

Plan 2009-2010



Armenia

Executive summary



The Armenian Red Cross has changed in many ways in the past nineteen years that the International Federation has been engaged. Via access to the International Red Cross and Red Crescent Movement's global network it has progressed, developing a number of characteristics that make it a better supporter of vulnerable people, including a country-wide network of regional and community branches; experienced, enthusiastic and committed staff and volunteers; improved infrastructure; and stronger links with governmental agencies, local and international organizations. The National Society's governance and management has improved and branches have been empowered to be better partners of their communities. More and more youth and volunteers are taking an active role in Red Cross services.

Despite these achievements, the National Society has a number of challenges that need to be overcome. The major weakness is still its reliance on funding through the International Federation's annual appeals. Though intensive efforts have been made in the last two years to assist the National Society in developing marketing skills and forging new partnerships to contribute to its expertise development as well as to ensure new sources of funding, 47 per cent of programmes are still funded by the International Federation. Moreover, the core structure of the Armenian Red Cross is heavily dependent on this funding, clearly demonstrating an acute need to adopt a stronger approach to becoming a self-sustainable National Society that can implement programmes at domestic, rather than international expense.

Taking into consideration the context of the country and the priorities of the Armenian Red Cross, within the planning process for 2009-2010 the International Federation will provide support in the fields of disaster management, health and care, organizational development and principles and values. Support will be provided in accordance with the International Federation's Global Agenda goals, Strategy 2010 and the Millennium Development Goals (MDG), commitments and outcomes of the VII European Red Cross Red Crescent Conference in Istanbul and decisions of the 16th session of the International Federation's General Assembly.

The disaster management programme will focus on planning, community-based disaster prevention and preparedness and disaster risk reduction. The programme will strengthen disaster response mechanisms and tools, increase disaster preparedness of the communities in high risk areas through organized vulnerability and capacity assessments (VCA) and disaster risk reduction activities. It will also decrease the vulnerability of communities to disasters through public awareness and educational campaigns carried out by the National Society.

The health and care programme focuses on needs-based social services to target communities, decreasing the vulnerability of key populations to HIV, improving the health of children under five years of age in targeted regions and developing community-based first aid.

The focus of the organizational development programme is on developing the financial resource mobilization system and tools that will enable the National Society to have diversified income sources and decrease dependence on international donors, as well as on improving the financial management system to become more transparent and accountable to donors. The priority of the principles and values programme is combating trafficking through awareness-raising activities.

The total 2009-2010 budget is CHF 1,090,000 (USD 996,344 or EUR 694,268).

[Click here to go directly to the summary budget of the plan.](#)

Country context

Armenia is a post-Soviet state with de jure population of 2,968,586 situated in the southern part of the Caucasus region. Immediately after gaining independence Armenia faced a deep economic crisis as the gross domestic product (GDP) witnessed the largest decline in the Commonwealth of Independent States. Although recovery began in 1994 with the adoption of a comprehensive reform programme to establish a liberal market economy and democratic government, mass impoverishment, declining access to public services, inadequate governance and environmental degradation have polarized the Armenian society. Additionally, the on-going blockade related to the Nagorno-Karabakh conflict, high rates of emigration and widespread corruption threaten social stability and undermine sustainable economic growth. Some of these challenges are being addressed, but still humanitarian needs prevail in the country.

