

**ARMENIA
RAPID RESPONSE
DISPLACEMENT
2023**

23-RR-ARM-61419

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated.

22.08.2024

The CERF implementation process was discussed during inter-agency coordination group meetings and sector-specific meetings for the reporting period of September 2023 – August 2024. These meetings were coordinated by UNHCR and the UN Resident Coordinator's Office (RCO) and included a broad range of stakeholders, such as UN agencies, NGOs, and government ministries. In addition to general discussions, sector-specific meetings focused on areas pertinent to CERF spending and the results achieved. The sectors included health, shelter and non-food items (NFIs), food security, protection, gender-based violence (GBV), child protection, education, resilience and cash working group.

Organizations involved in these discussions were as follows:

- **UN Agencies:** UNRCO, IOM, UNHCR, UNICEF, UN Women, UNFPA, UNDP, WHO, WFP, UNAIDS
- **Government:** Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Territorial Administration and Infrastructure, Ministry of Education, Science, Culture and Sports
- **International NGOs:** ACTED, Action Against Hunger, Estonian Refugee Council, International Rescue Committee, Oxfam GB, People in Need, Save the Children (Partnership & Teaching), World Vision Armenia, ASB (GFFO), People in Need Armenia, Fonds Arménien de France, Democracy International
- **National NGOs and Civil Society Organizations (CSOs):** Armenian Red Cross Society, Mission Armenia, DRR NP, A Family without Violence, All for Armenia, Ambra Mental Wellbeing Centre, ARABKIR United Children's Charity Foundation, Arevamanuk (BICE), Armavir Development Centre, Armenian Progressive Youth, Armenian Psychiatric Association, Armenian Red Cross Society, Centre for Psychosocial Regulation, Centre Civil Society Development, Coalition of Domestic Violence Support Centres, Confederation of Trade Unions of Armenia, For Equality (Women's Resource Centre), Impact Hub Armenian Social Innovation Development Foundation, Khachmeruk Educational Consulting Centre Foundation, Martuni Women's Community Council, Mission Armenia, Partnership & Teaching, Resource Centre for Women's Empowerment (Women's Support Centre), SafeYou, Seda Ghazaryan Mental Health Foundation, Spitak Helsinki Group (OxYGen), SOS Children's Villages, Sose Women's Issues, Teach for Armenia, Tokun Syunik, WINNET Goris Development Foundation, Women's Rights House, Women's Support Centre
- **National Health and Social Service Providers:** Armenian Association of Social Workers, Armenian Association of Child & Educational Psychologists, Child Development Foundation, Children & Adolescents Social & Health Support Centre, Parenting School, Source Foundation, Step by Step Benevolent Foundation, Association of Healthcare & Assistance to Older People

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF allocation played an important role in addressing the urgent needs of over **110,000 refugees and host communities** in Armenia. Coordinated efforts among UN agencies, government bodies, and local partners enabled the delivery of critical services, impacting numerous sectors:

- **Food assistance** reached **31,900 individuals**, providing life-saving food security in the most affected areas.
- **Shelter and Non-Food Items (NFIs)** were provided to **1,850 people**, including the renovation of shelters, which directly benefited **790 individuals**, offering immediate improved living conditions.
- **Protection services**, including Mental Health and Psychosocial Support (MHPSS), reached **15,650 individuals**, including **4500 members of host communities**, with special training provided to **695 professionals**.
- **Health services** reached over **54,300 individuals**, addressing both urgent medical needs and ongoing care, such as the distribution of essential medicines for **50,000 people** and specific care for **500 burn patients**.
- **Multi-purpose cash assistance** was provided to **6,000 individuals**, offering flexible support to meet urgent personal needs.

Prioritized efforts focused on the most vulnerable populations, including women, children, and people with disabilities, to ensure inclusive assistance. The initiative also supported a **vaccination campaign** that reached over **500 elderly residents**, alongside an awareness campaign distributing **20,000 educational materials** to the public.

The CERF allocation was among one of the first funding sources available for the Armenia Refugee Response, arriving at a critical time to support life-saving interventions in the immediate aftermath of the crisis. A coordination mechanism between the Prime Minister's Office, UNHCR, and the UN Resident Coordinator's Office ensured that response activities were aligned with national priorities and effectively coordinated across all sectors, including health, food security, shelter and non-food items (NFIs), protection, gender-based violence (GBV) and child protection sub-sectors, education, and mental health and psychosocial support (MHPSS). Through close collaboration with the Ministry of Health, Ministry of Labour and Social Affairs, and the Ministry of Territorial Administration and Infrastructure, CERF funding facilitated the delivery of immediate relief and leveraged local capacities.

Over 30 local civil society organizations (CSOs) were actively engaged in service delivery, advancing the localization agenda and strengthening their role in humanitarian efforts. This approach emphasized the incorporation of sustainable practices, ensuring that support not only addressed immediate needs but also laid the groundwork for longer-term recovery, stability, and community well-being. A notable example was the emergency clinical response for burn care following a fuel depot explosion that injured over 500 individuals, mostly refugees. This initiative, in partnership with local healthcare providers and the Ministry of Health, provided immediate care while also establishing clinical practice guidelines and SOPs, enhancing national capacity for future burn management.

The CERF allocation demonstrated the value of a coordinated humanitarian response, bringing together government agencies, UN bodies, and local partners to meet critical needs efficiently. The Refugee Response Plan (RRP) was promptly developed based on a rapid assessment, enabling over 60 partners to deliver timely assistance across six sectors and two sub-sectors. This strategic and decisive approach showcased effective leadership, ensuring coordinated efforts and efficient delivery of essential support to those in need.

CERF's Added Value:

The CERF allocation contributed significantly across multiple sectors, improving the overall humanitarian response in Armenia. In the shelter sector, CERF funding facilitated the renovation of 5 public facilities, which provided temporary housing for 158 displaced families. These renovations included the installation of solar panels to power essential services, such as heating and lighting, reducing operational costs and promoting more sustainable energy use in the long term. The facilities offered safe and functional living spaces for 790 individuals, addressing immediate shelter needs.

The Government demonstrated commendable leadership by swiftly initiating cash-based measures in October 2023. This proactive approach fostered a strong collaboration with Cash Working Group (CWG) members, aligning their with Government priorities. The strategic allocation of CERF funds was pivotal in amplifying cash-based assistance, ensuring that families received the essential support needed to meet their basic needs, specifically during the harsh winter months.

In the health and protection sectors, CERF resources enabled the provision of mental health and psychosocial support (MHPSS) to 15,690 individuals, including both refugees and host community members. This support was delivered through mobile teams and community outreach efforts, specifically reaching children and caregivers affected by the crisis. The training of 690 healthcare professionals, including mental health workers and social workers, helped strengthen local capacities and ensured that MHPSS services could continue even after the immediate crisis.

Cash-based assistance was another key element of the CERF-funded response, reaching 6,000 individuals. This assistance helped families purchase essential goods, such as food and winter clothing, during the colder months. Local businesses, particularly small shops and service providers, indirectly benefited from the increased purchasing power.

In the health sector, CERF funds were used to deliver noncommunicable disease kits to health facilities, providing essential medicines for 50,000 individuals. These kits ensured continuity of care for chronic conditions during a period of high demand on healthcare services.

Overall, the CERF allocation enabled a timely and coordinated response across key sectors, ensuring that critical needs were addressed and supporting immediate relief efforts.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

CERF funding facilitated the prompt deployment of resources, allowing humanitarian partners to deliver essential services and goods quickly. The early availability of funds enabled agencies to address the immediate needs of refugees and vulnerable communities, reducing the time between the identification of needs and the delivery of assistance.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The CERF allocation supported interventions that were crucial at specific moments, such as providing winterization support and emergency shelter. These actions addressed needs that, if delayed, could have resulted in more severe consequences for the affected populations, particularly during the harsh winter months.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF supported the efforts of UNHCR and the UN Resident Coordinator's Office (RCO) to lead and strengthen the humanitarian response. CERF funding contributed to the effective functioning of inter-agency coordination groups, which included UN agencies, NGOs, and government ministries. These groups were responsible for sectoral coordination in areas

such as health, shelter, protection, and mental health, ensuring a streamlined approach to service delivery and resource allocation.

The Health Working Group, for example, was co-chaired by WHO and the Ministry of Health, overseeing the distribution of essential medical supplies and coordinating the delivery of MHPSS services. In the shelter sector, partners worked closely to ensure that available resources were effectively directed toward the most vulnerable populations.

Inter-agency reporting mechanisms, led by UNHCR and the RCO, tracked the progress of activities across sectors in real time. These mechanisms allowed for weekly updates and facilitated adjustments in the response based on emerging needs. Through these efforts, CERF funding contributed to more organized and efficient planning, implementation, and monitoring of the humanitarian response, helping to reduce gaps and avoid duplication of efforts.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF supported the efforts of UNHCR and the UN Resident Coordinator's Office (RCO) to lead and strengthen the humanitarian response. CERF funding contributed to the effective functioning of inter-agency coordination groups, which included UN agencies, NGOs, and government ministries. These groups were responsible for sectoral coordination in areas such as health, shelter, protection, and mental health, ensuring a streamlined approach to service delivery and resource allocation.

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Considerations of the ERC's Underfunded Priority Areas¹:

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

The CERF allocation played a role in addressing several of the ERC's underfunded priority areas, particularly those focused on support for women and girls, including gender-based violence prevention and reproductive health, as well as protection programs.

Among these, the most pressing need identified was the support for women and girls. In the context of displacement, the risks associated with gender-based violence and the need for access to reproductive health services became more pronounced. Addressing these needs was essential to ensuring the safety and well-being of affected populations.

The allocation also provided support in the area of protection, focusing on mental health and psychosocial support for children and vulnerable individuals. The psychological impact of displacement required a response that could offer both immediate relief and ongoing support, particularly for those most at risk.

The CERF funding facilitated a coordinated response among agencies, allowing for the integration of gender-based violence prevention and reproductive health services into broader humanitarian activities. This integration ensured that the specific needs of women and girls were considered alongside other critical interventions. In the protection sector, the establishment and expansion of child-friendly spaces and psychosocial support services were made possible, creating safe environments where children and families could access the help they needed. The allocation also included considerations for people with disabilities, ensuring that shelter and protection programs were accessible and responsive to their needs.

Integrating these priority areas into the broader humanitarian response posed challenges, especially in situations where immediate life-saving activities were prioritized. Balancing urgent needs with the longer-term requirements of underfunded areas required careful coordination. Moreover, resource limitations and the need for sustained funding to maintain progress in these areas underscored the ongoing necessity for advocacy and resource mobilization.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	97,000,000
CERF	3,997,630
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	46,002,370
Total funding received for the humanitarian response (by source above)	50,000,000

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-033	Health	401,500
IOM	23-RR-IOM-033	Shelter and Non-Food Items	148,500
UNDP	23-RR-UDP-004	Shelter and Non-Food Items	550,000
UNFPA	23-RR-FPA-042	Protection - Gender-Based Violence	200,000
UNFPA	23-RR-FPA-042	Health - Sexual and Reproductive Health	200,000
UNHCR	23-RR-HCR-031	Shelter and Non-Food Items	637,000
UNHCR	23-RR-HCR-031	Protection	63,000
UNICEF	23-RR-CEF-055	Multi-Purpose Cash	405,624

UNICEF	23-RR-CEF-055	Protection - Child Protection	293,728
WFP	23-RR-WFP-048	Food Security - Food Assistance	728,860
WHO	23-RR-WHO-040	Health	369,418
Total			3,997,630

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	2,265,628
Funds sub-granted to government partners*	45,606
Funds sub-granted to international NGO partners*	34,424
Funds sub-granted to national NGO partners*	1,076,608
Funds sub-granted to Red Cross/Red Crescent partners*	575,364
Total funds transferred to implementing partners (IP)*	1,732,002
Total	3,997,630

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Due to a recent escalation in a long-standing conflict, Armenia has seen a significant influx of refugees, with 100,632 people, including 30,000 children, arriving between September 24 and October 4, 2023. These refugees face vulnerabilities, particularly women, children, the elderly, and those with health issues. Urgent needs include food, clothing, housing, and medical assistance. While some refugees are hosted by relatives, others rely on rental support or live in collective shelters, some of which are in precarious conditions. Winter poses an immediate need for shelter, clothing, and other essentials, while protection, including gender-based violence prevention, is a priority. Humanitarian partners are working alongside the government to address these challenges and enhance resilience.

Operational Use of the CERF Allocation and Results:

In response, the RC/HC for Armenia requested \$4 million on 26 October from CERF's Rapid Response window for the immediate commencement of life-saving activities. This funding will respond to needs in the areas of food, health, protection (including child protection, GBV and education support), and shelter. The response is targeting 110,646 people, including 31,139 women, 57,035 children, and 5,166 persons with disabilities.

People Directly Reached:

The figures reported in tables 4, 5, and 6 were estimated based on the detailed records maintained by implementing partners and verified through field monitoring reports and beneficiary lists. Efforts were made to avoid counting the same individuals multiple times by cross-referencing data from different sectors and agencies. This was achieved through the use of coordinated data collection processes across all involved partners.

In cases where the actual number of people reached deviated by more than 10 percent compared to the planned figures, these variations were primarily due to shifts in the operational context and changes in the needs of the affected population. For example, in some areas, the need for shelter and non-food items was higher than initially anticipated, leading to an increase in the number of beneficiaries. Conversely, certain protection services reached fewer individuals due to challenges in accessing some areas. These deviations were carefully monitored and addressed as part of the overall response strategy.

People Indirectly Reached:

The CERF allocation indirectly benefited approximately 11,346 individuals, including members of host communities who gained from expanded service delivery in health and protection sectors. For instance, mental health and psychosocial support (MHPSS) services reached 4,500 host community members, in addition to direct refugee beneficiaries. These services were delivered through mobile teams and local health facilities, addressing the mental health needs of those affected by displacement and promoting stronger community ties.

An example of exceptional coordination was the emergency clinical response for burn care, which was activated after a fuel depot explosion injured over 200 individuals, primarily refugees. This initiative, conducted through local healthcare providers and in partnership with the Ministry of Health, provided immediate care while also developing clinical practice guidelines and SOPs for burn rehabilitation. This not only addressed the immediate health needs but also strengthened the national health system's capacity for future incidents.

