show that one-quarter of married women aged 15-49 want to delay childbearing (delay their first birth or space out births) for at least two years. Additionally, 45% of married women aged 15-49 do not want any more children. Women who want to delay or stop childbearing are said to have a demand for FP; hence, the total demand for FP is 70%.

¹²⁶ UNFPA (2015a), *op. cit.*

Unmet need for FP is defined as the proportion of married women who want to delay or stop childbearing but are not using FP; 2015-16 DHS data showed that 13% of married women have an unmet need for FP.¹²⁷

During the Third CP's cycle, therefore, UNFPA interventions to contribute towards addressing the unmet need for FP through advocacy and technical support were as follows:

- (a) generating evidence to inform costed SRH policies and implementation mechanisms by conducting various studies, surveys and assessments;
- (b) developing national standards, clinical guidelines and protocols on SRH standards of care for all;
- (c) improving the knowledge and skills of vulnerable groups for safer SRH behaviour through conducting information campaigns on healthy lifestyles and safe motherhood in regions mostly populated with refugees and work migrants as well as for military personnel;
- (d) advancing the midwifery education system in line with international standards and, if needed, revise and develop new curricula; and
- (e) developing regional preparedness plans that include provision of the minimum initial service package (MISP) on RH in humanitarian settings in five *marzes*, conducting an assessment of maternity hospitals' capacity to deliver services in crisis, training of medical personnel on MISP principles and supporting the strengthening of the coordination mechanisms in place.

To a large extent, the Evaluation Team felt that good progress had been made in these areas; and this is discussed below.

Generating evidence to inform costed SRH policies and implementation mechanisms by conducting various studies, surveys and assessments

Throughout its tenure in Armenia, UNFPA has never shied away from raising key issues with the Government, no matter how uncomfortable or controversial they may be. For example, in 1996 UNFPA undertook a situation analysis of Armenian women's health that clearly identified the issues and challenges. A key finding of that research was the rise in the number of abortions; however, there was no way of comparing what the previous situation was like because no such research had ever been attempted before and there were no benchmarks for comparison. From the beginning, UNFPA has worked to widen access to modern contraception when previously there was none or little, and fight for women to have access to modern, free of charge options.¹²⁸

Piece by piece UNFPA has solidly built the evidence to nudge Armenia towards changes in the legislative framework that would have a lasting impact on SRH. Supported by UNFPA experts, the first assessment of FP service accessibility was conducted prior to the development of the RH Law approved by the National Assembly in 2002. This was followed by the gradual development of the guidelines and infrastructure to implement the Law. The first survey on infertility was conducted by UNFPA in 2009. This demonstrates UNFPA's willingness to go where no-one has dared to go before; identify sensitive issues and present the evidence and remedial actions in a tactful and non-threatening way and, as a result, succeed in pushing the Government towards the necessary policy changes

The bravado of UNFPA in the face of tradition and conservatism has been much appreciated by the IPs and DPs,¹²⁹ and there is no better example of this than the sensitive issue of sex-selective abortion. UNFPA research showed that Armenia had the third highest rate in the world, after China and Azerbaijan. Opening up discussion on son preference and abortion issues was driven by UNFPA who initially had started its research from the perspective of an abortion survey but then realised that, in this case, sex imbalance due to abortion was not a RH issue but one of gender; and thus UNFPA brought gender-based sex selection (GBSS) to the Government's notice.

¹²⁷ NSS, MOH and ICF (2017), *op. cit.*

¹²⁸ KIIs.

¹²⁹ *Ibid.*

Advocacy flyers for healthcare providers and the general population on the prevention of GBSS were developed in 2017 and were printed and disseminated during various community events. In 2018, UNFPA supported three one-day training sessions for healthcare providers (obstetrician-gynaecologists and radiologists) through the provision of a manual on the role of medical staff in the prevention of GBSS. Also, in 2018, the regulation on artificial termination of pregnancy based on amendments to the Law on Reproductive Health and Reproductive Rights was revised to reflect changes related to prevention of GBSS. The document was adopted by Minister's Order No 3403–A on 27 December 2018. A Profile and Fact-sheet on son preference were approved by UNFPA Headquarters (HQ) and was printed in 2019.

While UNFPA continued its ground-breaking work in GBSS from a RH and clinical viewpoint, the CO well understood that, for interventions to be truly successful, it was imperative to address the issue from a gender perspective. The gender aspects of GBSS are discussed in considerably more detail in section 4.3 on GERR. However, the role played by UNFPA in bringing contentious issues to the Government has been highly appreciated, as the quotes below attest.

“(UNFPA provides) The evidence-base (that) is very important for us to be able to demonstrate the situation and need to policy makers.”

“UNFPA-supported research has helped us to prepare presentations to high-level politicians and have succeeded in provoking action.”

“UNFPA support to the MOH in reproductive health and rights is crucial as the Government's priorities are changing.”

“Some partners cannot move outside their mandate but UNFPA is very flexible; it looks for solutions and is quick to respond.”

“UNFPA is also proactive – it doesn't wait to be asked by the MOH to help but will come to the MOH with suggestions about what needs to be done next.”

Quotes from KIIs.

The public inquiry report on SRHR, the *Report on Public Inquiry into Enjoyment of Sexual and Reproductive Health Rights in Armenia* was published and launched during the three-day international conference ‘Human Rights and Healthcare’ held in 2016 for the first time in Armenia. The four Ministries of Justice, Labour, Social Affairs and Health were represented by high-level Government officials such as Ministers and their Deputies, and conference attendees included experts in healthcare and health rights, lawyers, physicians, representatives of private and public sectors of healthcare and international organisations. Due to the importance of the topic and the high-level representation of state officials, the conference was widely covered by the Armenian mass media.

Also, in 2016 the *Reproductive Health Strategy and Action Plan for 2016-2020* and the *Regulation on Provision of Obstetric and Gynaecological Services in Outpatient Facilities* were developed with UNFPA advocacy and support, and adopted by the Government.

An example of effectiveness through best practice refers to UNFPA's development of clinical guidelines and standard operating procedures (SOPs) in a context where standards had lagged. Ensuring consistency with global benchmarks has succeeded in bringing Armenia up to an internationally recognised level and provided the Government with a sense of ownership and sustainability through making sure that updated policies and guidelines are adopted by the MOH. As KIIs noted, implementation is the hardest part and more senior medical practitioners are to some extent ‘stuck in their ways’ and ‘a harder nut to crack’. Thus, from 2018 onwards, UNFPA started to build doctors' capacity, finding junior doctors and fourth-year residents much easier to work with.¹³⁰ The training was so successful that the Yerevan State Medical University adopted the UNFPA teaching model. At the regional level, the UNFPA-supported Reproductive Health Training Centre

¹³⁰ KIIs.

programme that takes place in Moldova UNFPA, has also adapted this model into its teaching curriculum (this is discussed in Best Practice Box 1 later under Finding 4, which discusses the work on clinical guidelines in more detail).

UNFPA Armenia also continued its active collaboration with the MOH by providing the Ministry with the wherewithal to develop evidence-based guidelines on obstetrics, clinical guidelines and protocols on FP with the requisite capacity building for obstetrician-gynaecologists and family doctors throughout Armenia (see also Best Practice Box 1 below), and the introduction of the Beyond the Numbers (BTN)¹³¹ system to improve existing maternal care system in Armenia. In accordance with the MOH's existing plans and strategies and on the basis of the best practices recommended by relevant WHO documents and the international standards, obstetrics complications management guidelines were developed in several areas. The guidelines were introduced to health care service providers representing regional and Yerevan maternity wards and hospitals through two workshops. The presentations and electronic and hard copy versions of the guidelines were provided to all participants to enable them to introduce and discuss the guidelines in their local workplaces to bring their colleagues up to speed. The monitoring visits conducted in ten maternity wards/hospitals included in the BTN pilot programme indicated that only three of these had conducted a review of the near missed cases using the BTN format and tools. The assistance to the MOH in the development of evidence-based guidelines and monitoring of the newly introduced BTN near missed case review system has increased the capacity of national institutions such as the RIRHPOG and others to improve programming for the provision of quality integrated SRH services.

In 2017, the UNFPA CO also supported the MOH in the development and implementation of the ANC component of the eHealth system. Training modules, patient registration forms and a list of diseases were developed and incorporated in 2018.

The evaluation finds, therefore, that the Third CP has succeeded in developing national standards, clinical guidelines and protocols on SRH standards of care for all. This has been done in the most effective way, partnering with national institutions such as the MOH and RIHPOG, as well as the regional training programme in Moldova, and taking advantage of every possible opportunity to build the capacity of the Armenian partner institutions to have the wherewithal to continue on their own.

Improving the knowledge and skills of vulnerable groups for safer SRH behaviour through conducting information campaigns on healthy lifestyles and safe motherhood in regions mostly populated with refugees and work migrants, as well as for military personnel

The logistics management information system (LMIS) revealed the significant increase in the number of new users of contraception in 2016 and onwards in comparison with those registered in 2015. This is attributed to UNFPA's extremely effective interventions at the community level whereby large-scale community outreach campaigns were held in Yerevan and the *marzes*. These included a three-day peer education training for youth, a number of TV and radio programmes, interactive theatre performances, FP storylines in a hugely popular TV soap opera, videos, articles and infographics disseminated through websites and social media accounts, including through a specially developed FP group called 'Healthy Family', as well as Wikipedia articles on key RH and FP topics in Armenian — and all done for the first ever time in Armenia. Pre- and post-test results showed an average knowledge increase among participants of 149%, more positive attitudes towards new methods of contraception and increasing the numbers of new users registered in the LMIS.¹³²

Currently, however, the increase in the number of new users of modern contraceptive methods among socially vulnerable populations is still insufficient to reach the targeted indicator. This is largely due to two reasons: (i) the prevailing lack of awareness among these groups on the availability of free contraceptives in

¹³¹ The *Beyond the Numbers* project/system implements perinatal mortality audits as a means to improve maternity and newborn care. Key activities might include training in audit, the establishment of audit committees, implementation of case reviews and the dissemination of information.

¹³² UNFPA (2016), *Annual Report 2016*. UNFPA: Yerevan, Armenia

public FP units; and (ii) the myths and misconceptions about contraceptives, particularly about pills, that still abound among women and particularly those from rural areas and/or who are poorly educated.¹³³

UNFPA's work with young people and RH is a perfect example of an effective cross-cutting activity that brings together the three thematic areas of SRH, GERR and A&Y. UNFPA supported capacity building on RH for ten youth workers working with adolescents from disadvantaged families from the city of Gyumri and nearby communities. This was a three-day training of Trainers (TOT) course for the youth workers drawn from the Kasa Humanitarian Foundation and the Youth Initiative Centre, an NGO. The training was conducted using peer-to-peer methodology and was led by a psychologist and members of the Y-Peer Armenia Network which has also benefitted from UNFPA support to strengthen its capacity. The Y-Peer Armenia Network was supported with a further three-day TOT for 15 new peer educators to increase the capacity of Y-Peer Armenia in delivering SRHR for young people. The three most successful trainers then went on to run further training for youth workers in Gyumri.¹³⁴

Support to youth initiatives was also provided through online platforms. In collaboration with an educational psychologist, UNFPA Armenia organised two live Q&A sessions on social media devoted to addressing psychological issues, RH and other teenage concerns.

The evaluation finds that UNFPA has succeeded to some extent in improving the knowledge and skills of vulnerable groups for safer SRH behaviour through conducting information campaigns on healthy lifestyles and safe motherhood in regions mostly populated with refugees and work migrants. However, the evaluation did not find evidence that the programme was really able to reach into the furthest corners of Armenia to identify vulnerable and marginalised populations and their needs, and develop interventions accordingly. As for military personnel, this SRH of this target group was addressed within the context of GERR in section 4.2. However, it should be noted that, during its previous programme cycle UNFPA supported the MOD in SRH awareness-raising campaigns among military conscripts including the production and dissemination within military units of information brochures and two six-minute videos. In 2019, the MOH decided to restart the programme using UNFPA IEC materials.

Advancing the midwifery education system in line with international standards and, if needed, revise and develop new curricula

The competencies, knowledge and skills of health care professionals largely depend upon the training they receive. In Armenia, all women aged 15-49 receive ANC from a skilled provider (doctor, nurse or midwife/*feldsher*). Nearly all (96%) women made four or more ANC *feldsher* visits, while 94% of women had their first ANC visit in the first trimester. In terms of deliveries, 99% of births are delivered in a health facility, the vast majority in public sector facilities. More than 99% of births are delivered by a skilled provider: 96% by doctors and only 3% by nurses or midwives. According to the WHO, the ideal proportion of Caesarean deliveries is 10% to 15%. In Armenia, however, 30.5% of births are delivered by C-section performed by a physician¹³⁵ — a very high number, indicative of a lack of trust in the capacity of midwives and the quality of care.

Midwives have an essential role not only in providing care to women but also in providing health services to families and communities in promoting their knowledge, including providing ANC education and tips for parenthood preparation. The scope of midwifery practice also includes FP, the promotion of cooperation with women in terms of improving self-care practices, grassroots activities in advocacy and raising women's self-esteem ('raising women's voices'), working around improving cultural practices and sensitivity, and, finally, targeting disease prevention strategies that enable pregnancy and child birth to be viewed as routine life events. Well-educated and competent midwives, therefore, are vital in assuring healthy outcomes for

¹³³ UNFPA (2017), *Annual Report 2017*. UNFPA: Yerevan, Armenia.

¹³⁴ *Ibid.*

¹³⁵ NSS, MOH, and ICF (2017), *op. cit.*

women and infants. However, until WHO and UNFPA began to collaborate in 2013/2014, there had been limited research on the topic of midwifery education in general.

The midwifery training project started as a result of this collaboration was therefore launched with an assessment of the quality of services provided in hospitals' maternity wings and in maternity hospitals themselves, and the results of this very preliminary study showed that the weakest link in the delivery chain (which started long before the actual delivery of the baby) was the midwife. Collaboration between the American University of Armenia (AUA), MOE and the MOH led to the development in 2015 of training guidelines. However, these were only approved in 2018. In early 2019, the AUA completed a comprehensive UNFPA-supported study to identify the needs and existing gaps in current midwifery education in Armenia and developed recommendations to strengthen the existing education and midwifery profession in the country to bring them up to global International Confederation of Midwives (ICM) standards.¹³⁶

The existing curriculum for midwifery training in Armenia had failed to take account of the importance of midwives' competencies in dealing with women's rights and health, DV and other topics and related outcomes required by the ICM. Moreover, some of the topics – on the principles of epidemiology, statistical methods of research, cultural, local and ethical beliefs, structure of the local health services, and leadership in clinical settings – were completely absent from the existing training. And the nursing colleges, especially the ones located in the regions, had scarce resources including poor building infrastructure, and lacked library/learning materials, equipment and anatomical models essential for midwifery education. The midwifery colleges/courses also lacked relevant programme policies on students' rights and responsibilities, their appeals and grievances. Midwifery students found themselves challenged when involved in medical procedures during their practice for several reasons, including data showing their failure to demonstrate appropriate skill-building procedures during their practical classes in different hospitals.¹³⁷

The study's findings suggest that several interventions focusing on curriculum, faculty and policy improvement should be implemented to enhance Armenian midwifery education and bring it closer to the ICM standards. The study has been an important piece of work for the MOH and implementing its recommendations will also contribute to the sustainability of UNFPA's policy advocacy and capacity building support to help to ensure that the ICM standards are appropriately and sustainably integrated into midwifery policy and training.

The evaluation finds that the UNFPA-supported interventions concerning midwifery have been a successful, and shows the success in bringing together academia and the Government to provide the evidence-base for the next set of interventions; and be able to move forwards to raise the quality of care in line with international standards.

Developing regional preparedness plans that include provision of MISp on RH in humanitarian setting in five marzes, conducting an assessment of maternity hospitals' capacity to deliver services in crisis, training of medical personnel on MISp principles and supporting the strengthening of the coordination mechanisms in places

As noted in section 2 of this report, Armenia is one of the most disaster-prone countries in the South Caucasus; and the country's wide variety of natural disasters place an estimated 80 % of its inhabitants at high risk of exposure to catastrophic events. Outward migration for economic reasons is common; but, at the same time, the country is host to an estimated 15,000 persons, mostly of ethnic Armenian background, who are displaced due to the conflict in Syria and are seeking protection in Armenia.¹³⁸

¹³⁶ American University of Armenia (2019). *An Evaluation of Midwifery Education System in Armenia*. Avedisian Onanian Center for Health Services Research and Development, Turpanjian School of Public Health: Yerevan, Armenia.

¹³⁷ *Ibid.*

¹³⁸ World Bank (2019a). <https://www.worldbank.org/en/country/armenia/overview>.

As a prominent sub-activity of the SRH component within the 2016-2020 programme cycle, and to reflect the programme's activities aimed at the vulnerable and marginalised migrants and refugees, including Armenians who are internally displaced as a result of national disasters, UNFPA aimed to ensure the MISP readiness of five regions, with the overall aim of strengthening the capacity of local institutions to improve policies and implementation mechanisms for integrated high-quality SRHR services in humanitarian settings. This activity was launched in 2016 through conducting an assessment of the existing MISP readiness status of municipal infrastructures, including maternity facilities, to ensure the evidence base on which to build more targeted interventions for the upcoming years. During the assessment both quantitative and qualitative research methods were used (face-to-face interviews and FGDs). The six-month assessment revealed that the majority of respondents lacked any knowledge of contingency plans and how RH should be included. Coordination mechanisms for the provision of RH services at the onset of the crisis were lacking; and the assessment also identified a dearth of certain medical supplies and coordination mechanisms for RH service provision at the onset of a crisis. The assessment's conclusions and recommendations served as a basis for further interventions in each of the respective five regions. In 2017, the MISP assessment was extended to include the whole country, following which, training was designed and conducted for medical workers and rescuers in five cities in two of the five *marzes*. Moreover, MISP has now been included in the Disaster Risk Reduction Strategy for the Syunik and Tavush regions and 50 MISP kits for clean and safe delivery have been prepared and distributed for the rescuers in each region.

However, despite the fact that the Syunik region has a disaster preparedness plan there are no preparedness plans at the local level health facilities; and vertical coordination mechanisms are weak. As noted under Finding 1, it is unclear whether the SRH needs of migrants are being met in the mid- to long-term and how effective the MISP aspects of the CP have been.

Finding 4: UNFPA Armenia's Third Country Programme strategies and interventions demonstrate ample evidence of applying the past lessons learnt in SRHR; and best practice and innovation has been harnessed to deliver programme results in a new and imaginative way. This is despite the upheaval, chaos and subsequently quite recent changes in Government caused by the Velvet Revolution that have impacted on UNFPA Armenia's work since mid-2017. As a result, UNFPA has had to break some momentum to 'start again' with new politicians and some high-level civil servants; and this against the backdrop of the prevailing challenges of delivering innovative activities within the environment of the country's cultural conservative context and difficulty in opening up on sensitive and provocative topics.

In 2014, the previous Government started to move towards universal health coverage (UHC) and quality of care. Armenia was the first of the former Soviet countries to separate from Russia and declare independence in 1991. As with other post-Soviet countries in the region, Armenia inherited the Soviet model of health service delivery: the Semashko health system with its top-down approach and weak public primary health care (PHC) system. In 1991, only one centre was 'professionally' providing MCH services: a former maternity hospital in Soviet times, with a FP and family health centre in Yerevan. Now in the process of being modernised, Armenia's health system is barely 25 years old, with an evolving regulatory framework. Thus, one of the many priorities for the Government is to elevate standards of healthcare by developing medical guidelines commensurate with international standards as the basis for clinical SRH service delivery.¹³⁹

¹³⁹ KIIs; and UNFPA (2016), *Annual Report*. UNFPA: Yerevan, Armenia.

Best Practice 1: Clinical Guidelines for Quality of Care in Gynaecology and Obstetrics

More than 30 different protocols and clinical guidelines were piloted in 10 of the largest maternity hospitals having more than 100,000 deliveries each year. Moreover, the clinical guidelines have been designed to be available on a mobile phone app that every resident and physician can download onto his/her phone. The final product was not yet available at the time of the Evaluation but will be ready in the fourth quarter of 2019 and, in line with UNFPA's new guidelines, has been registered by the Armenian Association of Obstetrics and Gynaecology. For this work, UNFPA has been acknowledged as a pioneer in this field at both national and regional level and this best practice is already being replicated elsewhere in the region such as through the capacity building offered by the Reproductive Health Training Centre in Moldova.

Supported by UNFPA, the clinical guidelines, protocols and SOPs for physicians have also been designed as an app available for medical practitioners, enabling them to download the requisite information when and as needed. This model could lend itself to replication in other fields to bring them up to scratch.

The drive to develop new standards for quality of care in MCH had been hampered by the lack of evidence; therefore, the UNFPA-supported situation analysis that was undertaken during the previous CP cycle was not only much appreciated but it also drew attention to the need for new protocols and clinical guidelines. The CO broke new ground by supporting the Armenian Association of Obstetrics and Gynaecology (AAOG) in its development of clinical guidelines and protocols for Emergency Obstetrics (EmO). Thirty different guidelines were produced on EmO alone, and the quality of the guidelines was much appreciated. Indeed, UNFPA's highest implementation rate has been in the production of these clinical guidelines supporting obstetrics and

gynaecology.¹⁴⁰

Multiple interviewees praised UNFPA Armenia's willingness, proactiveness and flexibility to identify a problem and then bring this knowledge to its partners both in and outside Government and, if need be, adapt its activities, to the extent possible, to address the problem.¹⁴¹ An example of this is the work on male RH issues. Despite the fact that men were not officially acknowledged to be a marginalised or vulnerable group or cited as a vulnerable population in the Third CPAP or CPD, UNFPA Armenia recognised that an increasing number of STIs among men highlighted the fact that there is an intersection of HIV incidence and migrant labour that is of concern. Although HIV prevalence remains low, 57% of all new HIV infections occur in migrant men, providing evidence of a rapid shift from blood-borne transmission through injecting drug use to sexual transmission.¹⁴² However, the dilemma faced by the MOH is that men are usually harder than women to reach with SRH services.

¹⁴⁰ KIIs.

¹⁴¹ Noted by several KIIs.

¹⁴² UNFPA (2015b), *op cit*.

Generally speaking, men prefer not to go to doctors, especially for RH services including STIs; and discussions about sex, sexuality, RH and similar intimate concerns are ‘hidden’,¹⁴³ taboo and not spoken of. UNFPA Armenia looked at the predicament of how to get RH messages across to men in a comfortable and non-threatening way; and took a very innovative approach to addressing this problem. In 2017, the CO developed the first Armenian mobile application on men's health. Men above 16 years of age can download and install the app on their mobile phones; and its users may anonymously seek helpful and evidence-based information and advice about male RH concerns using just one click of their phone, when and where they need it. If the information provided in the app is insufficient for their needs, men can get online advice from the ‘on call’ RH specialists about different men's health concerns. In 2018, technical testing and focus group testing was undertaken, and the app was finalised. However, the app's ownership and its registration in an App store are still pending. Until this can be finalised, the app is not yet available.

“The male population’s participation in the trainings was complicated by their unwillingness to attend the community meetings. During the meetings they were attributing this reluctance to the prevailing opinion that contraception topics were more related to women than men. However, during the meetings men were more active participants than women.”
 Source: UNFPA Annual Report 2016



Best Practice 2: Mobile Application on Men’s Health AYR

The app is in Armenian and is easy to use and navigate. Users login through a unique username and password, thus ensuring complete anonymity. The app provides information under five subject headings:

- Information:** covering Anatomy, Sexual Life and STIs. In addition to the information given in text and pictures, there are 3D animations with interactive elements;
- Tests:** this section offers the user two multiple choice quizzes; after each question, the user is given the respective message and his overall score at the end, the aim being to encourage the user to retake the quiz until he has obtained a perfect score;
- Ask the doctor:** a window allows the user to send a question to the on-call doctor who will provide an answer within a defined time period;
- Frequently asked questions** are elaborated in easy to understand language with the minimum of medical terminology; and **About us.**

Source: UNFPA (2019) Innovation Brief

Finding 5: UNFPA Armenia is on track to accomplish its expected outputs and interventions in SRH. Most output results contribute to the achievement of UNFPA’s Strategic Plan Outcome 1 were obtained, with targets exceeded under the subcomponents for: (i) evidence-based policies, guidelines and protocols to enhance universal access of reproductive health, adopted; (ii) percentage of new users of modern contraceptives methods among socially vulnerable populations; and (iii) number of regions that have capacity to implement MISP at the onset of a crisis.

As previously noted, the CP’s results are built on the outcomes of UNFPA’s Strategic Plan 2014-2017. All four outcomes and four outputs of the programme are directly linked and contribute to the achievement of the Strategic Plan outcomes in the four focus areas. For the first component, SRH, these are as shown in Table 15.

¹⁴³ *ibid.*

Table 15: Linkages between the Strategic Plan 2014-2017 and the Armenia Third Country Programme

Country Programme Component	UNFPA Armenia Country Programme 2016-2020 Output	UNFPA Strategic Plan 2014-2017
Integrated Sexual and Reproductive Health Services	Output 1: Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for quality integrated SRH services for women, adolescents and youth, with focus on vulnerable groups and in humanitarian settings.	Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

Source: UNFPA (2016), CPAP 2016-2020, *op. cit.*

Looking at the SRH output indicators between the first quarter of 2016 and the second quarter of 2019 in Table 16, in most cases targets have been met or exceeded.

Table 16: SRH Component Output Indicators and Targets Met 2016-2019

CP Output 1 (per Table 17)					
Indicators		2016	2017	2018	2019 Q2
1.1: Number of evidence-based policies, guidelines and protocols to enhance universal access of RH, including vulnerable groups adopted	Baseline	7	11	15	19
	Target	9	15	19	20
	Reported	11	15	19	20
1.2. Percentage of new users of modern contraceptive methods among socially vulnerable population	Baseline	0	2	5	9
	Target	2	6	8	11
	Reported	2	5	9	Q4
1.3. Number of regions that have capacity to implement MISP at the onset of a crises	Baseline	0	0	2	3
	Target	1	1	3	4
	Reported	0	2	3	4
WP Additional Indicator: Number of individuals reached with information on modern contraceptive methods	Baseline	1899	N/A	N/A	N/A
	Target	2800	N/A	N/A	N/A
	Reported	2800	N/A	N/A	N/A
WP IP Indicator: Number of communities reached through community meetings/trainings	Baseline	30	N/A	N/A	N/A
	Target	72	N/A	N/A	N/A
	Reported	72	N/A	N/A	N/A

The evaluation of the Second CP recommended that UNFPA Armenia should complete the final year of its work in contraceptive security and commodities. Accordingly, the CPAP noted that ‘one project from the previous cycle will be carried forward to the Third Programme cycle, interventions in the RH area being within the framework of the ‘Promoting Contraceptive Security in Armenia’ project funded by USAID between 2014 and 2016’¹⁴⁴. The continuation of work on contraceptive security and commodities, as well as the repositioning of FP, remain essential for the country, particularly in view of the threats of conservatism and traditional values. Health facilities providing FP services use the country’s LMIS to measure the distribution of contraceptives; LMIS monitoring revealed a significant increase in the number of new users in 2016 and onwards compared with the number of users registered in 2015. For the first time, the MOH used national health resources to begin procurement of contraceptives for socially vulnerable populations. This was organised through the UNFPA Procurement Branch Service in New York, using the AccessRH portal.¹⁴⁵

As previously noted, large-scale community outreach campaigns were conducted through community meetings and training in Yerevan and the *marzes*. Youth training with 3,668 participants of both sexes, as

¹⁴⁴ UNFPA (2015b), *op. cit.*

¹⁴⁵ UNFPA (2016), *op. cit.*

well as interactive theatrical plays for more than 2,500 young people, and TV and radio programmes in Yerevan and the *marzes* were delivered.¹⁴⁶ However, various factors conspired to have a negative impact on the potential effectiveness of UNFPA's work.

The most important of these has been the Velvet Revolution and the effects of this should not be underestimated. Due to the unstable political situation in March to June in 2018, implementation of some activities was postponed to the fourth quarter or beyond. An example of this is the Health Ombudsman Law. In response to the request of the former Government, the UNFPA CO supported the drafting of the Law on the Establishment of the Health Ombudsman system. However, the new Minister of Health considered that it was not advisable to establish a completely new institution in the MOH's structure while the new Government was in its transitional period; hence, it postponed the circulation of the document. Nonetheless, while the Velvet Revolution has been the cause of delays, it has also been the harbinger of something potentially very valuable: a new, less conservative Government with a willingness to open the country up to less traditional influences and an even greater enthusiasm to learn. In the long-run, therefore, a few delays will be less important in the overall scheme of things to come.

Second, despite the Government commitment to clinical guidelines development, the implementation process in practice does not match the theoretical obligation. The MOH has been more focused on the number of new guidelines rather than their implementation in clinical practice. This is compounded by the resistance to the use of the new 'untraditional' approaches from the older generation of physicians who came up through the Semashko system and expect any change to be top-down. However, the solution was simple: target junior doctors and medical students for training.

Finally, UNFPA itself has also contributed to delays that hamper effectiveness. In this case, due to new policy restrictions adopted by UNFPA HQ, UNFPA Armenia itself was not permitted to register the interactive mobile application on male RH health in the App store, so the launching of the application has been postponed until a national owner can be found to accept the registration and ownership responsibility.¹⁴⁷

A measurement of effectiveness – not only of the SRH component but of all UNFPA projects – is how well UNFPA has been able to widen knowledge of its programme in the public domain. This is important given that many of its projects are sensitive and/or controversial and UNFPA needs as much support as possible from the media in order to convey convincingly to the public why these projects are being implemented. See Best Practice Box 3.

¹⁴⁶ UNFPA *Annual Reports 2016, 2017 and 2018*.

¹⁴⁷ KIIs.

Best Practice 3: Effective Communications

Ten years ago, when UNFPA Armenia established its first communications unit, no previous work had been done on communications: so the slate was clean. Previously, UNFPA had had little visibility: no-one had heard of UNFPA, or it was confused with UNDP.

Communications in UNFPA at this time was described to the Evaluation Team as 'a desert'! But, at the same time, the sky was the limit; the communications unit was given *carte blanche* to tackle the challenge of finding a non-threatening and interest-provoking way of publicising and gaining acceptance for the agency's work on controversial and generally unpopular issues that were seen as threatening the traditional views of Armenian society.

In Armenia, traditionally, UN agencies do not have much media coverage.

UNFPA's first job was to gather the media together and ask them what the UN was doing wrong and what should be changed. The answers were relatively simple: since access to UN House was difficult due to security, holding press conferences outside was more accessible for the media; and there should be less use of UN jargon and more user-friendly language.

Over the course of the past ten years, UNFPA has gone from no media coverage to significant progress in publicising its work. Media coverage of its activities is accurate and widespread – the media know and understand the main issues and several successful campaigns have been run on diverse topics. UNFPA is well positioned as the main hub/reference point for demography, GBSS, SRH and known as always available to provide context for the work of the Government. UNFPA Armenia has fostered the creation of a pool of UNFPA-friendly journalists with whom they work on a regular basis. The results of this have been readily apparent: UNFPA has become sought after by the media and has provided a model for other UN agencies to follow.

UNFPA Armenia believes that each one of its staff has the potential to be a communicator; accordingly, all programme staff have been trained to be able to speak to the media on their area of work. Their competency to do so was assessed to see if they had the requisite skills to communicate their programme and if not, they were trained to do so. This in itself is a very unusual step for UN agencies in Armenia, given that the other agencies use their PR people for press communications.

UNFPA Armenia believes that media exposure creates cultural openness. And this is of the utmost importance in a country struggling to modernise sexual norms and mores, address male SRH, abortion, and gender-based and domestic violence; as well as widen the acceptance of the value of girl-child, and women and equality.

Source: KIIs

4.1.3. Efficiency

The efficiency of the SRH component was assessed by the responses to the following question:

EQ5. To what extent has UNFPA Armenia made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA Armenia country programme?

Finding 6: Beneficiaries of UNFPA's SRH activities received the resources that were planned at the level foreseen and in a timely and regular manner.

Interviewees expressed appreciation for the timely way in which has UNFPA disbursed the allocated resources. Not one of the numerous KIIs and FGDs had any criticism of the way UNFPA had handled the disbursement of project funds or the reporting processes.

Finding 7: UNFPA Armenia’s SRH programme has made good use of its human, financial and technical resources to achieve its programmatic results by both building on existing partnerships as well as seeking diverse new ones, and furthering cross-programme events.

Table 12 in section 3 shows that, overall, expenditure on the SRH component was 97% of budget. Expenditure in 2016 was 95% of budget but in the following two years it was 100% of budget. This represents a high level of budget utilisation.

Table 13 shows that the SRH component accounted for 42% of total programme expenditure in 2016 but this reduced to 13% in both of the following years; and was, therefore, 24% for the period 2016-2018.

As a small programme in terms of staff and resources, it behoves UNFPA Armenia to develop and cultivate a wide variety of partnerships with traditional and non-traditional stakeholders that can be leveraged to support projects of mutual interest and even carry them forward when UNFPA’s involvement comes to an end.

A good example is the *Promoting Contraceptive Security in Armenia* project. Its last year of operation, 2016, was very busy in terms of its outputs:

- new regulations on service quality in outpatient clinics were developed;
- three-day trainings were held for more than 500 physicians;
- a one-day training on the LMIS was held for a total of 100 service providers from all clinics providing FP services;
- based on a 2014 needs assessment, gynaecological kits for 96 clinics were provided in 2016;
- in order to raise awareness on modern methods of contraction, posters and leaflets were developed; and
- 188 community meetings and five peer educator sessions organised and conducted.¹⁴⁸

Moreover, the *Promoting Contraceptive Security in Armenia* project applied different strategies to increase men’s participation in the trainings, such as working with heads of communities and local administrations to involve more of the male population, thus leveraging the effectiveness and efficiency of the training through forging partnerships with traditional societal influencers of opinion.

Another tool used by UNFPA to increase the CO’s efficiency and productivity was to forge new partnerships and strengthen existing ones with institutions, civil society and academia to advance the implementation of ICPD agenda in Armenia. In 2016 and 2017 the CO reported that new partnerships had been established both in programmatic as well as in operational fields. In 2016 UNFPA widened its partner base with the establishment of four new relationships; these were with the State Investigative Committee, WINNET Global and Armenia networks, Caritas and the Institute for Political and Sociological Consulting. In 2017, eight new partners were reported. The increases in the number of partners has helped UNFPA not only widen its field of collaborating agencies and acquire new supporters for the implementation of the ICPD goals and UNFPA-mandated programme areas but it has also significantly increased the CO’s visibility and reach.¹⁴⁹

The two main challenges were: (i) to ensure that the UNFPA-related SDGs would be included in the process of the nationalisation of the SDG agenda in the country, as well as the Government’s new Development Plan; and (ii) to find the ‘middle ground’ in terms of efficient ways of working with some of the more “extreme” NGOs working in UNFPA-mandated areas, so that these NGOs’ militant approaches would not damage the negotiation and advocacy processes.¹⁵⁰

¹⁴⁸ UNFPA *Annual Reports, 2016/2017*.