Development Indicators		ARMENIA	
<i>Population, geography and environment</i>		<i>Economy and labour</i>	
Total population (millions)	2.97	GDP per capita (PPP in USD)	5,700
Surface area (square km)	29,800	GDP real growth (%)	13.7
Carbon dioxide emissions per capita (metric tons)	1.2 (2004)	Unemployment total (% of labour force)	7.1 (2007)
<i>Social indicators</i>		<i>Health indicators</i>	
Adult literacy rate (% aged 15 and older)	99.5	Infant mortality rate (per 100,000)	26
Gender-related development index rate (GDI)	74	Maternal mortality rate (per 100,000)	26.9
Human development index value (HDI)	0,775	Life expectancy at birth	68
Human development index rate (HDI)	83	HIV prevalence (% aged 15-49)	0.1-1.02
Population below PPP \$ 1 per day (%)	27	People living with HIV aged 15-49	1,200-4,300 (est. 2003)
Population below national poverty line (%)	26.5	Prevalence of Tuberculosis (per 100,000)	71 (2005)
<i>Refugees and IDPs</i>		Health spending as % of GDP	
Number of refugees	219,324	5.4 (2005)	
Number of internally displaced people	8,400		

Sources: World Health Organization; World Bank, Economic Intelligence Unit.

Table 1: Selected development indicators for Armenia

The huge economic decline unleashed after the break-up of the Soviet Union has not yet been reversed, even in spite of government economic reforms, foreign investment, including that of the Armenian diaspora. Unemployment is high and prices are rising; Ministry of Labour and Social Issues figures indicate that 26.5 per cent of the population lives in poverty; the current level of pensions is below the minimum subsistence level. Economic growth has an impact on poverty, and regional disparities have widened as the rise in living standards is concentrated in the capital, Yerevan, whereas other regions have been largely left behind. About 5 per cent of the population still lives in temporary shelter; this includes some refugees and survivors from the 1988 earthquake. The World Bank estimates that Armenia is likely to meet the Millennium Development Goals for gender and education,

may meet the goals for poverty reduction, infectious diseases and environmental sustainability, but is unlikely to meet those on child mortality and maternal health.

Although Armenia is not listed currently among the highest HIV burden countries – 558 registered cases and 2800 estimated ones - the growth rate of HIV epidemic in the country is really alarming. The National Center for AIDS Prevention (NCAP) registers dramatically increasing new HIV-cases in the country year by year. Traditional shame to discuss sexual issues, low awareness on healthy sexual behaviour and high growth of HIV incidence in neighbouring countries combined with the socio-economic difficulties, widespread poverty, unemployment and continuous migration can quickly worsen the situation in coming years unless more preventive measures are taken. The situation analysis, conducted in the country within the framework of the National Strategic Planning process, has shown that serious measures are needed to prevent a spread of HIV.

The roots of the human trafficking phenomenon in Armenia are the same as those in many countries of the former Soviet Union where a sustainable economy has yet to be shaped: poverty, unemployment and high rates of corruption. As a phenomenon, trafficking became the focus of government attention only in 2002 when in the annual report, *Situation on trafficking in the world*, submitted to Congress by the US Department of State, Armenia was among the countries in the third class that pay no attention to this phenomenon and take no relevant preventive actions.

The situation has now changed. In 2002 an interagency commission was set up, which in 2007 was renamed as the Commission on Human Exploitation “Trafficking”, with the aim of examining issues and submitting proposals related to the illegal transfer, displacement and trafficking of people for exploitation purposes. The Armenian Red Cross is a member of this commission. In spite of Armenia having adopted almost all the relevant international conventions, made significant amendments in national legislation and taken various measures to prevent trafficking in human beings, the results are not satisfactory and many gaps are still to be covered. More attention should, it is recognized, be given to programmes aimed at raising awareness and prevention.

The development of the asylum system in Armenia started in 1999 when the 1951 Refugee Convention was endorsed and the Refugee Law adopted. In 2002 the Refugee Law was amended to include a set of articles on temporary asylum. These amendments were the result of the changing immigration situation to Armenia and increase of asylum applications. Nowadays, Armenia is no longer considered a “transit country” as most of the asylum seekers arrive with the intention to apply for asylum in Armenia. As a result, applications have increased 11 times, and this tendency is increasing.

However, the lack of capacities, assistance and low awareness levels renders asylum seekers, people with temporary asylum status and refugees vulnerable to discrimination, isolation, intolerance, inadequate access to healthcare and educational services, as well as emotional, psychological and social difficulties. Similarly, the needs of children remain largely unaddressed. Numerous need assessments show that newcomers are especially subject to the above listed problems.

