

Revised Plan 2011



Armenia

Executive summary



The Armenian Red Cross has changed in many ways in the past twenty 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 three years to assist the National Society develop marketing skills and forge new partnerships to contribute to its expertise development as well as locate new sources of funding, a large proportion 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 period 2010-2011 the International Federation will provide support in the fields of disaster management, health and care and organizational development. Support will be provided in accordance with the International Federation's Global Agenda goals, Strategy 2020, the commitments and outcomes of the VIII European Red Cross Red Crescent Conference in Vienna and decisions of the 17th 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 and TB, providing social support to most vulnerable communities.

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. In that direction the National Society strives to establish cooperation within the corporate sector. Presently, one of the achievements is that the cooperation with Viva Cell MTS mobile company, one of the leading communication providers in the country. A memorandum of understanding has been signed on cooperation in the spheres of social and health care, disaster management, communication development, and work related to the issues concerning youth.

The International Federation will in the coming period concentrate on ensuring its support meets the needs of the National Society. Integration of the country presence into the Armenian Red Cross' structure is reasonably developed, and *enabling action three* of the Strategy 2020 around working effectively as a Federation will give direction to using resources in more creative and innovative ways through alliances and partnerships.

The total 2010 and 2011 budget is CHF 0.6 Million, of which CHF 0.3 Million for 2011.

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

Country context¹

Armenia is a post-Soviet state with a population of 3 million people, situated in the southern part of the Caucasus region. The country is 29,800 square kilometres and is bordering Turkey, Georgia, Azerbaijan and Iran. Armenia is a landlocked country.

Immediately after gaining independence in 1991 Armenia faced a deep economic crisis as the gross domestic product (GDP) witnessed a steep decline. 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 society.

Though the gross domestic product (GDP) has grown with double digits since 2000, accompanied by significant poverty reduction, the huge economic decline unleashed after the break-up of the Soviet Union has not yet been reversed. Moreover, progress made in recent years has come to a halt with the current financial and economic crisis with reduced trade, export, import and foreign direct investments, and depreciation. Remittances, which account for 20 per cent of GDP, are decreasing, and dropped by one-third in the first quarter of 2009. The decrease is mainly caused by the economic downturn in source countries, mainly Russia and other European countries. The drop in remittances is especially alarming as they on average contribute 60 per cent of the income of 25 per cent of Armenian households.

The crisis has caused increasing unemployment, slowdown in economic growth and a sharp negative growth projection for 2009. Current projections range from minus five to minus ten per cent.² The crisis is undermining the population's purchasing power and is hitting hardest those below and not far above the poverty line. Household income has been affected due to the reduction in remittances and loss of employment as well as substantial pay-cuts in the private sector, combined with increased living costs. Over the last six months 15,000 newly unemployed have been registered. Market dependency to meet consumption needs is affecting the population's ability to access sufficient food and cover other basic needs, in particular health and education. Some of the gains in poverty reduction is thus about to be reversed and according to the World Bank as

¹ Main sources: *Impact of the Global Financial Crisis. Armenia. Case study*. May 2009. World Food Programme; ReliefWeb, Armenia: <http://www.reliefweb.int/rw/rwb.nsf/doc106?openForm&rc=3&cc=arm&po=0&so=63>. Accessed September 2009.

² For example the World Bank estimates the economic decline in 2009 to approximately 9 per cent.

many as 172,000 people could be pushed below the poverty line in 2009 and 2010, increasing the number of poor to more than 900,000. Regional disparities have widened in recent years as the rise in living standards is concentrated in the capital, Yerevan, whereas other regions have been largely left behind. Moreover, about five per cent of the population still lives in temporary shelter also including some refugees and survivors from the 1988 Spitak earthquake.

The World Food Programme reports that the most affected population groups are unskilled workers in urban areas, families who rely on remittances, retrenched workers from the export sectors, miners and tourism sector workers.