¹⁴⁹ *Ibid.*

¹⁵⁰ *Ibid.*

UNFPA Armenia has demonstrated its ability to be practical, quick to respond to needs with the evidence ‘on hand’ to be able to advocate, influence, cajole and push partners to be more effective and efficient to bring about a successful outcome. The CO’s tolerance and diplomacy were praised by KIIs, without exception.

Finding 8: There are a lot of small activities that dissipate UNFPA’s attention and focus. Having fewer small activities might result in more efficiencies in administration and financial management; and especially in terms of being able to have a bigger impact with tailored activities for these hard-to-reach groups that UNFPA is still struggling to cater for.

There is no doubt that the work ethic of the staff of UNFPA Armenia is extremely impressive. They have managed to deliver a very high number of quality interventions despite having a small number of staff and a small budget. The issue is whether or not UNFPA Armenia could have an even greater impact on some important issues such as ‘leave no-one behind’ if it had fewer activities. This is going to be important – and indeed more difficult – if UNFPA begins to focus more attention on and apply more resources to marginalised groups.

The UNFPA programme officer tasked with SRHR currently sits in the SP’s SRH project office in the maternity hospital, the RIRHPOG; and has done so for some time. Indeed, KIIs with the RIRHPOG and the MOH made it clear that he is thought of as a MOH staff member! While there are many reasons for this e.g., the lack of space in UN House; and the need to have someone, at least initially, sitting in the Ministry to advise and assist on navigating new and sensitive issues, the Evaluation Team feel that now this staff member has a full-time service contract, it would be more effective to have him housed with the UNFPA team where he would be more readily accessible for the cross-cutting interventions in the programme with A&Y and GERR.

4.1.4. Sustainability

The sustainability of the SRH component projects of the programme was assessed in answering these two questions:

- EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the Armenian Government allowed the CO to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of the supported interventions, programmes and policies?
- EQ7. To what extent have partnerships been built with Government and/or other UN organisations to enhance sustainability or scale up interventions and/or bring relevant evidence to policy makers to adopt such approaches?

Finding 9: The SRH component comprises a wide range of diverse stakeholders and implementing partners, as well as donor partners, from Government, civil society, academia, international organisations and UN agencies in the development, planning and execution of its interventions; in this way, UNFPA fosters national ownership of the UNFPA-supported programmes and policies, and boosts the potential for their sustainability.

It is clear that, particularly in the context of middle-income countries, there is a strong need to work toward the institutionalisation and sustainability of national processes in support of the UNFPA mandate.

The two main ways in which UNFPA Armenia seeks to make its SRH programme sustainable are: (i) through the transfer of knowledge and skills; and (ii) partnering with a wide range of Armenian stakeholders who will be able to continue the SRH programmes once UNFPA support has stopped.

RIRHPOG and the MOH are UNFPA’s main partners under the SRH component of the programme. More than 20 years of partnership with the RIRHPOG has been one of the most successful examples of effective collaboration with the leading RH centre in the country. The development of clinical guidelines, protocols and SOPs to ensure consistency with global standards has succeeded in bringing Armenia up to an

internationally recognised level and provided the Government with a sense of ownership and sustainability through making sure that updated policies and guidelines are adopted by the MOH.

The Midwifery Study has been an important piece of work for Armenia and implementing its recommendations will also contribute to the sustainability of UNFPA's policy, advocacy and capacity building support to help to ensure that the ICM standards are appropriately integrated into midwifery policy and training in Armenia.

Partnerships that were established as a result of the *Promoting Contraceptive Security in Armenia* project will ensure that the activities will continue to be carried out even though UNFPA's involvement is now complete. For example:

- The RIRHOPOG took over LMIS management after the project ended;
- For the first time ever, the Government accessed the 2016 State health budget for the procurement of contraceptives for vulnerable groups. Provincial technical assistance was provided through the partnership with the MOH and the contraceptives were bought through UNFPA, thus ensuring a competitive price;
- The private sector was involved through training 60 people from private health facilities, including some representatives from pharmaceutical companies;
- UNFPA worked to establish partnership with private sector such as COAF, IPPF, Save the Children Fund (SCF) and World Vision, among others, to lobby them to include contraceptive security their health campaigns; and
- Working with diverse communication channels such as television and radio, UNFPA ensured that FP was included as a topic in the soap opera *Abel's Sister*.

The private sector in Armenia is expanding as the country becomes richer. The *Promoting Contraceptive Security in Armenia* has ensured that, where possible, project activities involve the transfer of knowledge and skills to private sector representatives, not just those of Government.

In conclusion, the programme has capitalised on the strategic alliances successfully initiated during the previous cycle and through this has contributed to the results of the third UNDAF, in line with UNFPA's business model that focuses on supporting national ownership, leadership and policy dialogue, as well as advocacy and strategic partnership development.

UNFPA has actively worked with development partners to avoid duplication, enhance synergies and to mobilise additional resources, with the Government playing the leading coordination role. These partnerships are critical for bringing together the requisite support to advance the implementation of the national priorities in line with the ICPD Programme of Action; hence, UNFPA has worked with a relatively large circle of DPs, especially those with complimentary and/or significant support to the areas within the UNFPA mandate. UNFPA will continue working with other agencies to ensure the central importance of ICPD agenda in the common UN programming framework and its integration into the national development strategies.

4.2 Adolescents and Youth

4.2.1 Relevance

The questions on the relevance of the A&Y component of the programme were:

EQ1A. To what extent is UNFPA Armenia support adapted to the needs of the population with emphasis on the most vulnerable population? Are there needs that are not being addressed?

EQ1B. To what extent is UNFPA Armenia support in line with the priorities set by the ICPD Programme of Action and national policy frameworks related to UNFPA mandated areas, as well as with the UNFPA Strategic Plan principles (leaving no one behind and reaching the furthest behind), three transformative goals, and business model and with the UN Partnership Framework and UNDAF?

Finding 10: There is evidence of mapping and needs assessment, identifying the varied needs of diverse stakeholder groups prior to the programming for the Adolescents and Youth component of the Country Programme, but emphasis on the marginalised and most vulnerable youth has not been prioritised nor addressed to its full extent. Given the change of Government and the merging of the Ministry of Youth and Sport with the Ministry of Education and Science, it is timely to undertake a situation analysis of youth and to identify new opportunities for interventions more relevant to the country's needs.

UNFPA Armenia has demonstrated considerable flexibility in addressing the relevant priorities of national and sectoral policies in the field of A&Y and the needs of the target populations. However, in some cases, this flexibility does not contribute to the overall relevance of UNFPA Armenia's support in line with the priorities set by the ICPD Programme of Action for the most marginalised groups related to the UNFPA-mandated areas. All three major directions of UNFPA's interventions under the A&Y component – namely: (i) the promotion of sexual education in schools; (ii) building national capacity for SRH and adolescent gynaecology; and (iii) youth voice, and leadership and participation activities – have a wider coverage and are constrained in being able to reach the more marginalised young people.

Advocacy and the promotion of various youth initiatives through a series of events and contests (such as Youth Day, Theatre for Change performances and Y-PEER initiatives) helped to strengthen youth leadership and increase the participation of youth in the provinces and remote communities of Armenia. However, interviews with Y-PEER, youth NGOs and regional partners revealed that there are challenges in targeting and working with vulnerable youth, particularly the lack of outreach for young boys with problem behaviours (such as criminal behaviour, alcohol and drug use), and the poorest and the most marginalised groups of young people.

Adolescents' SRH rights including CSE were assessed by UNFPA Armenia in 2016 through an inclusive study on SRH and presented as a separate chapter in the report *Public Inquiry into the Enjoyment of SRH Rights in Armenia* that was compiled under the UNFPA Project on 'Strengthening of Sexual and Reproductive Health Services', in collaboration with the HRDO office.¹⁵¹ There are some activities in place in SRH and sex education for youth with disabilities, such as support provided to the Source Foundation for adolescents with special needs and their families¹⁵², but there is a lack of additional assessments to inform the design of more targeted interventions and to tackle the challenges in reaching the furthest behind.

The Evaluation noted that it is difficult to put tailored interventions in place without performing more detailed capacity assessments of partner NGOs at the project level in terms of their abilities to provide targeted interventions for those youth not reached through existing mechanisms.

Finding 11: The objectives and strategies of the CPD, CPAP and the AWP in the Adolescents and Youth component are, to a great extent, in line with the goals and priorities set out in the UNDAF and are concurrent with the UNFPA Strategic Plan, the UNFPA Strategy on Adolescents and Youth and other UNFPA plans and policies, as well as with national priorities.

The main CPD output of the A&Y component, 'to strengthen national laws, policies and programmes for incorporating adolescent and youth rights and needs through evidence-based policy advocacy'¹⁵³, is directly linked with and contributes to the achievement of UNDAF Outcome 5, 'by 2020 vulnerable groups have improved access to basic education and social protection services and participate in their communities'¹⁵⁴, as

¹⁵¹ Available at: https://armenia.unfpa.org/sites/default/files/pub-pdf/Public%20inquiry%20report_eng_0.pdf accessed 2 August 2019 .

¹⁵² UNFPA Armenia Country Annual Reports and Atlas reports, 2016-2019.

¹⁵³ UNFPA (2015c), *Results and Resources Framework for Armenia 2016-2020*, p. 6

¹⁵⁴ UNDAF (2015c), *op. cit.*.

well as to the UNFPA Strategic Plans, especially Strategic Plan 2014-2017 Outcome 2 for increased priority on adolescents in national development policies and programmes, particularly with increased availability of CSE and SRH.¹⁵⁵

The focus of interventions within this component (Box 3) covers four of the five strategic prongs for UNFPA's programmes and advocacy, namely: (i) Evidence-Based Advocacy for Development, Investment and Implementation; (ii) Promotion of Comprehensive Sexuality Education; (iii) Build Capacity for Sexual and Reproductive Health Service Delivery, including HIV Prevention, Treatment and Care; and (iv) Youth Leadership and Participation.¹⁵⁶

Consistent with the UNFPA business model, the A&Y interventions have largely been addressed through advocacy for policy development and the institutionalisation of sexual education in school curricula. The design of the A&Y component is in line with the context of the post-2015 SDGs and targets. It supported the consultation and dialogue on 'SDGs for young people, young people for SDGs' and other SDG awareness-

Box 3: UNFPA Third Country Programme Adolescent and Youth Component Strategies

Strategic interventions under the A&Y component of UNFPA Armenia's CP focus on advocacy, policy advice, and technical support for:

- (a) developing and implementing gender sensitive SRHR-related policies and strategies for youth, with a focus on youth with disabilities;
- (b) establishing participatory advocacy platforms for the increased involvement of marginalised adolescents and youth;
- (c) strengthening peer education programming;
- (d) revising teaching content and methodology on school-based healthy lifestyle education curriculum; and
- (e) generating evidence on the SRH needs of young people.

Source: CPAP

raising and knowledge-sharing initiatives for youth through UNFPA Armenia's A&Y activities.¹⁵⁷

The component harmonises with the ICPD Programme of Action which recognises that the effective attainment of SRHR requires the empowerment of all sectors of society, including adolescents and youth, and the promotion of their participation in the design of policies.¹⁵⁸

In interviews with the main national stakeholders, such as the MOH and the MOSYA, it was noted that UNFPA's selection of priorities for support were considered to be widely consultative and participatory, given the existing significant challenges in moving UNFPA's agenda forwards in Armenia's conservative context. Collaboration

and continued work with the Government partners, CSOs and youth organisations has ensured the alignment of UNFPA's A&Y programmatic interventions with the Government's national priorities relating to the participation of young people in the country's political, economic and cultural spheres; youth employment and socio-economic issues; promoting healthy lifestyles among young people; the recognition of non-formal education; and the development of spiritual, cultural and patriotic values among youth.¹⁵⁹ However, it should be noted that these priorities were developed by the previous Government. Given the change of Government and the merging of the Ministry of Youth and Sport with the Ministry of Education and Science, it is now necessary to review and redesign the A&Y component activities.

4.2.2 Effectiveness

There were three questions on the effectiveness of the A&Y component of the programme:

- EQ2. To what extent have the intended programme outputs been achieved? Is there any evidence of applying the past lessons learnt and innovation in delivering programme results?

¹⁵⁵ UNFPA *Strategic Plan 2014-2017: Integrated Results Framework*, p.9.

¹⁵⁶ UNFPA *Strategy on Adolescents and Youth*, 2013, pp. 10-12.

¹⁵⁷ UNFPA (2016, 2017, 2018), *op. cit.*; UNFPA (2019), *op. cit.*

¹⁵⁸ UNFPA *Strategic Plan 2018-2021*, p. 9

¹⁵⁹ *Republic of Armenia Children and Adolescents Strategy Action Plan 2016-2022, Armenian Prospective Development Strategy 2014-2025; Republic of Armenia National Strategy for Child and Adolescent Health and Development and the Implementation Action Plan Thereof 2010-2015.*

- EQ3. To what extent did the outputs contribute to the achievement of the planned outcomes: (i) increased utilisation of integrated SRH services by those furthest behind; (ii) increased the access of young people to quality SRH services and sexual education; (iii) mainstreaming of provisions to advance gender equality, and (iv) developing of evidence based national population policies) and what was the degree of achievement of the outcomes?
- EQ4. To what extent has UNFPA Armenia policy advocacy and capacity building support helped to ensure that SRHR (including FP), and the associated concerns for the needs of young people, gender equality and relevant population dynamics (PD) are appropriately integrated into national development instruments and sector policy frameworks in Armenia?

Finding 12: UNFPA Armenia is on track to realise its expected outputs and activities in A&Y. Most output results contributing to the achievement of UNFPA's Strategic Plan Outcome 6 were attained, with targets exceeded under the subcomponent for adopted guidelines, protocols and standards for healthcare workers on the delivery of quality SRH services for A&Y.

According to the CPD Results and Resources Framework for Armenia, the CP has largely been implemented according to the plan for Output area 2; and the intended programme outputs have been mostly achieved¹⁶⁰, as can be seen from Table 17.

Table 17: A&Y Programme: Output Indicators and Targets Met, 2016 to mid-2019

CP OUTPUT 2. Strengthened national laws, policies and programmes for Incorporating adolescent and youth rights and needs through evidence-based policy advocacy				
Indicators		2016	2017	2018
2.1: Number of guidelines, protocols and standards for health care workers for the delivery of quality SRH services for adolescents and youth adopted	Baseline	0	1	3
	Target	1	2	5
	Reported	1	3	6
2.2. Teaching content and methodology of healthy lifestyle education is aligned with international standards	Baseline	No	No	No
	Target	No	No	No
	Reported	No	No	No
2.3. Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth	Baseline	2	2	3
	Target	2	3	3
	Reported	2	3	3

Source: SIS reports, M&E reports, CPAP 2016-2020, Annual Reports 2016-2018

Regarding output indicator 2.1 in Table 19, it is impressive that the number of adopted guidelines, protocols and standards for health care workers in the delivery of quality SRH services for adolescents and youth exceed the planned targets. A total of six guidelines for health care workers, rather than the five targeted, were developed, disseminated and officially adopted¹⁶¹ during the period between 2016 and the second quarter of-2019.

According to the CPAP 2016-2020, in 2017 it was planned to develop and introduce a set of guidelines in Adolescent and Youth RH. However, due to an *ad hoc* request from the MOH regarding the urgent need for the development of other national clinical guidelines, UNFPA was quick to respond and provided support to the MOH for the development of two of these, on *Management of Bacterial Vaginosis in Children and Adolescents* and *Management of Abnormal Uterine Bleeding in Adolescents*. UNFPA Armenia met several times with Government counterparts to discuss the recommendations of the new national evidence-based guidelines. This consultative process resulted in the organisation of a one-day workshop for paediatric

¹⁶⁰ UNFPA (2015c), *op. cit.*

¹⁶¹ All the guidelines are available in Armenian under the guidelines section of the MOH at the official website-page at <http://moh.am/#1/1067> accessed 24 June 2019.

gynaecologists and service providers in 2017 which, according to KIIs, was an effective forum for identifying the needs of the beneficiaries, as well as resulting in the long-term strengthening of the capacity of national institutions and service providers in the delivery of quality SRH services for adolescents and youth.

The same participatory process was later used to effect in 2017-2018 for the selection of topical areas for the next set of guidelines. In 2018, two one-day workshops were organised for paediatric gynaecologists, whereby practitioners agreed on the scope of clinical questions for new guidelines, as well as discussed issues related to the introduction and actual implementation of those guidelines. The guidelines have been officially adopted by the MOH and have proved to be very useful, effectively incorporated into healthcare qualification training and widely used by the paediatric gynaecologists in their everyday work.

Under this output area, UNFPA Armenia also successfully advocated for and supported the Government and its partners in generating evidence for operational policies and programmes to design targeted health, education and social interventions for adolescents and youth, particularly enabling the Institute of Child and Adolescent Health to conduct the National Health Behaviour Survey in School-aged Children of Armenia in 2016 and 2017-2018.¹⁶²

Output indicators 2.2 and 2.3 in Table 19 are still in progress with a number of inputs and activities on-track, which should contribute to the successful implementation of programme results both on an output and outcome level. More specifically, the teaching content for sex education has been developed and integrated into the public education programme. A total of three youth platforms (namely, the UN Youth Advisory Panel, the Council on Youth Policy under the Prime-Minister and the MOH Youth Council) have been created and functioned for a short period during the CP cycle.

Moving forward, the CO is planning to undertake a thorough assessment of the situation regarding health and SRH services for A&Y, to be completed later in 2019.¹⁶³ Its findings will inform UNFPA on the next steps to be taken to ensure more effective progress towards the most challenging targets of the A&Y component, particularly identifying the most critical issues and the priority actions to improve the quality of health care services at primary healthcare facilities.

Finding 13: There is enough evidence that monitoring and evaluation of the A&Y results has taken place, with clearly formulated lessons learnt and paths forward, as well as innovation in the delivery of interventions within this component.

Youth issues were cross-cutting for all the three programme components in the Second CP 2010-2015.¹⁶⁴ The A&Y component for the Third CP cycle was developed based on the previous CPE's recommendations and lessons learnt to expand UNFPA leadership and coordination efforts to attract the requisite collaboration from organisations working in youth development throughout the country.¹⁶⁵

The annual work plans (AWPs) and SIS reports clearly identify challenges and lessons learnt for this component, outlining the potential risks and paths forward. In 2016, the teaching content of national curricula on Healthy Lifestyle education in schools was assessed by the Sexuality Education Review and

¹⁶² Source: *Annual Reports*; Institute of Child and Adolescent Health, 2016; *op. cit.*; Arabkir Medical Centre reports available at <http://arabkirjmc.am/en/icah/>, accessed 29 June 2019.

¹⁶³ Source: *AWP 2019, Atlas reports, KIIs*.

¹⁶⁴ *UNFPA Armenia CPD 2010-2015*.

¹⁶⁵ See *Independent Country Programme Evaluation Armenia, Evaluation Final Report*, January 2015, *Second Country Programme 2010–2015; UNFPA Management Response to Evaluation*, June 2015, p. 8.

Assessment Tool (SERAT)¹⁶⁶, and the reports of the *Health Behaviour in School-aged Children (HBSC) Study* were conducted and published in 2016 and 2017-2018.¹⁶⁷

Based on several notable findings from the aforementioned documents, UNFPA Armenia realised the importance of addressing the challenges in the actual delivery of the RH component of the school-based healthy lifestyle education curriculum; this finding was also confirmed during the KILs with UNFPA's main partners from the NIE and the MOES. Therefore, from 2016 onwards, UNFPA searched for more innovative approaches in curriculum delivery; and it was this that led to the creation of an interactive online module for the course and to the SDG awareness campaign, as described in Best Practice 4.¹⁶⁸

Best Practice 4: A&Y Online E-Learning Course and the SDG Campaign

The design for the healthy lifestyle e-learning module started with hiring the services of an IT company; but technical problems with this company led to the design of the module being continued with the use of another company throughout 2017-2018. There were delays due to some technical issues and the MOES' curricula revisions in June 2017. The *UNFPA Annual Reports* for those years clearly identified the challenges in the process as well as lessons learnt on the selection criteria and capacity assessment of companies for similar tasks. The e-learning programme has several advantages. First, it is relatively cost effective and does not require constant teacher training. Second, the selective omission of topics by the teachers during the delivery of the programme has been eliminated. Third, the e-learning programme provides continuous data on the effectiveness of the programme and will thereby assist in identifying areas for improvement. This innovative solution to achieving the successful integration of sex education and healthy lifestyles into school curricula included a pilot evaluation component with quasi-experimental methodology to be developed and tested prior to the launch of the online module in the summer of 2019, which will provide information on the effectiveness of the online course.

Another example of improving results and demonstrating best practice through innovative approaches is **the SDG awareness-raising campaign** which provided young people with the necessary knowledge and skills to develop and advocate for their project ideas on youth participation in promoting and contributing to the achievement of the SDGs in Armenia. Theatrical interactive performances through the Theatre of Change, open-air contests and other events were organised and later turned into larger scale campaigns in partnership with UNDP, involving youth from different provinces.

It is unfortunate, therefore, that UNFPA has been unable to determine the relevance of its progressive interventions through interactive performances and events for youth, including the Youth Day celebrations, due to the lack of more systematic and accurate monitoring and evaluation activities, such as pre- and post-assessments, feedback via focus groups with the young participants of the events, collecting data on mentions of events in the media, and so on.

Finding 14: The teaching content and methodology of healthy lifestyle education is taught through national school programmes and is appropriately integrated into sector policy frameworks; however, there are issues of concern on the effectiveness of implementation and delivery of topics that are controversial in the country context.

As already mentioned, the teaching content and methodology of healthy lifestyle education have been absorbed into national school programmes; and the respective law and government decree on RH education provide the legal framework for operational curriculum delivery. In 2016, the curriculum was assessed to be

¹⁶⁶ S. Mkhitarian (2016), *Assessment of the Reproductive Health Section of the National School-Based Curricula on Healthy Lifestyle Education in Armenia (SERAT)*. Yerevan, Armenia.

¹⁶⁷ Source: SIS reports, Institute of Child and Adolescent Health (2016), *National Report of Health Behaviour in School-aged Children (HBSC) Study Armenia*, Arabkir Medical Centre: Yerevan; reports from the Arabkir Medical Centre available at <http://arabkirjmc.am/en/ica/>, accessed 29 June 2019.

¹⁶⁸ *UNFPA Armenian Country Annual Report, 2016*.

aligned with international standards,¹⁶⁹ but the teaching content is not yet properly and fully delivered through the public education system.

The training programme for students included a section on RH and was designed to be delivered to Grades Eight to 11. The RH section covers a diverse range of topics that encompass gender roles, puberty, hygiene, love, family values, casual sexual relationships and high-risk behaviour, STIs and HIV/AIDS, unwanted pregnancies, sexual harassment and discrimination and FP, etc.¹⁷⁰

A survey conducted among school-aged children revealed an inadequate knowledge of RH issues, thus challenging the effectiveness of the programme in meeting its goals. Previous attempts at evaluating the school-based programme were small in scale but they pointed to similar challenges in its implementation including: (1) the selective omission of sensitive topics that results in a partial coverage of the actual programme; (2) the inadequate preparedness of teachers in delivering the programme; and (3) the lack of formal monitoring and evaluation mechanisms.¹⁷¹

The aforementioned SERAT assessment – and in line with the UNESCO *International Technical Guidance on Sexuality Education and 'It's All One Curriculum'*, conducted for UNFPA Armenia in 2016 – showed that there were no formal school inspection mechanisms for monitoring the implementation of the healthy lifestyle education curriculum.¹⁷² Then, in June 2017, based on an UNAIDS initiative, the Healthy Lifestyle curriculum was revised and approved by the MOES. Currently, the teaching content and methodology are considered to be aligned with international standards.

Interviews with main stakeholders at the line Ministry and the NIE and a desk-review of available research in the field¹⁷³ show that, because of the conservative country context, most trained teachers are still uncomfortable about discussing these sensitive topics and will not allow any kind of open discussions related to these issues in the classroom. To overcome the challenges of effective delivery of the materials to adolescents through public education, UNFPA Armenia in collaboration with the MOES created an interactive online module that incorporates the content of the RH section of the school-based curriculum and introduces this material in a manner that is appealing to adolescents because it facilitates active learning (see Best Practice 4 above). The online in-school sex education course has the advantage of circumnavigating the sensibilities of the teaching staff, since it avoids the teachers having direct engagement in the delivery of the course content. Under the new initiative, teachers function as intermediaries to present the online course and guide students using the application on their own.

To test its effectiveness, UNFPA Armenia launched the trial use of the online course in 100 schools throughout Armenia. However, for the online course to work well it is crucial not only to assess the online course tool at various stages of the sex education programme but also to ensure the accessibility of computers and internet needed by pupils to take the online course, and find ways to motivate pupils to study the course, find ways to persuade teachers to play a more prominent role in responding to their pupils' queries arising from the course.

¹⁶⁹ See *Assessment of the Reproductive Health Section of the National School-Based Curricula on Healthy Lifestyle Education in Armenia (SERAT)*, 2016.

¹⁷⁰ *Healthy Lifestyle*, teacher's guideline for 10th-11th grades, Yerevan, 2018, available in Armenian at: <https://cloud.mail.ru/public/881g/oYmfV1jcn> accessed on 26.06.2019 accessed on 30 June 2019; *Healthy Lifestyle*, teacher's guideline for 8th-9th grades, Yerevan, 2018, available in Armenian at: <https://cloud.mail.ru/public/FsNp/gGK2UnRaU> accessed on 30 June 2019.

¹⁷¹ UNFPA (2019), *Brief on Innovative Initiatives*.

¹⁷² *Assessment of the Reproductive Health Section of the National School-Based Curricula on Healthy Lifestyle Education in Armenia*, UNFPA, Yerevan 2016, p. 14

¹⁷³ See *An Evaluation of Teaching Process of Reproductive Health Courses at General Schools of the Republic of Armenia*, Women's Resource Center, USAID, Counterpart International, Yerevan 2013

Related to these efforts to improve and implement sex education in schools, it should be noted that, based on recommendations from the CPE of the Second CP 2010-2015,¹⁷⁴ in 2016-2017 UNFPA Armenia and MOES' NIE discussed the need to develop a Memorandum of Understanding (MOU) on joint cooperation and collaboration for improving Reproductive Health Education in Armenia. However, it was not finalised or signed due to the changes in the Ministry and in the Government. As a result, the CO has no active MOU with the MOES or any of its institutes. The implementation of such an MOU could have greatly supported – and could still support – the effectiveness of further interventions for the integration of SRH education.

Finding 15: Regional youth networks/forums and other youth initiatives have developed an impressive set of collaborative tools for strengthening the involvement of youth voices and leadership empowerment; and this could be built on. However, issues of gender equality, SRH and GBV were not always well integrated into the agendas of specific events aimed at youth, and these were missed opportunities. Nonetheless, the changes in Government provide new prospects for increasing work in this area and even progressing the SRH agenda in sex education.

Between 2016 and 2019 UNFPA Armenia supported a number of youth events and initiatives for the increased leadership and participation of young people; and these have been found to be effective by both the implementers and Government counterparts. In 2016, the UNFPA CO was more engaged in the promotion of Healthy Lifestyles Including RH among youth through awareness-raising training for young people. This shift is explained by limited resources and a need for focusing on more efficient and strategic large-scale interventions, such as general school-based sexuality education. From 2017 onwards, UNFPA's youth initiatives also changed to include more emphasis on youth empowerment and participation.¹⁷⁵

Among other activities, the CO supported the celebration of Youth Day in Armenia in both 2017 and 2018. Based on monitoring media coverage and improved visibility indicators¹⁷⁶, the Evaluation Team found that this initiative was extremely effective in increasing UNFPA's profile in Armenia. KIIs with UNFPA programme staff and partners indicate that Youth Day is perceived to be very successful in generating collaborative information-sharing mechanisms between youth organisations and young people from the provinces. Unfortunately, however, there is no comprehensive assessment or report on the efficacy of these campaigns.

In 2017 UNFPA, in cooperation with the Gyumri Youth Initiative Centre, supported the implementation of large-scale public events for youth in Shirak province. The events were launched with a press conference and continued with a unique Youth Camp, held in Gyumri Technology Centre. The Youth Camp was organised as a series of participatory non-formal seminars for small group panel discussions on youth topics, including population and dynamics. More than 15 youth organisations took part in the events, followed by a flash dance mob with the participation of approximately 100 young people, an open-air concert and a release of 'dream lights' balloons into the air.¹⁷⁷

¹⁷⁴ UNFPA (2015a), *op. cit.*; *UNFPA Management Response to Evaluation*, June 2015, p. 5.

¹⁷⁵ UNFPA *Annual Reports 2016-2018*, KIIs.

¹⁷⁶ The increase in visibility indicators is presented in Annual Reports and SIS reports under indicator OEE 4.5 Number of people reached through partnerships that ensure high visibility (also known as 'reach' partnerships to galvanise the broad endorsement of UNFPA activities and increase UNFPA's visibility as the leading UN agency working to preserve and improve the health and well-being of all people), as well as the number of interviews covering ICPD/UNFPA mandate issues, the number of times UNFPA is mentioned in the media, and the number of media events conducted.

¹⁷⁷ *UNFPA Armenia Country Annual Report 2017*.



International Youth Day 2018 was celebrated in the province of Tavush, mostly in its capital city of Ijevan, with a notably increased number of partner organisations from the previous year (around 35 compared to 15).¹⁷⁸ UNFPA and MOYSA co-chaired the coordination of the

events in Ijevan city. Among other activities, the celebration focused on a Youth Opportunities Conference, a theatrical SDG quiz game, an SDG forest quest game, an open-air concert, a graffiti competition and more. The activities were largely related to population and development, employment opportunities and other matters of interest to young people. Participants described the events as interesting, encouraging and useful in terms of knowledge and information to find opportunities for work and training.¹⁷⁹

Unfortunately, however, UNFPA's mandated areas of gender equality, GBV, SRH education and healthy lifestyles were not specifically integrated into the events; even the highly successful *Hartak* described in Best Practice Box 5 above missed an opportunity for more frank speaking on these issues. The Evaluation Team's interviews with youth organisations show that there is a demand among young persons for more information on these delicate topics which, although sensitive for the regions, could be effectively incorporated to a larger extent into these types of events. For instance, using the graffiti contest as an example, the value of a girl child or the rights of marginalised groups could have been mainstreamed, as well as the organisation of separate (adult-free) discussions on healthy lifestyle issues.

In collaboration with the Tavush Diocese of the Armenian Apostolic Church (AAC), UNFPA supported the 2018 *Haghartsin* Week — a youth-initiated festival run by young volunteers from this region. UNFPA also took part in the Fourth *Hartak* ('Platform') Workshop Festival for Young People which was held in Gyumri and included more than 40 workshops on arts and crafts, design, technology and healthy lifestyles, with over 500 participants.¹⁸⁰ The central theme of the 2018 festival was social entrepreneurship and socially responsible business¹⁸¹ models. Although most of the workshops were intended to inspire young people to develop social business ideas, improve their lives and support their communities, more efforts could have been made to

Best Practice 5: Example of Innovation for Youth: the *Hartak* Festival

In July 2018, UNFPA Armenia supported the fourth *Hartak* ("Platform") Workshop Festival for Young People. *Hartak* is a two-day marathon of experiences for young people attended by over 500 participants. It provided a platform for sharing knowledge and experience through master classes, workshops and speeches in a non-formal environment. It included more than 40 workshops on arts and crafts, design, technology, and healthy lifestyles. The central theme of the festival was social entrepreneurship and socially responsible business models, but all workshops had a social component. The festival programme consisted of four main blocks of which the first (Know-how) and the fourth (Body and Soul) gave UNFPA the chance to disseminate some social and health messages, including a 'Virtual Health' workshop where it presented the concept of its "Ayr Health" mobile phone application on men's health.

Source: UNFPA Armenia (2019), *Innovation Brief*.

¹⁷⁸ UNFPA Armenia Country Annual Report 2018.

¹⁷⁹ Source: KIIs and FGD.

¹⁸⁰ UNPA (2018), *Annual Report 2018*.

¹⁸¹ A socially responsible business is a generally for-profit venture that seeks to leverage business for more than just maximising profits for the shareholders; it is also about creating positive changes and making valuable contributions to the stakeholders such as the local community, customers, and staff. For more detail, see D. Lewis (2000), *Promoting Socially Responsible Business, Ethical Trade and Acceptable Labour Standards*.

incorporate the healthy lifestyle component into the discussions with a larger coverage. Interviews with Youth NGO representatives indicated that the workshops were effective as a learning tool.

These findings point to the importance of continued efforts to strengthen the mainstreaming of DV, FP, GBSS and RH through the A&Y component, and more closely linking these to the events attracting young people such as the Youth Day celebrations, other specific youth events and Y-PEER training, as well as leveraging more joint programming with CSOs and NGOs operating in the *marzes*.

Regrettably, although effective work is ongoing for the empowerment of youth networks and establishment of youth forums, national laws and policies on youth still present a major challenge. For example, although the last *National Youth Policy*¹⁸² was approved by the Government in 2014, the draft *Youth Strategy 2018-2022*¹⁸³ is still pending the approval of the new Government¹⁸⁴. As previously noted, the main line ministry, MOYS, was re-organised during the recent Government restructuring; and at the time of writing it was still not clear which department or committee within the MOES would be in charge of youth issues. During the evaluation fieldwork interviews, MOYS former deputy minister stated that there was a need to conduct more effective and intensive evidence-based advocacy for incorporating A&Y rights into national laws and policies, with the support of UNFPA.

4.2.3 Efficiency

There was one question on the efficiency of the A&Y component of the programme:

EQ5. To what extent has UNFPA Armenia made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA Armenia country programme?

Finding 16: Beneficiaries of UNFPA A&Y support received the resources that were planned at the level foreseen and in a timely and regular manner, but the number and contractual modality of the staff has not been adequate to ensure the smooth implementation and monitoring of inputs and activities.

Interviews with the staff and partners, as well as document analysis, indicate that the A&Y component has used its resources to achieve outputs at the anticipated level consistent with the standard norms for the cost of implementing its activities; and that the resources, contractual and management operations were mostly disbursed in a timely manner. None of the interviewed partners, contractors and consultants expressed any dissatisfaction or recalled challenges in the financial and technical management of A&Y activities by the UNFPA CO.