Country disasters		ARMENIA	
Type of Disaster	Date	Affected people	
Drought	June 2000	297,000	
Earthquake (seismic activity)	July 1997	15,000	
Flood	June 1997	7,000	
Flood	May 1998	144	

Source: EM-DAT: The OFDA/CRED International Disaster Database

Table 2: Natural disasters in Armenia since 1990 including dates and the number of people affected.

Armenia is prone to a range of natural disasters due to its geographical location. About 30 per cent of the country, which includes 368 settlements with a population of 569,500, is exposed to storms; there are more than 3,000 landslide zones, accounting for 70 per cent of the whole territory; and ten per cent of the country is a potential flood zone. Historically, earthquakes are the major hazard, with 48 cities with a total population of about 2,541,200 are located in seismic-active zones.

National Society priorities and current work with partners

All the priorities and components of the Armenian Red Cross are in line with the International Federation's Global Agenda and the Red Cross' strategic objectives, developed according to the needs in the country.

Mandated to address the humanitarian needs of the communities, the Armenian Red Cross has played an important role in responding to the challenges triggered by emergencies over the years. The Red Cross has come a long way in the last ten years; since 1997, the disaster management programme has established 11 regional and 1 territorial disaster preparedness and response centres, two zonal disaster preparedness and response centres to coordinate disaster management activities in the central, northern and southern parts of the country. Each regional and territorial centre has a coordinator and a rapid response team of 12 volunteers equipped and trained in conducting assessments and first aid. At present about 160 staff and volunteers are involved in this structure.

The National Society has also stockpiled emergency relief goods to serve 460 families in case of disaster or emergency. In 2003, it developed a national alarm system for the headquarters, defining the roles and responsibilities of staff during emergencies, which was subsequently updated in January 2007. Later in March 2007, it developed and adopted the disaster response and contingency plan.

The Red Cross also organizes different awareness-raising events and simulation evacuations in schools to help teachers and pupils develop skills to evacuate buildings during emergencies in an organized manner. It is part of the central Europe and southern Caucasus region's disaster management network and deeply involved in all initiatives like meetings, trainings and drills organized within the region. It also has six regional disaster response team (RDRT) members on the regional roster and available for missions.

As a result of ongoing cooperation in disaster management, the Armenian Red Cross became a member of the UN Disaster Management Team Technical Group. Recently it also won a grant from UNDP to conduct vulnerability and capacity assessments (VCA) in the Ararat region. The newly formed Emergency Situations Ministry is a positive for the National Society in terms of revising its existing memorandum of understanding (MoU) with the Armenian Rescue Service, providing a new platform for strengthening coordination and cooperation with the government. Unfortunately the government's disaster management plan defines the roles and responsibilities only for governmental structures. However, the Red Cross is considered as part of the local response capacity and one of the main partners for implementing international humanitarian relief in case of a large-scale disaster.

Improving the health status of the population has been one of the long-term priorities of the Armenian Red Cross. This places the society in line with the Istanbul Commitments coming from the VII European Conference in 2007 to scale up work in this area. Recognizing the need to scale up both its activities and capacities to better tackle the problem, the Armenia Red Cross joined the Red Cross and Red Crescent Global Alliance on HIV. The National Society thus works in accordance with the established principles of the Movement to support national HIV policies and programmes. The specific scope of the component activities in this plan is based on the Global Alliance's core approaches and principal indicators which derive directly from the global indicators for HIV and AIDS that have been agreed by UNAIDS, major international organizations and the Armenia national AIDS programme. Strengthening Armenia Red Cross capacities to deliver and sustain the scaled-up HIV programme requires improving staff and volunteer support and management, continued training and experience exchange, further support to youth initiatives, and pursuing greater ownership and sustainability at local level. All of these will be priority areas in 2009-2010

The Armenian Red Cross is also a member of ERNA- European Red Cross / Red Crescent Network on HIV/AIDS. The current partners in the society's HIV programme are the American Red Cross and World Vision, which is currently the principle recipient of the Global Fund to fight AIDS, TB and Malaria (GFATM) programme in Armenia. In harm reduction activities the Open Society Institute is its partner. The National Society is conducting TB patient care in the framework of National TB programme, funded by GFATM through the Ministry of Health.