Additionally, awareness campaigns related to gender-based violence (GBV) and protection risks reached over 20,000 women, girls, and boys through the distribution of educational materials and social media outreach. These campaigns enhanced safety awareness and improved access to resources, helping reduce risks within both refugee and host communities. Some 495 professionals received individual and supervision sessions, participated in self-support groups, professional support groups, and underwent training on child trauma, grief, and loss.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	11,641	10,747	4,997	4,611	31,996	19,162	17,689	8,610	7,946	53,407
Health	9,058	8,684	18,387	18,261	54,390	15,125	4,760	4,745	4,745	29,375
Health - Sexual and Reproductive Health	4,100	0	0	0	4,100	4,670	0	0	0	4,670
Multi-Purpose Cash	0	0	3,000	3,000	6,000	0	0	2,919	3,161	6,080
Protection	1,813	1,568	735	784	4,900	340	350	170	140	1,000
Protection - Child Protection	1,340	860	1,100	1,100	4,400	1,618	561	1,146	1,080	4,405
Protection - Gender-Based Violence	2,500	0	500	0	3,000	4,300	0	1,300	0	5,600
Shelter and Non-Food Items	687	613	273	287	1,860	3,385	1,739	547	583	6,254

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	94,496	99,445
Returnees	0	0
Internally displaced people	0	0
Host communities	16,150	9,880
Other affected people	0	1,466
Total	110,646	110,791

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	31,139	48,600	2,349	2,317
Men	22,472	25,099	1,506	2,808
Girls	28,992	19,437	705	370
Boys	28,043	17,655	606	395
Total	110,646	110,791	5,166	5,890

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-033

1. Project Information			
Agency:	IOM	Country:	Armenia
Sector/cluster:	Health Shelter and Non-Food Items	CERF project code:	23-RR-IOM-033
Project title:	Provision of humanitarian assistance to refugees in Armenia		
Start date:	07/11/2023	End date:	06/05/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 9,600,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,111,308
	Amount received from CERF:		US\$ 550,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, IOM and its partners provided 12,218 primary health consultations, MHPSS services to 3,347 people, referrals to higher-level and specialized health services for 1,240 people, reached 289,600 people with health messaging. This health support was crucial to ensure coverage for the priority health and mental health needs of host and displaced communities, in the run up to their full inclusion into the national health system. In addition, IOM rehabilitated 2 shelters, and provided shelter-related services including NFIs to 564 people, which covered priority shelter needs as well as a mid-term solution for especially vulnerable displaced persons, including those who do not have the means or family ties to find accommodation. The project exceeded all targets, except one shelter less was rehabilitated than originally planned, for the most part due to the higher-than-expected refurbishment and reconstruction costs to bring one shelter in operational condition.

The project directly assisted a total of 14,248 people and indirectly reached 289,600 people through a media campaign, as well as indirectly contributed to IOM's co-leadership of the RRP Health Sector Working Group comprised of 60 health-related international and national organizations and institutions. From November 2023 through early-May 2024, project activities

were conducted in Aragatsotn, Ararat, Armavir, Gegharkunik, Kotayk, Syunik, Tavush, Vayots Dzor, and Yerevan regions of Armenia as intended, plus the Government requested that the regions of Lori and Shirak be added which IOM was able to accommodate.

3. Changes and Amendments

Geographic targeting:

Two additional regions (Lori and Shirak) were covered with health services at the request of the Ministry of Health. Similarly, the Shelter-NFI working group requested that IOM prioritize Shirak region and the Government selected the shelter facilities.

Percentage of people with disabilities (PwDs):

It is now understood that at the project development stage, the percentage of PwDs was overestimated and the Government's original refugee registration data indicated that 16% of newly arrived refugees were PwDs. However, a subsequent multi-sector needs assessment suggests that the rate is likely closer to 6%, which also aligns with the national rate in Armenia. The project's health activities assisted 9%, shelter activities 32%, and NFI activities 15% PwDs.

Disaggregation of beneficiary types:

In accordance with the Government's desire that refugees and vulnerable host community members be treated equally if they have the same urgent need, and in alignment with the humanitarian principles, some health services were offered to both refugees and to vulnerable host community members.

Shelter target: the project rehabilitated two shelters instead of three. This was at the request of the Government to rehabilitate a more challenging facility that required installation of a new septic system in order to properly rehabilitate and construct the facilities within the building itself. Shelter rehabilitation took longer than expected due to poor condition of the facility and because refugees were staying in the shelter while works were on-going. Moreover, works were carried out in a "non-state-of-emergency" situation, which means that the government did not exempt the requirements and procedures related to renovation works. To ensure timely implementation of the rehabilitation works IOM had to engage and closely follow up with central, regional and municipal authorities to obtain required paperwork in shortest possible time as well as with refugees staying in shelter to meet their immediate needs and requests.

All targets were exceeded with the exception of the abovementioned shelters: 109% primary healthcare consultations reached, 299% MHPSS services reached, 296% people referred, seven times the number of people reached with the health messaging, and 157% people accessing shelter services and NFIs reached.

The deviations were not communicated to CERF as it was understood that they aligned with the aims of the proposal. There is no unspent balance.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	4,208	3,884	1,637	1,511	11,240	3,203	1,332	1,448	1,528	7,511
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	2,884	488	636	699	4,707
Other affected people	0	0	0	0	0	307	109	502	548	1466
Total	4,208	3,884	1,637	1,511	11,240	6,394	1,929	2,586	2,775	13,684
People with disabilities (PwD) out of the total										
	673	621	262	242	1,798	608	1820	208	222	2858
Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	135	125	52	48	360	209	208	72	75	564
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	135	125	52	48	360	209	208	72	75	564
People with disabilities (PwD) out of the total										
	22	20	8	8	58	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

This project indirectly targeted 40,000 individuals to be reached through a health awareness raising campaign and related health messaging. In reality, the Facebook page eventually had over 10,000 followers and ultimately 289,600 people engaged with the webpage as reported by the Facebook insights statistics. These people were men and women from across Armenia covering the full range of demographic groups reached through mixed-media messaging.

Additionally, the 60 health-related organizations and institutions who were part of the Health Sector Working Group indirectly benefitted from the expertise, experience, and evidence base that IOM brought to the working group. IOM co-leads the Health Sector Working Group.

6. CERF Results Framework

Project objective	Contribute to addressing priority humanitarian needs of refugees in Armenia			
Output 1	Refugees have increased access to primary health care and MHPSS services			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.8 Number of primary healthcare consultations provided	11,240	12,218	Mobile clinic visit reports
Indicator 1.2	H.9 Number of people provided with mental health and/or psycho-social support services	1,120	3,347	Mobile clinic visit reports, SGMHF NGO reports
Indicator 1.3	H.10 Number of people referred to higher level and/or specialized health services	1,240	3,676	Mobile clinic visit reports
Indicator 1.4	Number of people reached with health campaigns and messaging	40,000	289,600	Facebook page insights
Explanation of output and indicators variance:		<p>The over-achievement of the MHPSS services was due to a higher-than-expected interest in receiving these services. In particular the rate of men accessing MHPSS services increased throughout the life of the project. Furthermore, the Ministry of Education requested that more attention be paid to MHPSS for refugee children integrating into the schooling system. Similarly, the over-achievement of the referrals was due to a lack of data when the proposal was designed and a higher-than-expected need for referrals.</p> <p>The over-achievement of the information campaign was due to the professionally created and interesting MHPSS messages designed for the displaced population. The videos highlighting the work of psychologists at schools supporting displaced children to be integrated in new society reached thousands of people.</p>		
Activities	Description	Implemented by		
Activity 1.1	Provide primary health care consultations, referrals to secondary care through two mobile clinics. IOM will operate multi-disciplinary health teams that include a general physician, paediatrician, sonographer and laboratory technician, and it engages specialists from areas such as neurology, cardiology, infectious	IOM and the Ministry of Health's National Centre for Infectious Diseases		

	diseases, among others on a rolling basis based on the needs highlighted by the communities. The mobile clinics include also a psychologist, who provides MHPSS and identifies cases in need of further assistance.	
Activity 1.2	Provide MHPSS sessions and further MHPSS support as needed, to cases identified and referred to through mobile clinics. A specialized MHPSS team deploys to communities, on referral from the mobile clinics, to conduct individual or group sessions as needed.	IOM and Seda Ghazaryan Mental Health Foundation (SGMHF) NGO
Activity 1.3	Undertake health promotion through campaigns and messaging. IOM will enable people to increase control over, and to improve, their health via health promotion campaigns and individual messaging to positively influence the health care seeking behaviour of displaced populations and communities as well as raise awareness on the influence of living and working conditions on health. The health promotion campaign will include topics including orientation on the health care system (where to access health care, where to get vaccinations, how to register), healthy behaviour, information on continuity of care for persons who are HIV positive, flu season prevention and the importance of MHPSS and where to access it.	IOM and DEEM Communications LLC

Output 2	Living conditions and dignity of refugees are improved			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.3 Number of shelters and common shelter structures constructed or rehabilitated	3	2 shelters	MOU, bidding files, Service agreement with constructor, purchase order with technical supervision, performance acts
Indicator 2.2	SN.6 Number of people accessing shelter services	360	564	Monitoring visits, distribution lists
Explanation of output and indicators variance:		Project rehabilitated two shelters instead of three. This was because the Government requested IOM to rehabilitate a more challenging facility that required installation of a new septic system in order to properly rehabilitate and construct the facilities within the building itself. The need to install a new septic system was not known until the works began, thus neither IOM nor the Government expected to spend so much time and effort on the facility. On the other hand, the number of recipients of people benefiting from shelter-related services, including NFIs, was over-achieved due to the high demand requested by the shelters, local authorities, and through the Shelter-NFI Working Group.		
Activities	Description	Implemented by		

Activity 2.1	Implement shelter repair with view of winterization. IOM will carry out the improvement works in the selected collective shelters (average capacity of 120 people) in Yerevan and regions in order to improve the living conditions. This will include light and medium repairs and non-structural interventions to ensure that accommodations meet international standards and have the conditions for safe, healthy, dignified living, as well as the supply of heaters, or other products to improve living conditions.	IOM, the Sima-Shin LLC construction company, and the Tegh, Tatev, Kapan, Qajaran and Meghri communities of Syunik region and Amasia community of Shirak region

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC’s four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

Prior to and during implementation, IOM consulted with numerous recently arrived refugees, community members, local partners, and government authorities at local and central levels, including, the Ministry of Labor and Social Affairs, the Ministry of Internal Affairs’ Migration and Citizenship Service, and the Ministry of Labor, to ensure that programming was designed and undertaken jointly with the affected people. During regular monitoring visits, IOM project staff regularly interviewed beneficiaries, government, shelter, and health personnel to be aware of any issues and feedback regarding the ongoing service provision. Additionally, IOM coordinated with all national and international partners providing similar assistance within the RRP coordination mechanisms to triangulate information and triage on response to needs, including the Health Sector, Shelter-NFI Sector, Protection Sector, Resilience Sector, MHPSS Task Force, Information Management Task Force, Gender Task Force, and Cross-cutting Task Force (including AAP).

b. AAP Feedback and Complaint Mechanisms:

The above-described consultative processes ensured that IOM’s project activities took into account community needs and gave account to communities on what was being implemented. In addition, in order to be effectively held to account by affected communities, complaint boxes were placed close to each mobile clinic to gather feedback or comments from beneficiaries to improve services and to understand their needs, preferences, and areas of dissatisfaction. Additionally, IOM’s global “We Are All In” platform allows anyone, anywhere to make identified or anonymous complaints, flag misconduct, and enhance accountability. The platform provides a confidential reporting form that is directed to the Office of the Inspector General (OIG) for investigation, ensuring that complaints are thoroughly examined, appropriate actions taken based on the findings, and to protect against retaliation. Although zero complaints have been lodged so far, IOM will continue to monitor the platform in

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

case post-implementation comments are made. IOM's Data Protection Principles apply to all work undertaken, including activities conducted with implementing partners, and requires the highest level of confidentiality.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The abovementioned "We Are All In" platform also served to receive and address complaints related to PSEA; although, no such complaints have been recorded yet related to this project.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Gender, disability, and age considerations and inclusion were mainstreamed throughout all stages of the project. Within the health activities, 66% women and girls received assistance, including 234 pregnant women. All activities were gender responsive, including such services as primary health care and referrals related to sexual and reproductive health, as well as gender-sensitive MHPSS. 3,300 leaflets developed by UNFPA and providing contact information on local organizations working on GBV matters as well as providing safe spaces for women. Similarly, women and girls made up 50% of the direct beneficiaries for shelter and NFI support. In the shelter rehabilitations, one of the main works undertaken was to establish separate toilets and showers for women and men to contribute to the prevention of GBV.

e. People with disabilities (PwD):

People with disabilities were included in the NFI needs analysis and any special needs they had were identified and included in planning the intervention as much as possible. Furthermore, while implementing shelter activities accessibility measures were planned and considered, including accessible hygiene facilities. The shelters were not originally built to house as many people as they now do, however, so some accessibility issues could not be prioritized within the scope of this project (i.e. issues that require substantial restructuring or redesigning such as installing elevators and altering the heights of floors, doorframes, and steps) and would benefit from additional reconstruction works. Furthermore, the mobile health clinics were specifically deployed to under-served, rural areas and to shelters to allow PwDs to have better access to health assistance. For people who could not comfortably ascend the stairs into or otherwise access the mobile clinic, they also utilized private and accessible rooms inside the local ambulatories to serve patients. The project's health activities reached 9%, shelter activities 32%, and NFI activities 15% Up PwDs which is higher than the assessed national ratio of PwDs in Armenia.

f. Protection:

The construction of separate toilet and shower facilities for men and women on each floor significantly enhances the safety and privacy of beneficiaries, fostering a sense of security and dignity in a vulnerable environment. Additionally, the repairs to improve accessibility for individuals with mobility challenges ensure that all beneficiaries, regardless of physical ability, can safely and comfortably access essential services. IOM's coordination with the Government and other humanitarian actors played a crucial role in safeguarding the well-being of beneficiaries, including by ensuring that all needs are addressed and avoiding duplication of efforts. This multi-faceted approach not only addresses immediate physical needs but also reinforces a protective environment where beneficiaries feel supported and respected.

g. Education:

At the request of the Ministry of Education and the Ministry of Health, and in coordination with the Health Sector and Education Sector, IOM's project activities included a focus on MHPSS for children in schools and their teachers. These activities were provided for 632 girls and 691 boys in seven regions: Ararat, Armavir, Kotayk, Lori, Vanadzor, Vayots Dzor, and Yerevan. This included individual counselling sessions for children, as well as mixed-method group therapy sessions using drama and music.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The establishment of a CVA mechanism in Armenia was foreseen to take several months before it would be viable. Thus, considering the urgency to enhance shelter and provide NFIs prior to the harsh Armenian winter, IOM decided to move forward more quickly with repairs to existing shelters and in-kind assistance. For the health activities, the mobile clinics were the most appropriate way of serving refugees and host communities in rural areas efficiently and quickly, because CVA could not be expected to lead to increased health care due to an overall lack of services in the rural communities where refugees were located. This approach was in alignment with the original project proposal.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Video prepared by MOH on provision of primary healthcare to refugees via mobile clinics	https://www.facebook.com/watch/?mibextid=WC7FNe&v=276421452091217&rdid=Lq0gqURpDFI7rL5H
Provision of primary healthcare to refugees via mobile clinic in Gugark village. Prepared by the National Radio	https://hy.armradio.am/archives/557905?fbclid=IwAR0dXgKv8NNRE8JtqhUvjayTuK7kIVXeRlen1B-OXRnY7sG7QEhi6c3L6nY
Provision of primary healthcare to refugees via mobile clinic in Lusarat village. Prepared by the local Governor's Office	https://www.facebook.com/elmira.martirosyan.790/posts/pfbid0mzH6ZXrN9pHTRaZPv7zoQjYPGQ58wf17xzX6vjuejKQ9tmYwJ79KsPzSj5w7r8ml
IOM Armenia Programme Update, 4 December 2023	https://www.iom.int/sites/g/files/tmzbdl486/files/documents/2024-05/iomarmeniaupdate_4dec2023.pdf

IOM Armenia Programme Update, 9 February 2024	https://www.iom.int/sites/g/files/tmzbdl486/files/documents/2024-05/iomarmeniaupdate_9feb2024.pdf
IOM Armenia Programme Update, 5 April 2024	https://www.iom.int/sites/g/files/tmzbdl486/files/documents/2024-05/iomarmeniaupdate_9apr2024.pdf
IOM Global Crisis Response Platform: Armenia Crisis Response Plan 2024	https://crisisresponse.iom.int/response/armenia-crisis-response-plan-2024
IOM Armenia Facebook post: Saten and Greta's story	https://www.facebook.com/IOMArmenia/posts/pfbid0WPp4Md3iuMiwCzVoRzbF2THjLDsVCSGHVzdkfAQhUCUgVyvB1TE7n3nzmKHmwpI
IOM Armenia Facebook post: Arpi's story	https://www.facebook.com/IOMArmenia/posts/pfbid05rNJKHULNfnnGppRrjRgVcBYSCg9bk5VRaX6mJXyEzWtv4unQPgNZzEPBKqFKE7jI

3.2 Project Report 23-RR-UDP-004

1. Project Information			
Agency:	UNDP	Country:	Armenia
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	23-RR-UDP-004
Project title:	Immediate response to the refugee crisis through creating safe and dignified shelter solutions.		
Start date:	07/11/2023	End date:	06/05/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,596,000
	Amount received from CERF:		US\$ 550,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

During the implementation period, UNDP has significantly improved living conditions and access to essential services for refugees in Armenia. Specific interventions included the renovation of four shelters, ensuring improved living conditions for 290 individuals. In Haghtanak Care Centre in Yerevan, 60 vulnerable refugee populations benefited from renovations and improved WASH facilities. In Masis community (Ararat region), a former sports school was transformed into separate apartments with proper sanitation, WASH facilities, and kitchens, providing decent housing for 90 refugees. In Tavush region's Haghtanak settlement, 50 refugees were accommodated in improved living conditions, while in Goris, Syunik, the former municipal services building was renovated to optimize space for 90 individuals, accommodating both individuals and families. Additionally, to increase access to green energy, UNDP provided 60 water heaters and 5 solar panels to shelters, refugee households, and municipal buildings in host communities, benefiting around 550 people. Overall, UNDP efforts under the project have facilitated enhanced access to shelter, improved living conditions, and essential services for 790 individuals in Yerevan, Ararat, Syunik and Tavush regions significantly contributing to their resilience and well-being. The green energy initiative helped to reduce the energy costs for households and local administrations, promoting sustainable practices in the host communities.