The A&Y component, comprising 25 different activities within the projects listed in Annex 5, was not managed by any fixed term staff. Moreover, during the first two years of the CP the project coordinator was only employed part-time. The youth project coordinator left UNFPA to study abroad in 2016 and as a result the workload was divided among the rest of the staff across other thematic areas; and this created additional efficiency challenges, such as staff overload, some delays and overlaps in planning. It was not until March 2018 that a full-time position with a service contract was established for A&Y project coordination. However, given the scope and potential of the A&Y programme component, there is a clear justification to create a long-term post or a fixed-term appointment that would allow smoother programme implementation and

¹⁸² *National Youth Policy of RA 2013-2017* available in Armenian at:

http://www.youthpolicy.org/national/Armenia_2013_National_Youth_Policy_Strategy.pdf accessed 22 June 2019.

¹⁸³ *Youth State Policy Strategy and Action Plan for 2018-2022* available in Armenian at: <https://www.e-draft.am/projects/482> accessed 25 June 2019.

¹⁸⁴ The Strategy largely builds on the *Conception of State Youth Policy* (1998) and is based on research studies including the *National Youth Report of Armenia* (2011) and *Aspirations and Expectations of the Youth of Armenia* (2012) prepared by UNDP.

ensure better achievement and monitoring of the results of the programme component, all contributing towards improved efficiency.

The Evaluation Team noted that there has been a lack of safeguard policies and ethical guidelines for the engagement of adolescents aged 14-17 targeted by UNFPA initiatives within and through partner NGOs and the media. Interviews with partner youth NGOs, Y-PEER network representatives and other service providers show that they are not fully aware of international standards and ethical guidance for the involvement of adolescents in events, data collection and other initiatives. UNFPA Armenia has the potential to become a driving force to promote the 'do no harm' principle, obtaining informed consent from parents/caregivers and the assent of participants and other standards of engagement for young people under 18 years-old.

Finding 17: The A&Y component has demonstrated some innovative new activities that contributed towards the efficient delivery of interventions.

Monitoring functions are built into the online course tool for the sexual education module. This allows the ongoing monitoring of the number of users across schools, the time allocated for each training session and other indicators. This approach contributes to a more efficient use of A&Y resources because web analytics automatically allow the production of various statistics in a continuous and standardised way, and without additional costs.

The Evaluation Team found that the programme identified further steps to improve its efficiency through the creation of new partnerships in order to reduce the number of small-scale fragmented activities and achieve better integration with other programme components, as well as through joint programming with other UN agencies and donors. More partnerships with the most appropriate youth organisations and leveraging other strategic partners working in the field of A&Y such as UNDP, UNICEF and others, as well as identifying other funding sources, present new opportunities that could be explored further.

4.2.4 Sustainability

There were two questions on the sustainability of the A&Y component of the programme:

- EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the Armenian Government allowed the CO to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of the supported interventions, programmes and policies?
- EQ7. To what extent have partnerships been built with Government and/or other UN organisations to enhance sustainability or scale up interventions and/or bring relevant evidence to policy makers to adopt such approaches?

Finding 18: Civil society, regional/national training institutions and other key stakeholders are involved to a certain degree in the design, safeguarding and monitoring of the A&Y component, but the short- and long-term ability of institutions to continue, scale-up or adapt programme functions is unlikely without external support.

At the beginning of CP implementation (the 'baseline'), two participatory platforms had already been established for advocacy on increased investments in activities aimed at marginalised A&Y: the UN Youth Advisory Panel and a Council on Youth Policy under the Prime-Minister. The UN Youth Advisory Panel was initiated by UNFPA in 2014 with the overall goal of advocating and advising the UNCT on the availability of strategic opportunities and actions required for addressing A&Y issues in the planning and implementation of the UN programmes in Armenia; and to better reflect youth-related issues in the UN-Armenia Partnership Framework 2016-2020.¹⁸⁵ Although the Panel was seen as a step forward in youth representation, after

¹⁸⁵ UNFPA (2015a), *op. cit.*; UNFPA (2010). *Second Country Programme 2010 – 2015*, pp. 11, 100, 102

UNDAF's finalisation it ceased to function. Its continued existence is under question, given that it is not actively used for current UNCT planning for a new UNDAF. In the light of UN reforms, UNFPA is missing an opportunity to be more proactively encouraging the involvement of young people in collaborating more closely with the UNCT and specific UN agencies.

The Council on Youth Policy was established in 2009 but, after the changes in Government and the appointment of the new Prime Minister in 2014, the Council ceased to operate. Since then, most of its functions have been coordinated through the MOYS's Department for Youth Policy. The subsequent Prime Ministers between 2014 and 2018 were uninterested in having a special Council under their jurisdiction; and all attempts to re-establish the platform or enable its sustainability were non-productive. Hence, the A&Y programme component has developed a structure and capacity for a functional youth platform at the MOH that could be sustainable over a longer-term period; but there is no evidence of a handover process from UNFPA Armenia to the new Government in this regard.

Based on the gaps left by the non-functional Council on Youth Policy, from 2016 onwards UNFPA looked into how to redeploy its resources, exploring new ways of engaging youth, with particular focus on the MOH as the ministry that was interested in working with youth. In 2017, UNFPA provided support for the creation of a new Youth Council under the MOH. It consisted of 42 students from Yerevan State Medical University and the American University of Armenia, young doctors from Yerevan and some regions.¹⁸⁶ Through its *'Promoting youth health and participation'* project, the CO supported the MOH in building skills and coordinating the newly established MOH Youth Council. Several advocacy meetings were held with the MOH Head of Staff to discuss the coordination mechanisms and responsibilities of the Council. As a result, the Council was launched with direct support from the Minister of Health, who encouraged young people to play an active role in healthcare reforms. Later in 2017, during a two-day workshop with 23 participants, the membership of the Youth Council, the Council's Charter and its work-plan were further developed.¹⁸⁷

Due to the change in Government and the appointment of a new Minister of Health in 2018, the MOH Youth Panel ceased to function. To remedy this, UNFPA initiated a discussion with the new Minister on ways in which the youth engagement platform could again become functional and sustainable. The new Minister was agreeable to the re-establishment of the panel provided that the number and diversity of its participants could be changed. Accordingly, UNFPA brought together approximately 50 adolescents from various regions and with different concerns (such as having disabilities) to meet with the Minister to provide their feedback on the quality of healthcare services for their peers and to discuss their expectations of the healthcare system.¹⁸⁸

Overall, the support provided by UNFPA to the newly established MOH Council ensured that the young people involved had the adequate capacity and information to express their views to decision-makers and to contribute to strengthening national laws, policies and programmes in the area of healthcare. However, as of June 2019 there is no clear progress in upgrading the platform structure and long-term planning for the further operation of the Council under the MOH.

Another important initiative of UNFPA Armenia is capacity- and team-building training for the Y-PEER national network initiated in 2018.¹⁸⁹ A number of interventions have been undertaken to strengthen and enlarge the Y-PEER network and to enhance knowledge of SRH and SDGs among young people. KIIs with network focal points, and an FGD with network members, revealed that the link with Y-PEER strongly contributes to building the capacities of Armenian youth leaders. All network members interviewed noted a significant increase in the range of skills, confidence and exposure gained through their active engagement in the network. The

¹⁸⁶ UNFPA Armenia Country Annual Reports 2016, 2017.

¹⁸⁷ UNFPA Armenian Country Annual Report 2017.

¹⁸⁸ Source: Annual Reports, KIIs.

¹⁸⁹ Y-PEER is a youth peer education network of organisations and institutions pioneered by UNFPA in 2002, which is working in the field of SRH in 52 countries throughout the world, using alternative methods of education (such as theatre-based techniques, role games, simulations, etc.). For more detail visit: <http://www.y-peer.org/>

network is keenly involved in the TOT and other projects in UNFPA-mandated areas, and it is designed as a 'bottom up' effort to support the defined needs of young people. UNFPA supported the Y-PEER Armenia network to hold its annual board meeting and in project development training, as well as its two SDGs-related project proposals developed in 2017 and implemented in 2018.¹⁹⁰

The Evaluation Team found that relationships with the UNFPA CO tend to be strong and, although the Y-PEER national network is trying to raise its own funds and develop its own action plans, it is still very much dependent on UNFPA support. However, this support is not provided on an annual basis but is only given for particular ad hoc initiatives; and, while helpful for carrying out particular standalone interventions, does not contribute to the core running costs of the network and thus there are sustainability challenges for the network coordinators. Moreover: (a) the network is not registered as a legal entity or an NGO in Armenia which also directly affects its sustainability; and (b) there is a rapid turnover of members, who are mostly student volunteers whose membership lasts between three to five years but no longer. Overall, the Evaluation Team ascertained that the results of UNFPA-supported initiatives with the Y-PEER network will not last beyond the end of the current CP without further funding from UNFPA.

4.3 Gender Equality and Reproductive Rights

4.3.1 Relevance

The two questions to be answered on the GERR component of the programme were:

EQ1A. To what extent is UNFPA Armenia support adapted to the needs of the population with emphasis on the most vulnerable population? Are there needs that are not being addressed?

EQ1B. To what extent is UNFPA Armenia support in line with the priorities set by the ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas, as well as with the UNFPA Strategic Plan principles (leaving no one behind and reaching the furthest behind), three transformative goals, and business model and with the UN Partnership Framework and UNDAF)?

Finding 19: The Gender Equality and Reproductive Rights programmatic interventions are in line with UNFPA policies and strategies, as well as with global priorities and the UNDAF. The interventions in the current programming period build on the achievements of the previous Gender Equality programming and take into consideration the main challenges faced in the implementation process.

The principles on which the GERR component are based are summarised in Box 4.

¹⁹⁰ Annual Reports, key-informant interviews, FGDs. One of the projects was implemented in Tavush province in the town of Berd and consisted of a two-day training on CV writing and competence-interview skills, as well as workshops on arts for approximately 80 young people from the conflict-affected border communities of Tavush region. The second project, implemented in the Gegharkunik region in the community of Gavar, was to sensitise adolescents and make them aware of discrimination through performance-based peer education techniques.

Box 4: Gender Equality and Reproductive Rights Programme 2016-2020

The Gender Equality and Reproductive Rights programme in Armenia was designed to promote gender equality, empower women and combat gender-based violence in line with human rights through (a) generating evidence and analysing the effects of gender-based violence on women and girls' reproductive health, social and economic participation; (b) advocating for the improvement and implementation of gender-sensitive legislation and the institutionalisation of policies and programmes for promoting gender equality and improved responses to gender based violence; (c) strengthening the capacity of multiple sectors to address gender-based violence; d) promoting gender transformative approaches and supporting the engagement of men and boys to address gender inequality and gender-based violence. It directly contributes to UNFPA Strategic Plan Outcome 3: advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. It contributes to addressing the country's gender gaps, as evidenced by its importance in the UNDAF: the main indicator for UNDAF Outcome 3 is, by 2020, to achieve progress in reducing gender inequality and gender-based violence and promoting women's empowerment.

The Gender Equality programmatic area for the second CP was planned with national partners including the line Ministries (such as the MOD, MOFA, MOH and MOLSA) to ensure the involvement of governmental structures in the field.¹⁹¹ This established a good basis for the development of the Third CP, which has already been acknowledged by the aforementioned Government counterpart ministries as the leading proponent of gender equality.

Good practices and lessons learnt from the first programme cycle explicitly identified the challenges and demonstrated good entry points for planning the next round of UNFPA support under the Second CP. Those lessons learnt and best practice are well articulated in UNFPA's Annual Reports and the previous CPE. This trend has continued, as can be seen in the CO's Annual Reports between 2016 and 2018 that clearly define the challenges and lessons learnt from the implementation of particular activities and initiatives under the Third CP's GERR component and will be invaluable when the CO comes to develop its Fourth CP.¹⁹² There are clear attempts to find innovative approaches in solving the most sensitive and challenging problems. For example, use of various communication tools, the increasing number of meetings for multi-stakeholder dialogue, and progressive coverage of partnerships established and sustained. Good examples of such initiatives are the joint events organised for social workers, police officers and priests, as can be seen later in this section.

Finding 20: UNFPA Armenia has reacted quickly to respond to emerging national priorities and quickly adapting its interventions according to the circumstances. The new Government brought in a new generation of politicians, many of whom are relatively young and untried, with little institutional memory and/or who lack experience in the thematic areas pertaining to UNFPA's programme. Nonetheless, the Government has demonstrated its willingness to build its capacity and learn about issues that impinge on Armenian society, including those of gender, reproductive rights and equality.

Institutional, legislative and strategic frameworks for tackling GBV in Armenia are still in development, with a number of international conventions not yet – or only partially – adopted. Although the former Government had ratified a number of international conventions at the beginning of the current Third CP cycle¹⁹³, there were no comprehensive national approaches in place to record, measure or combat gender inequality, let alone to monitor and prevent or take action against GBV.¹⁹⁴ The lack of specific legislation and national

¹⁹¹ See *UNFPA Armenia CPD 2010-2015*.

¹⁹² *UNFPA Armenia Country Annual Reports 2016-2018*.

¹⁹³ Such as the European Convention for the Protection of Human Rights and Fundamental Freedoms (1950) (Available at: <http://agent.echr.am/en/events/protocol-15-to-the-european-convention-ratified.html>) and the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

¹⁹⁴ See *Repository of National Documents on Gender in Armenia*, available at: <http://www.un.am/en/p/repository-of-national-documents-on-gender> accessed 19 June 2019.

strategies for standard-setting and to inform policy development have presented significant barriers for the efforts of the main national institutions working in this area, namely, the MOH, MOLSA, the RAP and the Republic of Armenia Investigation Committee (RAIC)¹⁹⁵ to take action with regard to GBV.

During the course of the Third CP, UNFPA Armenia has facilitated public dialogue on extremely sensitive gender-related issues, acting as an intermediary between the country's most conservative and radical groups and the Government by representing the viewpoints of the former to the latter. According to experts interviewed by the Evaluation Team, the previous political regime was uninterested in the existing Gender Policy and only went through the motions to meet the requirements of the European Integration agenda. Armenia's integration into the Eurasian Economic Union in 2015 further accelerated reactionary debate in society about 'modern European values coming to destroy the traditional Armenian family' and the open manipulation by some conservative and nationalist radical groups with regard to the various interpretations of the concept of gender, limiting it to LGBT rights promotion in the country, which is still considered to be an extremely delicate topic. Given those circumstances, UNFPA Armenia's programmatic interventions under its GERR component responded to the Government's national priorities, trying 'to speak their language' and to unpack the most contentious and embarrassing issues carefully and gradually.

The political development of April-June 2018 resulting in the change of Government was in itself a new challenge for UNFPA's ongoing programme but, at the same time, opened new windows of opportunity for UNFPA in promoting gender rights and equality. The UNFPA CO swiftly reacted to events with rounds of internal discussions, working meetings and consultations with the national counterparts and the European Union Delegation (EUD) to re-establish the dialogue on gender issues and reconfirm commitments on gender equality, GBV and GBSS with the new Government.

The new Government is committed to human rights and the gender equality agenda and is working intensively on the country's gender strategy. Recently, it openly launched a discussion about gender and RH issues, declaring the Government's intention to use the term 'gender' whenever applicable, withdrawing from the artificially 'neutral' language of the former government.

Hence, the UNFPA GERR programme interventions are strongly relevant to the national priorities of the new Government, as shown in Table 18.

¹⁹⁵ The RAIC is a crucial part of Armenia's criminal and military prosecution system. It performs an important liaison function between the National Security Services, the Police, the Military Services and the Justice system. It is staffed by investigators who look into criminal and other cases and then send them on to the General Prosecutor. See <http://investigative.am/en/investigation-committee/body-ic.html>.

Table 18: Alignment of UNFPA GERR Interventions with Government Priorities

Government Priorities for Gender Equality and Tackling GBV	UNFPA GERR Interventions
<p>“Mainstreaming the gender equality component in the socio-economic development programmes of the Republic of Armenia with a view to enhancing the promotion of equal rights and opportunities for men and women, introducing situation assessment and monitoring tools”.¹⁹⁶</p> <p>“During 2018-2019, identifying criteria of integrated services provided to persons subjected to domestic violence and expanding the network of these services”.</p> <p>During 2019 “development and presentation to the prime-minister’s office for approval “the Gender Strategy and Action Plan 2019-2023.”¹⁹⁷</p> <p>“Expanding the opportunity for women to join the military service on voluntary basis by considering the military service as a promising opportunity for education and professional development.”¹⁹⁸</p>	<p>ARM03GBS “Global Programme to Prevent Son Preference and the Undervaluing of Girls” Project</p> <p>ARM03HRP EU-funded joint Project with UNFPA on “Promotion and Protection of Human Rights in Armenia”</p> <p>ARM03GEP “Prevention of Gender-based Violence through Gender Transformative Approach” Project</p> <p>ARM03GEP “Cooperation with the Ministry of Defence of RA” Project</p> <p>ARM03GEP “Ijevan Carpet” Brand Revival: Restoring Traditions and Strengthening the Economic Security of Women Living on the Border” Project</p> <p>ARM03GTA “Prevention of Domestic Violence and Support to the Families in Crisis of DV” FBO Project</p>

Given the fact that the new Government is currently actively implementing its planned programme, there is hesitancy on UNFPA’s part to strongly push the gender equality agenda and to work more intensively on advocacy and support.

Finding 21: Several needs assessments have been conducted to inform the design of the Gender Component and address the needs of society’s most vulnerable groups, but few efforts have been made to target and oversee outreach to the most marginalised groups, including the poor, LGBTI and others.

In 2016, the CO conducted a comprehensive needs assessment on *Men and Gender Equality in Armenia*¹⁹⁹ to provide the basis for improving the relevance of its interventions to the country context. Implemented by the Institute for Political and Sociological Consulting (IPSC), it consisted of a representative survey among 1,600 18-59-year-olds throughout Armenia. The report contains findings on attitudes and knowledge about gender equality, GBSS, violence, marital practices, SRH and related issues. In addition to this, other fact-finding, studies and assessments have been carried out. For example, under UNFPA’s EU funded project ‘*Studies, Information Dissemination and Legal Support to Combat GBV in Armenia*’, a situation analysis was undertaken to identify and list the required legal acts, guidelines, special procedures and SOPs that would need to be in place for each sector to be able to provide an effective multi-sectoral response to DV (including health, RAP and social support). In addition, a cost-benefit and feasibility analysis of policy reforms and a

¹⁹⁶ RA Government Programme 2018-2022 p. 107; available at: <https://www.gov.am/files/docs/2219.pdf> accessed 31 July 2019

¹⁹⁷ RA Government Decree No 650, May 16, 2019 for approval of RA Government 2019-2023 Action Plan, p. 7.; available at: <https://www.gov.am/files/docs/3347.pdf> accessed 31 July 2019.

¹⁹⁸ RA Government Programme 2018-2022, p. 46; available at <https://www.gov.am/files/docs/2219.pdf> accessed 31 July 2019.

¹⁹⁹ *Men and Gender Equality In Armenia*, Institute for Political and Sociological Consulting (IPCS) and UNFPA, 2016 available at: https://armenia.unfpa.org/sites/default/files/pub-pdf/MEN%20AND%20GENDER%20EQUALITY_Final_0.pdf Accessed on 6 August 2019.

report on *Priorities of Public Policies Aimed at Preventing GBSS and Sex-Selective Abortions in Armenia*²⁰⁰ to extend formal childcare and development services as a policy tool for preventing GBSS were completed, with the findings widely disseminated in 2018 and intended for use by the Government to develop its GBSS strategy.²⁰¹

UNFPA has made intensive efforts to address the needs of the most vulnerable populations, in particular by working in remote communities, trying to reach out to poor women and their families, and to families having children with disabilities. However, the Evaluation Team noted that women's empowerment project in the Tavush region fell short of its well-intentioned aims – see Box 5.

Box 5: Better Targeting is Required to Meet Project Goals

In 2018 UNFPA supported the Pahapan Development Fund (PDF), an NGO in Tavush region, to provide training for ten women in learning market skills to better enable them to market and sell their products.* However, information gleaned from the site visit, KIIs with the project's leader in PDF and a project beneficiary women's FGD, revealed that the main goal of the project, namely, to enhance the economic security of the most vulnerable and poor women, had been misinterpreted by the PDF and its participants. No clear targeting mechanism was in place to ensure that the most vulnerable women were included; and there was no well-defined vision of how to generate additional income for the women who only had minor involvement in the marketing and sales of the products they produced. The initiative had become a 'women's club', providing a type of networking for non-working women from relatively well-off families, who gathered to work together at their crafts more for fun than for income generation and developing entrepreneurship. Better targeting of the beneficiaries and clearer definition of measurable outcomes would have made this intervention more worthwhile.

* *Snapshot of Activities during August-December 2018 "Ijevan Carpet" brand revival: restoring traditions and strengthening the economic security of women living on the border*, Progress Report from Pahapan Development Fund.

Finally, the Evaluation noted that the needs of LGBTI community, which was not targeted or directly reached under any UNFPA projects, still remain to be met.

4.3.2 Effectiveness

There were three questions on the effectiveness of the GERR component of the programme:

- EQ2. To what extent have the intended programme outputs been achieved? Is there any evidence of applying the past lessons learnt and innovation in delivering programme results?
- EQ3. To what extent did the outputs contribute to the achievement of the planned outcomes: (i) increased utilisation of integrated SRH services by those furthest behind; (ii) increased the access of young people to quality SRH services and sexual education; (iii) mainstreaming of provisions to advance gender equality, and (iv) developing of evidence based national population policies) and what was the degree of achievement of the outcomes?
- EQ4. To what extent has UNFPA Armenia policy advocacy and capacity building support helped to ensure that SRHR (including FP), and the associated concerns for the needs of young people, gender equality and relevant PD are appropriately integrated into national development instruments and sector policy frameworks in Armenia?

²⁰⁰ ICHD (2018). *Priorities of Public Policies aimed at Preventing GBSS and Sex-Selective Abortions in Armenia*, available at: <https://armenia.unfpa.org/en/publications/priorities-public-policies-aimed-preventing-gender-biased-sex-selection-and-sex> accessed on 1 July.2019

²⁰¹ ICHD (2018). *Costing and Feasibility Analysis of Public Policy Reforms on Extending Formal Child Care and Development Services as a Policy Instrument for Preventing Gender-Biased Sex Selection*, available in Armenian at: <https://ichd.org/?laid=1&com=module&module=menu&id=8> accessed on 1 July.2019.

Finding 22: The GERR component has met, and in most cases exceeded, its intended objectives and targets. However, the sub-component on women’s empowerment, delivered through partner NGOs, as well as UNFPA’s engagement with theatres and interactive event management organisations under GBSS and gender equality interventions, has not been sufficiently monitored and evaluated.

According to the CPD Results and Resources Framework, the CP has been implemented according to planned targets for output area 3. Table 19 shows the extent to which the GERR met those output targets.

Two targets were exceeded for Indicator 3.1 and 3.2.²⁰² Initially, both intervention areas had defined modest targets of three studies and two policies; yet, during the first two years alone of the CP cycle, both targets had already been achieved and new increased targets were defined. For 2018, the initial CP target of three studies was surpassed with five reported studies, while for the second quarter of 2019 the CP target for four new policies has been exceeded with five new policies addressing gender issues in the country. Intensive changes not only in the country’s political context, but also in terms of mainstreaming gender equality and the sensitisation of Armenian society in understanding GBV and GBSS, took place during the CP’s implementation cycle; and it is reasonable to attribute some of this to the new Government.

The impact of UNFPA Armenia’s continued work with a wide range of partners in the country is reflected in the improvement of sex-ratio at birth indicators for recent years (from 113 to 111 boys per 100 girls between years 2016 and 2018). This is a significant achievement and all partners interviewed by the Evaluation Team were extremely vocal and complimentary about the role UNFPA had played in this regard. However, despite the unprecedented progress in decreasing the sex-ratio imbalance, further work is required to ensure its sustainability.

²⁰² Indicator 3.1 ‘Number of analytical studies to establish evidence on effects of gender inequality and gender-based violence conducted to guide policy’ and Indicator 3.2. ‘Number of new policies addressing gender inequality, gender-based violence and gender-biased sex selection’.

**Table 19: Gender Equality and Reproductive Rights Programme:
Output Indicators and Targets Met 2016-2019**

CP OUTPUT 3: Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices					
Indicators		2016	2017	2018	2019 2Q
3.1. Number of analytical studies to establish evidence on the effects of gender inequality and gender-based violence conducted to guide policy	Baseline	1	4	4	NA
	Target	3	4	5	NA
	Reported	4	4	5	NA
3.2. Number of new policies addressing gender inequality, gender-based violence and gender-biased sex selection, are developed	Baseline	1	2	3	4
	Target	2	3	4	8
	Reported	2	3	4	9
3.3. Number of public campaigns addressing gender equality, non-discrimination and gender-based violence and gender-biased sex selection including by engagement of men and boys	Baseline	10	11	12	13
	Target	11	12	13	14
	Reported	11	12	13	17
WP Additional Indicator: Number of Activities of <i>Action Plan on Ensuring Women's Protection and Equal Opportunities in the Defence Sector in the Republic of Armenia 2016-2018</i> supported by UNFPA Armenia CO.	Baseline	0	6	12	NA
	Target	6	12	16	NA
	Reported	6	12	16	NA
WP IP Indicator: Number of people reached and sensitised on issues of gender stereotypes, gender norms, gender-based violence and family values by faith-based organisations	Baseline	NA	26,680	31,300	33,250
	Target	NA	30,200	32,600	33,900
	Reported	NA	31,300	33,250	33,946

Source: SIS reports, M&E reports, CPAP 2016-2020, Annual Reports 2016-2018

The first study of significance used the *International Men and Gender Equality Survey (IMAGES)*²⁰³ methodology and was initiated in 2016 through the Gender Equality Promotion project. It was the first comprehensive study in Armenia to assess men's practices and attitudes relating to several sensitive issue such as: gender norms and gender equality policies; men's involvement as fathers; and intimate partner violence. The report was widely disseminated under the aegis of the *16 Days of Activism Against Gender-based Violence* campaign, held jointly by international community, politicians and CSOs in Armenia. Another important study, the *Diagnostic Gender Gap Study*²⁰⁴, was conducted by an independent expert and revealed the interrelations between gender equality and economic development in Armenia. Its findings included evidence of the lack of practical mechanisms for equal pay and the existence of a clear gender gap in earnings, hindering the full involvement of women in work and affecting the country's economic growth. The study supported the country's ongoing dialogue on socio-economic aspects of gender equality and provided a new entry-point for the discussion of sensitive gender issues from a non-radical feminism perspective.²⁰⁵

Furthermore, in 2016, UNFPA Armenia contributed to widening the existing range of analytical viewpoints by generating new and extremely important evidence on domestic violence in the country through its collaboration with the RAIC. The Investigative Committee had conducted a desk review of criminal cases regarding deaths as a result of domestic violence committed in 2015, and there was widespread dissemination of its findings and evidence throughout the regions of the country.²⁰⁶ During the next two years, UNFPA developed methodological guidelines based on international best practices for quantitative and qualitative research and data analysis on prevalence, consequences and causes of GBSS, in collaboration with

²⁰³ UNFPA (2016). *Men and Gender Equality in Armenia*, UNFPA: Yerevan, available at: https://armenia.unfpa.org/sites/default/files/pub-pdf/MEN%20AND%20GENDER%20EQUALITY_Final_0.pdf, accessed 24 June 2019.

²⁰⁴ UNFPA (2016), *Gender Gap, Diagnostic Study of Discrimination against Women*, UNFPA: Yerevan.

²⁰⁵ UNFPA (2016). *Factsheet on the Diagnostic Gender Gap Study in Armenia*, June 2016, UNFPA: Yerevan.

²⁰⁶ UNFPA (2017). *UNFPA Armenia Country Annual Report 2016*. UNFPA: Yerevan.

an NGO, ICHD.²⁰⁷ In 2017, a Country Profile and Fact-Sheet on Son Preference was developed and disseminated.²⁰⁸ Overall, based on KIIs, UNFPA-supported analytical studies were responsible, to a large extent, for identifying and disseminating evidence on the effects of gender inequality, GBV and GBSS; and helped to open up new dialogue with the Government to guide government policies on DV and GBSS, especially with regard to the most sensitive discussions on the DV Law and respective secondary legislation in line-agencies.

To better disseminate the findings and methodology developed under this project, UNFPA Armenia launched an effective, widespread public information campaign, providing capacity-building and training interventions for key national research institutions and relevant state bodies (such as the MOH, MOLSA and RAP) to ensure that national partners would be able and well-placed to promote laws, policies and programmes that would provide a comprehensive cross-sectoral response to GBV; and to prevent harmful practices and other forms of gender discrimination in Armenia. UNFPA was one of the co-organisers of the *16 Days of Activism against Gender-Based Violence Campaign*, as well as supporting a public information campaign, *Women and the SDGs*, launched in 2016. Among other related activities conducted in 2017 and 2018, UNFPA supported training for healthcare providers (obstetrician-gynaecologists and radiologists) through provision of a manual on the role of medical staff in the prevention of GBSS; and capacity building for local NGOs on the design, implementation, monitoring and evaluation of programmes to restrict GBSS, as well as a two-day training for social workers on their role in prevention of GBSS. Additionally, UNFPA partnered with the NGO *'Theatre 8 Troupe'* to raise people's awareness on women's rights.²⁰⁹ In different parts of Armenia, the NGO organised interactive performances, such as interactive theatrical plays, open-air interactive theatrical quizzes, educational quests and puppet art, etc., as a way of presenting sensitive topics not usually, or reluctantly, discussed in public. During the performances, the actors delivered the key messages in an inclusive and entertaining way and the audiences were encouraged to join in and contribute to the discussion.²¹⁰ However, the problem of insufficient M&E and reporting characterises the UNFPA-supported theatre initiatives; and this lack of oversight may significantly affect project effectiveness.

Based on interviews with key informants from women's NGOs, the Evaluation Team found that UNFPA's efforts in public awareness on gender issues have been significant but also found that sometimes these efforts were packaged in an overly cautious way — presumably to avoid open confrontation with the opposition conservative groups. This approach certainly facilitated more space for discussions on sensitive issues in the traditionally cultural context of the country but, on the other hand, it did not contribute much to combatting the aggressive opposition of conservative groups of nationalists and the FBOs resistance to CSOs dealing with gender issues, nor with the anti-gender campaign in the social media. Nevertheless, KIIs described UNFPA as “very dedicated, visible”, “creative” and “a passionate” organisation, “always leading the first sensitising conversation” and “carefully persuading” and “opening the doors”.

The most challenging results of the UNFPA interventions relate to the development and adoption of new policies and legislation to combat gender inequality and harmful practices. UNFPA succeeded in advocating and supporting the development and, to a lesser extent, the adoption, of new policies addressing gender inequalities. In line with UN Global Standards and Essential Services for Women and Girls Subject to Violence and the Standard Operating Procedures of the UN²¹¹, which identify the essential services to be provided to all women and girls who have experienced GBV, respective guidelines on the indicators of basic social services provided in Armenia to domestic violence victims were developed and presented to the public in 2016.

²⁰⁷ Available at <https://ichd.org/?laid=1&com=module&module=static&id=1133> accessed 30 June 2019.

²⁰⁸ Available at http://www.un.org.vn/en/publications/doc_details/578-factsheet-global-programme-to-prevent-son-preference-and-the-undervaluing-of-girls.html accessed on 1 July 2019.

²⁰⁹ Source: *Annual Reports*, KIIS, FGD.

²¹⁰ UNFPA (2019), *op. cit.*

²¹¹ UN Women, UNFPA, WHO, UNDP and UNODC (2015). *Essential Services Package for Women and Girls Subject to Violence*,; available at: <https://www.unfpa.org/essential-services-package-women-and-girls-subject-to-violence>, accessed 1 August 2019.

UNFPA Armenia played a major role in the development of the *Gender Equality Strategy 2017-2021*, although it was not adopted by the former Government and was still pending adoption by the new Government at the time of writing this report. Later that year, the *Action Plan of Human Rights Protection 2017-2019*²¹² and the *Law on Prevention of Domestic Violence*²¹³ were developed and adopted by the Government with support from UNFPA. The *National Action Plan to Combat GBSS for 2018-2022* was also developed by the former Government with UNFPA support; however, it is still pending discussion with the new Government before it can be finalised. Finally, it is important to mention two policy briefs, elaborated in 2018-2019 by the ICHD with the support of the EU, within the framework of the UNFPA project '*Global Programme to Prevent Son Preference and the Undervaluing of Girls*'. One describes the Early Childhood Care and Education policies in the EU and their impact on Female Labour Force Participation and female part-time work²¹⁴, and the other defines the Priorities of Public Policies aimed at preventing GBSS and sex-selective abortions in Armenia.²¹⁵

While the current Government is actively involved in the revision of the Gender Strategy and other policy documents, the Strategy's draft has already been published for public discussion and is pending adoption with a new title: *The Republic of Armenia Gender Policy Implementation Strategy and Action Plan 2019-2023*.²¹⁶ Previously, over a long period of time, there had been an extensive discussion among stakeholders and the wider public, including the Armenian Apostolic Church, RAP and women's rights groups, on the terminology and language to be used in basic policy documents. The former Government avoided using the term 'gender', replacing it with broad terminology such as 'equal rights and opportunities for women and men' or, in the case of GBV and DV, linking these issues to family values and traditions.

Based on the results from discussions with main stakeholders, UNFPA is acknowledged to be actively involved in any dialogue on gender issues, attempting to mediate between the conservative Government representatives and the radical feminist groups. UNFPA is acknowledged to be the main UN agency dealing with gender issues. As a co-chair of the Extended Gender Theme Group within UN Armenia, UNFPA also contributed to the facilitation and mainstreaming of gender equality issues in the gender strategies, the draft DV Law, the new electoral code and gender quotas, CEDAW implementation and other reports. UNFPA is also perceived by DPs to be an active in gender-related interventions; and the EU has provided funding to UNFPA Armenia for the '*Promotion and Protection of Human Rights in Armenia*' Project and other initiatives.

As previously noted, in February 2018 the Government approved the action plan for the implementation of the DV Law and in June established the Council on Prevention of Violence in the Family, the coordination body for policies on the prevention of domestic violence. UNFPA was considerably involved in the drafting process and adoption of relevant secondary legislation and decrees regulating requirements for the staff of women's refuge centres, and for establishing a centralised record on DV cases to be kept by the authorities.²¹⁷

²¹² Available at: http://www.justice.am/storage/uploads/HRAP_ENG_.pdf, visited on 24 June 2019.

²¹³ Official title of the law is "*Law On Prevention Of Violence Within The Family, Protection Of Victims Of Violence Within The Family And Restoration Of Peace In The Family*", available at: <https://www.refworld.org/pdfid/5a6b2e274.pdf>, visited on 24 June .2019.

²¹⁴ *Early Childhood Care and Education (ECEC) policies in the European Union (EU) and their impact on Female Labour Force Participation (FLFP) and female part-time work*, ICHD, 2019, available at: <https://armenia.unfpa.org/en/publications/early-childhood-care-and-education-ecec-policies-european-union-eu-and-their-impact> visited on 2 August 2019.