The Red Cross has an extensive background in implementing public health programmes on Tuberculosis, HIV, sexually transmitted infections (STI), avian influenza prevention and Integrated Management of Childhood Illness (IMCI). Building on the success of recent years it will expand its network of trained volunteers, conducting public awareness activities and building on its capacities in first aid. The community-based first aid project will be an opportunity to create more sustainable needs-based activities within vulnerable communities. Experience from the IMCI project clearly shows that many indicators on child and maternal health and care have significantly improved in the 16 villages of Martuni region where it is run. Data received from the National Statistical Service shows that the death rates between 0-4 years and the maternal mortality rates are higher in Aragatsotn, Vayots Dzor, Gegharqunik and Syunik regions. Thus the Armenian Red Cross plans to expand the IMCI activities in these regions.

Another initiative within the health and care programme is to provide needs-based social and medical services to marginalized groups, i.e. elderly people and internally displaced persons. The services will vary from home care and psychosocial support to medical check-ups, legal consultation, distribution of food and non-food items, medicines, and/ or minor home-repairs.

Different needs assessment tools, such as VCA, are used regularly and from 2009 the National Society is committed to incorporating a community-based first aid (CBFA) approach into its activities. Implementation of CBFA will not only enable tailor made services to be provided to the communities but will also raise the image, accountability and recognition among the public of the Red Cross, which is especially important in remote communities. It will also give an opportunity for creating a network of volunteers to explore the needs of their own communities and directly participate in the whole programme to make sure it is meeting those needs. The National Society is currently implementing first aid in the communities funded by the German Red Cross and in the border communities funded by the International Committee of the Red Cross (ICRC). The plan is to build on the existing capacity that has been built up.

The Armenian Red Cross places great importance on the activities carried out by youth, and for youth. In cooperation with the International Federation and the Norwegian Red Cross the activities in the field of health and social care are carried out to alleviate the suffering of refugees living in Armenia and to contribute to their well-being and integration into society. For the Armenian Red Cross Youth a cross-cutting issue is the common and cultural education of refugee children from vulnerable families thus reducing their social exclusion. With the support of a French NGO extensive numbers of children from vulnerable families have, for more than 12 years, received financial and material support. Due to donors like the local authorities and a lottery company it has been possible to hold summer camps for refugee children and the children from vulnerable families.

In 2007 the Armenian Red Cross signed a MoU with the Ministry of Youth and Culture on cooperation between the youth state centres and the Red Cross youth regional branches. To develop youth capacity and share experience the Red Cross youth has a strong focus on activities at international level. Already in its fifth year, there are successful links with the Norwegian Red Cross and the German Red Cross. Recently cooperation agreements with the British Red Cross, the Lithuanian Youth Centre and Polish Robert Schumann Foundation have been signed. Interns from countries including the USA and the Russian Federation are also regularly hosted.

Acknowledging the importance of combating human trafficking numerous awareness-raising campaigns, round tables throughout the country and seminars with students have been held with supporting educational materials printed. Building on existing experience and capacities the priority in anti-trafficking is given to awareness-raising and prevention activities in four regions where there is a statistically shown high level of labour migration and where people are considered most vulnerable.

The tendency of decreasing financial support from external donors to fund programmes has led the Armenian Red Cross to develop a resource mobilization plan to fill the gap. Being able to carry out sustainable services for vulnerable people will depend on being transparent and accountable in the eyes of all donors, partners and beneficiaries. To this end annual financial audits will be conducted, and

one of the strategic priorities of the National Society is to develop a communication plan linked to the fund-raising plan.