The project has demonstrated outcomes in substantial improvement in the quality of life for 790 refugee individuals reaching the targets set for the whole implementation period from November 7, 2023, to May 6, 2024. The comprehensive renovations and enhancements in the shelters have ensured essential living conditions and dignity for the beneficiaries. By providing modern sanitation, adequate WASH facilities, and energy-efficient solutions, the project addressed immediate needs in line with the project objective and the Refugee Response Plan, as well as the priorities of the Ministry of Labour and Social Affairs.

3. Changes and Amendments

On March 28, 2024, UNDP has submitted a request for redeployment of funds, which was approved by CERF. The need for redeployment was conditioned by the shift in the priorities of the Ministry of Labour and Social Affairs (MLSA) in the area of social housing focusing on repairs and rehabilitation of larger facilities. This required substantial investments in time and resources, beyond the scope of the emergency CERF allocation, assuming rapid disbursement and implementation. The UNDP proposal was designed with this urgency in mind, while renovation of the larger facilities posed multiple issues, which would take several months to resolve extending beyond the project deadline.

In response, UNDP proposed redirecting part of the project funds. This involved reducing the planned refurbishment space from 2,000 sqm to 1,695 sqm, decreasing the rehabilitation budget by US\$ 70,150. These funds were reallocated to procure additional solar energy solutions, such as solar water heaters and panels. The solar equipment was distributed to refugee shelters to address the critical need for clean energy and hot water. This adjustment significantly improved the living conditions of refugees without compromising the project's goal of benefiting the target population.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	182	168	71	79	500	284	260	134	112	790
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	182	168	71	79	500	284	260	134	112	790
People with disabilities (PwD) out of the total										
	5	15	0	0	20	10	21	0	0	31

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project has indirectly benefitted around 1050 people through installation of solar panels on community buildings renovated and repurposed as refugee shelters, and municipal buildings. The indirect beneficiaries include the host populations, who can benefit from the reduced strain on the local power grid and potentially lower energy costs, as community buildings can serve some energy needs through solar power. The broader community benefits from the environmental impact of reduced reliance on fossil fuels, which would otherwise be the main source of energy for the most of refugee and vulnerable host households, leading to decreased carbon emissions, and contributing to overall sustainability efforts. In addition, local governments benefit from reduced operational costs for community buildings, freeing up resources for other public services and community development projects.

6. CERF Results Framework

Project objective	Provide immediate response to the refugee crisis in Armenia through facilitating access to shelter and essential living conditions for the most vulnerable refugee populations			
Output 1	Public facilities are renovated to provide safe and dignified shelter solutions to refugee populations			
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.6 Number of people accessing shelter services	500	790	-Lists of refugees living in shelters renovated by the project, as provided by the local administration. -Field visits to the renovated shelters, and the municipal buildings where the solar panels were installed.
Indicator 1.2	SN.3 Number of shelters and common shelter structures constructed or rehabilitated	5	4	-Completion acts. -Acceptance and transfer documentation.
Explanation of output and indicators variance:		In view of strategy changes of the Ministry of Labour and Social Affairs in social housing, UNDP has proposed budget redeployment, which was approved by CERF. The deployment led to decreasing the planned refurbishment space from 2,000 sqm to 1,695 sqm with respective decrease of the budget for the rehabilitation by US\$ 70,150 and increasing the number of emergency energy solutions (solar water heaters and solar panels) by reallocating US\$ 70,150 to the procurement of respective equipment. The solar water heaters and solar panels were distributed to the refugee shelter facilities and other municipal buildings considering the critical need for access to clean energy and hot water in host communities. This significantly improved living conditions of refugees without compromising the project's commitment to benefit the target number of beneficiary population. Moreover, this allowed to indirectly benefit 1050 people in host communities, and reach out to more refugee beneficiaries, than initially		

		planned, thus improving the living conditions of 790 individuals, instead of planned 500.
Activities	Description	Implemented by
Activity 1.1	Conduct repairs and rehabilitate basic services (including cold and hot running water supply systems, sanitation facilities), and incorporate green energy solutions in public facilities with a total area of 2000 sq.m providing shelter services to refugees.	UNDP

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

Throughout the implementation of the CERF-funded project, UNDP prioritized the integration of feedback and accountability mechanisms to ensure the voices of the refugee populations were heard and addressed. Regular community consultations and feedback sessions were conducted to gather input from refugees regarding needs, preferences, and concerns, including in shelter area. This feedback was then carefully analysed and incorporated into project planning and decision-making processes. Additionally, the project managed to directly engage the refugees through on-the-job training of 15 refugee men on the construction sites and recruiting them for conducting renovation works. This allowed to directly learn and incorporate refugee needs into the shelter renovations.

Complaint and response mechanisms were established to allow refugees to report any issues or grievances they encountered during project implementation. These mechanisms facilitated transparency, responsiveness, and accountability, ensuring that the project remained aligned with the needs and expectations of the refugee populations.

b. AAP Feedback and Complaint Mechanisms:

During the whole duration of CERF-funded interventions UNDP ensured availability of AAP feedback and complaint mechanisms through CO Level Stakeholder Response Mechanism (SRM) which is aimed at addressing grievances related to the social and environmental impact of any project implemented by the UNDP Armenia in a timely and efficient manner. The UNDP Stakeholder Response Mechanism (SRM) facilitates resolution of concerns and disputes related to UNDP-supported projects. It intervenes when project-level stakeholder engagement processes fail to resolve issues adequately. Managed by UNDP Country Office with support from headquarters, the SRM initiates dialogue, mediates disputes, and enhances understanding among affected parties. The contacts and general information of UNDP CO SRM were publicly

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

available on the agency's official website via the following link. Any individual or community affected by a UNDP project can request SRM involvement if standard channels for consultation and engagement prove unsatisfactory. After assessing eligibility, SRM staff engage with stakeholders to understand concerns and propose tailored resolution processes. Stakeholder agreement triggers reporting and, where necessary, monitoring of implementation. The SRM ensures fair and effective resolution, empowering stakeholders and fostering accountability in project implementation.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNDP is committed to upholding the highest standards of integrity and ethical conduct in all its operations and prioritised the prevention of sexual exploitation and abuse (PSEA) in CERF-funded project. Throughout the implementation of the project, rigorous measures were implemented to prevent and address instances of sexual exploitation and abuse within the refugee populations. Comprehensive training on PSEA was provided to all staff, emphasizing the importance of respecting the rights and dignity of all individuals, particularly women, girls, and vulnerable groups. The planning and renovation works were conducted to ensure the privacy and dignified conditions in line with safety requirements minimising the risks of exploitation or abuse, ensuring that appropriate action could be taken swiftly to protect the rights and well-being of the affected individuals.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

While improving living conditions and access to essential services for refugees, UNDP prioritized gender equality and the empowerment and protection of women, girls, and sexual and gender minorities. The project actively collected and addressed the unique needs of these vulnerable groups through feedback mechanisms.

In the renovated shelters, 53% of the beneficiaries are women and girls, who now have safe, dignified living spaces with proper sanitation and WASH facilities. This gender-sensitive infrastructure aims to reduce risks of gender-based violence and exploitation. Solar energy solutions, such as water heaters and solar panels, reduce the burden of household chores for women, allowing more time for education and economic opportunities. Efforts were also made to create inclusive, non-discriminatory environments, ensuring all individuals, regardless of gender identity or sexual orientation, have equal access to services and support, enjoying privacy and safety in the shelters.

e. People with disabilities (PwD):

Through the efforts under CERF-funded project, UNDP significantly contributed to ensuring dignified living conditions for the people with disabilities in the refugee shelters. The renovated shelters were designed with accessibility in mind, including ramps, widened doorways, and accessible WASH facilities to ensure people with disabilities could navigate and use the facilities independently. To address specific risks and promote protection for PwD, particularly women and girls with disabilities, the project included safety features such as well-lit common areas and accessible emergency exits. Additionally, feedback mechanisms ensured that the voices of PwD were heard, and their needs addressed promptly.

f. Protection:

As part of the project, UNDP mainstreamed the protection of all affected and at-risk persons by incorporating comprehensive safety and inclusivity measures. Feedback mechanisms ensured that the unique needs of vulnerable groups, including women, PwD and minorities, were addressed. Renovated shelters provided secure, dignified living spaces with modern sanitation and WASH facilities, reducing risks of gender-based violence and exploitation.

In addition, project staff received training on gender sensitivity and the rights of sexual and gender minorities, fostering an inclusive and non-discriminatory environment. The inclusion of solar energy solutions, such as water heaters and solar panels, not only improved living conditions but also reduced the burden of household chores allowing them more time to exercise their economic rights and right to education. Overall, these integrated protection outcomes ensured that 790 refugees individuals in Yerevan, Ararat, Syunik, and Tavush regions enjoyed enhanced safety, dignity, and well-being.

g. Education:

While the project does not have planned interventions in the area of formal education, elements of on-the-job training have been used as a form of non-formal training and upskilling/reskilling opportunity to integrate the refugee labour force into the rehabilitation activities. 15 refugee men have been trained on the construction site to undertake various jobs throughout the renovation works. As a result, they have been recruited by the project and conducted renovation works in the refugee shelters. This ensured not only short-term income for 15 households, but also enhanced the opportunities of trained refugees for rapid integration into the local labor market. Additionally, direct involvement of refugees into the renovation works helped to bring in their perspective and better integrate refugee needs into the shelter rehabilitation works.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNDP's decision to conduct the renovation works directly rather than providing cash and voucher assistance ensured higher standards of quality, safety, and efficiency, ultimately providing better outcomes for the refugees in need of urgent shelter. Shelter renovation require specific technical expertise to ensure that the work meets safety and quality standards. By conducting the renovations directly, UNDP could guarantee that the buildings are properly renovated providing safe and secure shelters for refugees.

Directly managing the renovation process allowed UNDP to maintain control over the timeline and progress of the work, which was crucial in the emergency, where delays could significantly affect the vulnerability of refugees. This also helped to apply a uniform and standardised approach throughout the renovation of all the shelters, which is important to provide equitable and non-discriminatory support to all refugees. Direct oversight by UNDP helped to mitigate the risks of mismanagement or misuse of funds, meanwhile ensuring resource efficient delivery by leveraging economies of scale, which allowed for the reduction of per-unit costs through streamlined processes. It also ensured compliance with regulatory requirements and adherence to safety protocols, which might be challenging to monitor if cash or vouchers were distributed to individuals or local communities, who may lack the capacity to effectively manage the renovation or access the reliable contractors for this purpose.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Shelter and Non-Food Items	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Launch of renovation works in Masis Sports School	https://www.facebook.com/scaundp/posts/pfbid0EumkLGBkqzMrUvtxAo6Y24kFBvc7MBxCW9aH6pUi7idUF5PR9rSm6nvy5HwM1GWdl
Completion of renovation works in Haghtanak Care Center	https://www.facebook.com/scaundp/posts/pfbid0Yzjdc849g11bjq9dk7Jfn372mJy6eoJEijs5YnqcoYJ7u8NPsiQdiL6hmsNik2Wbl
Completion of renovation works of shelter in Haghtanak settlement, Tavush	https://www.facebook.com/scaundp/posts/pfbid02r6FecvPpuqJPeMiuYMMK3fE1EKcB4wCb4Ffg7xoAws3KZj63fNZu9Yr37vXi3bUkl
Visit of Ivana Živković, UN Assistant Secretary-General, UNDP Assistant Administrator and Director of the Regional Bureau for Europe and the Commonwealth of Independent States (CIS) to Masis Community Social House	https://www.facebook.com/scaundp/posts/pfbid0abM2Dz52w5g2R4Cq59TQagkpLJFoqnyGo9j5tLD527x9wgT1MVhMyz8unvS3iorXI

3.3 Project Report 23-RR-FPA-042

1. Project Information			
Agency:	UNFPA	Country:	Armenia
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	23-RR-FPA-042
Project title:	Emergency response to the acute SRH needs and GBV risks of vulnerable women and girls in Armenia		
Start date:	25/10/2023	End date:	24/07/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 4,500,000
	Total funding received for agency's sector response to current emergency:	US\$ 543,400
	Amount received from CERF:	US\$ 400,000
	Total CERF funds sub-granted to implementing partners:	US\$ 400,000
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 228,255
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

UNFPA, in collaboration with partners, ensured uninterrupted sexual and reproductive health (SRH) and gender-based violence (GBV) services for all refugees in Armenia.

To enhance access to SRH services, 2013 pregnant and lactating women received Cash and Voucher Assistance. Additionally, the capacity and skills of 51 local SRH service providers were significantly enhanced through accredited simulation training in Emergency Obstetrical Care. This training equipped them to deliver life-saving SRH services effectively during emergencies.

UNFPA also facilitated the distribution of 26 Inter-Agency Reproductive Health kits (IARH) to regional facilities, benefiting both refugees and the host community. This initiative ensured the uninterrupted provision of quality SRH services not only to refugees but also to the host community, thereby relieving strain on the local health system.

More than 7,000 women and girls, including refugees and those from host communities, benefited from various types of SRH services provided through the CERF project.