²¹⁵ ICHD (2018). *Priorities of Public Policies aimed at Preventing Gender-Biased Sex Selection and Sex-Selective Abortions in Armenia*, available at: <https://armenia.unfpa.org/en/publications/priorities-public-policies-aimed-preventing-gender-biased-sex-selection-and-sex> visited on 2 August 2019

²¹⁶ Available at: <https://www.e-draft.am/projects/1712/digest> visited on 28 June 2019.

²¹⁷ Such as the Government decree for MOLSA "*On approval of centralised registration procedures for cases of violence within a family*"; "*On approval of disposal procedures of a temporary support account for victims of violence within a family*"; "*On approval of procedures and functions of violence within the Family Prevention Council*"; decisions of the RA Minister of Labour and Social Affairs "*On procedures for the arrangement and implementation of conciliation between the victims of violence within family and the perpetrator*"; "*On*

According to KIIs with Government stakeholders, this support is considered to be useful and effective, especially for RAP, which is one of the major state institutions to be involved in cases of DV and formerly lacked any kind of internal legal procedures for implementing actions to record case numbers or address DV.

Finding 23: UNFPA’s participatory approach and ongoing coordination efforts in its gender-related activities, reflected throughout the Gender component interventions, positively affected the relationships between UNFPA and its partners. It also supported the participation of the stakeholders through effective and several non-traditional partnerships, namely, with the Armenian Apostolic Church, the Ministry of Defence, the Republic of Armenia Police and the Republic of Armenia’s Investigative Committee.

The Third CP capitalised on the alliances successfully initiated during the previous cycle, focusing on supporting national ownership, leadership and policy dialogue, as well as advocacy and strategic partnership development. UNFPA Armenia actively worked on gender issues with non-traditional partners within the Government to generate good results, enhance synergies and open new entry-points for the sensitisation of Armenian society’s most conservative groups. The groups with which UNFPA formed a non-traditional alliance were the AAC, the MOD and RAP.

UNFPA continued its close cooperation with the MOD to support the implementation of the *Action Plan on Ensuring Women’s Protection and Equal Opportunities in Defence Sector in Armenia 2016-2018*. The MOD is indeed a non-traditional partner — not only for UNFPA but for the other UN agencies in Armenia. Initiating activities in partnership with the MOD was a momentous breakthrough and was instigated by UNFPA Armenia in 2014. Initially, UNFPA’s intention was to focus on the field of SRH and healthy life education; however, the MOD’s priority was the involvement of women in peacekeeping forces under UN Resolution 1325 on Women, Peace and Security and the promotion of equal rights for men and women in the military forces and in military educational institutions.

Based on the MOD’s priorities, a common ground for cooperation was identified and an annual, renewable MOU and Cooperation Plans were signed between the MOD and UNFPA; as well as an Action Plan and Results Framework for interventions over a three-year period. Table 19 above shows that the CP reached all the targets defined in the WP under its cooperation with the MOD. Sixteen major activities have been successfully implemented, including for example: the publication and dissemination of a manual entitled *‘Women and the Army: Problems, Challenges and Opportunities’*; a study among female officer and non-officer military personnel; a workshop and training on women’s involvement in the defence sector; research on physiological and biological criteria for women’s involvement in different spheres of the defence sector; and awareness-raising sessions with pupils from 30 high schools on their perceptions about women’s involvement in the defence sector.

Based on interviews with the main stakeholders and representatives from the MOD, it is evident that the MOD is open to women’s participation in the military, including peacekeeping, and holds UNFPA in high esteem for the overall relevance and effectiveness of UNFPA’s programming in the area of defence. The lessons learnt are shared and widely used by MOD-implementing units; and the MOD has shared its best practices of collaboration on gender issues with other Government agencies, such as the MOES, MOLSA and RAP. On UNFPA’s side, the programme is fully in line with national priorities; and funds have been earmarked from the Government budget for further cooperation.

To ensure the further effectiveness of interventions in the defence sector, it is important to acknowledge that other similar projects planned, for example, through EU funding of the DOD equality agenda, might overlap

approval of the rehabilitation programme for individuals who have committed violence within family”, and so on..

with UNFPA programming. Hence, knowledge-sharing and joint planning to avoid overlaps and duplication, and to use lessons learnt, is an important practice for planning future interventions.

Another good example of UNFPA's aptitude in identifying needs and building a strategic and effective partnership is the cooperation between UNFPA and RAP which had been initiated previously, in 2013. This was in the context of the development of the draft DV Law. During the Third CP cycle, the main focus of collaboration has been based on the enforcement and implementation of the Law, necessitating a considerable amount of advocacy work to raise awareness and establish a consensus within law enforcement bodies and the police authorities.²¹⁸ The Evaluation Team's KIIs and the FGD held with the police officers revealed that the training sessions are perceived to have been very useful, and the skills and knowledge widely used in the trainees' everyday activities. However, regardless of the success of this important project for UNFPA, the Evaluation Team ascertained that there is no clear mechanism for tracking the lessons learnt or collecting feedback from the police staff engaged in DV law enforcement.

Another significant influencer of opinion and an effective partner for UNFPA Armenia under the current CP is the AAC, whose representatives were actively involved in the first round of public discussions on the DV Law and later in raising awareness about it. As a result of UNFPA's advocacy, the AAC facilitated support for the adoption and enforcement of the Law through roundtables, meetings and awareness-raising sessions with their constituents. To improve the communication flow between the various actors, UNFPA organised regular dissemination sessions to strengthen the multi-sectoral response to GBV, engaging — among other players — with the clergy and priests. This collaboration has been found to be effective and extremely productive by the priests and clergy, interviewed both individually and through a FGD by the Evaluation Team.

Best Practice 6: UNFPA's Work with Non-traditional Partners

UNFPA is the only organisation in Armenia that has been able to work with the church on gender equality and gender-based violence. Its experiences have taught them that its dealings with the church have to be respectful, that UNFPA must understand the church's position and not be confrontational about controversial issues, but look for common areas of interest and focus on building trust. Work was slow to start and required a lot of patience but during the past few years UNFPA has forged such positive relationships that it can now address sensitive issues with the church – not just on gender but on abortion, male sexuality and so on.

An even more surprising non-traditional partner for UNFPA has been the military services. Together with the police, its partnership with UNFPA Armenia is testament to the flexibility and willingness of UNFPA to seek new and innovative ways of building alliances and getting across the UNFPA-mandated areas of interest. Moreover, the integration of controversial programmes such as domestic- and gender-based violence, women's equality and so on implies that these kinds of activities will be integrated and sustained within these Armenian institutions and engender their sustainability in the years to come.

Source: KIIs.

In collaboration with the Armenian Roundtable Foundation of the World Council of Churches (WCC), an NGO, UNFPA organised a roundtable discussion with representatives of the AAC and RAP. The meeting identified modalities for these two key actors to collaborate on improving service provision to DV survivors; and strengthening cooperation between the priests and the local police departments at the community level. The work plan indicator for the gender component output results – on the number of people reached and sensitised on issues of gender stereotypes, gender norms, GBV and family values by FBOs – exceeded targets,

²¹⁸ When the Law came into force in 2018, it became the responsibility of the Third Police Department. This Department has a total of 330 police officers, of which 40% are women. All officers are trained on how to handle DV and their capacity is then assessed. Between 30 June 2018 and 13 May 2019, a total of 1,643 cases were referred to this Department, of which 948 were DV cases. Using the training they had received from UNFPA, staff tackled 210 cases using urgent intervention measures, such as separating the perpetrator and the victim; and in 738 cases warning methods were used. Data as of 13 May 2019, the source being official police statistics.

with 33,946 people already covered during the reporting period of 2016-2018 and up to the end of the second quarter of 2019 as opposed to the 33,900 people to be covered by the end of 2019 (see Table 19 above).

UNFPA also successfully partnered with Armenian diaspora organisations, such as the Armenian Relief Society Inc., and Armenian think tanks such as the World Vision Armenia (WV), leveraging funding to contribute for awareness raising efforts in prevention of GBSS and dissemination of advocacy and communication materials through WV partners.

Overall, the effective collaboration with relevant and strong partners established by the programme positively affected the progressive changes in public discussions about gender equality and has contributed to the success of the GERR component of UNFPA Armenia’s Third CP.

Best Practice 7: Gender Equality and Reproductive Rights: UNFPA’s Successful Partnerships with the MOD and RAP

UNFPA-MOD partnership results:

- ✓ Gender equality sessions targeting women in military education and the first cadre of female cadets graduating from Armenian State Military Institutions;
- ✓ The establishment of a unit of female peacekeepers with continuing training and support;
- ✓ Since 2015, discussions have been ongoing regarding the potential cancellation of gender-specific limitations to women’s careers within the military;
- ✓ 2017 saw the final dissolution of restrictions that had not permitted women to take up higher-level positions in the military; and
- ✓ Human rights protection mechanisms were established for military personnel, especially women, including a hot-line for complaints in case of violation of their rights, etc.

UNFPA-Police partnership results

- ✓ Two Government decrees and four police secondary legislation internal decrees on DV Law enforcement were developed;
- ✓ An awareness campaign on the understanding and interpretation of the DV Law was held throughout Armenia for all relevant staff from top to bottom of the police force;
- ✓ A dialogue for collaboration between the RAP and the Armenian Apostolic Church was launched; and
- ✓ A number of Gender Transformative Programming and interactive training sessions to teach practical skills for

4.3.3 Efficiency

There was one question on the efficiency of the GERR component of the programme:

EQ5. To what extent has UNFPA Armenia made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA Armenia country programme?

Finding 24: UNFPA Armenia has efficiently utilised its financial resources and successfully leveraged its programmes’ impact through attracting partnerships and resources from other funding sources, and is generally on track with the implementation of the GERR Component.

In terms of funding, the GERR component is the second largest in UNFPA Armenia’s portfolio after SRH. The indicative budget for GERR in the CP 2016-2020 was USD 900,000, representing 25% of the projected CO’s total programme funds (see Table 10). In practice, the budget allocation for GERR over the period 2016-2018 totalled USD 589,970 and actual expenditure was USD 545,993 (see Annex 5). Hence total expenditure on the GERR component over this period was 92.5% of the total GERR budget.

Finding 25: To achieve its programmatic results, UNFPA Armenia’s gender programme has made good use of its human, financial and technical resources through the establishment and utilisation of functional partnerships with diverse stakeholders; and fostering cross-programme events.

The review of the available documents, as well as KIIs, suggest that the GERR Component makes good use of its limited resources through strategic partnerships with traditional partners, as well as non-traditional ones, such as the AAC (through the WCC Armenia Round Table Organisation), the MOD and RAP.

As discussed above, UNFPA partnered with the two main institutions responsible for the implementation of the newly adopted Law, the MOLSA and RAP, through capacity building for relevant staff. Representatives of another non-traditional partner, the AAC, also participated in these training sessions. Overall, this was a significant contribution to the CPAP Output 3 for this component, i.e. ‘Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices.’²¹⁹ The involvement of priests was not only interesting and unusual but also highly relevant, as some police departments do not have representatives in many remote areas, whereas priests work in those very rural districts and, if properly trained, can identify and work more effectively with DV victims.

“The training was indeed very useful. I went to a village I serve the other day. As usual, I visited some families. As I entered one of the houses, I noticed some strange things that otherwise I would not have paid attention to. The furniture was broken: chairs, the table, etc. This was something we were told during the training: to pay attention to unusual things like broken furniture and nervous faces as these are signs of domestic violence. So, I stayed longer, talked to the family members and found out that the son had beaten his parents, because he did not want to go into the Army. We worked with the family, particularly with the son...”

Priest participating in a Focus Group Discussion

UNFPA also collaborates with the main civil society group working on issues related to gender inequality and GBV, the *Coalition to Stop Violence against Women*, an umbrella platform that unites several organisations and activists working on the issue. Having diverse, but strategically important, partners involved makes UNFPA’s advocacy efforts stronger and more efficient.

UNFPA also optimises the use of its scarce resources through innovative partnering to showcase events that support more than one of their four programmes, as well as leveraging resources from key DPs such as the World Bank. An example of a successful intervention to provide information on GBV to adolescents and youth is the ‘Geeks against GBV Hakathon’ of December 2018, described in the Best Practice Box 8.²²⁰

²¹⁹ UNFPA (2015b), *op. cit.*

²²⁰ UNFPA (2019) *op. cit.*

Best Practice 8: Geeks against GBV ‘Hakathon’

In December 2018 UNFPA Armenia supported the ‘Geeks against GBV Hakathon’. The Hakathon was initiated by the Enterprise Incubator Foundation and the Centre for Innovative Solutions and Technologies, with the support of the World Bank Group, the Sexual Violence Research Initiative and the UNFPA Armenia Country Office, and was aimed at providing technological solutions to GBV issues. The Hakathon was attended by experts in the field of technology and experts in gender-based violence, who worked together to create mobile apps to address gender-based violence. The resulting creations were then judged by a panel of specialists, including UNFPA Armenia. An award was given to the Talisman Project by the Aratta Team, which developed a blueprint for making micro alarm systems in the form of various decorations and pieces of jewellery that could be activated by women if they were attacked.

Finding 26: While direct work with beneficiaries and their capacity building can be utilised as a tool to pursue the achievement of the CP results, its link to the UNFPA advocacy and policy level work is still somewhat weak.

As discussed, UNFPA Armenia has funded several training activities under the GERR Component. While some, such as for police officers, social workers and priests, are related to policy-level changes, there are other capacity building activities that do not seem to have a link to policy or to contribute to the achievement of the outputs/outcomes included in the CP. Neither the output nor its three indicators in the CPAP foresee any beneficiary-level training. Yet, there are cases where UNFPA has supported women empowerment training that does not seem to contribute to programme results. One such example is the carpet weaving training in Ijevan, discussed in previous sections. Even if the target beneficiaries had been reached under this intervention, it would have been very hard to link it to a relevant UNFPA output. Under its current modalities, UNFPA should work at the policy level and not directly with beneficiaries unless there is strong justification to do so.

4.3.4 Sustainability

There were two questions on the sustainability of the GERR component of the programme:

- EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the Armenian Government allowed the CO to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of the supported interventions, programmes and policies?
- EQ7. To what extent have partnerships been built with Government and/or other UN organisations to enhance sustainability or scale up interventions and/or bring relevant evidence to policy makers to adopt such approaches?

Finding 27: The GERR Component consistently involves an extensive range of different partners and stakeholders from Government, civil society, international organisations and UN agencies in the development, planning and implementation of its interventions, thus promoting national ownership of the supported programmes and policies, and enhancing the potential for their sustainability.

The GERR component has well-established relations and functional partnerships with a number of traditional and non-traditional partners, including the Government, the Church and civil society. It has been able to maximise collaboration with EU funding and continue active involvement in ongoing processes such as the adoption of the DV Law and the promotion of women’s rights in the Army. The interventions under the GERR component have been discussed and jointly initiated with Government and non-government partners, thus creating a good basis for country ownership and the future sustainability of the results.

The training manuals developed with UNFPA support also contribute sustainability. Moreover, the AAC is now considering the development of a module for priests studying social work in the Church School, with modules to be based on the training conducted with UNFPA support.

4.4 Population Dynamics and Development

4.4.1 Relevance

The two questions to be answered on the PDD component of the programme were:

EQ1A. To what extent is UNFPA Armenia support adapted to the needs of the population with emphasis on the most vulnerable population? Are there needs that are not being addressed?

EQ1B. To what extent is UNFPA Armenia support in line with the priorities set by the ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas, as well as with the UNFPA Strategic Plan principles (leaving no one behind and reaching the furthest behind), three transformative goals, and business model and with the UN Partnership Framework and UNDAF)?

Finding 28: The studies and analyses of population dynamics and development carried out with UNFPA support in Armenia were relevant to the needs of the country and its population and have helped to create an appropriate evidence base to inform the policy and development agenda.

UNFPA's work in Armenia in the area of PDD is relevant to the needs of the country. UNFPA closely follows the population trends presented in official statistics and, in consultation, coordination and cooperation with relevant Government partners, proactively identifies the areas that need further investigation, research and analysis to inform policy design and set the development agenda. According to the Government partners, in most cases the Government does not have sufficient resources to conduct studies and analyses, and such contributions from UNFPA greatly help to accumulate evidence to better shape policy. Through its analytical and advisory work, the PDD component has contributed to the establishment of the study of geriatrics in Armenia. This is relevant, as demographic trends and UNFPA-supported studies point to the growing pattern of population ageing. Persons aged 60 years or above now constitute almost 15% of the population²²¹ and, according to UN projections, by 2050 elderly people will comprise nearly one-quarter (22%) of the population.²²²

A more recent illustration of the UNFPA response to demographic trends is an ongoing study on depopulation. In 2018, depopulation – a substantial reduction in the population of an area – was recorded for the first time in the Lori *marz*, where deaths exceeded births by 90 cases and there was no natural growth. Based on this finding, UNFPA is in the process of undertaking a situation analysis to find out the reasons behind the data.²²³

Surveys, studies and analyses supported and/or initiated by the UNFPA PDD component provide data on the most vulnerable populations, thus bringing them into the focus of Government policy development. The Aging Survey conducted in 2016²²⁴ is a good example, as the elderly are one of the most vulnerable groups in Armenian society. One unusual and unexpected demographic trend reported by ARMSTAT was that, in recent years, Armenia's rural population have less children than the urban population, with a fertility rate in 2017 of 50.8 among women in urban areas compared to 47.4 in rural areas,²²⁵ contradicting the general assumption

²²¹ Commissioned by UNFPA and implemented in 2016, *Analysis of the findings of the study on the demand for the new models incorporated into the Conceptual Framework regarding social needs of older persons and social services provision to older persons in the Republic of Armenia*, .

²²² De Bruijn et al (2016), *Population Situation Analysis: Republic of Armenia*, September 2016: Yerevan.

²²³ Key informant interviews.

²²⁴ Commissioned by UNFPA and implemented in 2016, *op. cit.*"

²²⁵ ARMSTAT (2018), *Social Snapshot and Poverty in Armenia 2018*,; available at: https://www.armstat.am/file/article/poverty_2018_english_2.pdf

that the fertility rate is usually higher in rural rather than urban areas. UNFPA is currently conducting a study to find out the reasons behind this tendency.²²⁶ As the rural population is generally more vulnerable than those living in urban areas,²²⁷ this study will provide additional knowledge to better inform decision makers about the needs of this population group.

Some concerns still remain unaddressed or require further attention. For example, one of the UNFPA-commissioned studies under the PDD component looked at migration from a very specific angle: how to encourage more Armenian migrants to return to Armenia. Even more research on migration-related issues would be very relevant as migration is a major factor in shaping socio-economic as well as demographic trends. Furthermore, there is some evidence suggesting a correlation between seasonal migrants and the spread of STIs in Armenia.²²⁸

Finally, the forthcoming Census in Armenia (2020) will provide an important opportunity for UNFPA to invest in the quality of basic demographic data. The Census will be conducted using the latest methodology and tools, and ARMSTAT has requested UNFPA's technical assistance and expertise in applying new and innovative methods in sampling, databases and so on.

Finding 29: The interventions of the PDD component are largely in line with the CPD and CPAP priorities, the principles of the UNFPA Strategic Plan, and Armenia's national priorities. However, the linkages between PDD and other CPAP components, as well as with the UNDAF, are weak.

According to the UNFPA CP, the main PDD output is the "Increased availability of evidence for formulation of rights-based policies on emerging population issues (low fertility, ageing, migration) and their links to sustainable development". Available reports, as well as the interviews with relevant partners, confirm that PDD interventions have helped to generate evidence on emerging population issues. However, the linkage of the evidence to the formulation of rights-based policies is somewhat ambiguous, although there are also some good examples.

"The story is as follows. We have noticed the difference, but we were thinking that it was a post-war country, and naturally there should be more boys born, as nature would compensate for the losses. However, this tendency should have ended at a certain point. I should admit that the issue was not raised by the Statistical Committee. The first one to notice the trend and raise the issue was UNFPA. Back then we did not even know that there were other countries in the world with a similar problem. We did not have time to look at the world, we were concentrated on our data. It was UNFPA who focused our attention on the issue and we did the first study back in 2011 with their support."

An ARMSTAT representative

A successful example of the PDD component's work in this direction is its contribution to building an understanding and knowledge related to GBSS abortions in Armenia. According to an interview with an ARMSTAT representative, while the Statistical Office had noticed differences in the numbers of girls and boys at birth, it was not attributed to sex selective abortions but was deemed to be due to natural causes.

²²⁶ Key informant interview.

²²⁷ According to the Integrated Living Conditions Survey, the poverty rate in rural areas is constantly higher in rural communities. Thus, in 2017, 26.8% of the rural population was below the poverty line, compared to 25% in urban areas. At the same time, the percentage of extremely poor (1.9) and very poor (11.8), were the highest in rural areas. *Ibid.*

²²⁸ V. Aghadjanian and K. Markosyan (2013), *Labour migration and STI/HIV risks in Armenia: assessing prevention needs and designing effective interventions*. Caucasus Research Resource Centres: Yerevan, Armenia.

"I participated in a UNFPA-supported training seminar in Istanbul and there were many applicable things there. There were indicators I found useful and we did not have them before in our statistical publications. The most important one is the sex ratio by birth order. This is a very important indicator; it makes the phenomenon [sex-selective abortion] visible at both national and marz levels. So, we included that indicator in our demographic yearbook for 2018."

An ARMSTAT representative

While this example is from a previous programme cycle (2011), it indicates UNFPA's success in introducing data analysis that would help to formulate rights-based policies. The same interviewee notes a similar example from the current programme cycle, when she participated in a UNFPA-supported seminar, after which she then introduced new indicators to their reports.

The CPAP links PDD Outcome 4 on 'strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality' to UNDAF Outcome 6, stating that 'by 2020, people benefit from improved systems of democratic governance and strengthened protection of human rights'.²²⁹ While the PDD interventions are relevant in general and over the long-term may lead to improved democratic governance and the better protection of human rights through their contribution to the formulation of rights-based population policies, at the moment this link is weak. In fact, PDD mostly focuses on population policies and strategies *per se*, rather than on reflecting the perspective of human rights in strategy and policy papers. While this is quite understandable in the context of Armenia, where the Government persistently voices its concerns about a declining population and the need to increase numbers – and there are indeed numerous issues related to important indicators on low fertility, increasing mortality and high migration – the concept of rights-based policy-making is not fully understood, shared and institutionalised by the Government. Hence, most policies do not demonstrate a rights-based approach. Moreover, during the Evaluation Team's interviews some Government representatives spoke almost exclusively about solving Armenia's demographic issues through pro-natal policies and considered increased fertility to be the main tool for increasing the size of the population.

The national priority linked to the respective PDD Output 4 on 'Increased availability of evidence for formulation of rights-based policies on emerging population issues (low fertility, ageing, migration) and their links to sustainable development' is the following: 'Improvement of the social protection system will be geared towards enhancing the effectiveness of the current systems (including better targeting) and creating a basis for long-term financial stability, ensuring provision of comprehensive social guarantees, essential reduction of social risks and reduction of poverty'.²³⁰ The evidence produced under the PDD component²³¹ is indeed relevant to this national priority area; however, its direct impact on the improvement of the social protection system is not clear.

4.4.2 Effectiveness

There were three questions on the effectiveness of the PDD component of the programme:

- EQ2. To what extent have the intended programme outputs been achieved? Is there any evidence of applying the past lessons learnt and innovation in delivering programme results?
- EQ3. To what extent did the outputs contribute to the achievement of the planned outcomes: (i) increased utilisation of integrated SRH services by those furthest behind; (ii) increased the access of young people to quality SRH services and sexual education; (iii) mainstreaming of provisions to

²²⁹ UNFPA Armenia CPAP 2016-2020.

²³⁰ UNFPA Armenia CPAP 2016-2020.

²³¹ For example "Analysis of the findings of the study on the demand for the new models incorporated into the Conceptual Framework regarding social needs of older persons and social services provision to older persons in the Republic of Armenia," or "Study of the integration of returning migrants and the solutions to encourage return of the Armenian citizens from abroad, micro-demography and other social factors of families included in the social protection database."

advance gender equality, and (iv) developing of evidence based national population policies) and what was the degree of achievement of the outcomes?

EQ4. To what extent has UNFPA Armenia policy advocacy and capacity building support helped to ensure that SRHR (including FP), and the associated concerns for the needs of young people, gender equality and relevant population dynamics (PD) are appropriately integrated into national development instruments and sector policy frameworks in Armenia?

Finding 30: The intended programme output indicators under the PDD component have been largely achieved, while the creation of an online SDG tracking platform is a highly relevant major innovation.

As Table 20 shows, the intended PDD output indicator targets have been consistently achieved and surpassed. All three output indicators are relevant for measuring the achievement of the expected output.

Table 20: PDD Component Output Indicators and Targets Met 2016-2018

CP Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.				
Outcome 4, indicator 1: Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets. Baseline: 3 Target: 5				
Output: Increased availability of evidence for formulation of rights-based policies on emerging population issues (low fertility, ageing, migration) and their links to sustainable development				
UNDAF Outcome 2: By 2020, people benefit from improved systems of democratic governance and strengthened protection of human rights.				
Indicators		2016	2017	2018
Indicator 4.1: Number of analytical reports and secondary data analysis addressing population dynamics taking into account population trends and projections for setting development agenda Baseline: 17 (2014) Target: 29	Baseline	19 (2015)	21	23
	Target	21	23	25
	Reported	21	23	29
Indicator 4.2: Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of socio-economic and demographic inequalities. Baseline: 1 Target: 4	Baseline	1 (2015)	2	2
	Target	1	2	2
	Reported	1	2	2
Indicator 4.3: The national authorities have institutional capacity to analyse and use disaggregated data on a) adolescents and youth and b) gender-based violence. Baseline: None Target: Yes	Baseline	No (2015)	No	No
	Target	No	No	No
	Reported	No	No	No

Source: SIS reports, M&E reports, CPAP 2016-2020, Annual Reports 2016-2018

Under Indicator 4.1, and in cooperation with ARMSTAT, UNFPA established a national online reporting platform on SDG indicators, based on a UK/US model²³² - see Best Practice 9. This was a highly relevant and innovative undertaking, as previously there was no national platform for SDG monitoring in Armenia. The platform includes metadata and indicator definitions, as well as the methodology, for both global SDGs and adapted national indicators. UNFPA supported the procurement of an appropriate server and provision of IT experts who helped to establish the platform. However, the database is not yet fully populated with data.

²³² The database can be found at: <https://www.armstat.am/en/?nid=681>

Best Practice 9: UNFPA supports the State Statistical Committee of the Republic of Armenia to establish an online national reporting platform on Sustainable Development Goals

While the development and implementation of strategies and policies related to the SDGs, as well as their integration into the national framework, is a challenging process, the monitoring and reporting of SDG indicators is a challenge in itself. So, the establishment of the National SDG Statistical Platform was a crucial support to Armenia and an effective solution to the data challenges.²³³ The platform was developed and launched in 2018 by ARMSTAT with UNFPA's support.

According to the UNFPA PDD component lead, although the country's statisticians had been working on the SDGs for a while, they were unable to advance further, complaining that they did not have a common understanding of the SDG indicators and did not know how to calculate them. UNFPA approached ARMSTAT and asked them why they did not have a database that would help with reporting and indicator tracking. Until then, no one had ever thought about developing this type of platform.

ARMSTAT felt that it did not have the capacity to undertake this alone. UNFPA offered to bring in international expertise through using IT experts from the UK and the USA. The initiative was partially supported by IOM who covered the experts' travel and accommodation costs. The total cost of the intervention was around USD 35,000, of which USD 23,000 was the cost of a multifunctional server.

The platform is available both in Armenian and English at <https://www.armstat.am/en/?nid=681>. Its structure and content are based on SDG targets and indicators, and was developed based on the experience of the National Reporting Platform for the UK and US SDG indicators. The platform is an integrated website – i.e. database and IT infrastructure – to collect, maintain and disseminate information.²³⁴ It is in line with the UN Fundamental Principles of Official Statistics with the following minimum characteristics, as mentioned in the ARMSTAT website:

- Managed by the national statistical service;
- Features official statistics and metadata according to established standard methodology;
- Is publicly accessible;
- Allows for feedback from data users; and
- Features open source (free) technology.

The platform is maintained by ARMSTAT in close cooperation with relevant state agencies, CSOs and the private sector.²³⁵

Finding 31: Evidence created by the analysis (outputs) under the PD component contributes to the formulation of national policies and development agendas (outcomes), but the achievement of broader outcomes is not yet fully clear.

A major achievement has been the establishment of a Commission on Demography under the Prime Minister's Office. After the establishment of the new Government in 2018, UNFPA presented it with evidence on Armenia's challenging demographic situation relating to ageing and depopulation. As a result, the Prime Minister decided to establish a National Commission on Demography with the involvement of all relevant line ministries and agencies as well as UNFPA itself. The Commission is responsible for examining demographic data and evidence, and developing solutions to address the situation. The fact that demography is taken seriously at the highest level in the country is a major achievement that is only possible due to years of continued effort in creating the appropriate analytical and evidence base. UNFPA also brings international experts to the Commission to present the lessons learnt and success stories of other countries with similar and/or comparable demographic challenges; and to discuss possible scenarios. Overall, this is a major step towards the achievement of the expected PDD Outcome 4, however, the achievement of the Outcome largely

²³³ GOA (2018), *SDG Implementation Voluntary National Review (VNR) Armenia*, July 2018 Yerevan, Armenia.

²³⁴ <https://www.armstat.am/en/?nid=681>

²³⁵ *Ibid.*

depends on: (i) the effectiveness of the Commission in developing relevant national policies and development agendas that address population dynamics by accounting for population trends and projections when setting development targets; and (ii) continued Government commitment to implement those development agendas and policies.

Finding 32: While some relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks, there are concerns related to the actual implementation of the policies.

UNFPA policy advocacy and capacity building support has resulted in an increased understanding of PDD issues. Several relevant papers and policies, including country's *Demographic Policy Strategy*, have been developed with UNFPA support.²³⁶ UNFPA has also supported training and experience exchanges, including the involvement of relevant Government representatives in South-South cooperation schemes, to build Government's capacity in data analysis. Noteworthy among these documents are the *Policy on Aging and Demographic Policy*, as well as *Guidelines for the Care of Elderly People*. Together with Government and non-government partners, UNFPA also organised the first International Congress on Geriatrics in Armenia, with almost 300 participants from within and outside the country. UNFPA also successfully advocated for the opening of two divisions on demography, within the MOLSA and the National Institute of Labour and Social Research (NILSR), respectively. With MOLSA, UNFPA initiated the creation of a network on aging with the involvement of Government, international and local organisations. The network coordinates the efforts directed at the elderly to avoid duplications and leverage resources.²³⁷

However, all these efforts will not yield satisfactory results if the Government does not demonstrate ownership and serious commitment to implementing the resulting policies and strategies. As suggested by the lesson learnt from the experience of developing the *Strategy of the Demographic Policy of Armenia for 2009-2035*, the development of a policy may be necessary but in itself is not sufficient. The Policy was developed but the Government did almost nothing to implement it, nor put any national resources towards its enactment. Therefore, the commitment of resources, both human and financial, is crucial, especially given the frequent changes in the Government and the resultant lack of institutional memory.

4.4.3 Efficiency

There was one question on the efficiency of the PDD component of the programme:

EQ5. To what extent has UNFPA Armenia made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA Armenia country programme?

Finding 33: Overall, the PD Component has made a good use of its human, financial and technical resources and has efficiently leveraged resources for the achievement of its programmatic results.

The PDD Component is relatively small in terms of funds, with a total of USD 750,000 for the CP 2016-2020 (of which USD 450,000 is from regular resources and USD 300,000 from other sources), slightly more than the A&Y component. PDD's financing constitutes around 23% of the CO's total programme funds and is distributed evenly throughout the programme cycle, at around USD 150,000 per year, of which 40% comes from other resources.²³⁸ In the first two years (2016-2017), PDD nearly met its annual planning targets, disbursing 99.58% and 99% respectively of the planned budget. In 2018, the planned budget was USD 442,361, much higher than the CPAP annual target of USD 150,000, but PDD had spent only 45% of that amount. Yet, by the end of 2018, the PDD Component had already spent 64% of its total budget of USD

²³⁶ Key Informant interviews.

²³⁷ Ibid

²³⁸ UNFPA Armenia CPD 2016-2020, CPAP 2016-2020

750,000, and thus has the highest total disbursement compared to the other components where the disbursement rate varied from 21% to 60%.²³⁹

The review of the available documents and KIIs show that the PDD component makes an efficient use of its limited resources through strategic partnerships with well-positioned IPs. MOLSA acts as the main partner for PDD. The Ministry's research engine, the NILSR, serves as a main PDD partner for studies and analyses related to social issues and policies, while ARMSTAT is the main IP for implementing, disseminating and analysing evidence-gathering activities. Where appropriate, the PDD programme also partners with NGOs for the competent implementation of specific projects, such as the Congress on Geriatrics. Through involving the Ministry and ARMSTAT as main IPs, UNFPA ensures that the key actors are on the same page in their understanding of the issues and are able to approach the work in a complementary and synergistic manner. However, frequent changes and staff turnover at the MOLSA makes UNFPA's work more difficult, as every time it is necessary to establish new contacts and explain the work from the very beginning, affecting the efficiency of the PDD interventions.

The PDD component has also succeeded in leveraging additional resources for its interventions. Together with MOLSA it created a network on aging, and this brought new players and resources to the field, such as the Switzerland International Organisation of Geriatricians (SIOG). While the SIOG does not give money to UNFPA, it has now taken over some of the work related to geriatrics. Also, the PDD's involvement with the SDG platform has made other UN agencies interested in contributing, such as the IOM.

Finally, it should be noted that the UNFPA fixed-term contract staff member responsible for the PDD component is physically located in the MOLSA, and has been so for a number of years. While being located next to the partner gives direct access and makes some processes faster and more efficient, this very fact also puts the staff member in the difficult position of being considered to be Ministry staff; and this creates the potential for a conflict of interest.

4.4.4 Sustainability

There were two questions on the sustainability of the PDD component of the programme:

- EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the Armenian Government allowed the CO to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of the supported interventions, programmes and policies?
- EQ7. To what extent have partnerships been built with Government and/or other UN organisations to enhance sustainability or scale up interventions and/or bring relevant evidence to policy makers to adopt such approaches?

Finding 34: The consistent and continuous involvement of appropriate Government agencies as well as the establishment of working partnerships with the Government and other stakeholders enhances the likelihood that the PD interventions will be sustained.

The PDD Component has functional relationships with the main Government institutions responsible for population policies, i.e. MOLSA and NLSR, as well as ARMSTAT. UNFPA closely works with these agencies on creating the evidence base and policy formulation, as well as building staff capacity related to population dynamics and policies. The interventions under the PDD Component are largely discussed and jointly initiated with these IPs, thus creating a good basis for country ownership. These are all good signs for future sustainability.