The absence of the law on the Armenian Red Cross is an obstacle to progress. The National Society is regulated by the law on NGOs and does not have any privileges. At the same time competition with other NGOs working in the humanitarian sector is very high. A Red Cross Law would provide certain privileges at the same time as helping to better position the National Society as an auxiliary to the government in the humanitarian sphere. Currently a law is being developed based on a model and with the International Federation following the process together with ICRC.

Traditional partners of the National Society are the Ministry of Health, UN agencies, World Health Organisation (WHO), ICRC, Global Fund to Fight AIDS, TB and Malaria, International Relief Development (IRD), AIDS Centre, UMCOR, OSI, Emergency Situations Ministry, Crisis Management State Academy, National Survey for Seismic Protection and Ministry of Science and Education. The National Society also coordinates and cooperates with 45 local NGOs.

Secretariat supported programmes in 2009-2010

Disaster Management

a) The purpose and components of the programme

Being a disaster-prone country and realizing that the needs for response to disasters and emergencies are present in the country, the National Society pays great attention to strengthening of disaster response mechanisms and tools which will enable the National Society to respond to disasters and emergency situations operatively and effectively.

Programme purpose
Strengthen the Armenian Red Cross disaster preparedness and response structures and reduce the vulnerability of the population through educational and risk reduction activities.

The disaster management programme budget is CHF 233,000 (USD 212,980 or EUR 148,408).

Programme component 1: Disaster management planning
Component outcome 1: The Armenian Red Cross disaster response mechanisms and tools are strengthened through different trainings and simulation drills and is ready to respond to disasters.
Programme component 2: Organizational Preparedness
Component outcome 1: Effective tools for strengthening disaster preparedness of the communities in high risk areas are in place through organizing VCAs and disaster risk reduction activities.
Programme component 3: Community preparedness
Component outcome 1: Vulnerability of communities to disasters has been decreased through public awareness and educational campaigns carried out by the National Society.

Based on the capacities for the coming two years several priorities were identified. These are, testing the disaster response and contingency plan to make it operational and strengthening the National Society's response capacities, boosting public awareness and educational campaigns, primarily in schools, to reduce their vulnerability to disasters via raising their preparedness level. Community-based disaster risk reduction activities to strengthen communities' preparedness will use VCAs in three most risky regions, which later will form the basis for further disaster risk reduction activities.

b) Profile of target beneficiaries

Target beneficiaries		Disaster management programme							
Categories		% Gender		% Age			% Location		% Disabled
Component	Total	Male	Female	0 - 18	19 - 40	40 +	Urban	Rural	-
1	220	40%	60%	-	81%	19%	40%	60%	No
2	6,000	30%	70%	17%	50%	23%	-	100%	No
3	60,000	40%	60%	92%	8%	-	70%	30%	No
Total	66,220								

Table 3: Beneficiaries of disaster management programme disaggregated on gender, age, location and disabled people

The beneficiaries- 66,220 people will be reached during two years- for the first component are the Red Cross staff and volunteers involved in the disaster preparedness and response structure; for the second component they are mostly the communities and local authorities; and for the third one the schoolchildren and students of universities and other educational institutions countrywide. According to the statistics around 60 per cent of the general population is female, consequently, the beneficiaries involved in the project will have the same composition. As a result, the Red Cross will direct its efforts to ensuring this gender balance and keeping the proportion. Awareness-raising campaigns and training sessions will be conducted in cities as well as in rural areas.

c) Potential risks and challenges

- High turn-over of trained staff and volunteers might jeopardize the continuity of Red Cross efforts.
- The current political instability could result in unpredictable problems or threats.

The main challenge is to involve as much as possible financial means into the disaster management programmes as there are a number of community level activities such as risk reduction, early warning and mitigation which are in line with the strategy and should be followed. New projects and new funds, increased coordination and cooperation with the government and stakeholders are the way to meet the challenge.