Furthermore, 201 SRH providers from Ararat, Tavush and Gegharkunik regions received training in psychological first aid and stress management to better assist refugees. This will also enable them to provide Psychological First Aid to refugees and refer for getting specialised care, when needed.

UNFPA-supported Women and Girls Safe Spaces (WGSS) provided vital psychosocial and economic support, as well as referrals to SRH services to over 1000 women and girls. Over 3,300 women and girls received Dignity Kits containing essential GBV information, while over 520,000 accessed GBV and SRH information through various channels, including the SafeYOU app and awareness campaigns. In order to ensure that women and girls have access to virtual safe space and GBV reporting, smartphones with SafeYOU application integrated have been provided to 127 refugees by partner organisations.

All 12 WGSS across Armenia were equipped to meet Inter-Agency Minimum Standards for GBV in Emergencies, ensuring ethical service provision, as well as collection and storage of sensitive data. Regional referral pathways were also disseminated to increase awareness and service accessibility.

3. Changes and Amendments

During the implementation of the CERF project, several challenges arose that were beyond UNFPA's control. One of the key issues affecting project timelines was the lengthy official procedures in Armenia, particularly those required for the clearance, sampling, and inventory management of items included in the Inter-Agency Reproductive Health (IARH) kits. Upon arrival, these kits underwent intensive checks to ensure compliance with national regulations, especially for medicines and medical supplies. Some kits contained items not registered in Armenia, requiring waivers to be obtained, which contributed to delays.

In addition to these procedural delays, there were supply-side shortages affecting the procurement process. While most IARH kits (1A, 7A, 10, 11A) were procured and shipped to Armenia in January 2024, IARH Kit 11B faced significant delays due to shortages in critical components. Specifically, there were quality control issues with Vitamin K, which led to adjustments in its shelf life, and a global shortage of Tetracycline due to a product recall. As a result, UNFPA's Supply Chain Management Unit (SCMU) in Copenhagen was unable to procure Kit 11B until later in the year.

To mitigate these challenges, the UNFPA Humanitarian Response Division (HRD) approved the shipping of Kit 11B without these items at the end of March 2024. The kit arrived in Armenia on April 14, 2024, after which official clearance and sampling procedures were initiated and completed by the end of June 2024.

In response to these delays, UNFPA formally requested a no-cost extension on February 5, 2024, to extend the project by three months until July 24, 2024. The extension was approved on February 29, 2024, recognizing the need to ensure the successful completion of the project under these challenging circumstances.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,500	0	500	0	3,000	4,300	0	1,300	0	5,600
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	2,500	0	500	0	3,000	4,300	0	1,300	0	5,600
People with disabilities (PwD) out of the total										
	375	0	75	0	450	380	0	0	0	380

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	4,100	0	0	0	4,100	4,463	0	0	0	4,463
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,100	0	0	0	4,100	4,670	0	0	0	4,670

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

People with disabilities (PwD) out of the total

465	0	0	0	465	411	0	0	0	411
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

During the project implementation period, partnership was established with various organisations, including OxYGen Foundation and two media outlets: Mediamax.am (which also represents Bravo.am) and Hetq Media Factory, aimed to ensure wider outreach and awareness on targeted topics such as reproductive health, women's health, the prevention of sexually transmitted infections (STIs), and GBV issues in emergency situations. Through this cooperation, various media products, including articles, multimedia content, videos, quizzes, and interviews, were produced and widely disseminated via media and social media platforms. The created content included both informative and human storytelling approaches.

The outreach products achieved a reach of more than 520,000 via social media platforms, including those of UNFPA Armenia and project partners such as the Institute of Perinatology, Obstetrics, and Gynecology.

As a means of information dissemination, branded informative leaflets and brochures were developed. To reach the project's target group, partners directly working with refugees were selected. Through this established cooperation, around 30,000 informative leaflets and more than 8000 brochures on women's health and prevention of sexually transmitted infections during emergency situations were distributed via Armenian Progressive Youth NGO, WINNET Armenia NGO, IOM, UNICEF, regional health facilities, and 11 Safe Spaces operating across all regions of Armenia, including Yerevan.

UNFPA conducted a series of comprehensive awareness-raising campaigns designed to educate and inform the general public on healthy motherhood, family planning and prevention of STIs, especially during the emergency situations, via different social media and other channels, in partnership with NGOs, such as:

- **OxYGen NGO:** two videos (https://www.youtube.com/watch?v=SZSt91xgt_w and https://www.youtube.com/watch?v=z7IZt_01usE&t=2s) and 10 infographics on women's health, including healthy pregnancy, safe delivery, family planning, and on prevention of STIs were developed.
- **Mediabrand Impex CSJC:** The media campaign successfully disseminated information on healthy pregnancy and prevention STIs overall reaching more than 230,000 people online (that includes Mediamax.am and Quiz.mediamax.am websites, Mediamax.am and Bravo.am Facebook pages, and Bravo.am Instagram account). Media campaign included airing of 2 youtube videos on women's health and prevention of STIs, development and dissemination of 2 articles, infographics and interactive quizzes on women's health and prevention STIs during emergency situations. The top locations of the audience according to the Facebook and Google Analytics tools were Yerevan, Lori, Kotayk, Shirak, Ararat, Syunik, Armavir, and Gegharkunik Provinces.

On Mediamax.am, on Mediamax.am Facebook page and on Bravo.am Facebook page [the article on STIs prevention](#) reached 60,277 people (about 55% women). [The article about women's health](#) reached 41,521 people on Mediamax.am, Mediamax.am Facebook page and Bravo.am Facebook page (about 88% women).

[The quiz on STIs prevention](#) reached 38,664 people on Mediamax.am Facebook Page and Bravo.am Facebook Page reaching to more than 65% women. Whereas, the [quiz on healthy pregnancy](#) reached 51,055 people on Mediamax.am Facebook Page and on Bravo.am Facebook Page reaching to more than 80% women.

The post [promoting infographics](#) on STIs prevention developed by UNFPA and OxYGen Foundation on the Bravo.am Facebook page reached 11,686 people and the post [promoting infographics](#) on women's health on the Bravo.am Facebook page reached 7,397 people reaching to more than 85% women.

On the Bravo.am Instagram page, the campaign reached 12,356 people. This includes the results of the two posts of the infographics on STIs prevention and healthy pregnancy and four stories sharing the two articles and quizzes developed by the Mediamax team.

- **Armenian Association of Obstetricians and Gynecologists:** various publications and posts about the "Emergency Obstetric Care" training and other related activities on the official Facebook pages of UNFPA and Institute of Perinatology Obstetrics and Gynecology reached a wide audience, significantly enhancing visibility and engagement. Particularly, these posts ensured around 32,500 reach via social media platforms, as well as around 1,500 positive likes and the content was shared by 132 facebook users, thus multiplying the reach.

A wide range of awareness raising initiatives have been implemented, aiming at ensuring maximum possible coverage of information in regards to GBV prevention and GBV service availability in all regions of Armenia. Measures have been taken to use digital and innovative solutions to enrich the information sharing routes. GBV referral pathways have been provided in 11 regions, including Yerevan, aiming at ensuring proper referral of cases of GBV and raising awareness among women and girls about available services, including child support services and SRH services.

Within the framework of the project, a new collaboration was launched with Hetq Media Factory. This partnership aims to highlight the challenges faced by women displaced from Nagorno-Karabakh, addressing safety issues and showcasing how these individuals have integrated into local life and the key challenges they continue to face. Through this cooperation, seven multimedia stories were developed, including two photo stories and five video stories. The heroes of these media stories were selected from various regions of Armenia, as well as Yerevan, to provide a comprehensive overview. To ensure broader coverage, the media products were also made available in English. For the videos, sign language interpretation was included to address accessibility needs. All materials complied with the Project visibility guidelines, incorporating the logo chain and the disclaimer. Considering that Hetq Media Platform is a youth-led and driven media platform, social media engagement was particularly effective. Overall, the five stories achieved more than 260,000 reach via UNFPA and Hetq Media social media platforms. Only the videos gathered 3,000 views on Hetq's YouTube channel, 100,000 plays on Facebook channel, and received 700 positive reactions. The video playlist can be reached via [this link](#) and for the two multimedia stories, please see [story 1](#) and [story 2](#).

During the project, partnerships were formed with organizations like OxYGen Foundation and media outlets Mediamax.am (also Bravo.am) and Hetq Media Factory to raise awareness on reproductive health, women's health, STI prevention, and GBV in emergencies. Various media products, such as articles, videos, quizzes, infographics, and interviews, were produced and widely shared on media and social platforms, reaching over 520,000 people. Informative leaflets and brochures were distributed to refugees and target groups through partners like IOM, UNICEF, and regional health facilities, totaling around 30,000 leaflets and 8,000 brochures.

UNFPA conducted awareness campaigns on healthy motherhood, family planning, and STI prevention. With NGOs like OxYGen and Mediabrand Impex CSJC, videos, articles, infographics and [quizzes on women's health and prevention of STIs during emergency situations](#) reached over 230,000 people online.

In particular, a media campaign via Mediamax.am and Bravo.am sites only via articles reached over 101,000 people (60,277 people with the [article on STI prevention](#) and 41521 people [on healthy pregnancy](#)). The quizzes further engaged over 89,000 people. Instagram posts, and infographics [on STI prevention](#) and [women's health](#) also garnered significant engagement, especially among women.

Collaboration with the Armenian Association of Obstetricians and Gynecologists spread awareness about emergency obstetric care, reaching around 32,500 people on social media. Additionally, GBV prevention initiatives reached all regions of Armenia, with referral pathways established in 11 regions, including Yerevan.

A new collaboration with Hetq Media Factory highlighted the challenges faced by women displaced from Nagorno-Karabakh. Seven multimedia stories were produced, including photo and video content, reaching over 260,000 people (sign language interpretation was included in the videos). Videos garnered 3,000 views on YouTube and 100,000 plays on Facebook. The video playlist can be reached via this link and for the two multimedia stories, please see [story 1](#) and [story 2](#).

6. CERF Results Framework

Project objective	Women and girls including GBV survivors have access to life-saving, quality, and well-coordinated SRH and GBViE response services that meet their escalating needs, including lifesaving medical care and psychosocial support services			
Output 1	Affected women and girls, men and boys, including GBV survivors, have access to life-saving, quality and well-coordinated SRH and GBV services and information to prevent, mitigate and respond to Gender-Based Violence (GBV).			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification

Indicator 1.1	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres	2500	2500	Partner reports, UNFPA monitoring activities
Indicator 1.2	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported	5	12	Partner reports, UNFPA monitoring activities
Indicator 1.3	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	1000	1000	Partner reports, UNFPA monitoring activities
Explanation of output and indicators variance:		Effective and innovative solutions have been put in place to open as many WGSS as possible. The solutions included a virtual safe space, giving more opportunity to receive anonymous information, as well as special agreement has been made with the Ministry of Labour and Social Affairs (MoLSA) to use the already functioning Domestic Violence Support Centres to establish WGSS. This allowed it to spend less resources than planned, hence to operate more Safe Spaces to ensure country wide coverage.		
Activities	Description	Implemented by		
Activity 1.1	Establishing and supporting Women's and Girls' Safe Spaces where women and girls feel physically and emotionally safe, can interact with other women and girls, receive information and services, and participate in group activities such as drop-in recreational activities or peer support groups	OxYGen Foundation Impact Innovations Institute's Women's Support Center (Coalition of Domestic Violence Support Centres)		
Activity 1.2	Procurement of Dignity kits	UNFPA		
Activity 1.3	Distributing Dignity kits to meet immediate basic hygiene and mobility needs, raise awareness on GBV and SRH issues, share information on where women and girls can access services, and begin working with women and girls to identify GBV risks in the community.	UNFPA, Local administrations, NGOs		
Activity 1.4	Conducting outreach, awareness-raising and service availability and risk education activities and delivery of life-saving information on available services for GBV survivors and at-risk populations, including where and how to access those services	UNFPA OxYGen Foundation Impact Innovations Institute's Women's Support Center (Coalition of Domestic Violence Support Centres) Ministry of Labour and Social Affairs		

Output 2 Ensuring access to and provision of essential sexual and reproductive health (SRH) services including Emergency Obstetric Care Services, prevention of Sexually Transmitted Infections (STIs), and family planning.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SP.2a Number of inter-agency emergency reproductive health kits delivered	26	26	N1408-A Order of the Minister of Health, dated on 15/03/2024, and N 3642-A Order of the Minister of Health dated on 02/07/2024.
Indicator 2.2	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits	1600	1657	reports from medical centers, and monitoring visits.
Indicator 2.3	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits	3000	3470	UNFPA reports, monitoring visits.
Indicator 2.4	Cash.5a Number of people receiving conditional vouchers	2000	2013	Monitoring visits, final verified beneficiary lists received from APY

Explanation of output and indicators variance:

IARH kits 1A, 7, 10, 11A, and 11B were procured and distributed to health institutions providing sexual and reproductive health (SRH) services to ensure uninterrupted provision of quality lifesaving SRH services to refugees and host communities. 1,657 refugee women and girls received these essential SRH services, which are particularly crucial for those in vulnerable situations. Although the process for procuring IARH kits was delayed due to lengthy official procedures related to the clearance, sampling, and inventory of the items, UNFPA ensured that the kits reached the beneficiaries as soon as possible. The delays were also due to the need for two separate shipments, as IARH kit 11B was unavailable in stock and had to be procured later. This necessitated the request for a no-cost extension to ensure timely delivery of all services.

However, in the case of dignity kits, which were procured locally, there were no such delays. The local procurement process allowed for quicker delivery, and thanks to competitive quotations, UNFPA was able to purchase more dignity kits than originally planned with the same amount of funds. This ensured that women and girls in refugee and host communities had access to the essential hygiene items they needed, further supporting their well-being during the crisis.

Activities	Description	Implemented by
Activity 2.1	Procure and distribute ERH kits targeted health facilities.	UNFPA Ministry of Health National Center for the Provision of Medicines and Medical Supplies
Activity 2.2	Provision of quality SRH services via SDP supported with ERH kits	11 medical centres from Syunik, Vayots Dzor, Ararat, Tavush, Gegharkunik, and Kotayk regions, in particular, Kapan MC, Sisian MC, Yeghegnadzor MC, Artashat MC, Ararat MC, Berd MC, Ijevan MC, Noyemberyan MC, Vardenis MC, Gavar MC, and Hrazdan MC.
Activity 2.3	A three-day training on emergency obstetric care will be conducted for healthcare providers from 6 regions. An awareness raising activities will be implemented on SRH issues	UNFPA Oxygen NGO Armenian Association of Obstetricians-Gynaecologists (AAOG) Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynaecology
Activity 2.4	A refresher training for healthcare providers from 6 regions will be conducted on provision of Psychological First Aid and self-stress management	UNFPA mental health experts.
Activity 2.5	SRH information sharing to women and adolescent girls and boys, including via social media and other channels	UNFPA IOM Mediabrand Impex CJSC Armenian Progressive Youth NGO 11 health facilities from target regions Impact Innovations Institute's
Activity 2.6	CVA will be provided to pregnant and lactating women	UNFPA UNICEF Armenian Progressive Youth NGO Ministry of Labour and Social Affairs

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

Crisis-affected women and girls, including women with disabilities and other vulnerable groups have been a part of the planning process through trusted service providers, such as DV support centres and NGOs that provide services to the population on behalf of the Government of Armenia. Focus group discussions and GBV rapid needs assessment exercises have been implemented through the planning process to ensure tailored programming. Through the implementation process, special mobile monitoring groups have functioned in all regions of Armenia including UNFPA relevant staff members, aiming at receiving feedback from women and girls on their emerging needs and services provided. As a result of the feedback, many safe spaces have shifted to more economic empowerment activities for women considering that this was the most accepted form of psycho-social assistance.

b. AAP Feedback and Complaint Mechanisms:

The feedback and engagement from the beneficiaries themselves were vital. Their input into the grievance and feedback mechanisms and participation in information sessions and meetings shaped the project's adaptability and responsiveness to their needs. No complaints were received during the implementation of the project.