²³⁹ Atlas reports 2016-2019.

As noted previously, UNFPA successfully lobbied for the establishment of demography divisions within the MOLSA and NLSR, and the existence of these two divisions with staff specifically responsible for demographic matters is another important step towards sustainability.

Effective advocacy efforts recently led to the establishment of the Commission on Demography. If the Commission functions properly and is adequately resourced by the Government, it can scale up UNFPA interventions and this will ensure the long-lasting sustainability of its work.

4.5 UNFPA Country Programme Coordination with UNCT

There was one question on CP coordination with UNCT to respond to:

EQ8. To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?

Finding 35: The UNFPA Armenia CO maximises opportunities for inter-agency collaboration as well as with other non-government partners.

UNFPA support through its active participation in the UNCT has been vital to strengthening UN coordination mechanisms, according to an UNCT team member. UNFPA has effectively supported the consolidation of UNCT coordination efforts through effective leadership of the Gender Thematic Group, support for the Disaster Management Team and the MISP. UNFPA “can be relied on to effectively contribute to thematic and working groups.”

In more detail, Interviews with UN and DP representatives revealed their respect for UNFPA’s work in Armenia. They noted that UNFPA had:

- (a) for two years co-chaired the Gender Theme Group during which the group was said to be “creative and active”, with a vocal group of agencies that went beyond the DPs. UNFPA’s tenure as co-chair was viewed as “extremely successful, and visible”. Many KIIs praised UNFPA’s leadership of this group and expressed disappointment that this was no longer the case. When UNFPA stepped down from that role, it was said that “UNFPA left big shoes to fill”;
- (b) come to prominence during the drafting of the DV Law which was mainly from the GBV perspective (including violence towards children);
- (c) successfully positioned itself as the ‘go to’ agency dealing with demographic issues;
- (d) been seen to make outreach to youth. For example, a Youth Advisory Panel had been started several years ago but did not work; however, it had now been revitalised by UNFPA;
- (e) made an expert contribution on migration and had been asked to contribute towards the pilot census in 2019;
- (f) collaborated with UNHCR on emergency response in terms of data collections and maintaining data quality (which is a big issue because of migration issues);
- (g) shown a smart approach to partnerships through establishing links with – and working with – non-traditional partners; and
- (h) in terms of EU engagement, KIIs indicated that UNFPA has been an extremely positive force in Armenia, in dealing with the country’s biggest donor. The EU has a strong policy agenda – UNFPA has done a good job and developed strong relationships. This has resulted in new opportunities, viz. the EU for Citizens project to be implemented by UNFPA and UNICEF. The initial vision for this project changed after the Velvet Revolution to include UNFPA because a stronger gender component was needed. One KII was adamant that “UNFPA Should not be taken for granted.”

4.6 UNFPA Country Programme Added Value

There was one question on CP added value to respond to:

EQ9. What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

Finding 36: The UNFPA CO's role in mobilising partners to address key issues related not only to UNFPA priorities but to national priorities, as well as UNDAF and in support of the SDGs, is widely recognised among its peers and within Armenia.

UNFPA Armenia is extensively known among its national and international peers in the country not only as the 'SRH agency' but also as the 'data agency', for its work in PDD, and the 'gender agency' because of its extremely strong gender programming. With regard to the latter, the fact that UN Women is not present in Armenia means that the onus for addressing the full gamut of gender issues falls on UNFPA. These issues range from ensuring that attention is paid to CEDAW and human rights, through to the DV Law and working with non-traditional stakeholders in overseeing its implementation. UNFPA's role in gender matters is extensively acknowledged at both national (domestic partner) and international (DPs and other UN agencies) levels.

KIIs asserted that the UNFPA value added is quite significant – *“it is not the biggest programme but its focus on strategic areas such as the demographic challenge is very important. Its work on particularly sensitive issues such as GBSS is appreciated – that UNFPA is willing to tackle very delicate subjects.”*

KIIs felt that UNFPA's approach to building alliances and partnerships through working with non-traditional partners is “smart”. The example given was the way in which UNFPA found a common language to work with the AAC and that this, in part, contributed to the significant drop in boy versus girl babies (115 to 111).

In the area of GBV/DV, again UNFPA's value-added was praised by its peers. *“UNFPA has done a lot of good work, again building partnerships with non-traditional partners — in this case, priests — to understand the law as it applies to their mandate of priesthood, to recognise and understand DV and build better referral systems”.*

Another non-traditional partner, MOD, to address GE and women's participation especially in the peace-keeping process, was cited as a “unique” collaboration and the first of its kind, never before brokered in the history of the UN agencies in Armenia.

The quote below attest to the view of the KIIs on NFPA's Added Value.

“In all components of its programme, UNFPA ensures that its work remains highly visible through a strong communications programme. In Armenia, traditionally, UN agencies do not have much media coverage. However, this has changed for UNFPA in the development of its communications activities over the past nine years. UNFPA brought together the print, radio and television media and asked them what the UN could do to have more visibility at the national level, especially since access to UN House was difficult due to security. The media asked for press conferences to be held outside the UN compound, thus making them more accessible for the media, as well as less use of UN jargon and more user-friendly language. And this is what UNFPA has delivered, resulting in a noticeable escalation in mention of UNFPA in various national fora. UNFPA has also used some very innovative ways of getting the key messages across to various audiences and, in particular, youth (such as the 2018 International Youth Day).”

Source: KIIs

Youngsters Enjoying the SDG Quiz, International Youth Day 2018, Ijevan, Tavush Region



All KIIs with UNCT members, INGOs and DPs, and Government partners, recognised UNFPA’s efforts to increase its presence through its original use of interactive media. Its use of novel ways to present

Best Practice 10: Cross-programme Communications Interventions in UNFPA Armenia: Intensively Working to Improve UNFPA’s Visibility

Together with the conventional media, UNFPA Armenia tries to reach target audiences through alternative innovative tools for social change, such as interactive theatrical plays, open-air interactive theatrical quizzes, educational ‘quests’ and puppetry. In cooperation with the NGOs *Theatre for Changes* and the *UNIMA* puppet theatre, a number of the aforementioned modalities have been used in support of UNFPA’s four core thematic programmes to widen the public’s knowledge of different issues such as gender equality, GBV, teenage SRH, healthy lifestyles, HIV/AIDS, sex-selective abortions, contraception and SDGs, to name a few, throughout Armenia. These interactive events are very effective in presenting controversial and sensitive topics that are either taboo or only reluctantly discussed in public, through the media of plays and puppetry, at the same time allow audiences to engage and fully participate — as little or as much as they want to, without feeling coerced. The success of these ventures has resulted in a number of UNFPA’s partner organisations – such as Save the Children, UNICEF and World Vision – to imitate and/or scale up these communication mechanisms through funding additional performances.

Source: UNFPA (2019), *op. cit.*

contentious information, while at the same time being the only UN agency to deal with some of these issues, has led many partners to recognise the ‘value-added’ provide by UNFPA. UNFPA in Armenia plays a unique role in proactively bringing necessary but often provocative issues to the table. That it does so in a sympathetic and non-threatening way, demonstrates its flexibility according to changing national priorities without losing sight – for the most part – of UNFPA’s core mandate and, as such, UNFPA’s presence and its influence is a shining example of how a UN agency can publicly demonstrate its value to national and international stakeholders.

CHAPTER 5: CONCLUSIONS

5.1 Strategic Level

5.1.1 Relevance

Conclusion 1: The CP is highly relevant to the country context; and it is strategic and innovative. Broadly speaking, the CP is aligned with UNFPA policies, Armenia’s UNDAF and global priorities, including the goals of the ICPD Programme of Action and the SDGs, as well as with the national priorities of the Government.

However, the strategy for UNFPA Armenia’s forthcoming (Fourth) CP needs better prioritisation of the most vulnerable and high-risk population groups. This is needed to inform the development of more and better-targeted interventions that specifically result in good health outcomes for the most marginalised Armenians, as well as strategies to overcome constraints to reaching those left behind.

In line with the UNFPA Strategic Plan and its Business Model, the CP demonstrates a sound knowledge of effective approaches for working in middle-income countries, such as brokering programmes with, and funding from, other agencies working in the same field (e.g., the EU, IOM, UNDP and UNICEF), together with its advocacy and policy dialogue efforts. It portrays the middle-income country shift from service delivery to more upstream policy work, at the same time continuing to coordinate selected grass-root activities.

Advocacy, policy dialogue and evidence-generation for policy-making and development are the key programming strategies used by UNFPA Armenia, all of which are strongly aligned with the country’s UNDAF outcomes and global priorities, including the SDGs and the ICPD agenda. The CP also demonstrates best practices and uses lessons learnt from the previous cycle and past interventions.

Significant unforeseen changes in the country’s political context took place during the middle of the Third CP. These created serious challenges for the relevance of the programming. Even so, UNFPA Armenia CO management and staff demonstrated flexibility in the changing situation. They reacted positively and sensitively to address the ongoing changes, including seeking out new opportunities through dialogue with new Government players and through UNFPA’s coordination role, attempting to continue to balance the relevance of its interventions with those of national priorities.

While the relevance of interventions is largely ensured, the aggregated results mask areas where the CO is off target in terms of reaching the most marginalised and vulnerable groups of the Armenian population. Thanks to the joint advocacy efforts of both UNFPA and USAID, the Government for the first time allocated financial resources and procured contraceptives for free distribution among vulnerable population groups. While this is an impressive and important start, the Armenia CO is not yet in a position to say that it has ‘left no-one behind.’ There is a need for more targeted interventions streamlined throughout all components of the CP, such as the creation of demand for modern contraception, developing strategies to address the demand for FP, contributing to increased recognition and treatment of STIs such as chlamydia, HIV and Hepatitis B and C (HPVs), addressing the RH needs of young people through CSE supported by youth-friendly services, and others. To accelerate results for those left behind, further assessments should be undertaken to identify the marginalised populations, assess their specific needs, explore the bottlenecks to developing targeted interventions and discovering and defining new approaches for reaching these populations that could be the foundation of the next CP cycle. (Origin: EQs 1 & 2)

5.1.2 Effectiveness

Conclusion 2: UNFPA Armenia has largely achieved its intended results and objectives at the output level. The CO's policy advocacy and capacity building efforts resulted in the development of appropriate national instruments and sector policy frameworks.

It is admirable that the CO has been able to achieve so much, and demonstrate best practice and innovation in many areas, with relatively small amounts of money and with relatively few staff.

However, improved targeting of interventions and continuous efforts to ensure Government's ownership and commitment of resources, both human and financial, are crucial for ensuring the implementation of the policies and the expected achievement of planned outcomes. Moreover, a plethora of small-scale projects can cause a lot of extra work to finance and administrative staff and may diffuse and dilute the potential impact and effect to be attained from one larger activity.

The output indicator targets have been consistently met or exceeded throughout all programme components. However, their contribution to the achievement of the planned outcomes and the programme's overall progress towards the accomplishment of broader outcomes is somewhat ambiguous. Overall, UNFPA policy advocacy and capacity building support has resulted in an increased understanding of issues related to SRHR, A&Y, GERR and PDD among Government and non-government players. Moreover, many relevant papers and policies, protocols, guidelines and pieces of legislation have been developed and institutionalised with UNFPA support. UNFPA-supported training and experience exchange, including the involvement of Government representatives in South-South cooperation schemes, has built the capacity of the most relevant people in understanding, developing and implementing appropriate tools and policies.

However, given its limited resources, the CP tries to do too much, resulting in programme fragmentation, less targeted interventions and, on occasion, a lack of clarity concerning their contribution to outcomes. UNFPA Armenia has demonstrated innovation in several areas, using imaginative mechanisms and techniques such as online learning, puppetry and interactive theatre, and various communication tools to disseminate important messages on sensitive and often controversial topics. To build on these excellent activities, efforts need to be made to capture lessons learnt and support fledgling initiatives that show promise.

At the same time, frequent changes in the Government and the resultant lack of institutional memory makes the CO's work very challenging, as the current modality of UNFPA work in Armenia is focused on policy dialogue and advocacy, while in reality the repeatedly changing Government staff needs even very basic training to understand demographic indicators, trends, and gender and human-rights based policies. Thus, continuous effort from UNFPA's side is necessary to ensure Government's ownership and serious commitment to implementing those policies and strategies developed with UNFPA support. At the same time, UNFPA needs to better target its interventions to ensure the achievement of the outcomes. (Origin: EQs 1, 2 & 3)

5.1.3 Efficiency

Conclusion 3: UNFPA Armenia succeeds in meeting and even in some cases exceeding its targets and outputs, and disbursing nearly 100% of its budget through the establishment of strategic and functional traditional and non-traditional partnerships; and is thus making a smooth transition to UNFPA's new business model.

At the same time, given the number of projects and activities, it is frankly astonishing how the UNFPA Armenia manages to do so much with so few staff. For the future CP, the CO needs to look at ways in which it may achieve its goals with fewer interventions, thus releasing to some extent the pressure on both programme and administrative/financial staff; and that the requisite staff are in place to accomplish this.

The Evaluation confirms that the CO's traditional and non-traditional partnerships provide efficient and effective programme models to pursue the achievement of the results defined in the CP. Involving diverse, but strategically important, partners also makes UNFPA's advocacy efforts stronger.

The UNFPA Armenia CO has had the passion and energy to cover four programme components and some regional projects, even more commendable considering the modest size of the Armenia grant. Given the fact that most UNFPA country offices in the region only cover three areas, the Armenia CO needs to consider whether or not it is the most efficient use of scarce resources to dissipate energies and 'spread themselves thin' when the likelihood is that fewer interventions might be conducted more efficiently, with less transaction time, and have even better outcomes. The tricky issue of how to measure the results of the innovative activities (Theatre of Change, puppet shows, Hackathon and so on) may more readily be resolved if more time were available to put in place the requisite monitoring and evaluation tools.

Moreover, the CO manages to cover four programme components and to meet its programmatic and financial targets with a relatively limited number of fixed-term staff, two of whom are housed outside the UN building and within Government premises. At the same time, the A&Y programme was not allocated any fixed-term staff appointment. Given the scope and potential of A&Y programme component, the staffing has been inadequate to ensure the smooth implementation and monitoring of inputs and activities. Housing staff outside UN premises, while a convenient solution to the ever-present problems of too many people and not enough offices, should not be a solution. These staff may feel under pressure to assist the respective ministry in work outside the scope of the CP. It means that they may fail to benefit from the team spirit that comes from the team being housed together; and the ministry may have expectations that UNFPA staff cannot be expected to fulfil. The longer these staff sit in the ministries – and it has already been a very long time – the more the ministries must feel entitled to request these staff to do other non-UNFPA work; and the more pressure it puts on the staff housed outside the office, and with a greater potential conflict of interest. It must also make it more difficult to manage staff that are working at various sites. Accordingly, efforts should be made to discuss with the UN Resident Coordinator how an office be made available to bring the two staff back into UN House, thereby building on the strong team rapport that already exists in the CO and assisting in programme management. The build up to the initiation of the Fourth CP would be timely for UNFPA to start as it means to go on, lobbying to have all staff under one roof and, between now and then, give the Government due notice so the staff may gradually withdraw from the ministries. (Origin: EQ 5)

5.1.4 Sustainability

Conclusion 4: The UNFPA Armenia Third CP has developed policies and enhanced national capacity that can be sustained in the short-, medium- and, eventually, long-term due to the institutionalisation of most of the planned protocols, guidelines, policy documents, legislative acts and SOPs.

The CO selected well-placed partners in the various ministries who contribute to the long-term sustainability of programming and policy-making in the country. Yet advocacy efforts are not sufficiently supported by sustainable civil society engagement. The sustainability of ICs/SCs needs to be sufficiently considered to meet new post-Velvet Revolution realities.

UNFPA Armenia has well-established functional relationships with appropriate Government agencies in all four programmatic areas. The CO works closely with these agencies on creating the evidence base and policy formulation, as well as building relevant staff capacity. The CP interventions are discussed and jointly initiated with the IPs, thus creating a good basis for country ownership and the future sustainability of the results. Overall, during the review period of the Third CP, UNFPA Armenia has developed policies and capacity that can be sustained in both the short- and long-term due to the institutionalisation of most policy and strategy papers, protocols and guidelines. Effective advocacy efforts recently led to the establishment of the Commission on Demography with high-level ministerial support – more of a guarantee of future sustainability, especially if the same Government and ministers remain in place for a reasonable length of time. If the

Commission functions properly and is adequately resourced by the Government, it will be able to scale up UNFPA interventions and ensure the long-lasting sustainability of its work.

However, advocacy efforts are not sufficiently supported by sustainable long-term civil society engagement. While there are some partnerships in SRH, A&Y, GERR and PDD, these partnerships need to be further enhanced and strengthened, so as to develop a shared vision and stronger advocacy. Improved civil society ownership will help in both reaching out to broader constituencies and influencing the Government. Moreover, it would have the potential to widen the coverage and increase multiplication of the programme results, especially directed at key and vulnerable populations who might otherwise not be reached by Government programmes. (Origin: EQ 6 &7)

5.2 Programmatic Level

Conclusion 5: In the early part of 2018 the country passed through significant political changes. These obviously affected many of UNFPA's projects. Nonetheless, UNFPA responded quickly and effectively to establish new relationships and to keep projects on course.

In April-May 2018, political changes resulted in a change of Government. Due the uncertain political situation in the first half of that year, several activities had to be postponed. Fortunately – and despite the added work that was entailed – UNFPA was able to quickly establish new relationships and to capitalise on the improved climate for change. As a result, all delayed activities were resumed and back on course by the year end. UNFPA's ability to be flexible and also to provide answers at short notice is not a usual UN agency trait. As long as UNFPA Armenia reacts in this way to the 'right' issues, which can be clearly seen to be aligned to the CP, being adaptable and accommodating is praiseworthy. (Origin: EQ 3 &4)

Conclusion 6: UNFPA Armenia is on track to realise its expected outputs and activities in A&Y. However, given the restructuring of the Government and in particular the merging of the Ministry of Youth and Sport with the Ministry of Education and Science, and with some interventions also being delivered through the Ministry of Health, it is necessary to further redesign and refine A&Y programmatic activities. 'Promoting youth health and participation' is likely to receive greater attention under the Fourth CP as already reflected in 2019, through UNDAF Outcome 5 (*By 2020, vulnerable groups have greater access to basic education and social services and participate in their communities*) and the CP Output 2 (*Strengthened national laws, policies and programmes for incorporating adolescent and youth rights through evidence-based policy advocacy*). The area of A&Y will potentially assume even more prominence importance in future programming. Having laid the groundwork for youth involvement through increased activities for youth during this CP phase, UNFPA should now be able to build on that with the sensitive introduction and handling of more controversial topics (gender equality, SRH for young people including STIs and HIV, teenage pregnancy and abortion, and so on), backed by evidence-based needs identification and the appropriate services.

The design of the forthcoming CP would benefit by being preceded by a situation analysis of the transition period between the former and new post-Velvet Revolution Government and should provide new opportunities for more appropriate partnerships relevant to post-Velvet Revolution priorities and the needs of Armenia. Moreover, the ministries' merger provides a good opportunity for advancing the Healthy Lifestyle education programme, as the entities responsible for both youth and education are now housed in one Ministry. The online in-school sex education course is a clever way to circumnavigate the sensibilities of the teaching staff. However, for it to work well it is crucial not only to assess the online course tool at various stages of the sex education programme but also to continue putting efforts into determining better ways for the actual delivery of the course in schools. Attention should be given to: clarifying the role of the teachers together with provision for their training, the accessibility of the computers and internet, ways to motivate students to take the optional course and ways to encourage the teachers to not only be able to accurately

refer to and utilise the online tool during their lectures but also to have the eventual aim of making teaching staff comfortable enough to teach the sex education modules face to face. (Origin: EQ 5).

Conclusion 7: While word of mouth and KIIS indicate the success of the various communication campaigns and initiatives, unfortunately these have not been formally assessed. UNFPA does itself a disservice by not measuring the results of the investments in communication; and needs to investigate further to identify and apply monitoring and evaluation techniques that would allow the measurement of interventions and the wider dissemination and sharing of these innovative models.

It is clear that UNFPA has developed several innovative mechanisms for communicating its messages to different segments of the population; and this requires equally innovative ways of measuring their success or otherwise. Moreover, formal assessments would indicate if there had been value for money in terms of the cost of the intervention and the numbers of people reached, as well as flagging any interventions that did not work as well as expected and how they could be improved. It is difficult but not impossible to obtain feedback from, for example, the families attending the Theatre and/or puppet events; it just requires more time and resources to plan for data collection and monitoring. UNFPA has already shown that it can 'think outside the box' by the design and implementation of so many innovative mechanisms for communication; now it needs to take that to the next level. This means more time spent in collaborating with IPs to find ways of measuring the effects of these non-traditional ways of reaching people with diverse messages.

There is no clear mechanism for tracking the lessons learnt or collecting feedback from several projects, notably, for example: (i) the police staff engaged in DV Law enforcement; and (ii) participants reached by the interactive theatre shows, as well as other specific UNFPA programmatic initiatives. In failing to trace the lessons learnt, UNFPA does itself a disservice – because valuable lessons and results are not fed back into UNFPA programming and there is less opportunity for UNFPA to 'blow its own trumpet' and disseminate the CO's impressive results. At the same time, through its partners, UNFPA does some beneficiary-level training, such as carpet-weaving training in Ijevan. Under its current modalities, UNFPA works at the policy level and not directly with beneficiaries unless there is strong justification to do so. If this is the case, then the training event and/or any other direct involvement with beneficiaries should be scaled up and used as an argument/example/model for policy improvement.

Conclusion 7: Non-traditional partnerships and innovation in delivering the results in the GERR programme generated good results, enhanced synergies and opened new avenues for the sensitisation of Armenian society's most conservative groups, positively affecting the relationships between UNFPA and its partners. However, UNFPA has found it difficult in some cases to collect data on the more innovative interventions (such as the puppet theatre) and this means that there is no way to measure the success of the intervention.

There is evidence of a handover process from UNFPA Armenia to the related executing parties regarding the implemented projects on Gender Equality, GBV and GBSS. The results of UNFPA-supported initiatives in the field of reproductive rights and gender equality will last beyond the CP's termination. Yet, given the new country context, more initiatives in communications for development (C4D) should be developed to bring about the behaviour change of key populations, such as youth, parents, physicians, priests and so on; and to enable the longer-term sustainability of programme interventions. The PD Component's potential partnership with IOM to investigate the link between seasonal migration and spread of STIs in Armenia would be a good contribution to reaching out to the most vulnerable segments of population and may provide a replicable model for other interventions to emulate. (Origin: EQs 5, 6 and 7)

Conclusion 9: There is considerable interest among relevant organisations and IT specialists in developing innovative technologically-based interventions to tackle UNFPA/ICPD mandated issues such as gender-based violence, SRHR and others. UNFPA's continued engagement here may yield interesting and valuable results.

UNFPA Armenia's fairly new forays into using social media to disseminate messages is a key strategy which could bear fruit under the next CP: providing, of course, that sufficient resources were identified to support this. UNFPA's skills are recognised in so many areas — Gender equality, RH, data, innovative communication campaigns for young people — that the time is ripe to look into how to interact with these potential new collaborators to disseminate the ICPD-mandated areas of UNFPA's work. At the same time, UNFPA Armenia must ensure that the services are in place to back up the messages. (Origin: EQ 2)

Conclusion 10: Evidence generated through the PDD component contributes to the formulation of national policies and development agendas, but the achievement of higher-level results largely depends on the commitment of the Government. The establishment of the Commission on Demography under the Prime Minister's Office is a good opportunity for UNFPA to advance the CPAP and the development agenda in line with country's priorities.

The establishment of a high-level Demography Commission is a major achievement possible due to years of continued effort in creating the appropriate analytical and evidence base, and building exceptionally good working relationships with Government counterparts. This will contribute substantially to the achievement of the expected PD Outcome 4 of *'strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.'* However, to achieve the Outcome continuous advocacy effort on UNFPA's part is necessary to ensure Government commitment and effectiveness in developing and implementing appropriate agendas and policies that address population dynamics by accounting for population trends and projections. (Origin: EQs 4, 6 and 7)

CHAPTER 6. RECOMMENDATIONS

6.1 Strategic Level Recommendations

Recommendation 1

Move both UNFPA fixed term contract staff members responsible for the PD and SRH Components back to UN House and establish a fixed long-term post for coordination of the A&Y programme. Prepare an exit strategy for the two staff to move back into UN House, in such a way that the Government is left with the support it needs to build the long-term capacities of its staff to design and implement relevant programming.

Priority: High
Target Level: UN Resident Coordinator in Armenia, and UNFPA Country Office
Based on conclusion: 3

Operational implications

For several years, these two staff members have sat in the two respective ministries to directly support the Government in its implementation of UNFPA programmes. While this has undoubtedly assisted Government staff in working with UNFPA and the relevant IPs to execute programme interventions, it has also led to feelings of complacency on the part of at least one of the ministries, meaning that it has come to regard the UNFPA staff member as a ministry employee and, as such, the arrangement creates a conflict of interest. This also leads to the Government having more of a dependency on the staff member which, in the long run, will hamper efforts at engendering the sustainability of current UNFPA-supported SRH and PDD programmes. The UN Coordinator should be consulted on the identification of office space at UN House for these two staff; and, at the same time, efforts must be made to ensure that the transition from ministry to UN House is not only seamless for UNFPA but that additional efforts will be made with the two ministries to develop their capacities to manage without these staff. The forthcoming Fourth CP would be the right time to bring the staff back to UNFPA. This will mean: (a) assessing the needs of the ministries in relation to the projects under implementation/to be implemented during the remainder of the Third CP; (b) putting mechanisms in place to ensure the ability of the ministry to enable the work to be done by ministry staff; and (c) developing a long-term capacity development strategy for the ministries and related IPs during the next CP.

If the A&Y programme is planned as a standalone component for the Fourth CP, it should allocate funds and establish a long-term post for a coordinator for more efficient and effective management under the programme.

Recommendation 2

Plan and implement more systematic and accurate monitoring and evaluation activities under programmatic interventions, providing UNFPA staff and the IPs with clear M&E tools and guidance at both programme and project levels; in such a way that the achievement of results, as well as outreach to the most marginalised groups, can be overseen. For innovative interventions, such as interactive performances and communication events: (a) define and utilise clear M&E mechanisms, e.g. pre- and post-assessments; (b) ensure feedback via focus groups with the participants/beneficiaries; and (c) collect data on mentions of events in the media, experimental designs, and so on. This is an area in which UNFPA CO may receive some assistance from UNFPA at appropriate levels.

Priority: High
Target Level: UNFPA
Based on conclusions: 7, 8

Operational implications

UNFPA Armenia has put efforts into developing a M&E Plan based on corporate policies and has received M&E technical support from UNFPA for UNFPA CO staff. Regular monitoring visits are undertaken to all IPs, and this contributes to increased efficiency in terms of the performance and management of planned activities. However, in order to ensure not only a high performance, but also in terms of the overall effectiveness and long-term impact of interventions, there is a need to do more to understand why exciting new interventions are working and how they can be scaled up. The CO needs to establish and introduce a M&E system with clearly defined different types of M&E activities, the frequency of data collection, project level indicators and the means of verification; and allocate a staff member to be responsible. UNFPA should plan and support project and programme level evaluations, as well as joint evaluations with the Government, which will contribute to the relevance and effectiveness of the CP.

Poor national capacity among key stakeholders and counterparts for quality M&E assurance and the lack of in-depth familiarity with the concepts of results-based management and C4D evaluation methodologies puts the onus on UNFPA Armenia to lead and guide M&E support. UNFPA Armenia should develop and adjust reporting templates for communication initiatives, using more pre- and post-tests, experimental designs and other M&E tools, shifting focus from the completion of interventions and activities to that of a results chain approach.

Recommendation 3

Strengthen the linkages between CP components to mainstream the priorities in SRHR, A&Y, GERR and PPD to achieve greater results. When designing the Fourth CP, include more cross-cutting, joint and inter-linked activities that would contribute to overarching results and avoid any potential duplication of effort.

Priority: High
Target Level: UNFPA Country Office
Based on conclusions: 2, 3 and 4

Operational implications

In general, the CP is well-thought out, structured and highly relevant to the needs of the country. However, the linkages between different CP components need to be strengthened to achieve greater and more targeted results. This may mean including more cross-cutting, joint and inter-linked activities that would contribute to the overarching results of the forthcoming CP, and may go some way towards cutting out the plethora of small activities in favour of larger, crosscutting interventions.

UNFPA should focus more effort in strengthening these linkages both in design and implementation. The Fourth CP should build up the linkages between the PD Components and the other Components through supporting studies and analysis contributing to the formulation of rights-based population policies and addressing the needs of most vulnerable.

The forthcoming CP should also better identify and develop the interrelationships between the A&Y Component and others in order to better mainstream priorities in DV, FP, GBSS, GBV and SRHR through A&Y communication events attracting young people, such as the Youth Day celebrations, Y-PEER national network events, Peer to Peer training and so on.

Recommendation 4

Review and consolidate small project activities so as not to dissipate financial and human resources; and look into ways in which collaboration and cooperation with the UNCT and relevant UN agencies such as UNDP, UNICEF and WHO, as well as other DPs, could be further enhanced. In order to maximise both efficiency and effectiveness, the CO should take advantage of the formulation of the Fourth CP to plan fewer small activities but consolidate and expand more strategic interventions with potentially more impact. This may entail more efforts on mainstreaming and integration across components. Additionally, in the light of UN reform, there may be more opportunities for cross-agency collaboration to leverage both human and financial resources.

Priority: High to Medium
Target Level: UNFPA Country Office
Based on conclusions: 1, 2, 3 and 5

Operational implications

Exchanging a myriad of smaller activities for fewer, more substantial, interventions may lighten the extraordinary workload carried by the small number of staff. Looking at ways in which the four components can be streamlined and integrated does not necessarily mean that losing one component will mean it assumes less importance; but to the contrary. Efforts to build momentum through paying greater attention to crosscutting opportunities, implemented thoughtfully and painstakingly, have the potential to yield better results and enhance activity visibility.

Closer to home, discussions with other UN colleagues praised UNFPA's management of the Gender Theme Group and at the same time regretted the fact that it was harder to mobilise UN agencies for joint and better planning and communications. The UN reforms provides an opportunity for UNFPA to look at how it could collaborate more closely with the UNCT and other UN agencies, to share information about its achievements and results within the UN family and not only externally. Internal knowledge-sharing through for example, brown-bag lunches, may well result in brokering new partnerships on new topics with UN sister agencies.

Recommendation 5

Strengthen the partnerships and collaboration with civil society, so as to develop a shared vision and stronger advocacy, both of which will contribute towards better targeted and more sustainable interventions. Improved civil society ownership will help in both reaching out to broader constituencies and influencing community-level decision-makers, as well as strengthening the interrelationships of civil society with government staff. Moreover, this would have the potential to widen coverage, specify the outreach activities and groups for targeting, and augment programme results; as well promote programme sustainability.

Priority: Medium
Target Level: UNFPA Country Office, NGOs and CSOs
Based on conclusions: 1, 3, 4 and 9

Operational implications

During the Third CP, UNFPA considered broad-based engagement with CSOs to be an essential element for enhancing the effective and efficient implementation of its interventions. CSOs were involved by UNFPA as implementing partners of particular projects and the CO supported communication activities on different levels, especially under GERR and A&Y programming. However, it is crucial to explore all possible avenues for joint programme activities with the most qualified and experienced CSOs working in mandated areas, extending the dialogue to include new actors and voices with comparative advantages in terms of cost,

flexibility, local knowledge and outreach to the beneficiary vulnerable population. Partnership with a wider pool of CSOs should include considering the potential to engage them in advocacy work in order to improve the representation of interests and needs of different groups, such as of youth and women, and enable their participation in policy development.

It must be remembered that the implementing CSOs are also beneficiaries; since communications and capacity building activities aimed at CSOs also strengthen the CSOs themselves.

Accordingly, UNFPA’s Fourth CP should put more emphasis on continued support to CSOs’ community initiatives through activities aimed at behavioural changes, with particular emphasis on SRH and gender issues. Commensurate with this is the capacity building of these organisations. Civil society implementing partners need to be strengthened in the areas of needs assessment, project preparation and how to participate effectively in the decision-making process, all of which will enhance community development. Finally, UNFPA can support CSOs in developing and applying rules and procedures for safeguarding and compliance, such as incorporating and promoting safeguarding policies and ethical guidelines for the engagement of young adolescents aged 18 and below within and through partnering with NGOs and the media.

6.2 Programmatic Level

Recommendation 6

Undertake a situation analysis prior to the development of the next CP to inform the gaps in programming, specifically the identification of marginalised and vulnerable groups who are currently not being reached by the CP. This may also mean undertaking needs assessments for these populations once they have been identified, to determine how they could be reached and the potential interventions for doing so.

Priority: High
Target Level: Country Office
Based on conclusions: 1, 2

Operational implications

The CP is highly relevant to the country context: it is strategic and innovative, and aligned with UNFPA policies, Armenia’s UNDAF and global priorities, including the goals of the ICPD Programme of Action and the SDGs, as well as with the national priorities of the Government.

However, regardless of the efforts to consult widely with national and other stakeholders in the preparation of the Third CP, there are still gaps in programming. It is evident that many vulnerable and high-risk groups are still to be reached with interventions relevant to their needs. Accordingly, the strategy for UNFPA Armenia’s Fourth CP needs better prioritisation of the most vulnerable, marginalised and high-risk population groups. Identifying and firmly situating these groups in forthcoming interventions should be undertaken by using a situation analysis to inform the development of needs assessments which in turn will provide the basis for the development of more and better-targeted interventions that specifically result in good health outcomes for the most marginalised Armenians, as well as strategies to overcome constraints to reaching those left behind.

Recommendation 7

Enhance and intensify policy level work in the area of A&Y to scale-up the achievements under this component and to mainstream the SRH and GERR interventions into the A&Y Component in a more focused and intensive manner. This might mean greater attention paid to the design and implementation of relevant policies, strategies and curricula, as well as training and other capacity building activities.

Priority: High
Target Level: Country Office
Based on conclusions: 1, 2, 4, 6 and 9

Operational implications

UNFPA activities in the area of A&Y appear to be somehow scattered and piecemeal, and need better focusing and targeting. Thus, to achieve greater impact in the upcoming CP, the UNFPA CO needs to continue harnessing youth platforms for advocacy in strengthening national laws and policies for youth, such as the draft *Youth Strategy 2018-2022*, and mainstreaming SRH issues in a more focused and intensive way, given the window of opportunity arising from the restructuring of the Government.

Moreover, still capitalising on recent Government restructuring and the merger of the Ministry of Sports and Youth and the Ministry of Culture with the Ministry of Education and Science, UNFPA needs to develop and sign a Memorandum of Understanding with the newly created Ministry of Education, Science, Culture and Sport (MOESCS) on joint cooperation and collaboration for improving Reproductive Health Education in Armenia. The cooperation framework should also encompass interventions in support of the aforementioned Youth Strategy.