Health and Care

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
The health and care programme budget is CHF 523,000 (USD 478,062 or EUR 333,121).
Programme component 1: Social Welfare
Component outcome 1: Professional and skilful Red Cross staff and volunteers respond to psychosocial and health needs in target communities.
Programme component 2: HIV/AIDS
Component outcome 1: Vulnerability to HIV and its impact reduced through preventing further infection and reducing stigma and discrimination
Component outcome 2: Vulnerability of people living with HIV reduced through rendering psychosocial support and advocacy
Component outcome 3: The capacity of the National Society to deliver and sustain scaled up HIV programmes strengthened
Programme component 3: Community Based First Aid
Component outcome: Vulnerability towards threats present in the communities has been decreased.

b) Profile of target beneficiaries

Target beneficiaries		Health and care programme							
Categories		% Gender		% Age			% Location		% Disabled
Component	Total	Male	Female	0 - 18	19 - 40	40 +	Urban	Rural	-
1	4,360	34%	66%	18%	3%	79%	58%	42%	47%
2	82,420	45%	55%	35%	55%	10%	30%	70%	-
3	9,000	37%	63%	35%	30%	35%	-	100%	3%
Total	95,780								

Table 4: Beneficiaries of health and care programme disaggregated on gender, age, location and disabled people

The beneficiaries of the social welfare component are elderly people living alone, internally displaced persons, refugees, people with disabilities, large families and orphans who have improved their health through needs-based socio-medical services including food, clothes, medicines, home care, consultations, training and advocacy, provided by the Red Cross.

Psychosocial care for elderly refugees will be provided by 60 youth volunteers who will reach 1,200 elderly refugees living alone (64 per cent female, 36 per cent male) providing psychosocial assistance through weekly visits, social events, food distribution. The *Smiley Club* will help to improve the psychological condition and social-educational skills of 360 children aged 6-12 from refugee families who live in dormitories. Daily sessions, social-cultural events and summer camps will be organized by 48 Red Cross youth volunteers.

The beneficiaries of the HIV prevention project are 200 Red Cross volunteers-community health educators reached with HIV-related trainings of trainers (ToT), 300 young couples are trained on HIV, 300 TB patients and 300 female sex workers are informed on HIV issues, 120 injecting drug users (IDUs) provided with primary medical assistance, psychological support and HIV preventive materials such as sterile syringes, condoms and brochures relevant to drug using in the Vanadzor Syringes Exchange Centre, 200 PLHIV have received food and hygiene parcels and information materials.

Some 50,000 people will receive information about HIV through “surprise boxes”, posters, leaflets, cards and calendars distributed during public campaigns. Around 9,000 schoolchildren and 22,000 students from 180 educational institutions throughout Armenia will be informed on HIV as part of interactive sessions and information materials, and will participate in debates organized by peer educators.

The community-based first-aid project will target 16 communities in 4 regions. The beneficiaries will be the population of the communities, a certain number of whom will later become potential volunteers and supporters of the Red Cross.

The programme will also target wider sections of the population through the community educators’ peer-to peer work, mass media campaigns and events. Some 300,000 people- 80 per cent youth, 20 per cent adults- will increase their awareness on HIV and AIDS through 8 large public campaigns organized by youth volunteers. These include tentatively a TV show, a basketball tournament, a mobile text messaging campaign and a gala concert.

c) Potential risks and challenges

- The current political and socio-economic instability in the country may hinder the humanitarian work of the Red Cross.
- Fear of people to contact with PLHIV due to the lack of awareness of the realities of HIV is a challenge to overcome.

The Red Cross youth volunteers face a challenge in speaking openly about male and female interpersonal relations. This is due to the traditional shame that exists in remote cities and villages, and among the older generation. Also, there remain difficulties in reaching the youth in remote rural areas with information about safe behaviour as they are often conditioned by deep traditional beliefs.