GBV data management ethical considerations have been at the core of these missions and special attention has been given to ensuring that women and girls are involved in the process through specialised service providers.

The partner in CVA managed voucher distributions across Armenia in collaboration with the Unified Social Service, communities and local NGOs, incorporating information sessions on various topics, including donor details, reporting, feedback mechanisms, data privacy, and GBV referral processes.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All IP's involved have received PSEA trainings and have been provided the zero tolerance handouts for distribution. Moreover, through the GBV case management training, based on the Inter-Agency Minimum Standards delivered by an international expert, special attention has been paid at PSEA related capacity enhancement. Dedicated sessions have been implemented

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

with more than 25 participants from 11 WGSS service providers aiming at enhancing awareness and capacities of IPs. A dedicated PSEA Coordination Group comprising various UN agencies ensured collaborative response within the programme implementation.

All frontline staff distributing CVA received training on gender-based violence (GBV) and prevention of sexual exploitation and abuse (PSEA), informing UNICEF on the completion.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project has been designed with the main objective of GBV response and risk mitigation, and ensuring the health, protection, safety and wellbeing of women and girls at its very core. Women empowerment activities have been at the core of the project implementation.

e. People with disabilities (PwD):

Health services were made available to all women and girls seeking SRH support. All medicines and supplies procured in the frame of the CERF project were distributed to every woman and girl who applied for SRH services, ensuring accessibility regardless of disability status.

Special consultations with Organisations of Persons with Disabilities have been conducted through GBV sub-sector working group meetings and separate discussion, where not only refreshers of disability inclusion have been presented, but also special needs of vulnerable groups have been discussed and identified.

f. Protection:

Close collaboration with Protection Sector work has been the cornerstone of the project implementation. Special referrals to protection services have been key to the service provision. Close collaboration with MoLSA ensured availability of services for all women and girls beneficiaries of the programme.

g. Education:

Capacity building of SRH service providers equipped providers with the necessary skills and knowledge to manage critical situations, ultimately saving lives and reducing maternal and neonatal mortality and morbidity. Strengthening their capacity not only improves immediate health outcomes, but also contributes to the overall resilience of health systems, ensuring that women and girls receive the timely care they need, regardless of the circumstances.

Awareness-raising campaigns are essential in the realm of education, as they serve to inform and empower individuals about important health and social issues. Training in Psychological First Aid and stress management is vital, as it supports providers' mental well-being and improves patient care.

Capacity building of GBV service providers has been one of the indirect outcomes of the interventions and many refresher trainings were implemented through GBV Sub-sector working group work, in topics such as GBViE for persons with disabilities and WGSS mobile modalities.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	2013	2013

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

As a result of the CVA, provided jointly with UNICEF and Armenian Progressive Youth NGO (UNICEF's IP), 2013 pregnant and lactating refugee women (with children aged 0-6 months) were reached with pharmacy vouchers valued at 25,000 AMD (64 USD) to address their health and nutritional needs during the critical stages of pregnancy and early motherhood and childhood. The project was implemented in close collaboration with the Ministry of Labour and Social Affairs and the Ministry of Health.

In addition to receiving pharmacy vouchers, beneficiaries were provided with a comprehensive information package. This package included detailed guidance on how to utilise the vouchers, alongside essential information on breastfeeding, positive parenting, sexual and reproductive health, and women's health during emergencies, prevention of GBV and referral mechanisms. Furthermore, the project facilitated an important health intervention, as the pregnant refugee women, who had not been previously registered at medical facilities, were encouraged to register, which will ensure that these women will receive ongoing guidance and support, significantly contributing to their health and well-being during a critical period.

The first voucher valued at 25,000 AMD (64 USD) and a second transaction to the same card of 15,000 AMD (38 USD), totalling 40,000 AMD (102 USD) per beneficiary. UNFPA core contributions helped to reach the target.

Moreover, the collaboration between UNICEF and UNFPA allowed for leveraging on each other's procedures and processes, utilising established mechanisms, thus minimising operational costs and the impact of support. A notable example of effective collaboration was demonstrated. UNFPA leveraged on the existing and proven voucher assistance mechanism established by UNICEF, rather than setting up a separate system. This approach significantly enhanced the efficiency of the support provided to the beneficiaries and allowed for maximising of support.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 2.6	2013	US\$ 64	Health	N/A.

9. Visibility of CERF-funded Activities

Title	Weblink
<p>Awareness raising publication links on STIs preventions and healthy pregnancy.</p>	<p>https://mediamax.am/am/news/society/54299/</p> <p>https://mediamax.am/en/news/society/54299/</p> <p>https://shorturl.at/cCUX7</p> <p>https://shorturl.at/ahS34</p> <p>https://shorturl.at/qBPX0</p> <p>https://www.instagram.com/bravoamofficial/p/C471Kpnlcxj/?img_index=</p> <p>https://quiz.mediamax.am/am/health/260/std-quiz</p> <p>https://quiz.mediamax.am/en/health/260/std-quiz</p> <p>https://shorturl.at/fDM06</p> <p>https://shorturl.at/suB27</p> <p>https://mediamax.am/am/news/society/54516/</p> <p>https://mediamax.am/en/news/society/54516/</p> <p>https://shorturl.at/nvF58</p> <p>https://shorturl.at/cqEHJ</p> <p>https://shorturl.at/jpvEO</p> <p>https://www.instagram.com/bravoamofficial/p/C50sLOqI0oD/?img_index=1</p> <p>https://quiz.mediamax.am/am/health/261/healthy-pregnancy</p> <p>https://quiz.mediamax.am/en/health/261/healthy-pregnancy</p> <p>https://shorturl.at/bcg19</p> <p>https://shorturl.at/acqRW</p>
	<p>https://mediamax.am/am/news/society/54299/</p> <p>https://mediamax.am/en/news/society/54299/</p> <p>https://shorturl.at/cCUX7</p> <p>https://shorturl.at/ahS34</p>

<https://shorturl.at/qBPX0>

https://www.instagram.com/bravoamofficial/p/C471Kpnlcxj/?img_index=1

<https://quiz.mediamax.am/am/health/260/std-quiz>

<https://quiz.mediamax.am/en/health/260/std-quiz>

<https://shorturl.at/fDM06>

<https://shorturl.at/suB27>

<https://mediamax.am/am/news/society/54516/>

<https://mediamax.am/en/news/society/54516/>

<https://shorturl.at/nvF58>

<https://shorturl.at/cqEHJ>

<https://shorturl.at/jpvEO>

https://www.instagram.com/bravoamofficial/p/C50sLQql0oD/?img_index=1

<https://quiz.mediamax.am/am/health/261/healthy-pregnancy>

<https://quiz.mediamax.am/en/health/261/healthy-pregnancy>

<https://shorturl.at/bcq19>

<https://shorturl.at/acqRW>

<https://mediamax.am/am/news/society/54299/>

<https://mediamax.am/en/news/society/54299/>

<https://shorturl.at/cCUX7>

<https://shorturl.at/ahS34>

<https://shorturl.at/qBPX0>

https://www.instagram.com/bravoamofficial/p/C471Kpnlcxj/?img_index=1

<https://quiz.mediamax.am/am/health/260/std-quiz>

<https://quiz.mediamax.am/en/health/260/std-quiz>

<https://shorturl.at/fDM06>

<https://shorturl.at/suB27>

<https://mediamax.am/am/news/society/54516/>

	<p>https://mediamax.am/en/news/society/54516/</p> <p>https://shorturl.at/nvF58</p> <p>https://shorturl.at/cqEHJ</p> <p>https://shorturl.at/jpvEO</p> <p>https://www.instagram.com/bravoamofficial/p/C50sLQgl0oD/?img_index=1</p> <p>https://quiz.mediamax.am/am/health/261/healthy-pregnancy</p> <p>https://quiz.mediamax.am/en/health/261/healthy-pregnancy</p> <p>https://shorturl.at/bcq19</p> <p>https://shorturl.at/acqRW</p>
2 Youtube videos on women health and preventions of STIs	<p>https://www.youtube.com/watch?v=z7IZt_01usE</p> <p>https://www.youtube.com/watch?v=SZSt91xqt_w</p>
Facebook Page of the Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynaecology	<p>https://www.facebook.com/reel/373884875172068</p> <p>https://www.facebook.com/InstituteofPerinatologyObstetricsandGynecology/posts/pfbid0uJpA54EoFSunHR8bh8LqFfpsBBbk8zeH26W8i44NwTywGGZD5hjsa7kTNIrsR5gjl</p> <p>https://www.facebook.com/InstituteofPerinatologyObstetricsandGynecology/posts/pfbid03oMPzJzXdFDh6eApE1uKRWtvJE5cRNdu4cbChPfStetcsWSwSVF86BEZ7upSREzil</p> <p>https://fb.watch/tp-zFpGEMv/</p>
UNFPA Website	<p>https://armenia.unfpa.org/hy/SRHtraining</p> <p>https://armenia.unfpa.org/en/SRHtraining</p>
UNFPA Twitter Page	<p>https://twitter.com/UNFPAArmenia/status/1740370364017062231</p> <p>https://twitter.com/UNFPAArmenia/status/1759574878355640585</p>

UNFPA Facebook Page	<p><u>https://www.facebook.com/unfpaArmenia/posts/pfbid0bCed2Chz3fqvZUa ux19jcEaQ2fyTwxsiU67ufvfz2UXeP2Bn5Bph3dzETSgX3RLPI</u></p> <p><u>https://www.facebook.com/unfpaArmenia/posts/pfbid031iTLHWhh4PNML JmTqWgE7zc2JYzZTc39Gasfc3gYxV2yV1NHbfHyLzJBjppYwjUmI</u></p> <p><u>https://www.facebook.com/unfpaArmenia/posts/pfbid02FbmgZD1xHYmQ QaoqbQQn3bVvk1pHJQkeQCH1xGS81KBfa57CCywWmwhB5MmnQmirYI</u></p> <p><u>https://unf.pa/4flb6dG</u></p> <p><u>https://unf.pa/3zXiyeY</u></p>
Hetq Media Factory/ Social media and media pages	<p><u>https://www.facebook.com/watch/100068827684111/3738035233096809</u></p> <p><u>https://mediafactory.am/en/our-products/anush-avanesyan</u></p> <p><u>https://mediafactory.am/en/our-products/aruna-poghosyan</u></p> <p><u>https://www.youtube.com/watch?v=ckb-fKplKNQ&list=PLVMmasyTtR7UVfP63UI7eLL_UkBI75Gy</u></p> <p><u>https://mediafactory.am/en/our-products/heghush-tarkhanyan</u></p> <p><u>https://mediafactory.am/en/our-products/anush-grigoryan</u></p> <p><u>https://mediafactory.am/en/our-products/norapat</u></p> <p><u>https://mediafactory.am/en/our-products/tovmasians</u></p>
Outreach printed materials	<p><u>https://drive.google.com/drive/folders/1nm_R_bgotDsqExvh10rR4PaaN Nv-wn4?usp=drive link</u></p>

3.4 Project Report 23-RR-HCR-031

1. Project Information			
Agency:	UNHCR	Country:	Armenia
Sector/cluster:	Shelter and Non-Food Items Protection	CERF project code:	23-RR-HCR-031
Project title:	Enhance protection and provide emergency shelter/NFI assistance to newly arrived refugees in Armenia		
Start date:	24/09/2023	End date:	23/03/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 14,600,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,054,000
	Amount received from CERF:		US\$ 700,000
	Total CERF funds sub-granted to implementing partners:		US\$ 642,830
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 67,466	
Red Cross/Crescent Organisation		US\$ 575,364	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR Armenia and its partners provided comprehensive support to 5,900 individuals affected by the refugee crisis in Armenia. The initiative included distributing cash assistance to 4,400 refugees, delivering non-food items to 500 individuals, monitoring protection for 500 more, and offering information via a dedicated hotline. With 4,882 calls received during the reporting period, primarily regarding food assistance, household appliances, and hygiene items, the hotline has played a crucial role in providing information to refugees and referrals of vulnerable refugees for assistance. This project significantly bolstered protection situation of refugees amidst the ongoing emergency, enhancing the capacity and quality of services towards inclusion, particularly of persons with specific needs, and facilitating meaningful engagement with communities.

The funds allocated through the CERF grant enabled a swift and effective response by addressing two critical needs. Firstly, they facilitated the rapid provision of essential relief items to refugees from Karabakh. Many arrived with minimal belongings, necessitating urgent emergency assistance such as food, water, blankets, medical care, mental health support, and immediate shelter, with the Inter-Agency RNA in October 2023 highlighting that shelter and non-food items (NFIs) were the most urgent needs for 75% of refugees. Secondly, the funds ensured that critical basic needs were met through cash assistance, filling gaps where resources were insufficient. This approach enhanced overall timeliness in delivering essential aid, thereby maximizing impact on the ground.

Overall, the CERF grant played a crucial role in supporting refugees in Armenia through timely and targeted humanitarian interventions during initial phase of the Armenia refugee situation.

3. Changes and Amendments

[NA]

4. Number of People Directly Assisted with CERF Funding* - The target number were incorrectly recorded- Protection target recorded under Shelter /NFI and vice versa and have been corrected in the pre-populated section.

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	370	320	150	160	1,000	340	350	170	140	1,000
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	370	320	150	160	1,000	340	350	170	140	1,000

People with disabilities (PwD) out of the total

	9	8	4	4	25	7	10	4	4	25
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Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	1,813	1,568	735	784	4,900	2,892	1,271	341	396	4,900
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,813	1,568	735	784	4,900	2,892	1,271	341	396	4,900

People with disabilities (PwD) out of the total

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

	45	40	19	20	124	65	20	10	29	124
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Overall, the project's indirect and indirect beneficiaries total approximately 16,900 individuals, including both refugees and host community members who benefited from the project's initiatives and support activities. By providing cash assistance to 4,400 individuals and injecting funds into local economies, the project has stimulated economic activity and resilience across communities and indirectly benefited 5,000 host community members. By addressing immediate household needs, the distribution of non-food items reached directly to 500 individuals and an additional 2,000 family members indirectly. Furthermore, the project's protection monitoring and counseling hotline directly reached 1,000 individuals (500 each), indirectly benefiting another 4,000 individuals when considering an average family size of 5.