Given that the MOESCS is currently revising the school curricula, including Healthy Lifestyles, the UNFPA CO should closely work with the Ministry on the programme's SRHR component, as well as to determine other vehicles for the delivery of the online course on healthy lifestyles not just in but out of schools, perhaps through social media, perhaps face-to-face; and its scale up across the country, particularly supporting the accessibility of the computers and internet, encouraging students to be motivated to take the optional course; and, finally, to advocate for its incorporation into the mandatory school-programme.

Recommendation 8

Provide ongoing support to the newly established Commission on Demography to ensure Government commitment and effectiveness in developing and implementing appropriate policies and agendas that address population dynamics by accounting for population trends and projections. This might include commissioning more surveys, studies and analyses; and the involvement of national and international experts, as well as capacity building to create the evidence and expertise necessary for the Commission to work effectively

Priority: High
Target Level: UNFPA Country Office
Based on conclusion: 10

Operational implications

The establishment of a high-level Demography Commission is a major achievement. However, UNFPA will have to be vigilant and provide ongoing support to ensure Government commitment and effectiveness in developing and implementing appropriate policies and related work agendas that address population dynamics through analysing population trends and projections.

As such, it is necessary to provide continuous support to the Commission, including but not limited to capacity building activities, as well as providing expertise and inputs to widen and strengthen the knowledge base. The UNFPA CO should consider supporting the Government in conducting appropriate surveys, studies and analyses to inform the work of the Commission and to provide the evidence for better policy development and implementation.

Recommendation 9

Consolidate the work achieved to date under the midwifery education project by reviewing the findings and designing the next phase of the project based on the results of the review. This implies that the former project on contraceptive security may have to be resuscitated and/or included in the next stage of the midwifery education project to address the continuing unmet need for contraception. Moreover, mainstreaming of these critical aspects of SRH into A&Y and GERR will be important for added reach and effectiveness (c.f. Recommendations 3 and 6 above).

Priority: High to medium
Target Level: UNFPA Country Office, MOH and MOESCS
Based on conclusion: 6, 10

One of the most relevant CP projects – that on contraceptive security – was carried over from the Second CP and had reached its natural conclusion and finalisation by 2017. However, an analysis of the background situation to inform this CPE, discussed in both the Design Report and in this final evaluation report in Section 3, shows that an unmet need for contraception still exists and, moreover, when contraception is used there is still high reliance on traditional methods. It is difficult in Armenia’s sociocultural context to find a non-threatening and respectful way to work on this; but the former contraceptive security programme managed to do so. Moreover, the successful midwifery education project, highly valued and appreciated by Government, could provide an entry point under the Fourth CP to integrate aspects of contraceptive security based on what worked under the old project.

Working with the newly created MOESCS, which incorporates the mandate for youth, would provide an opportunity for collaboration and mainstreaming the proposed project’s activities with efforts in A&Y, including the online healthy lifestyles course. That same ministry is now responsible for the education components of the midwifery educational project and offers UNFPA a unique opportunity to maximise its reach by establishing the linkages and integrating interrelationships between the various complimentary activities.

Terms of Reference for the Evaluation of Armenia UNFPA Country Programme (2016-2020)

A. INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations SRH agency for ensuring rights and choices for all. The strategic goal of UNFPA globally is to achieve three transformative results by 2030: ending unmet need for family planning, ending preventable maternal deaths and ending GBV and harmful practices. In pursuing its goal, UNFPA has been guided by the ICPD Programme of Action (1994), the MDGs (2000) and the 2030 Agenda for Sustainable Development (2015).

The UNFPA CO in Armenia is implementing its 3rd Country Programme for 2016-2020. As the current programme cycle is approaching completion, the UNFPA CO, in collaboration with UNFPA EECARO and the UNFPA Headquarters Evaluation Office, is planning to conduct an independent evaluation of the third UNFPA Country Programme for Armenia (2016-2020) as part of the CO evaluation plan and in accordance with the UNFPA evaluation policy (DP/FPA/2013/5). The UNFPA CPE will provide an independent assessment of the relevance, performance and sustainability of UNFPA support provided to Armenia during 2016-2018, as well as an analysis of various facilitating and constraining factors influencing programme delivery.

Key features of this evaluation approach are: the evaluation focus will be on one country and the evaluation will cover relevance and effectiveness of the different strategies adopted in the country and thematic/programmatic areas. The overall objective of the evaluation is to assess the extent to which the CP achieved its intended results and use the findings for the purposes of further programme design and interventions. The primary users of this evaluation are the decision-makers within the UNFPA CO and organisation as a whole, Government counterparts in the country, the UNFPA Executive Board, and other DPs. EECARO and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

The evaluation will be managed by the CO Evaluation Manager with guidance and support from the UNFPA Regional M&E Advisor, and in consultations with the ERG. A team of competitively selected independent evaluators will conduct the evaluation and prepare the evaluation report.

B. COUNTRY PROFILE

Armenia is a upper-middle-income and landlocked country with a population of three million and GDP per capita of USD 3,880 in 2017. Armenia ranked 84th among 188 countries in the UNDP's Human Development Index (HDI), and 61th in the gender equality index.

The country is party to all nine United Nations human rights treaties and most of the additional protocols. In general, the Constitution and the legal framework of Armenia guarantee and promote equality and non-discrimination, including on the basis of sex. However, women are not able yet to fully benefit from equal opportunities provided by the law and enjoy gender equality.

The implementation of the 2030 SDGs is a high priority item in the agenda of the GOA and is regarded as an important instrument for internal reforms. As indicated by the VNR report, Armenia has had mixed results in implementing SDGs. In many areas, Armenia made very good progress towards achieving SDG targets such as health protection in terms of MCH; yet there are areas where Armenia has had slow or mixed progress. These include poverty, i.e. despite ending extreme poverty, about 30% of the population still lives under the national poverty line; and in the areas of gender equality and education (due to the high school dropout rate). The VNR has helped to highlight that there are still a number of key areas and SDG targets/indicators that are lacking effective monitoring and/or control. These are particularly the indicators that related to community level actions or/and data, and to private businesses performance or practices. Another key point emphasised in the VNR was the understanding that SDG implementation would be impossible without the active and concerted participation and inclusive engagement of all public and private parties in society, and of every and all individuals; and that many targets can be achieved through the cultural transformation of society in general, and not merely through Government policies. The implementation of many SDGs requires not only knowledge but also cultural change, i.e. changes in the attitudes and behaviour of all parts of society. For instance, SCP involves cultural transformation among society from traditional linear approaches to modern sustainability-based approaches. Some gender inequality and health issues are a result of culturally induced practices in Armenia. Thus, the

need for an acceleration of the learning and cultural transformation processes is a crucial challenge that would require new and innovative approaches and concerted action by all parties.

Young people aged 15-29 constituted 21% percent of the population in 2018 and are affected by high unemployment rates – 34.5% for females and 26.9% for males. Current policies do not adequately address the needs of adolescents and youth, including in SRH. The level of knowledge about STIs, HIV/AIDS, and contraception use is rather low. According to the ADHS 2015, young people aged 15-19 are less likely than older respondents to have comprehensive knowledge of AIDS. Only 8.9% of males and 14.7% of females aged 15-19 have a comprehensive knowledge of HIV/AIDS prevention and transmission. In the last two decades, the adolescent birth rate has declined sharply from 69.1 live births per 1,000 women aged 15-19 years (1990) to 24 live births per 1,000 women aged 15-19 years (2015).

Almost all women (96%) in Armenia can make their own informed decisions regarding sexual relations, contraceptive use and RH. However, in practice low levels of contraceptive use (57.1%) by women in Armenia compared to the 74% average for ECA, coupled with every third pregnancy ending in abortion, suggest that women face more pressures, with Armenian couples achieving a low fertility rate of 1.7.

With regard to ownership equality: 75.2% of women age 15-49 own (alone, jointly with someone else or both alone and jointly with someone else) agricultural or non-agricultural land. When looking at inheritance practices, even though the law treats all equally, the most recent qualitative research conducted by the World Bank suggests that local customs often lead to sons inheriting property and money. When looking at firm ownership with some female participation it stands below 30%. Women and men equally own mobile phones (with a slight difference) — 96.7% and 97.8%, respectively.

Despite improvements, there is still a high sex ratio at birth in Armenia (111 boys/100 girls in comparison with the biological norm of 102-106 boys/100 girls).

The observed gender gap poses challenges, the most notable being political empowerment, estimated wage gaps, labour force participation levels, domestic violence, the undervaluing of girls and skewed sex ratio at birth. Moreover, an assessment of the gap highlights a common underlying contributor in the form of social norms and patriarchy that shapes gender roles and impacting on the observed results.

In 2018, the total fertility rate was 1.6 children per woman. In the last decade, the maternal mortality ratio has been decreasing, constituting 21.7 per 100,000 live births in 2018. The proportion of married women who use modern contraceptive methods has increased from 22% in 2000 to 28% in 2015 (ADHS, 2015). The use of traditional contraceptive methods has steadily decreased from 37% (2000) to 29.2% (2015), along with a decreasing unmet need for FP at 12.5%. The abortion rate has also decreased from 1.8 per woman (2005) to 0.8 (2010) and to 0.6 (2015). HIV prevalence remains low in Armenia. However, 57% of all newly reported HIV infections are among migrant men. This provides evidence of a rapid shift from blood-borne transmission through injecting drug use to sexual transmission: the juncture of HIV incidence and migrant labour is concerning.

In 2017, the average life expectancy rate was 71.9 years for males and 78.7 years for females. The population over 65 constituted 11.6% in 2017 and is estimated to reach 22% by 2050. The social protection systems require extensive overhaul since they are not well targeted or socially equitable. The country has adopted a Strategy and Action Plan on Ageing but lacks services for elderly people, as reflected in the 2013 World Ageing Index where Armenia was ranked 51 out of 91 countries.

C. COUNTRY PROGRAMME

The 3rd UNFPA CPD for Armenia (DP/FPA/CPD/ARM3) was approved by the UNDP/UNFPA/UNOPS Executive Board at its Annual session in June 2015. The UNFPA financial commitment to the CP over five years was approved at USD 3.6 million from regular resources (USD 0.55 million for the Integrated SRH Services component, USD 0.3 million for the Adolescent and Youth component, USD 0.4 million for the Gender Equality and Reproductive Rights component, USD 0.45 million for the Population Dynamics component and USD 0.3 million for Programme Coordination and Assistance). UNFPA also committed to mobilise USD 1.6 million from other resources to co-fund the CP.

The CP contributes to the priorities outlined in national strategies. It is aligned with the SDGs, the UNFPA Strategic Plan 2014-2017 and UNDAF 2016-2020. The CP contributes to two priority areas of Armenia's UNDAF: (i) Democratic Governance; (ii) Social Services and Inclusion.

In line with the UNFPA business model, the CP has shifted to advocacy and upstream policy support for strengthening institutional capacities, as well as implementation and accountability mechanisms within the national health system to

deliver quality gender sensitive and client friendly RH services with a focus on vulnerable groups. It also involves upstream policy engagement aimed at the development of evidence-based programmes and plans in the areas of gender, youth, and data and population.

The CP aims to deliver the following four outputs:

- *Output 1:* Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for quality integrated SRH services for women, adolescents and youth, with a focus on vulnerable groups, and in humanitarian settings.
- *Output 2:* Strengthened national laws, policies and programmes for incorporating adolescent and youth rights and needs through evidence-based policy advocacy.
- *Output 3:* Strengthened capacity of national institutions for policy development and implementation to promote gender equality and prevent harmful practices.
- *Output 4:* Increased availability of evidence for formulation of rights-based policies on emerging population issues (low fertility, ageing, migration) and their linkages to sustainable development.

D. OBJECTIVES AND SCOPE OF THE EVALUATION

The overall objectives of the evaluation are: (i) the enhanced accountability of UNFPA and its CO for the relevance and performance of its CP; and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives are:

- To provide an independent assessment of the progress of the CP towards the expected outputs and outcomes set forth in the CP's results framework;
- To provide an assessment of CO positioning within the development community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results.
- To draw key lessons from the past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in the light of the Agenda 2030 for the next programming cycle.
- To document good practices and innovation in programme intervention design or strategy development, if available.

The evaluation is expected to be completed by September 2019 and carried out in accordance with the Evaluation Implementation Plan (ref: Annex 5).

Scope of evaluation:

The evaluation will cover Armenia and the following four programmatic areas: i) Integrated SRH Health Services; ii) Adolescents and Youth; iii) Gender Equality and Reproductive Rights; and iv) Population Dynamics. During the evaluation there might be field visits to relevant areas and several interviews with key stakeholders, including beneficiaries.

The evaluation will cover all activities planned and/or implemented during the period 2016-2020. Cross-cutting areas will include: partnership, resource mobilisation and communication.

The evaluation should analyse the achievements of UNFPA against expected results at the output and outcome levels, its alignment with the UNFPA Strategic Plans for 2014-2017 and 2018-2021, the UN partnership Framework, and national development priorities and needs.

E. EVALUATION CRITERIA AND EVALUATION QUESTIONS

The following evaluation questions addressing the evaluation criteria of relevance, effectiveness, efficiency, and sustainability, as well as coordination with the UNCT, and added value, will be used for the evaluation.

Relevance:

- EQ1. To what extent is UNFPA support: (i) adapted to the needs of the population with emphasis on the most vulnerable populations; (ii) in line with the priorities set by the ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas; (iii) aligned with the UNFPA Strategic Plan, in particular Strategic Plan principles (leaving no one behind and reaching the furthest behind), three transformative goal, and the business model; and (iv) aligned with the UN Partnership Framework?

Effectiveness:

- EQ2. To what extent have the intended programme outputs been achieved? Is there any evidence of applying the past lessons learnt and innovation in delivering programme results?
- EQ3. To what extent did the outputs contribute to the achievement of the planned outcomes (i.e., (i) increased utilisation of integrated SRH Services by those furthest behind; (ii) increased the access of young people to quality SRH services and sexuality education; (iii) mainstreaming of provisions to advance gender equality; and (iv) developing evidence-based national population policies) and what was the degree of achievement of the outcomes?
- EQ4. To what extent has UNFPA policy advocacy and capacity building support helped to ensure that SRH (including FP) and the associated concerns for the needs of young people, gender equality and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

Efficiency:

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

Sustainability:

- EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the CO to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of supported interventions, programmes and policies?
- EQ7. To what extent have partnerships built with Government or other UN organisations to enhance sustainability or scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?

UNFPA CP coordination with UNCT:

- EQ8. To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA CP added value:

- EQ9. What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

F. METHODOLOGY AND APPROACH

The evaluation will be based on a participatory design that is expected to include quantitative and qualitative data collection methods.

The methodology proposed by the Evaluation Team will elaborate, in detail, the relevant data sources, sampling size and techniques, data collection instruments and procedures, and ethical considerations, as well as the strategies necessary for mitigating the major limitations of the proposed design, if any.

Data collection

The evaluation will use a multiple-method approach to data collection, including documentary review, group and individual interviews, FGDs and field visits to programme sites as appropriate. Data will be collected through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

The evaluators will be required to take into account ethical considerations when collecting information.

Data validation

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. As well as a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme managers and the ERG.

Data analysis

The Evaluation Team will ensure the following in analysing data, formulating findings and reaching conclusions.

- 1) Are the findings substantiated by evidence?
- 2) Is the basis for interpretations carefully described?
- 3) Is the analysis presented against the evaluation questions?
- 4) Is the analysis transparent about the sources and quality of data?
- 5) Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?
- 6) Does the analysis show different outcomes for different target groups, as relevant?
- 7) Is the analysis presented against contextual factors?
- 8) Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights?

Stakeholders' participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The Evaluation Manager will perform a stakeholders' mapping exercise for the country in order to identify both UNFPA direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the Government, CSOs, the private-sector, UN organisations, other multilateral organisations, bilateral donors and, most importantly, the beneficiaries of the programme. The stakeholder mapping must be concluded before the design phase.

An ERG will be established by the UNFPA Country Office comprising key programme stakeholders (national governmental and non-governmental counterparts, Evaluation Manager from the UNFPA CO). The ERG will review and provide inputs to the country case study, provide feedback to the evaluation design report, facilitate access of evaluators to information sources, and provide comments on the main deliverables of the evaluation, in particular the country case studies at the draft stage.

G. EVALUATION PROCESS

The evaluation will unfold in four phases, each of them including several steps.

a. Preparation phase (5 weeks in February - March 2019)

This phase, managed by the UNFPA CO, will include:

- Drafting the CPE TOR;
- Establishing the ERG;
- Receiving EECARO's approval of the CPE TOR;
- Selecting potential evaluators;
- Receiving pre-qualification of potential evaluators from EECARO;
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader; and
- Preparing the initial set of documentation for the evaluation, including the list of projects and stakeholder map.

The preparation phase may include a short scoping exercise (on or off site) by the Evaluation Team Leader to gain a better understanding of the development context, UNFPA programme and partners, refine the evaluation scope, identify potential sites for field visits etc.

b. Evaluation design phase (3 weeks in March 2019)

This phase will include:

- A documentary review of all relevant documents available at UNFPA HQ and CO levels regarding the CP for the period being examined;
- A stakeholder mapping – The Evaluation Manager will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- An analysis of the intervention logic of the programme, - i.e., the theory of change meant to lead from planned activities to the intended results of the programme;
- The finalisation of the list of evaluation questions;
- The development of a data collection and analysis strategy as well as a concrete work plan for the field phase.

At the end of the design phase, the evaluation Team Leader will produce a design report that will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report.

The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Handbook *How to Design and Conduct a Country Programme Evaluation*. The design report should also present the reconstructed programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed, validated and approved by the UNFPA Evaluation Manager and Regional M&E Advisor before the evaluation field phase commences.

c. Field phase (3 weeks in April – May 2019)

After the design phase, the Evaluation Team will undertake a three-week data collection and analysis required in order to answer the evaluation questions final list consolidated at the design phase. At the end of the field phase, the Evaluation Team will provide the CO with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

d. Synthesis and dissemination phase (17 weeks in Mid-May – September 2019)

During this phase, the Evaluation Team will continue the analytical work initiated during the field phase, taking into account comments made by the ERG at the debriefing meeting and the Evaluation Team Leader.

This first draft country report will be submitted to the UNFPA Evaluation Manager and the Regional M&E Advisor for written comments. Comments from the UNFPA Evaluation Manager will be consolidated. The draft country report will form the basis for a dissemination seminar/s, which will be attended by the CO as well as all the key programme stakeholders in the ERG (including key national counterparts). The final report will be drafted by the Team Leader based on the comments received. The final Evaluation report will be shared with stakeholders in the country, in a format to be agreed upon.

H. EXPECTED OUTPUTS/DELIVERABLES

The Evaluation Team will produce the following deliverables:

- Evaluation Design Report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase. The design report should have a maximum of 30 pages;
- A first draft Evaluation Report accompanied by a debriefing PowerPoint presentation synthesising the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the Evaluation Manager and Regional M&E Advisor during the (online or in person) debriefing meeting foreseen at the end of the field phase;
- A second draft Evaluation Report shared with the ERG. The evaluation report should have a maximum of 50 pages (plus annexes); a presentation of the results of the evaluation for the dissemination seminar to be held and led by the national evaluators;
- A final Evaluation Report, based on comments expressed during the dissemination seminars; and
- An Evaluation Brief (maximum four pages) summarising the evaluation report.

All deliverables will be written in English. The presentation for the dissemination seminars and the final evaluation report might need to be translated in Armenian if requested by national counterparts.

I. WORK PLAN/ INDICATIVE TIMEFRAME

Phases/Deliverables	Dates
Preparation phase ✓ Drafting and approval of the TOR ✓ Recruitment of experts (TL, National Expert, Research Assistant/Interpreter)	February/March 2019
Evaluation design phase: ✓ Submission of the design report	March 2019
Field phase: ✓ Data Collection ✓ Debriefing CO	April/May 2019
Synthesis and dissemination phase:	Mid-May/September 2019

<ul style="list-style-type: none"> ✓ 1st draft Evaluation Report ✓ Dissemination ✓ 2nd draft Evaluation Report ✓ Final Evaluation Report 	
--	--

J. COMPOSITION OF THE EVALUATION TEAM

An Evaluation Team Leader, two Evaluators and one Young and Emerging Evaluator/Research Assistant/Translator who are external to UNFPA will carry out the evaluation. There should be at-least one female member in the Evaluation Team. The Evaluation Team members will combine knowledge and experience in evaluation with technical knowledge and expertise in areas related to the UNFPA development and humanitarian programme.

The Evaluation Team will consist of:

- 1) A Team Leader with overall be responsible for the design and implementation of the CPE. S/he is responsible for the production and timely submission of all expected deliverables of the CPE including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the Evaluation Team and ensure quality of the evaluation products. The Evaluation Team Leader will be responsible for covering at least one programmatic area of the CPE.

The Evaluation Team Leader should have the following qualifications:

- ✓ Advanced degree in social sciences, political sciences, economics or related fields;
- ✓ Minimum seven years of experience of complex evaluations in the field of development aid for UN agencies and/or other international organisations in the position of lead evaluator;
- ✓ Specialisation in one of the programmatic areas covered by the evaluation (SRHR, gender equality, population and development, adolescent and youth policies);
- ✓ Demonstrated ability and knowledge to collect and analyse qualitative and quantitative data (a training on data analysis using software e.g. SPSS);
- ✓ Good knowledge and experience of programme evaluation in the humanitarian settings will be a strong asset;
- ✓ Familiarity with UNFPA or UN programming;
- ✓ Excellent writing and communication skills; and
- ✓ Excellent command of both spoken and written English is required. A good knowledge of Russian would be an asset.

- 2) Evaluators (team members), who will provide expertise in a particular programmatic area of the evaluation. The evaluators will take part in the data collection and analysis work, and will provide substantive inputs into the evaluation processes through participation in methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of the evaluators in the CPE process, including participation in interviews/meetings, provision of technical inputs and reviews of the design report, drafting parts of the evaluation reports, will be agreed by the Evaluation Team Leader and done under her/his supervision and guidance.

The necessary qualifications of the evaluator will include:

- ✓ Advanced degree in social sciences, public health, women's studies, gender equality, population studies, demography, statistics or related fields;
- ✓ At least five years of experience in conducting evaluations as a member of an evaluation team or individual evaluator for UN agencies and/or other international organisations;
- ✓ Demonstrated ability and knowledge to collect qualitative and quantitative data;
- ✓ Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
- ✓ Good knowledge of the national development context and fluent in Russian and English;
- ✓ Familiarity with UNFPA or UN programming; and
- ✓ Excellent writing and communication skills.

- 3) A research assistant/young and emerging evaluator/translator will collect, compile and analyse available data in the format requested by the Team Leader as per the Evaluation Handbook, and be supported and supervised by the Evaluation Manager; assess availability of data and existing gaps by using the following questions; provide interpretation/translation during the assignment: What studies exist? What data are available that is linked to the country programme and country situation (SIS – output results, country office annual reports; GPS – financial data; major surveys – conducted under the CP; financial resources; etc.)? and provide input for the synthesis phase.

Qualification of the research assistant:

- ✓ Bachelor's degree in statistics, social sciences, population studies, economics or related fields;
- ✓ Minimum two years of experience in data collection and analysis (with the use of the relevant statistical software packages);
- ✓ Knowledge of qualitative/quantitative research methods;
- ✓ Familiarity with UNFPA or UN operations;
- ✓ Fluency in written and spoken English.

Preference will be given to young and emerging evaluators.

Name	Role
Arlette Campbell White	Team Leader
Adrine (Ada) Babloyan	National Expert
Lusine Kharatyan	National Expert
Manana Mananyan	Research Assistant/Translator

K. REMUNERATION AND DURATION OF CONTRACT

The provisional allocation of workdays among the evaluation team will be the following:

Evaluation Phase	Team Leader	Evaluator	Research Assistant
Preparation (scoping mission)	5		10
Design	10	5	5
Fieldworks	15	15	10
Reporting, including:	15	10	5
<i>Contribution to first draft report</i>	<i>10</i>	<i>8</i>	
<i>Consolidation and finalization of the final report</i>	<i>3</i>	<i>3</i>	
<i>Preparation and facilitation of stakeholder workshop</i>	<i>2</i>	<i>1</i>	
Total	45	30	30

The exact number of workdays and workload distribution will be proposed by the Evaluation Team in the evaluation design report, subject to approval by UNFPA.

Payment of the evaluation consultancy fees will be made in three tranches against the following milestones:

- ✓ 20% Upon approval of the evaluation design report by UNFPA
- ✓ 40% Upon acceptance of the first draft final evaluation report by UNFPA
- ✓ 40% Upon acceptance of the final evaluation report by UNFPA

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

L. MANAGEMENT AND CONDUCT OF THE EVALUATION

The evaluation will be guided by these terms of reference approved by EECARO on behalf of the UNFPA Evaluation Office and the UNFPA Evaluation Handbook. The evaluation will be conducted by an independent Evaluation Team whose members are pre-qualified by the UNFPA Regional Office, but will be managed by the UNFPA CO.

The Evaluation Manager will:

- ✓ Provide support to the whole evaluation exercise, provide feedback for quality assurance during the preparation of the design report, field work, case studies, dissemination seminar, and the final report;
- ✓ Conduct stakeholders mapping with support of the research assistant;
- ✓ Provide research assistant with available internal and external data relevant to the country
- ✓ Provide national experts with the relevant data
- ✓ Facilitate the establishment of the Reference Group
- ✓ Be supported by the RO M&E adviser

The ERG will be composed of representatives from the UNFPA CO, the national counterparts and EECARO, as well as from UNFPA relevant services in headquarters.

The main functions of the Reference Group will be:

- ✓ To discuss the TOR drawn up by the Evaluation Manager;
- ✓ To provide the Evaluation Team with relevant information and documentation on the programme;
- ✓ To facilitate the access of the Evaluation Team to key informants during the field phase;
- ✓ To discuss the reports produced by the Evaluation Team;
- ✓ To advise on the quality of the work done by the Evaluation Team;
- ✓ To assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

Annexes:

Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations

Annex 2: Evaluation Quality Assurance and Assessment: Tools and Guidance (<https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>)

Annex 3: How to Design and Conduct a Country Programme Evaluation at UNFPA (<https://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)

Annex 4: Equity-focused and gender-responsive lens evaluation (<https://www.evalpartners.org/evalgender/no-one-left-behind#guidance>)

Annex 5: Country Programme Theory of Change

Annex 6: Implementation Plan

Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence, evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

- a) To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
- b) Evaluators should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimise demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
- c) Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
- d) Evaluators should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
- e) Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence-based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System <http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

[Please date, sign and write "Read and approved"]

Annex 2. Evaluation Matrix

RELEVANCE			
EQ1A. To what extent is the UNFPA Armenia support adapted to the needs of the population with emphasis to the most vulnerable population? Are there needs that are not being addressed?			
Assumptions to be addressed	Indicators	Sources of information	Methods and tools for data collection
<ul style="list-style-type: none"> ● The needs of the population, in particular those of vulnerable groups, were assessed and taken into account during the programming process and selection of target groups and key stakeholders. ● A thorough situation analysis focusing on key issues in the country context and critical inter-linkages between SRH and P&D, gender equality and human rights, youth and adolescents' issues, were completed. ● UNFPA has included many vulnerable groups of people (such as youth in the provinces/regions of the country), and influencers (such as priests, police officers, etc.), but there are still target groups/needs that are not being addressed. 	<ul style="list-style-type: none"> ● Evidence for an exhaustive and accurate needs assessment, identifying the varied needs of diverse stakeholder groups prior to the programming of the SRH, P&D, Adolescence and Youth and gender components of the CPD and annual work plans (AWPs) ● Level of consistency of the selection of target groups for UNFPA-Armenia supported interventions in the four programmatic areas with identified needs, as well as national priorities in the CPD and AWP ● Extent to which the interventions planned within the AWP (across the components of the programme) were targeted at the most vulnerable, disadvantaged population and influencers' groups in a prioritised manner. 	<ul style="list-style-type: none"> ● UNFPA Armenia CPD 2016-2020 ● AWP for the 3rd CP cycle ● UNFPA Strategic Plan 2014-2017 ● Evaluation of 2nd CP cycle 2010-2015 ● National policy/strategy documents ● Situation analysis focusing on key country context and critical inter-linkages between programme areas ● Needs assessments of key beneficiary populations ● National and regional survey data and other relevant reports and studies, including those produced by the Government, national gender or human rights mechanisms and local organisations, academia, the UN agencies, etc. 	<ul style="list-style-type: none"> ● Document review ● Key informant/stakeholder interviews, both with individuals or more than one (including UNFPA country office management and staff, IPs, local organisations and NGOs working in the same mandate. ● FGDs with final beneficiaries, as appropriate
EQ1B. To what extent is UNFPA Armenia support in line with the priorities set by the ICPD Plan of Action and national policy frameworks related to UNFPA-mandated areas, as well as with the UNFPA Strategic Plan principles (leaving no one behind and reaching the furthest behind), three transformative goals and business model, and with the UN Partnership Framework and UNDAF?			
Assumptions to be addressed	Indicators	Sources of information	Methods and tools for data collection
<ul style="list-style-type: none"> ● The objectives and strategies of the components of the programme are consistent with the priorities put forward in the UNDAF, in relevant national strategies and policies and in the UNFPA Strategic Plan. ● A situation analysis regarding the relevance/linkages of program key priorities with the goals of the ICPD and SDGs is undertaken. 	<ul style="list-style-type: none"> ● Extent to which the objectives and strategies of the CPD and the AWP in the components of the CP are in line with the goals and priorities set out in the UNDAF. ● Extent to which the CP is concurrent with the UNFPA Strategic Plan and other UNFPA plans and policies. ● Extent to which the ICPD goals are reflected in the P&D component of the CP. 	<ul style="list-style-type: none"> ● UNDAF 2016-2020 ● UNFPA Armenia CPD 2016-2020 ● AWP for the 3rd CP cycle ● UNFPA Strategic Plan 2014-2017 ● Rapid Integrated Policy Assessment for SDG Nationalisation Process in Armenia, SDG Implementation VNRs Armenia, other national and regional data/survey on trends relating to SDG targets. ● UNFPA ICPD and SDG policy and monitoring documents. 	<ul style="list-style-type: none"> ● Document review ● Key informant/stakeholder interviews with UNFPA CO staff and EECARO.

<ul style="list-style-type: none"> • The current CP reflects and is effectively aligned with the SDGs and the ICPD framework. • The CPD is guided by the following UNFPA policies and procedures: <ul style="list-style-type: none"> ○ Strategic Plan 2014–2017 ○ UNDAF 2016-2020 ○ National SDGs ○ ICPD ○ UNFPA policy on Results-based Management ○ Respective substantive policies and guidance documents. ○ EECARO RIAP 2014–2017. ○ UNFPA Evaluation Policy. 	<ul style="list-style-type: none"> • Extent to which the CPD addresses the SDGs. • Concurrence with priorities regarding UNFPA’s global strategies on FP, Adolescents and Youth, Partnerships and Communication for middle-income countries. • Extent to which objectives and strategies of each component of the CP are consistent with relevant national and sectoral policies based on discussions with the national partners. • Evidence of mainstreaming gender equality and women empowerment. • Evidence of the human rights approach applied in intervention design. • Evidence of mainstreaming South-South cooperation in the CP. 		
--	---	--	--

EFFECTIVENESS

EQ2. To what extent have the intended programme outputs been achieved? Is there any evidence of applying the past lessons learnt and innovation in delivering programme results?

Assumptions to be addressed	Indicators	Sources of information	Methods and tools for data collection
<ul style="list-style-type: none"> • The AWP’s with M&E frameworks are delineating clear milestones and targets. • The CP intended outputs were properly monitored and achieved within each of the four CP areas (SRH, Youth, Gender and P&D) with a likelihood of variability among the CP areas in terms of the level of achievement. • There is enough evidence of M&E of results in each programme area with clearly formulated lessons learned and paths forward. • There are significant constraints as well as facilitating factors that both impeded and aided the achievement of results in each of the four CP areas. • Although it is assumed that the majority of progress on intended outputs can be 	<ul style="list-style-type: none"> • Level of achievement of outputs against indicators/targets for the four CP areas as outlined in CPD and CPAP results and resources monitoring frameworks over specified time period. • Evidence of relevant programme activity in allied non-CPD programme areas. • Extent to which the response was adapted to emerging national priorities and (varied) needs of the population, including those of vulnerable groups. • Extent to which the CO has managed to present and utilise new activities (in particular, innovative ones). • Extent to which the CO has managed to ensure continuity in the pursuit of the initial objectives of the CPD while addressing the lessons-learnt and 	<ul style="list-style-type: none"> • UNFPA Armenia CPD 2016-2020 • AWP’s and monitoring reports for the 3rd CP cycle • Evaluation of 2nd CP cycle 2010-2015 • Programme Reports from IPs • Revised CPD and CPAP Frameworks • Most recent surveys and other available data within each of the four programme areas: SRH, Gender, Youth and P&D. • Reports for the dissemination of good practices and knowledge sharing. • Quantitative: Level of achievement against indicators/targets (as outlined in the monitoring framework) over time within each of the four CP areas: SRH, Gender, Youth and PD. • Qualitative: Stakeholder perceptions of achievement of outputs within each of 	<ul style="list-style-type: none"> • Document review • Key informant/stakeholder interviews, including Interviews with other UN agencies, IPs, other development actors • FGDs with beneficiary groups, as appropriate. • Site visits within each of the four CP areas for observations.