Development Indicators		ARMENIA	
<i>Population, geography and environment</i>		<i>Economy and labour</i>	
Total population (millions)	3.0	GDP per capita (PPP in USD)	4,945
Surface area (square km)	29,800	GDP real growth (%)	13.7
Carbon dioxide em. per capita (metric tons) (2004)	1.2	Unemployment total (% of labour force) (2007)	7.1
<i>Social indicators</i>		<i>Health indicators</i>	
Adult literacy rate (% aged 15 and older)	99.4	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	71.7
Human development index rate (HDI)	83	HIV prevalence (% aged 15-49)	0.1 (0.1-0.6)
Population below PPP \$ 2 per day (%)	31.1	People living with HIV aged 15-49 (2003)	1,200-4,300
Population below nat. poverty line (%) 1990-2004	50.9	Prevalence of Tuberculosis (per 100,000) (2005)	79
<i>Refugees and IDPs</i>		Health spending as % of GDP (2005)	
Refugees by country of origin (2006)	15,000	Sources: World Health Organization; World Bank, Economic Intelligence Unit.	
Refugees by country of asylum (2006)	114,000		
Number of internally displaced people	8,000		

Table 1: Selected development indicators for Armenia

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.

Although Armenia is not currently listed among the highest HIV burdened countries- 757 registered cases and 2,300 estimated ones- the growth rate is alarming. The National Centre for AIDS Prevention (NCAP) registers dramatically increasing new HIV-cases 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 socio-economic difficulties, widespread poverty, unemployment and continuous migration, could 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.

According to the information provided by the Ministry of Labour and Social Affairs of the RA, out of the 500,000 registered elderly people in Armenia (65 years or older), approximately 50,000 are lonely. Many of them live in extreme poverty, surviving only on the pension provided by the government. Social, medical and psychological assistance, which is inadequate in terms of both quantitative and qualitative criteria, is provided through the social security system to 10,000 out of the most vulnerable elderly people from the 50,000 mentioned above.

Country disasters		ARMENIA	
Type of Disaster	Date	Affected people/Communities	
Flood	May 2007	60 communities	
Drought	June 2000	297,000	
Earthquake (seismic activity)	July 1997	15,000	
Flood	June 1997	7,000	

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 570,000, is exposed to storms; there are more than 3,000 landslide zones, accounting for 70 per cent of the whole

Table 2: Natural disasters in Armenia since 1998.

territory; and ten per cent of the country is a potential flood zone. Historically, earthquakes are the major hazard with 48 cities with more than 2.5 million people located in seismic-active zones.

National Society priorities and current work with partners

The programmes and projects implemented by the Armenian Red Cross are in line with the International Federation's Global Agenda and the Red Cross' strategic objectives, and are developed according to the needs in the country. Referring to the Federation's Strategy 2020, the NS will review its existing strategy and will identify the specific areas related to need.

The NS participates in the piloting of the Federation Wide Reporting System (FWRS) the purpose of which is to test the FWRS guidance, training and data collection for the first time with National Societies to identify key challenges and lessons to better prepare the system for its full implementation.

Mandated to address the humanitarian needs of local 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 12 preparedness and response centres.³ Each centre has a coordinator and a rapid response team of 12 volunteers equipped and trained in basic rescue, first aid, logistics and assessment. At present about 160 staff and volunteers are involved in this structure, however, due to financial difficulties and lack of projects their activeness is low.

The National Society has also stockpiled emergency relief goods to serve about 500 families in case of major disasters. In 2003, it developed a national alarm system for the headquarters, defining the roles and responsibilities of staff during emergencies. Later in 2007, the society also developed and adopted its disaster response and contingency plan. Nevertheless, both documents mentioned need to be updated and put into operational practice.

The Red Cross also organizes awareness-raising events and simulation evacuations in schools to help teachers and pupils develop skills on how to behave before, during and after disasters, and how to evacuate from buildings during emergencies. The society is a part of the Central Europe and Southern Caucasus region's disaster management network and involved in all meetings, trainings and drills organized in the region. It also has seven regional disaster response team (RDRT) members on the regional roster and available for missions.