6. CERF Results Framework

Project objective Support GoA to assist highly vulnerable refugees with heightened protection risks by providing them with access to basic needs through NFIs and support for accommodation costs and utilities

Output 1 4,900 refugees are supported with NFIs and/or Cash assistance

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers	4,400	4,400	Partner report and post distribution monitoring
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	550,000	550,000	550,000
Indicator 1.3	SN.2a Number of people receiving in-kind NFI assistance	500	500	500

Explanation of output and indicators variance: NA

Activities	Description	Implemented by
Activity 1.1	Cash transfer through bank accounts, communication to communities, complaints, and feedback and monitoring	Armenian Red Cross Society
Activity 1.2	Distribution of core relief items to improve living conditions	Mission Armenia

Output 2 1,000 refugees assisted with critical protection information

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PG.1 Number of protection monitoring missions, analyses and/or reports that inform the humanitarian response	100	100	UNHCR Protection monitoring reports and dashboards.

Indicator 2.2	AP.7 Number of community-based complaints/feedback mechanisms established	2	2	Hotline database and UNHCR inbox
Explanation of output and indicators variance:		100 includes number of household interviewed, reports and analysis		
Activities	Description	Implemented by		
Activity 2.1	Protection monitoring in individual households, regional humanitarian centres and collective shelters across all regions in Armenia	Mission Armenia and KASA		
Activity 2.2	UNHCR partner will operate and scale-up access to the hotline to provide protection information and counselling	KASA		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

UNHCR systematically involved crisis-affected populations, including vulnerable and marginalized groups, throughout the project lifecycle to ensure their voices and needs shaped interventions. In line with the UNHCR's Age, Gender, and Diversity (AGD) Policy and Accountability to Affected Populations (AAP) framework, UNHCR integrated protection and AGD considerations into all project phases. Protection monitoring, focus group discussions and hotline facilitated two-way communication, enabling timely feedback and adaptation of project design based on community insights. Engagement with local authorities and rapid needs assessments informed inclusive project design. Communication strategies ensured transparency and community awareness among both refugees and host communities, fostering understanding of project objectives, design, and expected outcomes.

b. AAP Feedback and Complaint Mechanisms:

During the project implementation period, UNHCR maintained a comprehensive feedback and complaint mechanism to ensure accessibility and confidentiality for targeted groups. This included a dedicated hotline (0 8000 0025) operational during specified hours on weekdays and weekends, along with an email (armye@unhcr.org) for written communication. Regular community outreach sessions across various regions and meetings with municipalities were conducted to directly engage with affected populations. To maintain transparent feedback and response systems. The UNHCR Armenia help webpage (<https://help.unhcr.org/armenia/>) offers information in Armenian, English, Arabic, Farsi, and Russian, including details on the complaint procedure. Additionally, email correspondence and physical letter boxes, including complaint boxes

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

at UNHCR and partner premises, are available for persons of concern to provide feedback and complaints. Collaboration with national institutions and partner organizations extends to developing, printing, and disseminating information materials such as leaflets and brochures to enhance awareness among spontaneous arrivals in Armenia about their rights in various domains.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

A UN Inter agency PSEA network led by UNHCR and WFP is being utilised to support hotline services as a complaint mechanism on PSEA, receive PSEA calls and make referrals.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project actively promotes gender equality and empowers women, girls, and sexual and gender minorities by embedding age, gender, and diversity (AGD) principles throughout UNHCR's protection delivery in Armenia. It systematically addresses gender, protection, accountability, and inclusion, guided by UNHCR's vulnerability criteria. Integrating Protection Monitoring (PM) and Participatory Assessment (PA) processes prioritizes programs that effectively serve, assist, and protect individuals. PM activities involve household-level face-to-face interviews, ensuring participation across diverse groups, thereby understanding their needs and vulnerabilities for tailored protection responses. Key informant interviews gather timely information on protection risks and service accessibility. Additionally, a Gender and a Mental Health/Psychosocial Support (MHPSS) Task Forces were established to integrate gender considerations and enhance mental well-being among refugees. These efforts demonstrate a collaborative approach to addressing the refugee issues, requiring ongoing efforts to secure funding and address emerging challenges effectively.

e. People with disabilities (PwD):

UNHCR adopted an approach to disability aligned with the UN Convention on the Rights of Persons with Disabilities (CRPD). This framework recognized persons with disabilities as individuals affected by long-term physical, mental, intellectual, or sensory impairments, compounded by societal barriers that impeded their equal participation. Upholding its Age, Gender, and Diversity (AGD) Policy, UNHCR ensured that all persons of concern, including those with disabilities, enjoyed equal rights and participated fully in decision-making affecting their lives.

In the context of the refugee response in Armenia, UNHCR applied these principles through practical, targeted interventions. Community workers were trained to identify persons with disabilities and referred them for services such as specialized medical care, rehabilitation, and psychosocial support. Distribution sites were adapted with ramps and accessible facilities to ensure that individuals with mobility impairments could easily access essential services. For those unable to visit distribution sites, UNHCR implemented home delivery of non-food items (NFIs) and cash assistance to ensure their needs were met.

Additionally, referral mechanisms were established to connect individuals with disabilities to specialized services, such as assistive devices and occupational therapy. These interventions aimed to enhance accessibility and inclusivity and addressed the specific needs of women and girls with disabilities, ensuring they were prioritized and protected throughout the project.

Organizations like People with Disabilities, under the guidance of MLSA, continued working on identifying refugee children with disabilities to provide individualized services, assistive technology, and adjustments to living spaces. So far, 150 refugee children with disabilities and 35 parents received consultations. Out of those 150, the needs of 100 refugee children

were comprehensively assessed. Sixty-nine children with disabilities (35 percent girls and 6520 percent boys) already benefited from needs-based support and specialized services. Specialists were trained in effective means of providing specialized services to refugee children with disabilities and their families, and 38 parents continuously received psycho-social support services and vocational training through individual and group sessions.

Through protection monitoring, UNHCR identified and responded to barriers faced by persons with disabilities, demonstrating its commitment to inclusive, rights-based approaches within the refugee response in Armenia.

f. Protection:

Protection mainstreaming was integrated into all stages of project implementation to ensure the safety, dignity, and equitable access for all affected individuals, especially those at heightened risk. The Protection Working Group, led by UNHCR, oversaw the inclusion of core protection principles such as non-discrimination, accountability, and meaningful participation across activities like cash assistance, distribution of core relief items (CRIs), and community outreach.

Key outcomes included the establishment of community-based feedback mechanisms to ensure accountability and responsiveness, allowing affected populations to voice concerns and suggest improvements. Community outreach and protection monitoring was scaled up by sector members including UNHCR, KASA, ARCS, and Mission Armenia. Protection monitoring teams conducted 100 missions to assess the safety and well-being of over 2,500 households comprising 11,618 individuals have been reached. Moreover, 1,355 refugees were referred to Unified Social Services, ensuring timely access to essential services and protection mechanisms. Additionally, distribution points were adapted to ensure safety and non-discriminatory access, with priority assistance given to vulnerable groups such as single-headed households, elderly individuals, and families with specific protection concerns.

These efforts collectively fostered a protective environment, enhancing the resilience and well-being of all at-risk individuals.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	4,400

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNHCR's cash assistance fully aligns with the Government-led cash scheme, which was introduced as an emergency measure at the onset of the influx to ensure that refugees from Karabakh both have access to the rental market (AMD 40,000

per individual) and/or support to cover the utilities' costs (AMD 10,000 per individual). The cash allowance was unconditional with an aim to ensure access to adequate housing.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Cash assistance	4,400	US\$ 550,000	Shelter and Non-Food Items	Unrestricted
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.5 Project Report 23-RR-CEF-055

1. Project Information			
Agency:	UNICEF	Country:	Armenia
Sector/cluster:	Multi-Purpose Cash Protection	CERF project code:	23-RR-CEF-055
Project title:	Immediate Humanitarian Action to provide protection, MHPSS and cash-based assistance to refugee children and their families in Armenia		
Start date:	07/11/2023	End date:	06/05/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 12,630,000
	Total funding received for agency's sector response to current emergency:	US\$ 2,400,000
	Amount received from CERF:	US\$ 699,352
	Total CERF funds sub-granted to implementing partners:	US\$ 623,946
	Government Partners	US\$ 0
	International NGOs	US\$ 34,424
	National NGOs	US\$ 589,522
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Multi-purpose cash

Through the CERF grant, UNICEF and its partners successfully addressed basic, and winterization needs of refugee children and families. Overall, UNICEF reached 17,059 children (48 percent female, 52 percent male) between 0 and 9 years of age (11,1854 households) with multipurpose vouchers for winter clothing, out of which 6,080 were covered with CERF funding. This cooperation was based on previous effective partnership with the Armenian Progressive Youth NGO (APY), as well as was in line with the overall efforts of the Cash Working Group co-led by UNICEF, UNHCR and the Ministry of Labour and Social Affairs (MLSA) as part of the overall UN's Refugee Response Plan. UNICEF and MLSA concluded a data sharing agreement for this initiative, while APY signed all appropriate documents with MLSA, including an agreement and non-disclosure letters as per the standard procedures established by the Cash Working Group. The obtained data contained all necessary information for child and household identification, data verification, and insights into movement trends. A secondary verification process was initiated by APY, including constant dialogue and collaboration with MLSA, Unified Social Service and Nork Technology Center, as well as communities and other NGOs. APY also successfully finalized contracts with clothing vendors located throughout Armenia to ensure that beneficiaries could redeem their vouchers at shops conveniently located near their places of residence. The voucher transfer value was set in accordance with the Government's standard and national social protection thresholds, amounting to 25,000 AMD (approximately 63 USD) per voucher. The

post-distribution monitoring (PDM) results among parents or legal guardians of refugee children aged 0-9 years indicated a high level of satisfaction, including almost immediate redemption of vouchers – 77% within the same day or within a week. Approximately 40% of households stated that the provided support either "helped a lot" or "mainly helped" (55.9%). The vouchers were mainly used for purchasing of warm clothes and shoes. Overall satisfaction with the support was high, averaging 4.75 out of 5.

A critical aspect was the update of APY's Feedback and Grievance Mechanism in line with principles of Accountability to Affected Populations. Multiple communication channels, including a hotline, social media, and email, were integrated into the mechanism. These channels provided beneficiaries with diverse means to voice their concerns, seek assistance, or provide feedback, promoting transparency and accountability. Information on Protection from Sexual Exploitation and Abuse (PSEA) and Gender-Based Violence (GBV) risk mitigation measures were provided to the partner and frontline staff in preparation for the voucher distribution.

To further support beneficiaries, an information package was developed in collaboration with MLSA. This package included essential information on vaccination, early childhood development, breastfeeding, pregnancy, and positive parenting. Additionally, visibility materials were created, including a direct feedback mechanism to UNICEF channels. The information package was included along with the vouchers for each household, ensuring that refugee families can access information about the services that are available to them.

Child Protection

Thanks to the CERF allocation children and caregivers exposed to the stress of displacement and trauma of military hostilities benefitted from much needed mental health and psychosocial support (MHPSS). The focus has been on building community capacity to provide age-appropriate and needs-based specialized services in line with quality standards. Interventions covered beneficiaries in Yerevan, Ararat, Armavir, Kotayk, Aragatsotn and Vayots Dzor and Syunik regions and were delivered by the following implementing partners: Armenian Association of Child and Educational Psychologists (AACEP), Child Development Foundation (CDF), Parenting School Parenting Educational and Psychological Support (Parenting School) and People in Need Armenia (PIN Armenia). All except from the latter are local NGO's.

To address the pressing needs of the refugee population, as well as to restore and enhance the capacity of the mental and psychosocial well-being of displaced children and their caregivers, MHPSS services were provided through child-friendly spaces and other channels that provide services tailored to the age and the unique challenges faced by these children. To stabilize the most vulnerable families and ensure the well-being of children, individualized case management services were provided to affected children and caregivers, in line with UNICEF's guidelines on family strengthening and child protection. Social workers of the implementing partners have established a strong rapport with families facilitating access to essential services and resources, by developing family development plans, ensuring that their unique needs, capacities, and commitments are central to the planning process. Overall, 4,405 children and caregivers were reached thanks to CERF funding, including case management, provision of MHPSS services in and out of Child Friendly Spaces and through system strengthening interventions. Trained specialists were involved in provision of these services, making sure that those are provided in a structured and culturally sensitive manner to address their emotional trauma, to express their feelings, to develop coping mechanisms, and to rebuild their self-esteem.

These interventions were implemented in close collaboration with the Unified Social Services and community social workers, and in close coordination with the Ministry of Labour and Social Affairs, regional and municipal authorities, as well as in line

with the Child Protection Working Group co-lead by UNICEF and MoLSA. CERF funding catalysed the expansion of services of three child friendly spaces in the Goris consolidated community to broaden the access to MHPSS services.

3. Changes and Amendments

There have been some minor delays in the implementation of the voucher support due to delays in the receipt and constant changes in Government lists, however, these were resolved through ongoing effective communication between UNICEF, MLSA and APY, and did not impact on the overall quality of the intervention.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	1,200	800	1,000	1,000	4,000	1,375	477	974	918	3,744
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	140	60	100	100	400	243	84	172	162	661
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,340	860	1,100	1,100	4,400	1,618	561	1,146	1,080	4,405
People with disabilities (PwD) out of the total										
	110	70	100	100	380	0	0	77	33	150

Sector/cluster	Multi-Purpose Cash									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	3,000	3,000	6,000	0	0	2,919	3,161	6,080
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	3,000	3,000	6,000	0	0	2919	3161	6,080
People with disabilities (PwD) out of the total										

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

0	0	100	100	200	0	0	96	104	200
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The capacities of 312 frontline social service workforce professionals and 200 newly appointed national police officers were enhanced on PFA, psychosocial support in emergencies, child sensitive communication and “do no harm” approaches.

6. CERF Results Framework

Project objective to protect refugee and vulnerable host community children and their families from violence, provide mental health and psychosocial support and enable families to provide for their basic needs

Output 1 Scaling-up access to child friendly spaces and protection services, including MHPSS support for vulnerable children and their families

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Child Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CP.4 Number of people accessing protection activities and/or services through child-friendly spaces	4,400	4,405	Field monitoring reports; Implementing partners; narrative progress reports, Humanitarian reporting on Activity Info

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 1.1	Organization of Child-friendly Spaces supported by UNICEF and related services, including MHPSS	Armenian Association of Child and Educational Psychologists; Parenting Educational and Psychological Support; People in Need Armenia
Activity 1.2	Conducting rapid case management and referral services for the most vulnerable children (including children with disabilities) and their caregivers	Child Development foundation

Output 2 Scaling-up the coverage of cash-based assistance (including vouchers) to the most vulnerable children and their families to cater for the life-saving basic needs, including winterization.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Multi-Purpose Cash

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Cash.5a Number of people receiving conditional vouchers	6,000	6,080	Final verified beneficiary lists received from APY
Indicator 2.2	Cash.1b Total value of multi-purpose cash distributed in USD	380,000	380,297.14	UNICEF financial reports

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
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Activity 2.1	Delivering rapid cash-based assistance, including vouchers, to most vulnerable refugee families for clothes and winterization in collaboration with the Government (MLSA) and in alignment with established systems/mechanisms	Armenian Progressive Youth NGO, in collaboration with MLSA, USS and Nork Technology Center
Activity 2.2	Conduct post-distribution monitoring of provided assistance	Media Model LLC (third party contractor)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹¹:

AAP principles were fully integrated into the design of the voucher and MHPSS interventions, including through feedback and complaint mechanisms, but also constant communication, social media monitoring of refugee feedback, which provided important information for programme adjustments. Moreover, UNICEF used field monitoring and direct interactions with beneficiaries during implementation to ensure that beneficiary feedback is integrated into further project phases. To further support beneficiaries, an information package was developed in collaboration with MLSA. This package included essential information on vaccination, early childhood development, breastfeeding, pregnancy, and positive parenting. The information package was included along with the vouchers for each household, ensuring that refugee families can access information about the services that are available to them.

b. AAP Feedback and Complaint Mechanisms:

A critical aspect of the project was the update of Implementing Partners' Feedback and Grievance Mechanism in line with principles of Accountability to Affected Populations. Multiple communication channels, including a hotline, social media, and email, were integrated into the mechanism. These channels provided beneficiaries with diverse means to voice their concerns, seek assistance, or provide feedback, promoting transparency and accountability. A direct feedback mechanism was also accessible through UNICEF channels.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Information on Protection from Sexual Exploitation and Abuse (PSEA) and Gender-Based Violence (GBV) risk mitigation measures were provided to all the Implementing Partners. Frontline workers were trained on GBV risk mitigation, while related posters were readily available at distribution sites. UNICEF has conducted multiple trainings in Armenian to ensure that at least 70% of the staff participation from implementing partners.