<p>attributed to the CP, it is unlikely that all progress towards outputs can be attributed to a given intervention.</p> <ul style="list-style-type: none"> • New activities and innovation in delivering of results have been presented and successfully obtained in all four programme components based on M&E results, including CPE of 2nd cycle of the programme in Armenia. 	<p>responding to emerging needs and demands.</p>	<p>the four programme areas: SRH, Gender, Youth and PD.</p> <ul style="list-style-type: none"> • Contextual information related to constraints and facilitating factors for specific activities and outputs within each of the four CP areas. • Review of non-UNFPA programme activities and trends of other actors working in UNFPA mandate areas (to extent possible) 	
<p>EQ3. To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilisation of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?</p>			
Assumptions to be addressed	Indicators	Sources of information	Methods and tools for data collection
<ul style="list-style-type: none"> • The CPD M&E framework concurs with UNFPA Strategic Plan outcomes. • Outcomes of CPD match/complement those of the UNFPA Strategic Plan. • Comprehensive, gender-sensitive, high-quality integrated SRH services are in place and accessible in underserved areas with a focus on the (varied needs of) young people and vulnerable and marginalised groups. • National policies and programmes are in place addressing SRH needs of youth and adolescents. • Improved knowledge in sexual education, information and services in SRH for young people in all their diversities is provided and institutionalised. • National institutions are strengthened in mainstreaming of provisions to advance gender equality and prevent harmful practices, including GBV and GBSS. • Evidence-based advocacy and policy dialogue increased to develop national population policies. • Youth networks, educational institutions, policymakers are supported in formulating and implementing community- and school- 	<ul style="list-style-type: none"> • Level of contribution to the achievement of outcomes of the SP using outcome indicators/targets for the four programme areas as outlined in CPD and CPAP results and resources monitoring frameworks over specified time period. • The number and type of activities which match or support the outcomes of the UNFPA Strategic Plan. • Pertinent indicators from Planning and Tracking Tool for output and outcome specific CP components within each of the four programme areas. • Stakeholder qualitative perceptions on impact of activities and output impact on outcomes within each of the four programme areas. • Client/beneficiary qualitative perceptions on impact of activities and output impacts on outcomes. • Number of evidence-based policies, guidelines, protocols, standards and quality of care mechanisms adopted to enhance universal access of reproductive health, including vulnerable groups. 	<ul style="list-style-type: none"> • UNFPA Armenia CPD 2016-2020 M&E framework. • UNFPA Strategic Plan 2014-2017. • IP reports, M&E reports and other sources of reporting. • UNFPA Planning and Tracking tools. • Developed curriculum. • Field visits. • Consultation meeting minutes. • Reports on technical, operational and programmatic advisory or support services to the country from the region and HQ. • Reports on support to partnerships and advocacy. • Data on capacity-building of the country. • Information on the development of tools, database, platforms, systems and operational guidelines. • Evidence of support to training and workshops. • Data analysis, research, surveys conducted. • Reports on capacity development and technical assistance for the development of human rights protection systems and 	<ul style="list-style-type: none"> • Document review • Key informant/stakeholder interviews • FGDs as appropriate, etc. • Site visits within each of the four CP areas for observations.

<p>based CSE, including HIV education, that promotes human rights and gender equality.</p> <ul style="list-style-type: none"> ● Teaching content and methodology of healthy lifestyle education is presented in national programmes and is aligned with international standards. ● National partners are provided with evidence and tools to promote laws, policies and programmes for a comprehensive cross-sectoral response to GBV and to prevent harmful practices and other forms of gender discrimination. 	<ul style="list-style-type: none"> ● Number of new users of modern contraceptives methods among socially vulnerable population (cumulative). ● Number of regions/marzes that have capacity to implement MISP at the onset of a crises (cumulative). ● Number of guidelines, protocols and standards for health care workers for the delivery of quality SRH services for adolescents and youth. ● Number of teaching programs/methodologies of health lifestyle education aligned to international standards. ● Number of participatory platforms that advocate for increased investments in marginalised adolescents and youth ● Proportion of demand for contraception satisfied ● Number of beneficiaries that confirm receiving technical assistance on addressing harmful practices, specifically GBSS and GBV, per year. ● Number of national partners that confirm receiving targeted technical assistance on multisectoral and health-sector response to GBV per year. ● Allocation of a budget in preparation for 2020 round of censuses. ● Number of studies and publications on challenges of PD (cumulative). ● Number of studies conducted on inequalities or disadvantaged population groups (cumulative). ● Percentage of GBV training participants who apply course materials in their job. ● Number of national partners that have implemented a localised version of Population Situation Analysis (PSA) to identify priorities and formulate policies and programmes. 	<p>addressing Concluding Observations from the Convention on the Elimination of all Forms of Discrimination Against Women.</p> <ul style="list-style-type: none"> ● Reports on technical advice for the development of human rights accountability, reproductive rights tracking and reporting system and social accountability mechanisms to address issues of reproductive rights, gender equality and GBV. ● Reports on/evidence of gender-responsive data collection, research, surveys and analysis. 	
--	---	---	--

EQ4. To what extent has UNFPA Armenia policy advocacy and capacity building support helped to ensure that SRH (including FP), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics, are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

Assumptions to be addressed	Indicators	Sources of information	Methods and tools for data collection
<ul style="list-style-type: none"> ● Country policymakers and national partners are provided with evidence and tools for formulation of rights-based policies for integrated SRH services. ● The policymakers and national partners are better supported to reposition FP/RHC commodity security (RHCS) through innovative approaches, high-level advocacy and generated evidence. ● National partners are provided with knowledge and tools to collect and disseminate population statistics reflecting population trends and projections in the development agenda. ● Policy makers and national partners are supported to formulate and implement rights-based policies that integrate evidence on population dynamics, SRH, GBV and GBSS. ● Civil society networks, youth organisations and national partners are better equipped with the knowledge and skills to advocate for rights-based responses addressing the needs of women, adolescents and youth in Armenia. ● Policymakers and regional youth networks/forums have the skills and tools to conduct evidence-based advocacy for incorporating adolescent and youth rights into national laws, policies and programmes. ● National authorities have the institutional capacity to analyse and use disaggregated data on adolescents and youth and GBV. ● Relevant PD are appropriately integrated into national development instruments and sector policy frameworks. 	<ul style="list-style-type: none"> ● Reduced data gaps against a core set of gender indicators (cumulative). ● Existence of disaggregated data – including on RH and gender equality – produced and available publicly. ● Mechanisms established for policy analysis and dissemination of policy briefs ● Extent to which national and sectorial plans are incorporating PD, RH and gender issues ● Existence of functioning and capacitated civil society networks, youth organisation advocating for the needs of women, adolescents and youth. ● Existence of innovative guidelines for local planning to address priority population issues. ● Existence of cross-sectoral/cross-ministry working groups on data integration. ● Level of institutionalisation of policy frameworks, standards, guidelines and administrative procedures for integrating PD, RH and gender in development planning. ● Number of new policies addressing GBV and GBSS. ● Number of national partners and regional authorities capacitated to analyse and use disaggregated data on adolescents/youth and GBV. 	<ul style="list-style-type: none"> ● UNFPA Armenia 2016-2020 AWP and standard progress reports (SPRs). ● PD project reports. ● Analytical reports and secondary data analysis addressing PD with population trends and projections. ● Evidence of dissemination of good practices and knowledge-sharing. ● Reports on technical, operational and programmatic advice or support services to national partners. ● Evidence of support to partnerships and advocacy. ● Planning and programming documents, tools, database, platforms, systems and operational guidelines. 	<ul style="list-style-type: none"> ● Document review. ● Key informant/stakeholder interviews for each of the four programme areas. ● FGDs as appropriate.

EFFICIENCY

EQ5. To what extent has UNFPA Armenia made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA Armenia country programme?

Assumptions to be addressed	Indicators	Sources of Information	Methods and tools for data collection
<ul style="list-style-type: none"> ● Consensus was reached concerning the definition and measurement of what is considered to be a 'good use' of resources (subjectivity). ● UNFPA Armenia has expended resources to achieve outputs at a level that is consistent with the standard norms for the cost of implementing programme activities in each of the four programme areas. ● The number of staff and their capacity has been adequate to ensure smooth implementation and monitoring of inputs and activities. ● Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner. 	<ul style="list-style-type: none"> ● Amount of human, financial and technical resources used to achieve the results/outputs, compared to the value of the achieved outputs. ● Amount of human, financial and technical resources used to implement the activities and achieve outputs as compared to the standard norms for the cost of achieved outputs. ● Number of staff and their capacity ● Evidence that the planned resources were received as foreseen in AWP and partner agreements. ● Evidence that resources were received in a timely manner, as set out in the project work plan. ● Access of internal or external human/technical resources to enhance programme effectiveness. ● Inefficiencies were corrected as soon as identified. ● Access of internal or external human/technical resources to enhance programme effectiveness. ● Inefficiencies were corrected as soon as identified. 	<ul style="list-style-type: none"> ● UNFPA Armenia CPD 2016-2020. ● AWP for the 3rd CP cycle. ● Key stakeholders. ● Documentation of programme inputs by category (human, financial, technical). ● Feedback on quantity and quality of technical assistance (TA) provided to implementing agencies. ● Atlas data. ● IP reporting data ● Training data. 	<ul style="list-style-type: none"> ● Document review ● Key informant/stakeholder interviews ● Budget review ● Budget review of sentinel activities versus AWP budget (N.B: The above for each of the four programme areas).

SUSTAINABILITY

EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the CO to make use of the comparative strengths of UNFPA while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

Assumptions to be addressed	Indicators	Sources of Information	Methods and tools for data collection
-----------------------------	------------	------------------------	---------------------------------------

<ul style="list-style-type: none"> • There are developed mechanisms to ensure ownership of programme areas/activities included in the CPD. • There are established and functional partnerships with ministries, agencies and representatives of partner government to promote and safeguard the supported interventions, programmes and policies. • Government agencies at regional and national levels and other key stakeholders are involved in the design, safeguarding and monitoring of the CP and its components. 	<ul style="list-style-type: none"> • Evidence of coordination and complementarity among the programme components of UNFPA Armenia and coherence among Government ministries. • Evidence of a handover process from UNFPA Armenia to the related executing parties regarding the related projects. • Extent of ownership of each project by various collaborating groups/bodies (i.e. national implementing partners, including government bodies) • Evidence of political commitment and buy-in for dedicated gender and PD focal points/those working on gender equality in national ministries and relevant institutions. • Measures of capacity building, especially training activities for Government partners. • Patterns of staffing turnover and counterpart agency long-term budgeting over time. • Percentage of CO partnership plan actions and annual targets achieved. • Number of issues-based partnership platforms functional (cumulative). 	<ul style="list-style-type: none"> • Training/capacity building reports and training data. • Reports from IPs. • Strategic planning documents in ministries. • Memoranda of Understanding (MOUs). • Evidence on advocacy and policy dialogue. • Reports on efforts to strengthen partnerships with Government entities. • Reports on joint programming activities. • Reports on joint meetings. 	<ul style="list-style-type: none"> • Document review • Key informant/stakeholder interviews • Budget reviews • Training follow up.
---	---	---	--

EQ7. To what extent have partnerships been built with Government or other UN organisations to enhance sustainability or scale up interventions and/or bring relevant evidence to policy-makers to inform decision-making?

Assumptions to be addressed	Indicators	Sources of Information	Methods and tools for data collection
<ul style="list-style-type: none"> • The CP has developed programme capacity and infrastructure that can be sustained in the short- and long-term (less than six, more than five, years) in each of the four programme areas. • Partnerships with strategic institutions, UN agencies, civil society and academia are strengthened to advance implementation of ICPD agenda in Armenia. • The civil society, regional/national training institutions and other key stakeholders are 	<ul style="list-style-type: none"> • Evidence that national funds have been allocated to continue UNFPA-supported projects (once UNFPA funding end) • Extent of ownership of each project by various collaborating groups/bodies (i.e., national IPs, including NGOs and Government bodies). • Short- and long-term ability of institutions to continue, scale-up or adapt programme functions without external support. 	<ul style="list-style-type: none"> • Training/capacity building reports and training data. • Reports from IPs. • MOUs. • National-level strategic planning documents in ministries. • Reports on efforts to strengthen partnerships with Government and other entities. • Joint Programme Reports • Reports on joint meetings. 	<ul style="list-style-type: none"> • Document review • Key informant/stakeholder interviews. • Budget reviews. • Training follow up.

<p>involved in the design, safeguarding and monitoring of country program and its components.</p> <ul style="list-style-type: none"> • The results of UNFPA supported initiatives in the field of gender equality and RH services are likely to last beyond CP termination. 	<ul style="list-style-type: none"> • Measures of capacity building, especially training activities. • Number of issues-based regional or national partnership platforms functional (cumulative). • National partnerships established for advocacy and policy dialogue on GBV with key stakeholders and related groups. • Evidence of public campaigns on GBV implemented and assessed. • Evidence of cooperation with other UN agencies. • Number of Joint Programmes with other United Nations agencies. • Number of MOUs for activities. • 		
UNFPA Country Programme Coordination with UNCT			
EQ8. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?			
Assumptions to be addressed	Indicators	Sources of Information	Methods and tools for data collection
<p>The UNFPA has made consistent positive contributions to the consolidation and functioning of UNCT coordination mechanisms (working groups and joint programmes) at country level in each of the four programme areas.</p>	<ul style="list-style-type: none"> • Reported level of UNFPA participation in: <ul style="list-style-type: none"> ○ Joint UN agencies planning and coordination functions. ○ Pertinent UN theme groups, including UNDAF thematic groups. ○ Other UN administrative bodies for coordination of activities in the country. • Concrete examples of UNFPA Armenia participation in the process of consolidation of UNCT coordination procedures and programmes. 	<ul style="list-style-type: none"> • UNFPA and other UN staff at senior management and theme group levels. • Stakeholders at IP partner agencies. • UN Theme Group minutes. 	<ul style="list-style-type: none"> • Stakeholder interviews with other UN agencies. • Stakeholder interviews with IP partners. • Document review of coordination of joint programme activities. <p>(N.B: The above for each of the four programme areas).</p>

UNFPA Country programme Added Value

EQ9. What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

Assumptions to be addressed	Indicators	Sources of Information	Methods and tools for data collection
<ul style="list-style-type: none"> • The visibility of UNFPA in the country is increased and good-quality communication strategies are developed and implemented by the CO. • UNFPA Armenia demonstrates a significant added value to the UN Country Team and to Government and all other partners, being considered a main source of expertise with regard to SRH, PD, Youth and Adolescents, Gender Equality. • UNFPA Armenia has added significant value to national efforts to realise development goals in the programmatic areas and has supported the country's SDG agenda. 	<ul style="list-style-type: none"> • Number of mentions of UNFPA Armenia in the media (both traditional and online). • Evidence of perceived added value to the UNCT and to Government partners in SRH, PD, Youth and Adolescents, Gender Equality. • Evidence of perceived added value to the UNCT and to Government partners in SDG implementation. 	<ul style="list-style-type: none"> • Key informant interviews with Government, UNCT, other partners • Media and communication strategy. • Communication reports. • Tools, database, platforms, systems and operational guidelines. 	<ul style="list-style-type: none"> • Document review. • Key informant/stakeholder interviews. • FGDs, as appropriate.

Evaluation Instruments

Interview Guide

1. Kindly tell me about UNFPA support to Armenia since 2016. What kind of interventions have been implemented?
2. To what extent is UNFPA Armenia support adapted to the needs of the population with emphasis on the most vulnerable population? How were target populations selected? How were their needs assessed? Are there needs that are not being addressed? Why? Which target groups are not properly addressed?
3. To what extent is UNFPA Armenia support in line with the priorities set by the ICPD Plan of Action? To what extent is UNFPA Armenia support in line with national policy frameworks related to UNFPA-mandated areas? To what extent is UNFPA Armenia support in line with the UNFPA Strategic Plan principles (leaving no one behind and reaching the furthest behind)? To what extent is UNFPA Armenia support in line with the three transformative goals and business model? To what extent is UNFPA Armenia support in line with the UN Partnership Framework and UNDAF?
4. To what extent have the intended programme outputs been achieved (ASK IN DETAIL ABOUT EACH)? What were the mitigating factors? How were they hindered? Is there any evidence of applying the past lessons learnt? Were any innovations applied in delivering programme results? How? Were they effective?
5. To what extent did the outputs contribute to the achievement of the planned outcomes (ASK IN DETAIL ABOUT EACH: i. increased utilisation of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies)? What was the degree of achievement of the outcomes?
6. To what extent has UNFPA Armenia policy advocacy and capacity building support helped to ensure that SRH (including FP) are appropriately integrated into national development instruments and sector policy frameworks in Armenia? To what extent has UNFPA Armenia policy advocacy and capacity building support helped to ensure that the associated concerns for the needs of young people are appropriately integrated into national development instruments and sector policy frameworks in the programme country? To what extent has UNFPA Armenia policy advocacy and capacity building support helped to ensure that gender equality, GBV and GBSS issues are appropriately integrated into national development instruments and sector policy frameworks in Armenia? To what extent has UNFPA Armenia policy advocacy and capacity building support helped to ensure that relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in Armenia?
7. To what extent has UNFPA Armenia made good use of its human, financial and technical resources? To what extent has it used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA Armenia CPD?
8. To what extent have the partnerships established with ministries, agencies and other representatives of the Government allowed the CO to make use of the comparative strengths of UNFPA? How? Did they support safeguarding and promoting the national ownership of supported interventions, programmes and policies? How?
9. To what extent have partnerships built with Government or other UN organisations enhanced the sustainability or scale up of interventions? How? To what extent did it bring relevant evidence to policy-makers to adopt such approaches?
10. To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms? Please give examples.
11. What is the main UNFPA added value in the country context? Why? Please provide examples.

Focus Group Discussion Guide

Self-introduction

Introduction to the objectives of the evaluation

A brief introduction to the rules of focus groups

Key topical domains:

1. What do you personally see as the most important aspect of your work related to UNFPA support? What do you feel proud of in your work?
2. In your opinion to what extent are the services/projects important for and relevant to the needs of the most vulnerable population in this region/country?
3. Who do you see as the most vulnerable groups in your region? Have you been able to reach out to these groups? What are the barriers for this happening (or happening more)? What strategies have worked or been more successful?
4. To what extent have you been equipped with necessary knowledge and practical skills during the trainings?
5. Would you say that the training/intervention has been a success? Why? How do you know that people trained have actually learnt from it? How do you know they are using what they learnt in their jobs? And so on.
6. Has the overall situation improved in the region/country? If so, do you think the trained/sensitised doctors/priests/police/youth have contributed to this improvement? How?
7. What are key factors that impede the provision of effective services? What makes it more challenging? Please give examples.
8. In your opinion, would it be possible to achieve the same results with less resources? If yes, please give examples. If not, explain why.
9. What are your further needs?
10. Would you advise and recommend UNFPA to do the same in other regions/communities? Why?
11. How long will services will be further sustained and provided for, were UNFPA have to withdraw?

Template for Interviews

Interviewer:	
Interviewee: Title and Institution	
Date:	
Venue:	
Output/AWP/Atlas project	
Area of Analysis:	
Stakeholder Type:	
Interview Code:	

INTERVIEW CONTENT

Background & key issues

Contents

Findings

How Human Rights & Gender-Equality Have Been Addressed

Main Conclusions

Recommendations/Next Steps

Sampling Framework²⁴⁰

Population	Sample	Number of Interviewees	Method
Regional Office Leadership	EECARO Deputy Director	1	Key informant semi-structured individual Interview
Country Office Leadership and Staff	Country Representative (as above) and programme area leads at UNFPA Armenia CO, M&E Officer	7	Key informant semi-structured individual and group Interviews
IP Representatives	One appropriate staff leader from all IPs (based on the stakeholder mapping and recommended by the CO based on their level of engagement with the CP)	4	Key informant individual and group semi-structured Interviews
Other Donors/Partners	Embassy of Japan, EU, UNCT members, World Vision	9	Key informant individual semi-structured Interviews
Government Agencies	Most relevant representatives from ARMSTAT, HRDO, the Investigation Committee, MOD, MOES, MOEmS, MOH, MOLSA, MOYS, Police	16	Key informant individual and group semi-structured Interviews
Other Implementing Agencies	Armenian Apostolic Church Representatives, ICHD, National Institute of Labour and Social Research (NILSR), RIRHPOG, State Medical University	5	Key informant individual and group semi-structured Interviews
NGOs, academia, other CSO	AHAOP, Armenian Relief Society, Coalition to Stop Violence Against Women, Karitas, Kentron TV, Pahapan, Social Centres of the Armenian Apostolic Church, Theatre for Changes, Y-PEER network, Women's Council Parliament	12	Key informant individual and group semi-structured Interviews
Beneficiaries of UNFPA support	<ul style="list-style-type: none"> • FGD with trained youth Y-PEER training (thematic area Adolescents and Youth) 9 participants: 5 women and 4 men. • FGD with trained priests (thematic area Gender Equality and Reproductive Rights): 7 men • FGD with trained police officers (thematic area Gender Equality and Reproductive Rights): 7 participants: 3 women, 4 men) • FGD x 2 with doctors (thematic area SRHR): 8 women • FGD with nurses (thematic area SRHR): 7 women. • FGD on GERR with rural women in Tavush: 4 women. 	42	FGDs
Total		96 KIIs	

²⁴⁰ The sampling framework was based on the stakeholder analysis and was indicative and flexible, depending on the situation on the ground during the field work phase.

Annex 5

List of UNFPA Interventions/Atlas Projects 2016-2018

= funded from non-core sources

Regional Projects

		2016			2017			2018		
		Budget	Actual	Use %	Budget	Actual	Use %	Budget	Actual	Use %
ARM03GBS	Project Admin Costs				21,382	17,013	79.6%	35,520	27,624	77.8%
GBS1ADCOST										
ARM03GBS	Data and trends analysis on sex ration at birth in Armenia supported				2,194	840	38.3%	5,433	2,285	42.1%
GBS2ANDATA										
ARM03GBS	Organize national capacity development workshops, sensitization on GBSS				13,896	13,871	99.8%	11,878	6,528	55.0%
GBS3CAPBLD										
Total:		-	-	-	37,472	31,724	84.7%	52,831	36,437	69.0%

Sexual and Reproductive Health Rights

		2016			2017			2018		
		Budget	Actual	Use %	Budget	Actual	Use %	Budget	Actual	Use %
ARM03ARC	Expenditures for sustainable operation of the project									
ACT01POSTS		21,868	21,952	100.4%						
ARM03ARC	Building a team of experts to conduct meetings									
ACT02CMTGS		55,859	56,427	101.1%						
ARM03ARC	Identifying and agreeing the format of programs with local media									
ACT04PUBEV		3,900	2,870	73.6%						
ARM03ARC										

ACT06FFORC	Develop forum theatre script and deliver performances	19,928	19,927	100.0%						
ARM03ARC	IP support costs	4,388	4,413	100.6%						
SC_PN5371										
ARM03POG	Improving RH Awareness among the military by printing and disseminating information materials for soldiers	2,000	1,480	74.0%						
PG01MILIT										
ARM03POG	Re-printing of the RH Textbook for medical students, residents and doctors	4,000	3,968	99.2%						
PG02TBOOK										
ARM03POG	Assistance to evaluation and consultation on maintenance of drug stock quality and security	2,000	2,551	127.6%						
PG03DSTOCK										
ARM03POG	Monitoring of BtN near miss case review system	2,000	2,000	100.0%						
PG04BTN										
ARM03SRH	Expenditures for the sustainable operation of Project Office	46,700	48,766	102.6%	44000	42368	96.3%	43,000	40,056	93.2%
RH01ADCOST										
ARM03SRH	Assist MoH to develop a monitoring tool to track progress of the SRH strategy implementation.	4,000	3,710	92.7%						
RH02STRATG										
ARM03SRH	Launch and publicize the final report of the SRHR inquiry. Printing of the final report.	2,500	2,535	101.4%						
RH03HRINQ										
ARM03SRH	Support MoH to development a testing methodology and materials based on newly developed and introduced guidelines on obstetrics.				3,000	3,011	100.4%			
RH03TEST										
ARM03SRH	Support to MoH to develop clinical guidelines and protocols on emergency obstetrics (2016). Training by international expert for MoH guideline development teams. Development of new guidelines and organization of workshop on introduction of new guidelines.	17,810	17,628	99.0%	23,000	24,576	106.9%	18,000	21,034	116.8 %
RH04PROT										

ARM03SRH	Assess readiness of municipal infrastructures and population on MISP in 5 regions; and maternity hospitals on MISP readiness (2016). Integrate MISP in marz/regional emergency preparedness plan; build maternity hospitals' capacity to deliver services in crisis; training of medical personnel on MISP	19,500	17,742	91.0%	11,000	10,506	95.5%	12,000	13,897	115.8 %
RH05MISP										
ARM03SRH	Generating evidence on RH health of men to contribute to informed SRH policies and implementation mechanisms (2016). Develop an interactive online application to increase awareness among males on RH/STIs/FP and health issues of men. Then test and launch online application.	9,000	8,621	95.8%	16,000	16,729	104.6%	3,000	1,690	56.3%
RH06MHIMP										
ARM03SRH	Evaluate current laws and develop documents on rights and responsibilities of patients (2016). Provision of TA to MoH to draft legal document for Establishment of Health Ombudsman Service in Armenia (2019).	2,000	2,490	124.5%				8,000	7,990	99.9%
RH07RIGHTS										
ARM03SRH	Assist MoH to develop RH clinical guidelines, digital database and data entry							8,000	7,922	99.0%
RH08DIGIT										
ARM03SRH	Work pan monitoring to assess progress toward achieving the workplan annual targets by using project indicators.	600	636	106.0%						
RH08MONIT										
ARM03SRH	Communication activities	1,700	1,682	98.9%						
RH09COM										
ARM03SRH	Evaluation of current midwifery training curricula and its compliance to ICM standards							13,000	12,431	95.6%
RH09MIDW										
ARM03TMA	Expenditures to ensure the project office's sustainable operation	28,570	23,098	80.8%						
ACT01POSTS										

ARM03TMA										
ACT02WGMT G	RHCS Working Group Meetings	2,600	-	0.0%						
ARM03TMA	Related legislation review and preparation of policy documents on RHCS	3,200	3,182	99.4%						
ACT03LEGRV										
ARM03TMA	Creation of RHCS Infrastructure by introducing LMIS, computerizing FP facilities, development of policy documents on FP	52,533	53,107	101.1%						
ACT07INFCB										
ARM03TMA	Awareness Raising Activities	90,133	78,577	87.2%						
ACT08AWARE										
ARM03TMA	Project Monitoring	1,324	488	36.9%						
ACT10MONIT										
Total:		398,113	377,850	94.9%	97,000	97,190	100.2%	105,000	105,020	100.0%

Adolescents and Youth

		2016			2017			2018		
		Budget	Actual	Use %	Budget	Actual	Use %	Budget	Actual	Use %
ARM03YTH	Programme administration cost	4,200	4,625	110.1%	-	54				
ACTY1POSTS										
ARM03YTH	Developing Protocol on Youth Reproductive Health Counselling for health care workers.	2,000	1,982	99.1%						
ACTY2YRHCP										
ARM03YTH	National curricula teaching content on Healthy Lifestyle education in schools assessed by Sexuality Education Review and Assessment Tool and an online module created.	3,800	2,226	58.6%						
ACTY3HLMOD										
ARM03YTH	Publishing and launching of Report of Health Behaviour in School-aged Children (HBSC) Study conducted in Armenia.	3,000	2,628	87.6%						
ACTY4HBSCS										
ARM03YTH	Conduct Awareness Raising Trainings on RH and Rights for A&Y including youth living with disabilities.	20,000	20,086	100.4%						
ACTY5YPEER										
ARM03YTH	Organizing an event for the promotion of Healthy Lifestyle, including RH among youth.	5,000	4,906	98.1%						
ARMY6HLPRO										
ARM03YTH	Programme administration cost.				200	285	142.3%	20,700	19,480	94.1%
YTH01ADCOST										
ARM03YTH	Support MoH to build skills of newly established youth panel through coordination of the panel activities, provision of skills training and provision of technical and logistic support.				8,000	6,464	80.8%	1,300	2,733	210.2 %
YTH02PANEL										
ARM03YTH										

YTH03MODUL E	Finalization of the online module of RH section of school-based “Healthy lifestyle” training course. Piloting and testing the online module in selected schools.				5,300	4,726	89.2%	11,000	9,320	84.7%
ARM03YTH	Organization of a workshop for service providers to introduce new national guidelines on A&Y RH and development of new clinical guidelines.				4,000	3,911	97.8%	4,000	4,359	109.0%
YTH04PROT										
ARM03YTH	Support youth-led initiatives through various events and contests. Organization of Youth Day event.				11,800	13,610	115.3%	16,500	18,188	110.2%
YTH05ADV										
ARM03YTH	Capacity and team building trainings for Y-Peer national network to strengthen the network. Implementation of one of the four initiatives that Y-peers came up with on youth participation in achieving the SDGs as a follow-up of 2017 youth sessions on SDGs and a two-day training on “Leadership, Advocacy and Project Development”.							6,500	5,671	87.2%
YTH06YPEER										
Total:		38,000	36,453	95.9%	29,300	29,050	99.1%	60,000	59,751	99.6%

Gender Equality and Reproductive Rights

		2016			2017			2018		
		Budget	Actual	Use %	Budget	Actual	Use %	Budget	Actual	Use %
ARM03GBV	Project personnel costs and other admin.-operational costs				7,175	6,004	79.6%	48,000	47,194	98.3%
GBV1ADCOST										
ARM03GBV	Local consultants to provide TA on MSR to GBV for 3 key sectors and stakeholder meetings/events				17,545	17,460	99.5%			
GBV2TAMSR										
ARM03GBV	Preparation and airing of 10 TV programs on GBV cases and consequences; preparation and implementation of three events presenting the findings to media and other stakeholders.				14,360	14,350	99.9%			
GBV3VISADV										
ARM03DVR	Project Personnel Costs and Associated Costs				16,052	16,038	99.9%			
ADMINPOSTS										
ARM03DVR	Prepare and conduct facilitated multi-stakeholder discussions				16,520	16,585	100.4%			
DISCUSSION										
ARM03DVR	Prepare and conduct Focus Groups with key target groups in the population				7,140	6,984	97.8%			
FOCUSGROUP										
ARM03DVR	Prepare and conduct in-depth interviews with service/support providers.				1,350	1,351	100.0%			
INTERVIEWS										
ARM03DVR	Support costs for the IP				2,000	2,000	100.0%			
SC_PN5371										
ARM03GEP	Program Personnel and Admin Costs	55,000	55,217	100.4%	60,000	68,670	114.5%			
ACTG1POSTS										
ARM03GEP	Support implementation of the 2016-2018 Action Plan for Ensuring Women's Protection and Equal Opportunities in the Defence Sector (2016-17).	12,700	12,710	100.1%	10,000	9,146	91.5%	10,000	10,321	103.2%
ACTG2DSAPS										

ARM03GEP	TA provided to the Government for development of the next National Action Plan on Tackling Gender Biased Sex Selection in Armenia and for implementing the current Action Plan. Advocacy and awareness raising on GE/GBV conducted using IMAGES findings	21,300	20,876	98.0%	4,000	-	0.0%			
ACTG3EVCOL										
ARM03GEP	Advocacy and awareness raising on gender-biased sex selection	3,500	3,527	100.8%						
ACTG4AGBSS										
ARM03GEP	Strengthening Multi-Sectoral Response to GBV in Armenia (2016). Organization of an International Seminar "Preventing and Combating Violence against Women in Armenia" jointly with Council of Europe and Human Rights Defender of Armenia on 31 January 2017. Introduction of international minimum requirements and best practices of multi-sectoral response to GBV/DV in Armenia. Technical Assistance will be provided to line ministries for developing legal acts, special procedures, guidelines and SOPs on GBV/DV for 3 key sectors.	5,000	4,410	88.2%	26,000	21,407	82.3%	-	3	
ACTG5MSRGV										
ARM03GEP	Organization of Working Group meetings Printing of new strategy on Gender/GBV				5,000		0.0%			
ACTG6NSGEN										
ARM03GEP	At least 10 women trained in the production of souvenirs and handicrafts, including quality marketable products such as featured carpets and woollen accessories from Tavush, designer laces, etc.							8,500	8,836	104.0 %
ACTG6WEEMP										
ARM03GTA	Workshops and conferences	520	422	81.1%	739	823	111.3 %	1,418	1,609	113.5 %
CONFERENCE										

ARM03GTA	Development of action plans for educational sessions and awareness raising meetings, update of guidelines for the priests and trainers, action plan implementation including group meetings (schools, army units, home visits, couple and individual consultations on GBV and/or family well-being).	8,927	9,026	101.1%	8,823	8,907	100.9%	6,340	6,134	96.8%
DEVACTPLANS										
ARM03GTA	Non-WP activity to assure enough funds are available for UNFPA to meet fund obligations committed by signing the WP in local currency	500	-	0.0%	500	-	0.0%	502	-	0.0%
ERBCKPFUND										
ARM03GTA	Project monitoring and evaluation	156	157	100.4%	277	280	101.1%	751	671	89.4%
MONITORING										
ARM03GTA	Expenditures for sustainable operation of project office	5,528	5,577	100.9%	6,824	6,892	101.0%	8,556	8,490	99.2%
PROGPOSTS										
ARM03GTA	IP Support costs	2,231	2,252	100.9%	2,047	2,072	101.2%	1,538	1,524	99.1%
SC_PN5742										
ARM03GTA	Training for AAC priests and youth-workers	4,253	4,373	102.8%	5,083	5,048	99.3%	5,422	5,358	98.8%
TRAINPRIESTS										
ARM03GTA	Production and broadcast of a ten-minute programme covering the issue of GBV in families in Armenia and the current project to fight it as well as two one-minute social advertisements	1,824	1,840	100.9%						
VISPRODUCT										
ARM03HRP	Program administrative and support costs.							8,811	9,577	108.7%
ACT1HRPADM										
ARM03HRP	TA for the development of by-laws and support to multi-stakeholder response to GBV.							31,125	19,505	62.7%
ACT2HRPTHS										

ARM03HRP	Capacity Building for relevant state bodies (social, health, law-enforcement)							14,623	13,733	93.9%
ACT3HRPCB										
ARM03HRP	Capacity Building for relevant state bodies (social, health, law-enforcement)							7,587	2,651	34.9%
ACT3HRPCB										
ARM03HRP	Subcontracting on awareness raising on GBV/DV (follow up to the law)							23,138	22,955	99.2%
ACT4HRPAWR										
ARM03PSP	Project Costs and Associated Costs				8,094	7,999	98.8%	13,740	10,958	79.8%
ADMINPOSTS										
ARM03PSP	A short video focusing on consequences and causes of gender-biased sex selection will be produced and disseminated.				1,750	8	0.5%	-	3	
AUDIOVISUAL										
ARM03PSP	Local consultants hired for conducting costing analysis of policies and programmes (2017). Activity no longer in 2018 work plan but remaining here to clean the OFA from last year (2018).				16,866	14,023	83.1%	28,748	23,867	83.0%
CROSSCUT										
ARM03PSP	Hiring of experts to conduct costing analysis, develop an advocacy and communication strategy and provide policy recommendations on the relevant policies, action plans and regulatory documents.				4,500	14	0.3%	-	15	
POLICYDOCS										
ARM03PSP	IP Support Costs				916	941	102.8%	1,481	1,514	102.2%
SC_PN5371										
ARM03PSP	Producing of video materials							3,000	1,994	66.5%
VIDEOMATERIALS										
ARM03PSP	Hiring of local consultant to develop materials for conducting a workshop for key national research institutions				1,690	1,728	102.3%			
WORKSHOP										
Total:		121,439	120,387	99.1%	245,251	228,730	93.3%	223,280	196,876	88.2%