Organizational Development/Capacity Building

a) The purpose and components of the programme

The organizational development programme is designed to lead the Armenian Red Cross to become a well-functioning National Society providing quality and needs-based services to the most vulnerable people through its headquarters and country-wide regional branches, and to have well-functioning improvement system and own resources.

Programme purpose
Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The organizational development/ capacity building programme budget is CHF 274,600 (USD 251,005 or EUR 174,904).

Programme component: Financial Resource Mobilization
Component outcome 1: Developed resource mobilization system including a strategy, plan, mechanisms and tools will enable the National Society to have diversified income sources and decrease dependence on international donors
Component outcome 2: The National Society has transparent and efficient financial management system and external audit conducted every year

b) Profile of target beneficiaries

Target beneficiaries		Organizational development programme							
Categories		% Gender		% Age			% Location		% Disabled
Component	Total	Male	Female	0 - 18	19 - 40	40 +	Urban	Rural	-
1	350	40%	60%	10%	80%	10%	60%	40%	0%
2	270	40%	60%	0%	70%	30%	70%	30%	0%
Total	620								

Table 5: Beneficiaries of organizational development programme disaggregated on gender, age, location and disabled people

The target beneficiaries are the Red Cross leadership and staff at all levels, volunteers and potential volunteers, youth at the headquarters and branches and members of the National Society.

c) Potential risks and challenges

Frequent changes in local laws are a challenge. The Armenian Red Cross should always keep up with these changes and take part in training sessions to be prepared to effectively carry out its activities in the field. High staff turnover is another challenge which should be addressed through effective human resources management.

According to the results of the image survey done at the end of 2006, the Armenian Red Cross is considered as a rich organization by the majority of people questioned. Efforts should be directed to creating a true perception by having a more effective communication strategy.

Principles and Values

a) The purpose and components of the programme

Programme purpose
Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

The principles and values programme budget is CHF 59,400 (USD 54,296 or EUR 37,834).

Programme component: Combating Trafficking in Human Beings
Component outcome 1: Vulnerability of target communities to trafficking has reduced through awareness-raising activities.

b) Profile of target beneficiaries

Target beneficiaries		Principles and Values programme							
Categories		% Gender		% Age			% Location		% Disabled
Component	Total	Male	Female	0 - 18	19 - 40	40 +	Urban	Rural	-
2	8,110	39%	61%	20%	36%	44%	11%	89%	No
Total	8,110								

Table 6: Beneficiaries of organizational development programme disaggregated on gender, age, location and disabled people

The beneficiaries of the trafficking prevention activities are the general population of 76 communities of 4 regions of Armenia - Gegharkunik, Lori, Armavir and Vayots Dzor, as well as Red Cross youth leaders and young volunteers, the local authorities and NGOs.

The gender balance will be ensured during the whole process of the programme implementation

c) Potential risks and challenges

A possible risk is the duplication of efforts and activities on behalf of other organizations involved in the field. This risk can be mitigated by organizing periodical coordination meetings, round tables and by strengthening cooperation with relevant state and NGO stakeholders.

Role of the secretariat

a) Technical programme support

The International Federation's country office currently consists of three national staff, who provide technical support and monitoring to ensure the resources have been deployed and the programmes implemented as planned. The country office follows up that the projects are implemented according to the International Federation's standards and procedures and identifies critical issues and capacity building needs of the National Society. It also plays a vital role in guiding and supporting the Armenian Red Cross conduct its annual financial statements, audit and development of the financial resource mobilization plan.

The International Federation's regional representation in Budapest and the Europe zone office will provide technical support and guidance, experience sharing with other National Societies within and outside the region, monitoring and review visits.

b) Partnership development and coordination

The International Federation's office and the Armenian Red Cross Society sign a yearly cooperation agreement setting the frames of their cooperation. Regular meetings are held between the National

Society, the International Federation and ICRC. Guidance and support is offered in developing the Red Cross Law.