With the funding of D IPECHO and Danish Red Cross ARCS started "Building safe local communities in Southern Caucasus" program. The target of the program is Shirak region with the following four main directions

1. Development of communities' capacities
2. Implementation of disaster preparedness educational programs at schools
3. Creation of regional coordination committee for disasters
4. Strengthening of cooperation in the sphere of disaster management in Southern Caucasus

As a result of ongoing cooperation in disaster management, the Armenian Red Cross became a member of the UN Disaster Management Team Technical Group. In 2008 it won grants from UNDP and GTZ to conduct vulnerability and capacity assessments (VCA) in the Ararat, Tavush and Lori regions. Based on the existing capacities and experience in disaster risk management the National Society prioritizes working at community level to strengthen its disaster response capacities and

³ Totally 11 regional and 1 territorial.

disaster risk reduction abilities. The activities are mostly directed at disaster risk analysis, early warning, community preparedness, networking and capacity building.

The newly created Emergency Situations Ministry is an advantage for the National Society in terms of revising its existing memorandum of understanding (MoU) with the Armenian Rescue Service, which can provide 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. The Red Cross is, however, considered part of the local response capacity and one of the main partners for implementing international humanitarian relief in case of a large-scale disaster. Presently the society is in the process of developing a new MoU to be signed with the ministry which will further regulate the coordination and cooperation procedures in the field.

Improving the health status of the population is one of the long-term priorities of the Armenian Red Cross. This places the society in line with the Istanbul Commitments stemming from the VII European Conference in 2007 to scale up work within health which has also been reaffirmed during the VIII European Conference in Vienna. Recognizing the need to scale up both its activities and capacities to better tackle health challenges and gaps, the Armenian Red Cross has 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 HIV and AIDS activities 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 capacities to deliver and sustain scaled-up HIV programme activities require improving staff and volunteer support and management, continued training and exchange of experiences, further support to youth initiatives, and pursuing greater ownership and sustainability at local level. All of these will be priority areas in 2010-2011.

The Armenian Red Cross is also a member of ERNA – the European Red Cross and Red Crescent Network on HIV and AIDS and Tuberculosis (TB). The current partner in the society's HIV programme is the American Red Cross which is financing the activities implemented in the field. In harm reduction activities the Open Society Institute is its partner.

The National Society is implementing TB patient care within the framework of the National TB Programme, funded by the GFATM through the Ministry of Health/ the National Tuberculosis Programme (NTP) office. In addition to activities addressing TB prevention, the Armenian Red Cross, in cooperation with Médecins Sans Frontières and through funding from Eli Lilly and Company, is implementing the Stop MDR TB project in Armenia from 2009 to 2011. Within the framework of the project patients receive psychological assistance and social support, including food parcels and hygiene kits as incentives for treatment adherence. The society has trained nurses who work with patients, implementing DOTS Plus. Select MDR TB patients are trained as peer educator who lead monthly support groups providing assistance to the other patients based on peer-to-peer principles. Public awareness campaigns provide the general public with information on the disease, proper treatment and the importance of treatment adherence, as well as invite the public to stop stigma and discrimination.

In 2010-12, the Armenian RC will continue working in HIV Prevention among Injecting Drug Users (IDUs) in Lorimerz. The project offers outreach activities; Behaviour Change Communication (BCC), including distribution of informative/educational materials, referral services, psychological, social and legal counsellings, Voluntary Counseling and Testing (VCT); and Harm Reduction activities, including distribution of sterile syringes, condoms, and alcohol pads. Monthly self-help groups are organized led by the narcologist.

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 refugees. The services vary from home care and psychosocial support to medical check-ups, legal consultation, distribution of food and non-food items, medicines and minor home-repairs.

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 health and social care activities are carried out to alleviate suffering among refugees living in Armenia, contributing 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 to reduce their social exclusion. With the support of a French-based NGO numerous children from vulnerable families have, for more than 12 years, received financial and material support. Owing to donors like local authorities and a lottery company, it has been possible to organize summer camps for refugee children and children from other vulnerable families.

In 2007 the Armenian Red Cross signed a MoU with the Ministry of Youth and Culture on cooperation between youth state centres and regional Red Cross youth branches. In order to develop youth capacity and share experiences, the Red Cross youth has a strong focus on international activities. For the last five years successful links with the Norwegian Red Cross and the German Red Cross have been established. Furthermore, recently cooperation agreements with the British Red Cross, the Lithuanian Youth Centre and the Polish Robert Schumann Foundation have been signed. Interns from the United States and Russian Federation are regularly hosted.