¹⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

d. Focus on women, girls, and sexual and gender minorities, including gender-based violence:

The vouchers were primarily collected by women and awareness raising information was tailored to the needs of parents, primarily mothers, of young children. Information on Gender-Based Violence (GBV) risk mitigation measures were provided to APY and frontline staff in preparation for the voucher distribution. Frontline workers were trained on GBV risk mitigation, while related posters were readily available at distribution sites.

e. People with disabilities (PwD):

Overall, 265 children with disabilities aged 0-18 benefitted from voucher support, including 200 children through CERF funding. All children with disabilities were targeted regardless of their age. Moreover, additional outreach was ensured through collaboration with OPDs.

UNICEF in coordination with the MLSA and Organizations of People with Disabilities (OPD) worked on identifying refugee children with disabilities to enable the provision of individualized services, assistive technology, and living space adjustments. Through UNICEF partners, 150 refugee children with disability and 35 parents have received consultations.

f. Protection:

N/A

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	6,080 children

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

This cooperation was based on UNICEF's strong partnership with MLSA in strengthening the shock-responsiveness of the social protection system and previous effective partnership with the Armenian Progressive Youth NGO (APY), as well as was in line with the overall efforts of the Cash Working Group co-led by UNICEF, UNHCR and the Ministry of Labour and Social Affairs (MLSA) as part of the overall UN's Refugee Response Plan. UNICEF and MLSA concluded a data sharing agreement for this initiative, while APY signed all appropriate documents with MLSA, including an agreement and non-disclosure letters as per the standard procedures established by the Cash Working Group. The voucher transfer value was set in accordance with the Government's standard and national social protection thresholds, amounting to 25,000 AMD (approximately 63 USD) per voucher. As per PDM results, the vouchers were mainly used for purchasing of warm clothes and shoes, as well as essential household items (such as towels). Overall satisfaction with the support was high, averaging 4.75 out of 5. The lessons learned from the intervention will feed into further strengthening of the social protection system, including development of social support card modality as an additional social protection programme complementing cash transfers.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
2.1	6,080	US\$ 380,297.14	Multi-Purpose Cash	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Winter clothing vouchers keep refugee children in Armenia warm this winter	https://www.unicef.org/armenia/en/stories/winter-clothing-vouchers-keep-refugee-children-armenia-warm-winter
UNICEF Armenia FB post on overall reach	https://www.facebook.com/share/p/829V9s69BxPMYHsJ/
[Insert]	[Insert]

3.6 Project Report 23-RR-WFP-048

1. Project Information

Agency:	WFP	Country:	Armenia
Sector/cluster:	Food Security - Food Assistance	CERF project code:	23-RR-WFP-048
Project title:	Emergency Response to the Refugees in Armenia		
Start date:	28/09/2023	End date:	27/03/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 14,340,000
	Total funding received for agency's sector response to current emergency:	US\$ 4,450,000
	Amount received from CERF:	US\$ 728,860
	Total CERF funds sub-granted to implementing partners:	US\$ 94,950
	Government Partners	US\$ 0
	International NGOs	US\$ 0
National NGOs	US\$ 94,950	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF grant "Emergency Response to the Refugees in Armenia" project delivered hot meals and food parcels in Ararat, Gegharkunik, Lori, Armavir, Syunik and Tavush provinces of Armenia benefiting 53,407 refugees that eased their immediate food requirements within six months. Food parcels contained essential items, covering 20% of one refugee's monthly food needs. Hot meals included meat, cereals, dairy products, and fresh produce, provided 100% of kilocalorie needs. WFP collaborated with a local NGO to supply hot meals to refugees residing in sheltered institutions, aiming to address food needs and facilitate their transition into the winter months.

In total 40,277 beneficiaries received food parcels in six provinces - Armavir, Ararat, Gegharkunik, Lori, Syunik and Tavush. Tavush province was not initially included in the geographic coverage of the project, however the need of including the province arose because of beneficiary refugees settling down there.

The target of "71,253 of lunch boxes/hot meals provided" was less than planned and 37,357 distributed as the Government deinstitutionalized the residential houses and placed refugees in permanent shelters.

As a result of reprogramming, USD 43,220 was reallocated towards Cash-Based Transfers with Food Cards. 1,200 refugees (240 households) of Gegharkunik province were assisted in meeting their immediate food needs.

3. Changes and Amendments

Per the initial plan, the project aimed at distributing hot meals for the duration of 2 months for 396 refugees, with meals provided three times a day. The total provision was planned for 71,253 lunch boxes/hot meals. However, WFP Armenia later proposed to reallocate USD 43,220 towards Cash-Based Transfers with Food Cards. The goal of this adjustment was to assist 1,200 refugees (240 households) in meeting their immediate food needs. Each household would receive a bank card with preloaded cash equivalent to the number of household members multiplied by USD 36. The assistance was scheduled for March 2024 in Gegharkunik province. This reprogramming request was approved by CERF. The justification for a reprogramming of the CERF project is as follows:

- Several international and local organizations were already implementing food assistance interventions in the targeted regions. The simultaneous delivery of hot meals by WFP, alongside assistance from other organizations, could result in duplication and inconsistency of aid. This scenario might contribute to uncertainty and social segregation among beneficiaries.
- The provision of hot meal food assistance was no longer deemed urgent, given that refugees have settled in host communities. Instead, distributing restricted cash through bank cards was considered a more suitable and dignified option to swiftly address the food needs of refugees. This approach allowed refugees the autonomy to make their own decisions regarding the meals they procure, encouraged engagement with the financial system of Armenia, and contributed to social cohesion with the host communities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	11,641	10,747	4,997	4,611	31,996	19,162	17,689	8,610	7,946	53,407
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	11,641	10,747	4,997	4,611	31,996	19,162	17,689	8,610	7,946	53,407
People with disabilities (PwD) out of the total										
	524	612	53	48	1,237	836	937	148	140	2,061

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

As previously mentioned in the proposal, no one benefited indirectly from project activities.

6. CERF Results Framework

Project objective	Supported refugees are able to meet essential needs in the form of food.			
Output 1	Refugee households are provided with in-kind assistance in target regions to address their food needs.			
Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	FN1A: Number of people receiving in-kind food assistance	31,996	53,407	Distribution reports
Indicator 1.2	FN1B: Quantity of food assistance (parcels) distributed in MT	204,960	342,115	Distribution reports
Indicator 1.3	Number of lunch boxes/hot meals provided	71,253	36,400	Distribution reports
Indicator 1.4	AP5B: Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner	95% (30,396)	175%	Distribution reports
Indicator 1.5	Cash.5a Number of people receiving conditional vouchers (WFP's Indicator Compendium is a repository of all existing indicator methodologies, including indicators in the Corporate Results Framework (CRF) (2022-2025))	0	1,200	Distribution reports
Explanation of output and indicators variance:		<ol style="list-style-type: none"> 1. The target of "FN1A: Number of people receiving in-kind food assistance 31,996" was overachieved due to the competitive procurement procedures and lower prices than planned. 2. The target number of lunch boxes/hot meals was underachieved as the provision of hot meal food assistance was no longer deemed urgent, given that refugees have settled in host communities. 		
Activities	Description	Implemented by		
Activity 1.1	Targeted selection of beneficiaries to receive food assistance	WFP programmes unit and WFP Research, Assessment and Monitoring unit		
Activity 1.2	Distribution of food parcels and hot meals to selected refugees	WFP programmes unit and "House of Hope" NGO		
Activity 1.3	Distribution monitoring of food parcels and hot meals	WFP Research, Assessment and Monitoring unit		
Activity 1.4	Cash-based transfers with food cards	WFP programmes unit, Social Protection Unit		
Activity 1.5	Conduct post-distribution monitoring	WFP Research, Assessment and Monitoring unit		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹³:

WFP's programs and operations adhere firmly to principles of protection, gender equality, conflict sensitivity, inclusivity, and accountability to affected populations, which are seamlessly integrated into both operational planning and execution. Based on the context analysis and on-site monitoring, WFP designed its interventions capitalizing on the input of individuals, communities, organizations, and relevant line ministries such as the Ministry of Labour and Social Affairs. Beneficiaries were actively engaged in the project's design process, providing input upon their arrival in Goris town and subsequently in sheltered locations.

b. AAP Feedback and Complaint Mechanisms:

WFP Armenia emphasizes the importance of open communication with its beneficiaries, which is achieved through its Community Feedback Mechanism (CFM). This mechanism offers various avenues for beneficiaries to access information about WFP's programs, express their concerns, and receive swift resolution. The mechanism ensures that beneficiaries can communicate directly with WFP in a safe and dignified manner, demonstrating the organization's commitment to transparency and accountability. Comprising human resources, processes, hardware, and software, the CFM is a comprehensive two-way communication system designed to handle the intake, management, analysis, action, and resolution of feedback from affected individuals and relevant stakeholders. Currently, the hotline is staffed by three full-time employees to ensure timely support and responses to callers.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP has a zero-tolerance policy against sexual exploitation and abuse. Preventing sexual exploitation and abuse is a moral imperative for WFP, and as such, it is mainstreamed throughout the organization and its operations, and incorporated into our legal framework. Our strategy for Protection from Sexual Exploitation and Abuse (PSEA) prioritizes the needs of victims and is guided by the United Nations Secretary-General Bulletin on PSEA, which outlines six fundamental principles and categorizes such misconduct as grounds for termination of employment. Collaborating with UNHCR, WFP plays a leading role in advancing PSEA efforts among agencies.

WFP staff are required to complete two mandatory courses on PSEA (Protection from Sexual Exploitation and Abuse) and Preventing and Responding to Abusive Conduct to ensure they are well-prepared and proactive in their roles.

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WFP's approach to gender in the project design is 50-50 split on beneficiaries – which also aligns with the demographic breakdown of the refugees (52% female, 48% male). WFP implements protection and gender-sensitive program monitoring practices and has devised field monitoring guidelines specifically for emergency responses. Gender equality is a must for a world of Zero Hunger; where all women, men, girls and boys can exercise their human rights, including the right to adequate food. WFP recognizes its responsibility to: 1) Assume that gender-based violence is taking place, 2) Treat it as a serious and life-threatening protection issue.

e. People with disabilities (PwD):

People with disabilities face a higher likelihood of experiencing food insecurity, especially during humanitarian crises where they are disproportionately affected. There is a clear connection between malnutrition and disability, highlighting the urgent need for inclusive approaches. The WFP Disability Inclusion Road Map outlines WFP's commitment to serving people with disabilities, aligning with its broader strategy to uphold their rights across all initiatives. As part of emergency responses, WFP offered hot meals to disabled refugees who lack access to suitable cooking facilities. Overall, 1,194 people with disabilities benefited through this intervention.

f. Protection:

All WFP activities are oriented towards ensuring full respect for individuals' rights as outlined in WFP's applicable legal frameworks, which include international human rights law, international humanitarian law, and international refugee law. Specifically, protection measures are designed to prevent, minimize, alleviate, and address risks and repercussions of violence, coercion, deprivation, and abuse experienced by individuals, groups, and communities.

WFP ensures that all employees maintain the highest standards of conduct and integrity. It is critical that all our staff uphold the principles of the United Nations Charter, adhere to the Standards of Conduct for the International Civil Service and live WFP's values of integrity, humanity, commitment, inclusion and collaboration.

The Ethics Office was created as an independent and formal office to assist the Executive Director in nurturing a culture of ethics throughout WFP. It supports the employees in fulfilling their responsibilities with the highest standards of integrity and respecting the dignity of their colleagues and the communities they serve.

g. Education:

Regardless of their educational background, refugees from Nagorno-Karabakh received food assistance through CERF funding within the emergency response of WFP.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Yes, CVA is a component of the CERF project	1,200

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

As the provision of hot meal food assistance was no longer deemed urgent, given that refugees have settled in host communities, WFP proposed distributing restricted cash through bank cards as a more suitable and dignified option to swiftly address the food needs of refugees. WFP The government has expressed its intention to institutionalize the food cards as a priority social assistance tool in this emergency response.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Food Assistance Card	1,200	US\$ 43,200	Food Security - Food Assistance	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
WFP's external situation report #4 where CERF is mentioned among donors	https://reliefweb.int/report/armenia/wfp-armenia-crisis-response-external-situation-report-4-22-december-2023
Twitter post refers to the 4,800 parcels distributed by WFP	https://twitter.com/WFPArmenia/status/1725501608476250256
Facebook post on hot meal distribution at the arrival point, Goris, Syunik province	https://www.facebook.com/watch/?v=836888447978536
WFP website reference to the humanitarian crisis	https://www.wfp.org/news/world-food-programme-responds-humanitarian-crisis-thousands-people-flee-armenia
Radio Liberty Armenia on WFP response in arrival point of Goris	https://www.azatutyun.am/a/32615870.html
WFP Executive Director tweet on WFP's groundwork at the arrival point	https://twitter.com/WFPChief/status/1707471064081522978

3.7 Project Report 23-RR-WHO-040

1. Project Information			
Agency:	WHO	Country:	Armenia
Sector/cluster:	Health	CERF project code:	23-RR-WHO-040
Project title:	Armenia Refugee Response		
Start date:	09/10/2023	End date:	08/07/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 369,418
	Total CERF funds sub-granted to implementing partners:		US\$ 142,021
	Government Partners		US\$ 45,606
	International NGOs		US\$ 0
	National NGOs		US\$ 96,415
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Thanks to the CERF allocation, WHO Armenia ensured rapid access to life-saving medical supplies and services for vulnerable populations.

Supplies and Logistics: WHO delivered 10 burn modules from its trauma and emergency surgery kits, which will be sufficient to meet the advanced care needs of 500 burn patients. WHO also dispatched five noncommunicable diseases kits containing essential medicines and insulin for 50,000 people over three months.

Burns Management and Rehabilitation: WHO, in collaboration with the NIH of MOH, established a working group for development of "Clinical practice guideline and SOPs for burn rehabilitation" which is great added value for the country in terms of capacity building on rehabilitation services.

Mental Health and Psychosocial Support (MHPSS):

WHO trained 24 psychologists in psychological first aid, who supported burn patients and their families. MHPSS services were provided 11,000 refugees and 4500 host community members, with training on psychosocial skills and self-care delivered to 62 Primary Healthcare Doctors and 609 nurses.