Population Dynamics and Development

		2016			2017			2018		
		Budget	Actual	Use %	Budget	Actual	Use %	Budget	Actual	Use %
ARM03PDS	Activities to support the effective implementation of the Ageing Strategy	11,000	11,695	106.3%	7,000	6,855	97.9%	10,000	10,097	101.0%
AGEING										
ARM03PDS	Personnel costs and operation support costs for Communication Assistant	23,330	21,602	92.6%						
COMMASSIST										
ARM03PDS	Activities aimed at improving UNFPA visibility and advocating for ICPD agenda	20,000	19,644	98.2%	5,000	4,329	86.6%	5,000	1,445	28.9%
COMMUN_PR										
ARM03PDS	Desk review of age and sex distribution in the labour market to identify gaps and challenges	7,500	7,692	102.6%						
LAMMARKET										
ARM03PDS	Support to implementation of newly adopted National Program on demography of RA	15,000	14,924	99.5%						
NATPROGDEM										
ARM03PDS	Project personnel and key project operation costs	39,700	41,171	103.7%	40,700	43,671	107.2%	50,085	49,507	98.8%
PROGCOSTPD										
ARM03PDS	PSA finalized and widely presented to all relevant stakeholders, published and disseminated	19,700	18,937	96.1%						
PSA										
ARM03PDS	Activities to support to effective implementation of National Program on Demography				18,000	17,859	99.2%	21,000	23,720	113.0%
DEMPROG										
ARM03PDS	Development of web-based platform/database on demographic data				9,000	6,966	77.4%			
DEVDATABASE										
ARM03PDS	Nation-wide survey on fertility preferences will be conducted				34,000	33,908	99.7%			
FERTILITYSURVEY										
ARM03COM	Expenditures for sustainable operation of Project office				22,000	23,089	105.0%	27,231	27,383	100.6%
COM1ADCOST										

ARM03COM	Printing of the updated UNFPA Armenia factsheet and project briefs. Designing greeting cards to be send to partners on the occasion of national holidays, including professional days				1,000	-	0.0%	10,135	9,957	98.2%
COM2VISBTY										
ARM03COM	Integrated SRHS: conducted a thematic photo contest, A&Y thematic song performance contest, GE and RR family competition, and short story PDD contest. Investigative journalistic projects on UNFPA mandated topics: (1) Urban game/quest on youth topics; (2) Short story contest "Kindness in Armenia"; and (3) Media transport				10,000	9,039	90.4%	7,278	7,267	99.9%
COM3ADVCOM										
ARM03COM	<ul style="list-style-type: none"> • Training for journalists on reproductive health and other issues • Year-end reception for journalists • Media monitoring 				1,800	940	52.2%	3,091	3,085	99.8%
COM4MEDIA										
ARM03COM	Conducting internal communication training/workshop for CO/projects staff				100	-	0.0%	200	186	92.8%
COMINTCOM										
ARM03PDS	Support to establish alternative day care services for elderly people							14,271	11,929	83.6%
DAYCARESERVICE										
ARM03PDS	Conducted a conference on Geriatrics and improvement of elderly healthcare in three border regions of Armenia							14,500	14,483	99.9%
GERIATRICS										
ARM03PDS	Support to the National Platform on SDGs jointly with NSS of RA							27,500	31,302	113.8%
NATPLATFORM										
ARM03PDS	Support to the Implementation of Pilot Census with NSS of RA							7,000	7,120	101.7%
PILOTCEUSUS										
Total:		136,230	135,665	99.6%	148,600	146,656	98.7%	197,291	197,481	100.1%

Administration

		2016			2017			2018		
		Budget	Actual	Use %	Budget	Actual	Use %	Budget	Actual	Use %
ARM03PCA	Post costs for the Logistics Personnel and general operating costs including vehicle maintenance	36,226	33,310	92.0%	29,800	31,094	104.3%	30,500	29,099	95.4%
ADMINSUPP										
ARM03PCA	Cost of NEX audit for 2015 NEX expenses by the IP PN5371 (ICHD)	2,100	2,100	100.0%	4,550	4,613	101.4%			
AUD_PN5371										
ARM03PCA	Transportation and DSA for staff to take part in business trainings, workshops, meetings and learning events	7,500	10,269	136.9%	8,800	12,249	139.2%	8,500	10,681	125.7 %
TRAINWSHOP										
ARM03PCA	Marking World Population Day and other advocacy related activities	8,500	10,516	123.7%	3,000	998	33.3%	3,000	5,632	187.7 %
WPDADV										
ARM03PCA	Project monitoring and evaluation, monitoring vehicle and driver personnel costs	14,600	12,747	87.3%	13,800	11,886	86.1%	14,000	12,954	92.5%
MONITORING										
ARM03PCA	One UN joint activity	9,690	3,681	38.0%	6,000	6,856	114.3%	16,147	14,912	92.3%
ONEUNJOINT										
ARM03PCA	Micro-assessment of UNFPA IPs HACT	4,000	3,400	85.0%	1,500	619	41.3%	1,100	-	0.0%
PROFSERV										
ARMM0809	Ensured office operations are prepared	13,253	10,185	76.9%	16,801	10,159	60.5%	25,986	23,659	91.0%
GENOPEX										
ARMM0809	BSB Posts Costs	139,173	137,961	99.1%	138,132	136,707	99.0%	92,894	95,461	102.8 %
POSTS										
Total:		235,042	224,169	95.4%	222,383	215,181	96.8%	192,127	192,398	100.1 %

Summary of Atlas Projects 2016-2018

	2016			2017			2018		
	Budget	Actual	Use %	Budget	Actual	Use %	Budget	Actual	Use %
Regional Projects	-	-	-	37,472	31,724	84.7%	52,831	36,437	69.0%
Sexual and Reproductive Health Rights	398,113	377,850	94.9%	97,000	97,190	100.2%	105,000	105,020	100.0%
Adolescents and Youth	38,000	36,453	95.9%	29,300	29,050	99.1%	60,000	59,751	99.6%
Gender Equality and Reproductive Rights	121,439	120,387	99.1%	245,251	228,730	93.3%	223,280	196,876	88.2%
Population Dynamics and Development	136,230	135,665	99.6%	148,600	146,656	98.7%	197,291	197,481	100.1%
Administration	235,042	224,169	95.4%	222,383	215,181	96.8%	192,127	192,398	100.1%
Total	928,824	894,524	96.3%	780,006	748,531	96.0%	830,529	787,963	94.9%

Total 2016-2018

	Budget	Actual	Use %
Regional Projects	90,303	68,161	75.5%
Sexual and Reproductive Health Rights	600,113	580,060	96.7%
Adolescents and Youth	127,300	125,254	98.4%
Gender Equality and Reproductive Rights	589,970	545,993	92.5%
Population Dynamics and Development	482,121	479,802	99.5%
Administration	649,552	631,748	97.3%
Total	2,539,359	2,431,018	95.7%

Annex 6

Stakeholder Mapping

DONORS	IMPLEMENTING AGENCIES	OTHER PARTNERS	BENEFICIARIES
SEXUAL AND REPRODUCTIVE HEALTH RIGHTS			
Strategic Plan (2014-2017) <i>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.</i>			
Strategic Plan (2018-2021) <i>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</i>			
Country programme output (2016-2020). <i>Output 1: Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for high-quality integrated sexual and reproductive health services for women, adolescents and youth, with a focus on vulnerable groups, including in humanitarian settings</i>			
Atlas project code name ARM03SRH (2016 -2019). Strengthening of Reproductive Health Services			
UNFPA Core funds	UNFPA	MOEmS, ARNAP Foundation; MOES; MOH; MOD; Medical Scientific Centre of Dermatology and Sexually Transmitted Infections; WHO; American University of Armenia; RIRHPOG; HRDO; Individual experts	MOH, obstetrician- gynaecologists, men and women of reproductive age, military conscripts and officers, individuals and married couples in targeted provinces and areas, nursing colleges, rescuers, pregnant women, the population at large
Strategic Plan (2014-2017) <i>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.</i>			
Country programme output (2016-2020). <i>Output 1: Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for high-quality integrated sexual and reproductive health services for women, adolescents and youth, with a focus on vulnerable groups, including in humanitarian settings</i>			
Atlas project code name - ARM03POG (2016) Government implementation of SRH project			
UNFPA core funds	RIRHPOG	MOEmS, ARNAP Foundation; MOES; MOH; MOD; Individual experts	Medical workers, soldiers, military officers, population at large, individuals and married couples in targeted provinces and areas, youth and other vulnerable and minority populations in targeted provinces and areas
Strategic Plan (2014-2017) <i>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.</i>			
Country programme output (2016-2020). <i>Output 1: Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for high-quality integrated sexual and reproductive health services for women, adolescents and youth, with a focus on vulnerable groups, including in humanitarian settings</i>			
Atlas project code name ARM03ARC (2016) Promoting Contraceptive Security in Armenia project. Conduct large-scale awareness raising campaign to increase the knowledge on FP			
USAID	ICHD	Theatre for Changes; "Solidarity of Generations" Youth NGO; Individual experts	Population at large, men and women of reproductive age, individuals and married

			couples, youth and other vulnerable populations
Strategic Plan (2014-2017) <i>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.</i>			
Country programme output (2016-2020). <i>Output 1: Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for high-quality integrated sexual and reproductive health services for women, adolescents and youth, with a focus on vulnerable groups, including in humanitarian settings</i>			
Atlas project code name ARM03TMA Promoting Contraceptive in Armenia project (2014-2016, August)			
UNFPA	UNFPA	Civilitas; COAR; FIDEC; IPPF; Media Initiatives Center; MOH; NCDC; NIH; USAID; Individual experts	MOH, NIH Obstetrician-gynecologists, women and men of reproductive age, youth, general population, journalists
ADOLESCENTS AND YOUTH			
Strategic Plan (2014-2017) <i>Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.</i>			
Strategic Plan (2018-2021) <i>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.</i>			
Country programme output (2016-2020) <i>Output 1: Strengthened national laws, policies and programmes for incorporating adolescent and youth rights and needs through evidence-based policy advocacy.</i>			
Atlas project code name ARM03YTH (2016-2019)			
UNFPA core funds	UNFPA	Diocese of Tavush of Armenian Apostolic Church; Girls in Tech; Hartak NGO; Infotun Ijevan; Kaza Swiss Humanitarian Foundation; MOH; MOES; Ministry of Sports and Youth Affairs; NIE of MOES; Source Foundation NGO; Step Forward NGO; Theatre of Changes Cultural NGO; UNDGC; Y-Peer Armenia; YIC Gyumri NGO; Individual experts	Paediatric gynaecologists, Y-Peers, adolescents, population at large, young girls and boys, youth NGO's.
GENDER EQUALITY AND REPRODUCTIVE RIGHTS			
Strategic Plan (2014-2017) <i>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.</i>			
Strategic Plan (2018-2021) <i>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</i>			
Country programme output (2016-2020). <i>Output 1: Increased capacity of national institutions to develop evidence-based policies and implementation mechanisms for high-quality integrated sexual and reproductive health services for women, adolescents and youth, with a focus on vulnerable groups, including in humanitarian settings</i>			
Atlas project code name ARM03GTA (2016)			
UNFPA	Armenia Round Table Foundation FBO	Armenia Apostolic Church; MOD; MOLSA; Ministry of Territorial Administration; OSCE Office in Yerevan; Individual experts	Governmental institutions at national and local level, women's NGOs, women and girls, population at large.
Strategic Plan (2014-2017) <i>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</i>			
Strategic Plan (2018-2021) <i>Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.</i>			
Country programme output (2016-2020). <i>Output 1: Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices.</i>			
Atlas project code name ARM03GEP (2016-2019) Gender equality promotion			

UNFPA	UNFPA	Embassy of Japan; HRDO; Investigative Committee; IPSC –IMAGES; MOD; MOFA; MOLSA; Pahapan NGO; Police; Tavush Diocese; UN agencies; Independent experts; Individual experts	Army service persons, women from Ijevan, participants of the Pahapan project; HRDO, population at large.
Strategic Plan (2014-2017) <i>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</i>			
Country programme output (2016-2020). <i>Output 1: Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices.</i>			
Atlas project code name ARM03GBV Project title: "Studies, information dissemination and legal support to combat GBV in Armenia", February-December, 2017			
EU/UNFPA core funds	UNFPA	Coalition to Stop Violence Against Women; EU; HRDO; International Centre for Human Development; Kentron TV; Media representatives; MOES; MOH; MOLSA; Police; Individual experts	Governmental institutions at national and local level, women NGOs, women and girls, population at large.
Strategic Plan (2014-2017) <i>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</i>			
Strategic Plan (2018-2021) <i>Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.</i>			
Country programme output (2016-2020). <i>Output 1: Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices.</i>			
Atlas project code name ARM03GBS: Global Program to Prevent Son Preference and the Undervaluing of Girls (2017-2019). The goal of the Program is to contribute to addressing the imbalance in sex ratio via strengthening evidence-based national policies and programmes to tackle son preference, low value of girls and gender inequalities resulting in gender-biased sex selection in identified countries of prevalence in Asia (Nepal, Bangladesh, Vietnam) and the Caucasus (Armenia, Georgia, Azerbaijan).			
EU	UNFPA	Armenian Relief Society; ARMSTAT; EECARO; ICHD; MOH; MOLSA; National Institute of Labour and Social Research; Theatre for changes; UNFPA Headquarters; Union Internationale de la Marionette (UNIMA); World Vision Armenia; Individual experts	Governmental institutions, relevant staff from research institutions; medical community (obstetrician-gynaecologists and ultrasound specialists), social workers, women and men of reproductive age, youth, population at large, local NGOs
Strategic Plan (2014-2017) <i>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</i>			
Strategic Plan (2018-2021) <i>Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.</i>			
Country programme output (2016-2020). <i>Output 1: Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices.</i>			
Atlas project code name ARM03PSP (2017-2019) Combating Gender-Biased Sex Selection in Armenia (CGBSSA) in the frame of the Global Programme to Prevent Son Preference and the Undervaluing of Girls)			
EU	ICHD	ARMSTAT; MOH; MOLSA; NIH; National Institute of Labour and Social Research; National Institute of Education; National Institute of Educational Technologies; Individual experts	Governmental institutions, Parliamentarians, research institutions, population at large.
Strategic Plan (2014-2017) <i>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</i>			
Country programme output (2016-2020). <i>Output 1: Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices.</i>			
Atlas project code name ARM03DVR (2017) Conducting Qualitative Research on Domestic Violence in Armenia			
EU	ICHD	MOH; MOLSA; Individual experts	Governmental institutions at national and local level, women NGOs, women and girls, population at large.

Strategic Plan (2014-2017) <i>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</i>			
Strategic Plan (2018-2021) <i>Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.</i>			
Country programme output (2016-2020). <i>Output 1: Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices.</i>			
Atlas project code name ARM03GTA 2016-2019			
UNFPA	Armenia Round Table Foundation FBO	Armenian Apostolic Church; MOD; Police; Social Centres of the Armenian Apostolic Church; Individual experts	Armenian Apostolic Church, soldiers, military officers, population at large, individuals and married couples in targeted provinces and areas, youth and other vulnerable and minority populations in targeted provinces and areas, schools, teachers, parents, schoolchildren, newly-weds.
Strategic Plan (2014-2017) <i>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</i>			
Strategic Plan (2018-2021) <i>Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.</i>			
Country programme output (2016-2020). <i>Output 1: Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices.</i>			
Atlas project code name ARM03HRP (2017-2019), EU funded joint project with UNICEF and UNDP lead by UNDP under HA TA framework			
Project title: "Promotion and Protection of Human rights in Armenia"			
EU, UNFPA core funds	UNFPA	Coalition to Stop Violence Against Women; EU; HRDO; Media representatives; MOH; MOLSA; MOES; Police; Individual experts	Governmental institutions at national and local level, women NGOs, women and girls, population at large.
POPULATION DYNAMICS			
Strategic Plan (2014-2017) <i>Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality</i>			
Strategic Plan (2018-2021) <i>Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</i>			
Country programme output (2016-2020). <i>Output 1: Increased availability of evidence for formulation of rights-based policies on emerging population issues (low fertility, ageing, migration) and their linkages to sustainable development.</i>			
Atlas project code name ARM03PDS 2016-2019, Evidence for policies on emerging population issues.			
UNFPA	UNFPA	AHAOP; ARMSTAT; Caritas; MOLSA; National Assembly; National Institute of Labour and Social Researches; Swiss Red Cross; Individual experts	All line ministries, National Institute of Labour and Social Researches of MOLSA, the State Migration Service of the Ministry of Territorial Administration, Mission Armenia NGO, academia, NGOs, researchers, population at large.

Previous and Current Ministries in Armenia

Ministries prior to May 2018

Prior to the restructuring of the new Government, the previous ministries in Armenia were as follows:

1. Ministry of Agriculture
2. Ministry of Culture
3. Ministry of Defence
4. Ministry of Diaspora
5. Ministry of Economic Development and Investments
6. Ministry of Education and Science
7. Ministry of Emergency Situations
8. Ministry of Energy Infrastructures and Natural Resources
9. Ministry of Finance
10. Ministry of Foreign Affairs
11. Ministry of Health
12. Ministry of Justice
13. Ministry of Labour and Social Affairs
14. Ministry of Nature Protection
15. Ministry of Sport and Youth Affairs
16. Ministry of Territorial Administration and Development
17. Ministry of Transport, communication and Information

Situation of Ministries after May 2018

Under the measure approved by the National Assembly on 8 May 2018, the Armenian cabinet is now comprised of 12 Ministries instead of the former 17:

1. Ministry of Defence
2. Ministry of Economic Development and Agriculture
3. Ministry of Education, Science, Culture and Sport
4. Ministry of Emergency Situations
5. Ministry of Finance
6. Ministry of Foreign Affairs
7. Ministry of Health
8. Ministry of High-tech and Military Industries
9. Ministry of Justice
10. Ministry of Labour and Social Affairs
11. Ministry of Nature Protection
12. Ministry of Territorial Administration and Infrastructures

Bibliography

- American University of Armenia (2019). *An Evaluation of Midwifery Education System in Armenia*. Avedisian Onanian Center for Health Services Research and Development, Turpanjian School of Public Health: Yerevan.
- Arabkir Medical Centre, Institute of Child and Adolescent Health (2016). *Annual Reports*. Yerevan
- Asian Development Bank (2016). *Armenia Country Gender Assessment*. ADB: Yerevan.
- CAHD (2010). *National Strategy for Child and Adolescent Health and Development and the Implementation Action Plan Thereof (2010-2015)*.
- CEDAW (2015). *Consideration of Reports Submitted by States' Parties Under Article 18 of the Convention*.
- De Brujin et al (2016), *Population Situation Analysis: Republic of Armenia*, September 2016: Yerevan.
- GORA (2003). *Armenia Poverty Reduction Paper*. Yerevan.
- GORA (2009a). *Strategy of the Demographic Policy of the Republic of Armenia*. Yerevan.
- GORA (2009b). *Action Plan for the Implementation of the Strategy of the Demographic Policy of the Republic of Armenia*. Yerevan.
- GORA (2010). *Concept for the Policy of State Regulation of Migration in the Republic of Armenia*. Yerevan.
- GORA (2012). *Republic of Armenia Government Programme 2012-2017*. Yerevan.
- GORA (2013a). 'List of the Priority Activities for the National Programme on the Response to the HIV Epidemic'. *National AIDS Programme Operational Plan*. Yerevan.
- GORA (2013b). *List of the Priority Activities for the National Programme, Budget, Monitoring and Evaluation Plan*. Decree N-N of 2013 on ratification of National Programme on the Response to the HIV Epidemic. Yerevan.
- GORA (2014). *Armenia Development Strategy for 2014-2015*. Annex to Republic of Armenia Government Decree #442-N 27 March 2014: Yerevan.
- GORA (2015). *United Nations Development Assistance Framework 2016-2020*. UNDP: Yerevan.
- GORA (2016a). *Children and Adolescent Strategy 2016-2020*. Yerevan.
- GORA (2016b). *Action Plan for Children and Adolescent Strategy 2016-2020*. Yerevan.
- GORA (2017a). *Human Rights Action Plan 2017-2019*. Yerevan.
- GORA (2017b). *A Roadmap for SDG Implementation in the Republic of Armenia*. October 2017: Yerevan.
- GORA (2017c). *Programme of the Government of the Republic of Armenia 2017-2022*. June 2017: Yerevan.

GORA (2018a). *SDG Implementation Voluntary National Review (VNR) Armenia*, July 2018: Yerevan.

GORA (2018b). *Summary of Armenia SDG Roadmap*. August 2018: Yerevan.

GORA (2018). *Son Preference and GBSS: Draft State Programme and Action Plan 2018-2022*. Yerevan.

GORA (2019). *Government of the Republic of Armenia Programme 2019-2023*. Yerevan.

Grigoryan, S. R. et al (2017), *HIV Behavioural Surveillance Survey among Youth in the Republic of Armenia, 2016*, Yerevan: National Centre for AIDS Prevention

<http://agent.echr.am/en/events/protocol-15-to-the-european-convention-ratified.html>

<https://www.advantour.com/armenia/economy.htm>.

<https://countryeconomy.com/hdi/armenia>.

<https://en.wikipedia.org/wiki/Armenians>.

<http://agent.echr.am/en/events/protocol-15-to-the-european-convention-ratified.html>

<https://www.hrw.org/world-report/2019/country-chapters/armenia>.

<http://investigative.am/en/investigation-committee/body-ic.html>

https://public.tableau.com/views/OECDACAidataglacebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no

<https://tradingeconomics.com/armenia/gdp-growth-annual>

<https://tradingeconomics.com/armenia/net-oda-received-per-capita-us-dollar-wb-data.html>

<https://tradingeconomics.com/armenia/unemployment-rate>

<https://tradingeconomics.com/armenia/net-oda-received-per-capita-us-dollar-wb-data.htm>

http://www3.weforum.org/docs/WEF_GGGR_2017.pdf

ICHD (2017). *Research on Perceptions, Attitudes and Practices Regarding Domestic Violence in Armenia*. Yerevan.

ICHD (2018). *Costing and Feasibility Analysis of State Policy Reforms on Extending Early Childhood Care and Development Services for Children to Prevent Gender-biased Sex Selection*. Global Programme on Prevention of Son Preference and Undervaluing of Girls.

ICHD (2018). *Priorities of Public Policies aimed at Preventing GBSS and Sex-Selective Abortions in Armenia*, <https://armenia.unfpa.org/en/publications/priorities-public-policies-aimed-preventing-gender-biased-sex-selection-and-sex>

ICHD (2019) *Early Childhood Care and Education (ECEC) policies in the European Union (EU) and their impact on Female Labour Force Participation (FLFP) and female part-time work*.

<https://armenia.unfpa.org/en/publications/early-childhood-care-and-education-ecec-policies-european-union-eu-and-their-impact>

IMF World Economic Outlook: Cyclical Upswing, Structural Change report, April 2018
<https://www.imf.org/en/Publications/WEO/Issues/2018/03/20/world-economic-outlook-april-2018>.

Institute for Political and Sociological Consulting (IPCS) and UNFPA (2016). *Men and Gender Equality In Armenia*, https://armenia.unfpa.org/sites/default/files/pub-pdf/MEN%20AND%20GENDER%20EQUALITY_Final_0.pdf

National Statistical Service of the Republic of Armenia (2018). *A Social Snapshot and Poverty in Armenia*.

National Statistical Service (NSS) [Armenia], Ministry of Health (MOH) [Armenia], and ICF (2017). *2015-16 ADHS Key Findings*. Rockville, Maryland, USA: NSS, MOH, and ICF.

Richardson, E. (2013). 'Armenia: Health System Review.' *Health Systems in Transition*, Vol.15, No.4. European Observatory on Health Systems and Policies

Statistical Committee of the Republic of Armenia (2018), *Demographic Handbook of Armenia 2017*. http://www.armstat.am/file/article/demog_2017_2.pdf

Statistical Committee of the Republic of Armenia (2018) *Social Snapshot and Poverty in Armenia 2018*. https://www.armstat.am/file/article/poverty_2018_english_2.pdf

UN Women, UNFPA, WHO, UNDP & UNODC (2015). *Essential Services Package for Women and Girls Subject to Violence*. <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>

United Nations Evaluation Group's (UNEG) handbook, *Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance*

United Nations (UN) Armenia (2015). *Armenia —United Nations Development Assistance Framework (UNDAF) 2016-2020*. 31 July 2015, Yerevan

UNFPA (2015a). *Draft country programme document for Armenia*. June 2015, UNFPA: New York.

UNFPA (2015b). *Country Programme Action Plan (CPAP) 2016-2020*. Yerevan.

UNFPA (2016a). *Report on public Inquiry into enjoyment of sexual and reproductive health rights in Armenia*. Yerevan

UNFPA (2016b). *Gender Gap, Diagnostic Study of Discrimination against Women*, UNFPA: Yerevan

UNFPA (2016c). *Factsheet on the Diagnostic Gender Gap Study in Armenia*, June 2016, UNFPA: Yerevan

UNFPA (2016d). *Analysis of the findings of the study on the demand for the new models incorporated into the Conceptual Framework regarding social needs of older persons and social services provision to older persons in the Republic of Armenia*, 2016. UNFPA: Yerevan

UNFPA (2017). *UNFPA Armenia Country Annual Report 2016*. UNFPA: Yerevan.

UNFPA (2018). *Strategic Plan 2018-2021*. UNFPA: New York.

UNFPA (2019). *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA*. February 2019: UNFPA: New York.

UNFPA Armenia (2019). *List of Interventions for Armenia Country Programme Evaluation*. UNFPA: Yerevan.

UNFPA Armenia (2019). *Innovation Brief*. UNFPA: Yerevan.

V. Aghadjanian and K. Markosyan (2013), *Labour migration and STI/HIV risks in Armenia: assessing prevention needs and designing effective interventions,*” Caucasus Research Resource Centres, Yerevan, Armenia.

World Bank (2016), <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=AM>.

World Bank (2017a), <https://data.worldbank.org/indicator/SH.DYN.MORT>

World Bank (2017b), <https://data.worldbank.org/indicator/SH.HIV.1524.FE.ZS>

World Bank (2018). <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2018-2019>.

World Bank (2019a). <https://www.worldbank.org/en/country/armenia/overview>

World Bank (2019b). *Country Partnership Framework for the Republic of Armenia for the Period Fy19–Fy23*. South Caucasus Country Management Unit Europe and Central Asia Region, Washington DC, 28 February 2019

World Economic Forum (2018). *The Global Gender Gap Report 2018*. Geneva: WEF. Available at: http://www3.weforum.org/docs/WEF_GGGR_2018.pdf

World Health Organisation (2019). <https://www.who.int/countries/arm/en/>.

www.worldometers.info/world-population/armenia-population

List of Persons Met

Name	Organisation	Position/Role
Ms. Tsovinar Harutyunyan	UNFPA	UNFPA Armenia Assistant Representative
Ms. Lusine Sargsyan	UNFPA	Programme Analyst
Mr. Vahe Gyulkhasyan	UNFPA	SRH Programme Analyst
Mr. Mher Manukyan	UNFPA	Communication Associate
Ms. Anna Barfyan	UNFPA	Youth Programme Coordinator
Ms. Anush Khachatryan	UNFPA	HBS Project Specialist
Ms. Narine Beglaryan	UNFPA	GBS Project Coordinator
Ms. Anna Hovhannisyan	UNFPA	PD Programme Analyst
Mr. Shombi Sharp	UN	Resident Coordinator
Ms. Armine Hovhannisyan	UNDP	Democratic Governance and Integrated Border Management Portfolios Programme Associate Results-Based Management, Cross-Cutting Programming and Gender Focal Point
Ms. Tanja Radocaj	UNICEF	Representative
Ms. Nvard Manasyan	UNICEF	Gender Equality Officer
Ms. Astghik Martirosyan	UNICEF	Monitoring and Evaluation/Child Rights Systems Monitoring Specialist
Ms. Ilona Ter- Minasyan	IOM	Head of Office
Ms. Armine Halajyan	UN Global Communications	Comms & Advocacy Officer
Ms. Susanna Grigoryan	UNHCR	Assistant Protection Officer
Ms. Karine Sujayan	RA Ministry of Foreign Affairs	Head of Division/ Human Rights and Humanitarian Issues Division/ International Organizations Department
Mr. Arman Hovhannisyan	RA Ministry of Foreign Affairs	Head of UN Division/ International Organizations Department
Ms. Kristine Asatryan	RA Ministry of Sport and Youth Affairs	Deputy Minister
Mr. Alik Avetisyan	RA Ministry of Defence Human Rights and Integrity Building Center	Independent Expert Director
Arthur Atanesyan	RA Ministry of Defence Human Rights and Integrity Building Center	Independent Expert
Ms. Tamara Hovnatanyan	“Woman and politics” newspaper WomenNet.am website	Editor- in –chief
Mr. Mikayel Khachatryan	RA Human rights defender’s office	Head of Department for International Cooperation
Ms. Shushanik Khurshudyan	RA Human rights defender’s office	Specialist at the Research and Educational Center
Ms. Nelli Duryan	Police	Head of Juvenile Justice and Fight Against Domestic Violence Department
Mr. Ara Barseghyan	Disaster risk reduction nation platform/ “ARNAP” Foundation German Red Cross	Acting Director Deputy Director
Mr. Hayk Sekoyan	Theatre for Changes	Executive and Creative Director
Mr. Vahan Asatryan	International Center for Human Development	Head of Research and Development Unit, Member, Board of Directors

Ms. Armine Mkhitarian	National Institute of Labor and Social Research (NILSR)	The chief of the social support of the National Institute of Labor and Social Research
Ms. Karine Saribekyan	Ministry of Health	Head of the Department on Mother and Child Health Protection
Ms. Anahit Muradyan	Ministry of Education	Healthy Lifestyle Education focal point
Ms. Lusine Alexanyan	National Institute of Education	Leading Specialist of Education Division
Mr. Arthur Najaryan	Youth Initiative Center	President
Ms. Astghik Nikolyan	Kaza	Gyumri Center Coordinator
Mr. Edgar Sukiasyan	Gyumri Maternity Hospital	Director
	Swiss Red Cross	Nurses
Ms. Line Urban	EU Delegation	International Aid/ Cooperation Officer
Ms. Karine Kuyumjyan	Statistical Committee	Head of Population Census and Demography Unit
Ms. Anna Nikoghosyan	Coalition to Stop Violence against Women	Program Coordinator
Ms. Zaruhi Hovhannisyan	Coalition to Stop Violence against Women	Communications
Ms. Sevan Petrosyan	World Vision Armenia	“Caring for Equality” Project Manager
Ms. Karine Abelyan	World Vision Armenia	Early Childhood Development Program Manager
Ms. Anahit Martirosyan	MoLSA	Head of International Cooperation Department
Mr. Smbat Sahyan	MoLSA	Deputy Minister
Ms. Eleonora Virapyan	MoLSA	Leading specialist of the Department of Women's Issues
Ms. Geghanush Gyunashyan	MoLSA	Head of the Family, Women and Children Department
Ms. Marina Parazyan	Source Foundation	Director
Ms. Karine Kocharyan	WCC Armenia Round Table	Project Coordinator
	Mother See of Holy Etchmiadzin	Priests
Mr. Koryun Vardapetyan	Achajur Primary Healthcare Center	Director, Gynecologist
Ms. Varsenik Nerkaryan	Ijevan Infotun	Coordinator
Ms. Hasmik Margaryan	Arevik Center	Coordinator of women workshop for carpet production
Ms. Anush Alexanyan	“Erkusov” Specialized Psychological Center	Founding Director, Psychologist, Healthy Lifestyle online course development expert
Mr. Samvel Mkhitarian		Consultant for online course pilot evaluation

UNFPA Armenia Country Programme Implementing Partners

Programme Area	Implementing Agencies	Other Partners
Sexual and Reproductive Health and Rights	<ul style="list-style-type: none"> • UNFPA • Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology (RIRHPOG) • International Centre for Human Development (ICHD) 	<ul style="list-style-type: none"> • Armenian Association of Obstetrician Gynaecologists • Armenia National Platform for Disaster Risk Reduction (ARNAP) Fund • American University of Armenia • International Planned Parenthood Federation (IPPF) • Human Rights Defender's Office (HRDO) • Medical Scientific Centre of Dermatology and Sexually Transmitted Infections (STIs) • Ministry of Defence (MOD) • Ministry of Emergency Situations (MOEmS) • Ministry of Education and Science (MOES) • MOH • National Institute of Health (NIH) • 'Solidarity of Generations' Youth (NGO) • Theatre of Changes (NGO) • United States Agency for International Development (USAID) • WHO • Individual experts
Adolescents and Youth	UNFPA	<ul style="list-style-type: none"> • Diocese of Tavush of Armenian Apostolic Church • Girls in Tech • Hartak (NGO) • Infotun Ijevan • Kaza Swiss Humanitarian Foundation • MOES • MOH • Ministry of Sports and Youth Affairs (MOSYA) • National Institute of Education (NIE) at the MOES • Source Foundation (NGO) • Step Forward (NGO) • Theatre of Changes • United Nations Department of Global Communications (UNDGC) • YIC Gyumri (NGO) • Y-Peer Armenia • Individual experts
Gender Equality and Reproductive Rights	<ul style="list-style-type: none"> • Armenia Round Table Foundation, faith-based organisation (FBO) • ICHD • UNFPA 	<ul style="list-style-type: none"> • Armenian Apostolic Church (AAC) • Armenian Relief Society • Coalition to Stop Violence Against Women • EECARO • Embassy of Japan • EU • HRDO • Institute for Political and Social Communication (IPSC) –IMAGES • ICHD • Kentron TV

		<ul style="list-style-type: none"> ● Media representatives ● MOD ● MOES ● Ministry of Foreign Affairs (MOFA) ● MOH ● MOLSA ● Ministry of Territorial Administration ● National Institute of Labour and Social Research ● National Institute of Educational Technologies ● NIE ● NIH ● Office of the Organisation for Security and Co-operation in Europe (OSCE), Yerevan ● Pahapan (NGO) ● Republic of Armenia Investigative Committee ● Republic of Armenia Police ● Statistical Committee of the Republic of Armenia (ARMSTAT) ● UN agencies ● UNIMA ● World Vision Armenia ● Individual experts
Population Dynamics and Development	UNFPA	<ul style="list-style-type: none"> ● ARMSTAT ● Association of HealthCare and Assistance to Older Persons (AHAOP) ● Karitas (ageing network) ● MOLSA ● National Assembly ● National Institute of Labour and Social Research ● Swiss Red Cross ● Individual experts
Cross-cutting/ Communications	UNFPA	<ul style="list-style-type: none"> ● Children of Armenia Fund (COAF) ● Civilitas Foundation²⁴¹ ● Fighting Infectious Diseases in Emerging Countries (FIDEC) ● Media Initiatives Centre ● National Centre for Disease Control (NCDC)

²⁴¹ The Civilitas Foundation is an Armenian non-profit organisation based in Yerevan and established in October 2008. It is a development agency and think tank that works to strengthen civil society, promote democracy, economic development and education in Armenia, and facilitate dialogue between Armenia and the international community on a number of pertinent political issues. In doing so, Civilitas has strengthened the ties between Armenia and the Armenian Diaspora.