Acknowledging the importance of combating human trafficking numerous awareness-raising campaigns, round tables and seminars with students have been held. Building on existing experiences and capacities priority is given to awareness-raising and prevention activities in three regions where there is a statistically shown high level of labour migration, and where people are considered most vulnerable to trafficking. Public awareness campaigns through TV shows, social and information sessions will be organised to cover people in eight regions.

The conflicts with neighboring countries in recent years has led to increased intolerance and created negative attitudes towards the 'enemy nations' among the younger generations. In a similar manner, the huge disparities in the society has resulted in the formation of student authorities and 'ones who are out of favor' because of their social background. Realizing these factors, the society engages teenagers and youth in meaningful activities and spreads humanitarian values, thus encouraging them to become more involved in their communities.

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. The National Society recognizes that transparency and accountability, in the eyes of all donors, partners and people reached, are required to being able to carry out sustainable services for vulnerable people. 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 "Red Cross for You and You for the Red Cross" program supported by the Specific Organization Development Support modality of the Federation's Capacity Building Fund aims to set up a communication system allowing a mechanism for reporting to all levels of society about what the ARCS is and does, leading to a higher profile of the NS amongst the general population. The implementation of the program, especially the image raising and fund raising activities such as placing of billboards and charity boxes, fund raising campaigns, advertisements, sms campaigns, talk shows, radio and TV broadcasts and use of PR materials, contribute to the dissemination of the ARCS work creating visibility among public and providing a better image of the ARCS work, thus resulting in a more effective cooperation between the ARCS, the communities and different structures (private and governmental). New partnerships and communication channels were in 2010 formed between the ARCS and a number of local and international businesses, corporations, governmental and non-governmental organizations, communities and Mass Media resulting in a greater in-country fund raising capacity allowing the society to be able to fund more of its domestic activities and extend its programs to cover more people in need.

The capacity of the ARCS was also increased in terms of human resources, particularly volunteers from head quarters as well as regional/territorial branches through organizing skill development courses such as article writing, photography, survey skills, fundraising, and leadership skills.

The Armenian Red Cross Society has a strong staff team of skilled, competent and enthusiastic people. There is a need for ongoing serious work with the branches to develop a genuine community-based organization with good community relationships. This will increase their capacity to deliver services to vulnerable people at community level across the country. Realizing that more needs to be achieved in developing the branch network, the National Society is prioritizing its application for Intensified Capacity Building Support within the International Federation's CBF which will greatly contribute to this process.

The National Society will be preparing its strategic document in the coming months. The National Strategy 2011-2015 will be closely aligned with the Federation's global document Strategy 2020 and to ensure full compatibility it will be prepared with assistance from a Federation facilitator.

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

Secretariat supported programmes in 2010-2011

Disaster Management

a) The purpose and components of the programme

Being a disaster-prone country and realizing that there is a need for response to disasters and emergencies, the National Society pays great attention to strengthening its disaster response mechanisms and tools which will enable it 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 for 2011 is CHF 89,620.

Programme component 1: Disaster management planning
Component outcome 1: The Armenian Red Cross has effective tools for strengthening disaster preparedness and better prepared rapid response teams to respond to disasters operatively.
Programme component 2: Community preparedness
Component outcome 1: Effective tools for strengthening disaster preparedness of communities in high risk areas are in place through organizing VCAs and disaster risk reduction activities. ⁴
Component outcome 2: 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; and community-based disaster risk reduction activities to strengthen communities' preparedness

⁴ Not covered by budget.

using VCAs in three most risky regions, which later will form the basis for further disaster risk reduction activities.

b) Profile of target beneficiaries

Target groups		Disaster management programme							
Categories		% Gender		% Age			% Location		% Disabled
Component	Total	Male	Female	4 - 18	19 - 40	40 +	Urban	Rural	-
1	600	40	60	-	81	19	40	60	No
2	66,000	40	60	90	6	4	70	30	No