The development of partnerships will be explored and supported, but is to some extent dependant on the improvement of the society's capacity through its strategic plan. Programme integration and coordination are also encouraged through the technical work on developing programme proposals and monitoring and evaluation of the programmes.

c) Representation and Advocacy

The Europe zone office and the regional representation will arrange representation in inter-agency discussions as they take place in regions and field situations, including the coordination for emergency assistance. The International Federation through its zonal, regional and country structures will support the Armenian Red Cross in building and maintaining its relations with public authorities, international organizations and other humanitarian actors. At such occasions the International Federation will further advocate for the National Society's auxiliary role, promote the value of its community-based approach when addressing the needs, volunteers work and the value of partnerships and independence of the Movement components for the vulnerable people.

Promoting gender equity and diversity

The National Society of Armenia, recognizing that the empowerment of women and integration of gender perspectives will increase the effectiveness and the efficiency of the organization, considers gender balance when designing all its programmes and selecting beneficiaries. Currently, the balance between male and female beneficiaries is 48 per cent to 52 per cent.

The participation of women in the decision-making process, as well as at international conferences and educational opportunities is also given priority. The National Society ensures equal opportunities for men and women to apply for open positions. The percentage of men and women working in the management of the National Society is almost 44 per cent to 56 per cent.

Quality, accountability and learning

To improve the quality of the programmes and ensure their effectiveness, the Armenian Red Cross will use a *quality assessment template* that was developed by the International Federation's regional representation for southern Caucasus in 2007. It is a simple tool to be used by the programme managers comprising of three main parts: 1) basic project information; 2) key questions of a yes/ no variety to be answered at the beginning of the projects, in the design and preparation phase and 3) an impact assessment part including 12 generic questions to be answered at the end of the projects to assess what has been achieved.

The SPHERE standards are used as the basis for emergency operations run by the Armenian Red Cross and this will be reinforced as standard practice. A VCA will be conducted in 2008 to identify and find solutions together with the communities. Based on the results, risk reduction micro-projects will be implemented with the direct involvement of stakeholders at regional level and the target population.

The National Society will use the new National Disaster Preparedness and Response Mechanism (NDPRM) approach to enhance the response structure and capacities. The tool is in line with international standards and aims to increase human, technical and structural capacities. Finally, the SWOT analyses, conducted as part of the community development tool, will serve to share lessons learnt in the communities where programmes are implemented and foster replication of successful elements.

Monitoring and Evaluation

A monitoring and evaluation (M&E) group will be formed consisting of Armenian Red Cross programme managers, the secretary general and the International Federation's head of office/ programme

coordinator. The group will use the following tools and mechanisms to better assess the performances, to improve the future projects and to maximize effectiveness and impact accordingly:

- **Data Collection:** Both quantitative and qualitative data collection methods will be used for monitoring and evaluation purposes: interviews with beneficiaries and participants, formal/informal and face-to-face/ telephone in addition to questionnaires, surveys and case studies.
- **Field Visits and Meetings:** The M&E group will once or twice a month conduct field visits to monitor the programmes and assess achievements and challenges. Additionally, there will be meetings with community representatives, vulnerable groups, partners and donors.
- **Knowledge Assessment:** The National Society will evaluate the work and knowledge of the Red Cross social workers of the TB programme through the reports of social workers, satisfaction forms of TB patients and visits to TB patients by the project coordinator and assistant.
- **Reporting:** Monthly, quarterly, half-year and annual reports will be developed to monitor and track progress, to demonstrate impact and lessons learnt, to provide feedback to donors and partners on funds received and to be accountable and transparent to donors and beneficiaries.

Participation of representatives from partner organizations and local community members in monitoring will be encouraged. The objectives of the monitoring and evaluation functions in general is to provide an objective basis for the assessment of impact; improve policies, programmes, projects and processes by identifying and disseminating the lessons learned and implementing recommendations drawn.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
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