Strengthening Primary Healthcare and Vaccination Rollout:

WHO conducted five Pre-Hospital Trauma Life Support (PHTLS) trainings for 30 primary healthcare workers in remote communities. Pediatricians, immunization coordinators, and 40 medical students were trained on refugee vaccination schemes and infectious disease communication. The vaccination campaign reached 500 elderly residents with consultations and flu vaccinations, supported by a nationwide awareness campaign, which included social media outreach and distribution of 20,000 educational materials.

3. Changes and Amendments

WHO applied and was granted no-cost extension and a redeployment of funds with the following justification:

1. **Acute Health Needs of the Refugee Population:** The Armenian Government was overwhelmed by the magnitude of the refugee influx and has been reliant on the partners support in various sectors. Non-declaration of the emergency has voided the efforts of access to the national emergency provisions, therefore additional reliance has been placed onto the sector leads, such as WHO for health. As a result, WHO has been compelled to invest additional efforts in engagement and coordination without the benefits of streamlined processes, thus necessitating an extension to realign resources towards these growing needs.
2. **Sustainability Through Capacity Building:** With the extension, WHO aims to enhance the sustainability of health outcomes by training health professionals in MHPSS as refugee response. This training is crucial, especially in the context of limited governmental support, to ensure that even when external aid is reduced, the local health system is fortified with the skills and knowledge to continue delivering essential MHPSS services.
3. **Comprehensive Health Response:** The integration of MHPSS into the broader health strategy emphasizes the necessity of a holistic approach to health during emergencies, which includes addressing the psychological as well as the physical impacts of the crisis. The non-declaration of emergency by the government has highlighted the need for WHO to assume a more significant role in guiding and supporting health sector partners in this comprehensive health response.
4. **Adaptation to On-the-Ground Realities:** The no-cost extension reflects WHO's adaptability to the actual needs of the population, beyond the initial projections. It acknowledges the reality that mental health needs often emerge and escalate in the aftermath of the immediate crisis phase, requiring a flexible and responsive approach.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	3,750	3,750	9,750	9,750	27,000	5,716	1,543	2,021	1,899	11,179
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	1,100	1,050	7,000	7,000	16,150	3,015	1,288	138	71	4,512
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,850	4,800	16,750	16,750	43,150	8,731	2,831	2,159	1,970	15,691
People with disabilities (PwD) out of the total										
	121	120	84	84	409	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

- Different categories of people and society as a whole, indirectly benefiting from MHPSS services, such as helplines, mobile teams, and direct MHPSS support:

1. Families and caregivers: When individuals receive mental health support, their families and caregivers often experience reduced stress and improved relationships. They benefit indirectly as their loved ones receive the necessary care and support, which can lead to a more stable and supportive home environment.

2. Communities: Communities benefit indirectly when MHPSS services help individuals manage their mental health. Reduced stigma and increased awareness of mental health issues can lead to a more supportive and inclusive community environment. Improved mental health among community members can also decrease incidents of violence and improve overall social cohesion.

3. Healthcare system: The broader healthcare system benefits when MHPSS services reduce the burden on emergency and psychiatric hospital services. Effective mental health support can prevent crises and reduce the need for more intensive healthcare services, such as hospitalization.

4. Service providers and professionals: Professionals whose capacities were improved in providing MHPSS services, such as mental health workers and social workers, indirectly benefit from the improved outcomes of service users. When service users are better supported, professionals experience less burnout and job-related stress, and their work environments are more positive and fulfilling.

5. Society at large: A society with accessible MHPSS services can enjoy reduced healthcare costs, improve public health, and enhance social stability. Additionally, when individuals with mental health issues receive proper support, it can lead to a decrease in crime rates, suicide, substance abuse, and other social problems.

By supporting individuals directly, MHPSS services have a ripple effect that positively impacts various aspects of society, contributing to healthier, more resilient communities with “building back better” connotation.

- Clinical practice guideline and SOPs for burn rehabilitation is great added value for the country in terms of capacity building on rehabilitation services.

- The awareness raising campaigns with focus on health-related issues targeted not only the affected population but also general population, those groups directly associated with a specific campaign – pregnant women, people living in regions and their families, general population.

- People provided services by Social Workers trained by WHO on Risk communication, community engagement and infodemic management, access to healthcare.

Communities where affected people are located and where WHO-trained social workers provide services including valid information and materials. This helped to tackle misinformation and disinformation that could enhance social cohesion in communities.

6. CERF Results Framework

Project objective	To build and sustain resilient national capacities ensure that the affected population from Karabakh region have access to essential life-saving health services, primary and secondary care, MHPSS and health promotion and disease prevention.			
Output 1	Increase of targeted MHPSS emergency interventions and strengthen the coordination of MHPSS and technical standards			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CC.1 Number of implementing partner staff receiving training to support programme implementation	150	695	Reports of implementing partners

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Indicator 1.2	H.9 Number of people provided with mental health and/or psycho-social support services	19,000	15691	Reports of implementing partners
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Explanation of output and indicators variance:	<p>The planned decrease in targeted MHPSS emergency interventions encountered some variance due to factors such as delays in resource mobilization, challenges in accessing certain affected areas, internal migration and unforeseen logistical constraints. Despite these challenges, significant progress was made in expanding the reach and quality of MHPSS services, although the scale and speed of implementation varied across different regions. Some areas achieved higher-than-expected coverage due to strong local partnerships, while others saw slower implementation due to external factors.</p> <p>The number of implementing partner staff receiving training to support programme implementation includes mental health professionals, primary healthcare doctors and primary healthcare nurses.</p>
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Activities	Description	Implemented by
Activity 1.1	Establish mobile MHPSS clinics in priority Marzes	Armenian Psychiatric Association
Activity 1.2	Support the national MPHSS hotline	“AMBRA” Mental Wellbeing Centre NGO
Activity 1.3	Provide MHPSS support to burn victims and their families	Armenian Psychiatric Association

Output 2 Ensure provision of essential health services and primary healthcare, including emergency medical supplies

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.1a Number of emergency health kits delivered to healthcare facilities	15	15	WHO General Management system (GSM)

Explanation of output and indicators variance:	<p>There was no variance between the planned and achieved outputs for the provision of essential health services and primary healthcare, including emergency medical supplies. The target of delivering 15 emergency health kits to healthcare facilities was met as planned. These kits were successfully procured and distributed by WHO to the Ministry of Health (MoH), ensuring that essential medical supplies were available to support the health needs of 50,000 people, including critical supplies for the treatment of 500 burn patients at the National Center for Burns and Dermatology.</p>
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Activities	Description	Implemented by
Activity 2.1	Procure and deliver essential medical supplies to MoH	WHO purchased and delivered medical supplies to MOH – including noncommunicable disease kits containing essential medicines for 50 000 people and distributed in all regions receiving refugees, and critical supplies to treat 500 burn patients, provided to the “NATIONAL CENTER FOR BURNS AND DERMATOLOGY”.

Output 3 Strengthen primary health care provision particularly on immunization, vaccination and outbreak response

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	H.10 Number of people referred to higher level and/or specialized health services *	24,000	27584	ARMED system
Explanation of output and indicators variance:		There was no variance between the planned output and the achieved results for strengthening primary health care provision, particularly in immunization, vaccination, and outbreak response. In fact, the number of people referred to higher-level or specialized health services exceeded the target. The planned target was 24,000 individuals, but 27,584 people were referred, as verified by the ARMED system. This overachievement was due to effective coordination and enhanced capacity at the primary healthcare level, which facilitated the identification and referral of more individuals requiring specialized care.		
Activities	Description	Implemented by		
Activity 3.1	Strengthen national coordination and capacity at the primary health care level	WHO, in collaboration with MOH and regional governments; Center for Emergency and disaster medicine		
Activity 3.2	Support MoH outreach teams providing vaccination services in the 10 Marzes and Yerevan	WHO, in collaboration with MOH, regional governments, HC facilities, Association of healthcare and assistance to older people NGO		
Activity 3.3	Catch up vaccination and awareness raising campaign	WHO, in collaboration with MOH, regional governments, HC facilities, Institute for political and sociological consulting		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁵:

The project emphasized Accountability to Affected People (AAP) by social listening, media monitoring, actively engaging communities, ensuring their voices were heard and respected. Project activities were covered by social media, and other channels, providing opportunity for regular feedback, allowing beneficiaries to express concerns and provide input on project activities. We maintained transparency by sharing information about project goals, progress, and outcomes, ensuring that all

¹⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the [ERC four priority area](#).

¹⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

stakeholders were well-informed. By involving affected people and host communities, the project ensured that their needs and priorities were central to our work, fostering trust and enhancing the overall impact.

b. AAP Feedback and Complaint Mechanisms:

The project implemented robust Feedback and Complaint Mechanisms as part of its Accountability to Affected People (AAP) strategy. Multiple channels, including community meetings, home visits were established to ensure that beneficiaries could easily provide feedback or lodge complaints. These mechanisms were accessible to all, including marginalized groups, to encourage open communication. Each complaint or feedback was promptly reviewed and referred to responsible engaged partners for timely response. Regular reports were shared with the communities providing opportunities for feedback. This approach ensured that the project remained responsive to the needs and concerns of the affected people, reinforcing trust and transparency.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

In our ongoing commitment to protect vulnerable populations, particularly refugees and host communities, WHO has prioritized the prevention of sexual exploitation and harassment (PSEAH) in all our operations. Recognizing the critical role of our implementing partners in this effort, WHO have taken significant steps to build their capacity and ensure they are fully equipped to uphold the highest standards of conduct.

As part of our prevention strategy, WHO has provided comprehensive training to 24 mental health professionals who were providing direct MHPSS services in frames of WHO MHPSS support to refugees and host communities, ensuring they are well-acquainted with WHO's compliance mechanisms and reporting systems. This training was designed to reinforce the importance of maintaining a safe and respectful environment for all, with a specific focus on the unique challenges faced by refugees and host communities.

The WHO implementing partners are now fully informed about the procedures for preventing, identifying, and responding to incidents of sexual exploitation and harassment. They are trained to recognize the signs of such exploitation, understand the appropriate channels for reporting, and take immediate action to safeguard the well-being of affected individuals.

Through these efforts, WHO is committed to fostering a culture of respect and dignity, ensuring that all individuals, regardless of their circumstances, are protected from harm and exploitation.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project was designed with a strong commitment to advancing gender equality and empowering women and girls, while also ensuring the protection and inclusion of sexual and gender minorities. By integrating gender-sensitive approaches into all phases of the project, we aimed to address the unique challenges faced by these groups, promoting their rights, and enhancing their opportunities for participation in society. The project sought to create safer, more equitable environments, where the voices and experiences of women, girls, and gender minorities are respected and valued. This approach not only contributes to their empowerment but also fosters broader social change towards inclusivity and equality.

e. People with disabilities (PwD):

The project prioritized the essential needs of People with Disabilities (PwD) by ensuring accessibility and inclusion in all activities though no targeted interventions were planned and provided. We implemented universal design principles,

recommended provision of assistive technology kits specially designed for emergencies, and adapted risk communication methods to ensure full participation of PwD. Special attention was given to addressing the specific risks faced by PwD, particularly women and girls with disabilities. Within the project special attention was provided to burn-survivors to prevent further disability and secondary complications. By fostering an environment that values and safeguards PwD, the project contributed to their empowerment and well-being, ensuring that they are not only included but also protected and respected in all aspects of the project.

f. Protection:

N/A

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
WHO's Armenia refugee health response – 6 months on, critical health needs continue	Link
"I have been given a second chance at life" – Survivors of a deadly fuel depot explosion	Link

Meet the female psychologists taking calls on an Armenian mental health hotline	Link
WHO Euro X LinkedIn Post on Armenia	Link
WHO Armenia Meta - Facebook post related to Armenia's health initiatives	Link
WHO Armenia Meta - Fuel depot explosion survivors update on Facebook	Link
WHO Armenia Meta - Fuel depot explosion survivors update on LinkedIn	Link
WHO Armenia Meta - Mental health hotline awareness Facebook post	Link
WHO Armenia Meta - General updates on Facebook	Link
WHO Europe Twitter post on burns patient care in Armenia	Link
WHO Europe Twitter post on health support for Armenia	Link
WHO Europe Instagram post related to Armenia health initiatives	Link
WHO Armenia - Social Media Campaign on Winterization and Hypothermia	Link1 Link 2 Link 3 Link 4
WHO Armenia - Social Media Campaign on Pregnancy (WHO Armenia)	Link 1 Link 2 Link 3 Link 4 Link 5 Link 6 Link 7 Link 8
WHO Armenia - Social Media Campaign on Pregnancy (Ministry of Health)	Link 1 Link 2 Link 3 Link 4

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS I

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-FPA-042	Sexual and Reproductive	UNFPA	NNGO	\$33,120
23-RR-FPA-042	Sexual and Reproductive	UNFPA	NNGO	\$2,071
23-RR-FPA-042	Sexual and Reproductive Health	UNFPA	NNGO	\$93,700
23-RR-FPA-042	Gender-Based Violence	UNFPA	NNGO	\$25,817
23-RR-FPA-042	Sexual and Reproductive	UNFPA	NNGO	\$8,937
23-RR-FPA-042	Gender-Based Violence	UNFPA	NNGO	\$33,272
23-RR-FPA-042	Gender-Based Violence	UNFPA	NNGO	\$14,993
23-RR-FPA-042	Gender-Based Violence	UNFPA	NNGO	\$6,500
23-RR-FPA-042	Gender-Based Violence	UNFPA	NNGO	\$9,845
23-RR-HCR-031	Protection	UNHCR	NNGO	\$24,519
23-RR-HCR-031	Protection	UNHCR	NNGO	\$4,056
23-RR-HCR-031	Shelter and Non-Food Items	UNHCR	NNGO	\$38,891
23-RR-HCR-031	Shelter and Non-Food Items	UNHCR	RedC	\$575,364
23-RR-CEF-055	Multi-Purpose Cash	UNICEF	NNGO	\$380,297
23-RR-CEF-055	Child Protection	UNICEF	NNGO	\$5,006
23-RR-CEF-055	Child Protection	UNICEF	NNGO	\$92,048
23-RR-CEF-055	Child Protection	UNICEF	NNGO	\$83,067
23-RR-CEF-055	Child Protection	UNICEF	NNGO	\$29,103
23-RR-CEF-055	Child Protection	UNICEF	INGO	\$34,424
23-RR-WFP-048	Food Assistance	WFP	NNGO	\$64,800
23-RR-WFP-048	Food Assistance	WFP	NNGO	\$30,150
23-RR-WHO-040	Health	WHO	NNGO	\$1,000
23-RR-WHO-040	Health	WHO	GOV	\$14,021
23-RR-WHO-040	Health	WHO	NNGO	\$19,302
23-RR-WHO-040	Health	WHO	NNGO	\$18,667
23-RR-WHO-040	Health	WHO	NNGO	\$10,639
23-RR-WHO-040	Health	WHO	NNGO	\$10,976
23-RR-WHO-040	Health	WHO	NNGO	\$16,559
23-RR-WHO-040	Health	WHO	NNGO	\$7,810
23-RR-WHO-040	Health	WHO	NNGO	\$6,500
23-RR-WHO-040	Health	WHO	GOV	\$6,798
23-RR-WHO-040	Health	WHO	GOV	\$4,988
23-RR-WHO-040	Health	WHO	NNGO	\$4,962
23-RR-WHO-040	Health	WHO	GOV	\$19,799