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

Totally 66,600 people will be reached in 2010 and 2011. This encompasses Red Cross staff and volunteers involved in the disaster preparedness and response structure; local communities and local authorities; schoolchildren and students of universities and other educational institutions countrywide. According to the statistics around 60 per cent of the general population is female, and this will also be reflected in disaster management related activities. As a result, the Red Cross will direct its efforts to ensuring this gender balance. Awareness-raising campaigns and training sessions will be conducted in cities as well as in rural areas.

c) Potential risks and challenges

- Level of funding and possible consequences for implementing planned activities
- High turn-over of 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 attract and gather sufficient financial means to be able to implement the activities. The community level activities such as risk reduction, early warning and mitigation 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 for 2011 is CHF 77,211.

Programme component 1: Social Welfare
Component outcome 1: Capacities of Red Cross staff and volunteers to provide focused and responsive social support to local communities are strengthened.
Component outcome 2: 400 lonely elderly refugees have improved their social conditions and received psychological support.
Component outcome 3: Totally 125 children living in dormitories have received educational session from the volunteers and participated in cultural events and their integration process into the society has been supported.
Component outcome 4: Armenian Red Cross branches have mobilized local resources to sustain social services for vulnerable communities.
Programme component 2: HIV/AIDS
Component outcome 1: Further HIV infections have been prevented through peer education and community mobilization.
Component outcome 2: HIV care, treatment, and support are expanded.

Component outcome 3: HIV stigma and discrimination has been reduced among general population.

Component outcome 4: Armenian Red Cross Society capacities to deliver and sustain scaled-up HIV programme are strengthened.

Programme component 3: TB with focus on MDR-TB⁵

Component outcome 1: Care, psychosocial support and direct observations are provided to the most vulnerable people affected with MDR-TB thus promoting their treatment and minimizing the consequences of disease, the spread of disease is prevented through community awareness campaigns on TB, MDR-TB and TB/HIV co-infection.

b) Profile of target beneficiaries

Target groups		Health and care programme							
Categories		% Gender		% Age			% Location		% Disabled
Component	Total	Male	Female	0 - 18	19 - 40	40 +	Urban	Rural	-
1	1,565	34	66	18	3	79	58	42	47
2	62, 210	45	55	35	55	10	30	70	-
3	210	69	31	2	80	18	71	29	-

Table 4: Target groups of health and care programme disaggregated on gender, age, location and disabled people, the numbers on the first component in the table are given per year. The same number and target groups will be targeted in both 2010 as 2011.

Target groups for 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 40 youth volunteers who will reach 400 elderly refugees living alone with psychosocial assistance through weekly visits, social events, and food distribution every year. The *Smiley Club* will help to improve the psychological condition and social-educational skills of 125 children aged 6 to 12 from refugee families who live in dormitories every year. Daily sessions, social-cultural events and summer camps will be organized by ten Red Cross youth volunteers. About 1 000 elderly and people living under poor conditions will receive second hand clothes, psychosocial consultations and home visits by volunteers helping in their household or doing small repairs in the house.

The HIV prevention project targets 60 Red Cross volunteers working as community health educators and who will be reached with HIV-related trainings of trainers (ToT); 80 injecting drug users (IDUs) will be provided with outreach activities, Behaviour Change Communication (BCC), including distribution of information/education materials, referral services, psychosocial counseling, and HIV preventive materials such as sterile syringes, condoms, and alcohol pads in the Vanadzor Drop-in Centre.

120 People Living With HIV will receive food parcels on New Year Eve.

140 peer educators will be trained to disseminate correct HIV information among 6000 students in Lori region.

60 young people (couples) have been provided with Q&A sessions on HIV topics.

80 PLHIV/TB/MDR TB patients will be trained on HIV, TB, MDR TB, will be encouraged to uptake VCT and ARV treatment upon necessity and will be provided with education/information materials and condoms.

⁵ Not covered by budget.

Some 20,000 people will receive information about HIV through “surprise boxes”, posters, leaflets, cards and calendars distributed during public campaigns. Around 1,000 schoolchildren and 1,000 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. In 2011 the number of schoolchildren will increase to 1,300.

The programme will also target wider sections of the population through the community educators’ peer-to peer work, mass media campaigns and other events. Some 100,000 people encompassing 80 per cent youth and 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.

Totally 210 most vulnerable MDR TB patients will be identified and reached through direct observations and social care.

c) Potential risks and challenges

- The current political and socio-economic instability in the country
- Fear among people to have contact with PLHIV due to the lack of awareness about HIV.
- Shortage of funds can become an obstacle for organizing activities in all the regions, thus not reaching youth in remote rural areas with information about safe behaviour where the young people are often conditioned by deep traditional beliefs.

The Red Cross youth volunteers face a challenge in speaking openly about male and female interpersonal relations, due to the traditional shame that exists in remote cities and villages, and among the older generation. Also, there remain difficulties in reaching 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 make the Armenian Red Cross becoming 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 for 2011 is CHF 88,425.

Programme component: Resource Mobilization
Component outcome 1: Armenian Red Cross Society has developed resource mobilization mechanism and tools to ensure continuous activity within the National Society.
Component outcome 2: Armenian Red Cross Society has developed a mechanism and tools for effective communication.
Component outcome 3: Armenian Red Cross Society has sustainable and transparent financial management system.

b) Profile of target beneficiaries

Target groups		Organizational development programme							
Categories		% Gender		% Age			% Location		% Disabled
Component	Total	Male	Female	0 - 18	19 - 40	40 +	Urban	Rural	-
1	200	40	60	10	80	10	60	40	0

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

Target groups encompass 200 Red Cross leadership and staff at all levels, volunteers and potential volunteers, youth at the headquarters and 6 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 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.

Role of the secretariat

a) Technical programme support

The International Federation's country office currently consists of three national staff which helps ensure the resources have been deployed and the programmes implemented as planned and according to the International Federation's standards and procedures. 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 Europe zone office provides technical support and guidance, along with experience sharing with other National Societies within and outside the region.

Integrating the International Federation's presence into the National Society's structure, and being more focussed in supporting them in their needs with the current resource limitations is a challenge. In Armenia integration is further developed than in the majority of societies in Europe that embarked upon the policy later. Nevertheless, the wording of *enabling action three* of the Strategy 2020 around working effectively as a Federation, and also on humanitarian diplomacy, is giving direction in addressing some of the challenges by using the resources available in more creative and innovative ways through alliances and partnerships. A consultative, analytical process is planned for late 2009 and early 2010, together with National Society stakeholders, on how the International Federation secretariat can structure its field set up to optimise service delivery based upon country planning.

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 I CRC. 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 dependent 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 will arrange representation at inter-agency discussions in regions and field situations, including the coordination for emergency assistance. The International Federation through its zonal and country structures will support the Armenian Red Cross build and maintain relations with public authorities, international organizations and other humanitarian actors. At such occasions the International Federation will advocate for the National Society's auxiliary role, promote the value of its community-based approach when addressing needs, its volunteers work, the value of partnerships and the independence of the Movement 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 is 48 per cent to 52 per cent.

The participation of women in decision-making processes, as well as at international conferences and for 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 approximately 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 uses a *quality assessment template* that was developed by the International Federation's regional representation for Southern Caucasus in 2007. It is a simple tool used by the programme managers comprising of three main parts: 1) basic project information; 2) key questions to be answered at the beginning of projects, in the design and preparation phase; and 3) an impact assessment including 12 generic questions to be answered at the end of the projects to assess what has been achieved.

SPHERE standards are used as the basis for emergency operations run by the Armenian Red Cross as standard practice. VCA is conducted to identify and find solutions together with the communities, and based on recent 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 national disaster preparedness and response mechanism (NDPRM) approach to enhance its 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 and foster replication of successful elements.

Monitoring and Evaluation

A monitoring and evaluation group consisting of Armenian Red Cross programme managers, the secretary general and the International Federation's head of office and programme coordinator uses the following tools and mechanisms to better assess the performances, improve future projects and 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 are developed to monitor and track progress, to demonstrate impact and lessons learnt and to be accountable and transparent to donors and beneficiaries.

Participation of representatives from partner organizations and local community members in monitoring is encouraged. The objectives of the monitoring and evaluation functions 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 IFRC's vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
Contact information	
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