



INTER-AGENCY

**RAPID NEEDS
ASSESSMENT
REPORT**

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ARMENIA
RAPID NEEDS ASSESSMENT REPORT
October 2023

DISCLAIMER

Given the rapid nature of this assessment, the findings presented in this report should be regarded as a representation of indicative needs and key recommendations, as provided by sector leads. Although all efforts have been made to improve the accuracy of the information that was collected and analysed, the assessment was produced in a quick timeframe to ensure the relevance of the estimations. It provides an overall picture of the needs of the refugee population but is not a replacement of in-depth sector-specific assessments. Therefore, it will be essential to complement these findings with other methods and sources, such as community consultations, household level assessment, survivor-centred approaches, etc, to ensure a more comprehensive understanding of variety of needs.

ACKNOWLEDGEMENTS

This exercise was conducted by the UN Inter-Sector Coordination Group Armenia in partnership with the Ministry of Labour and Social Affairs (MLSA), and close collaboration with other Government Ministries, institutions, and civil society organisation. This document has been drafted with the support of and contributions from colleagues of the World Bank.

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Context

During the last week of September 2023, over 100,000 ethnic Armenians fled the Nagorno-Karabakh and arrived in Armenia. An average of 15,000 people arrived per day, with a peak of 40,000 refugees entering the country on 27 September 2023. Overall, the number of refugees constitute almost 3 per cent of the entire Armenian population, i.e., 1 in 30 people, which adds to the 36,000 refugees, asylum-seekers and stateless people of all nationalities who were already present in the country.

As of 19 October 2023, as per the data available from the Government of the Republic of Armenia, 101 848 refugees are registered, of which 48,964 are males and 52,884 are females, 9,000 people with disabilities, 12,000 older person (65 years or above) and 30,000 are children. The refugees are currently located in different regions across Armenia, with the highest numbers residing in Yerevan, Kotayk, and Ararat. Most refugees settle in areas where they have family/ social support network, familiarity with the place, and access to services.

According to data provided by the Ministry of Education, Science, Culture and Sport, as of 20 October 2023, 15,424 refugee children were enrolled in the schools of the regions of Armenia and Yerevan. The region wise enrolment of children is as follow Syunik 585, Vayots Dzor 324, Gegharkunik 737, Ararat 2085, Kotayk 2873, Aragatsotn 720, Armavir 1298, Shirak 629, Lori 905, Tavush 477, Yerevan 4791. As of 19 October 2023, 80 teachers from the refugee community were hired as teachers.

According to Government data, 95,200 refugees have received one-time cash assistance, including 71,200 adults and 24,000 children.

According to the data provided by the Ministry of Territorial Administration and Infrastructure (MoTAI) as of 20 October 2023, more than 55,000 refugees have found accommodation with government support, and more than 25,000 people found a place of residence on their own initiative. The Government reported about 1000 people left the hotels and guesthouses and moved to other places of residence of their choice.

As of 20 October 2023, according to data from the Ministry of Health, 41,280 refugees have been registered in polyclinics and outpatient clinics. Currently, 151 refugees are hospitalised¹, and 100 patients have been discharged. 19 patients continue to receive their treatment outside Armenia. Government registered 88 new births from refugee household, of which 45 new-borns in Yerevan, and 43 in other regions.

¹ Those transferred from Nagorno- Karabakh to Armenia for medical treatment.

METHODOLOGY

Between the 9 and 13 October 2023, UN agencies multi-functional teams² interviewed 89 key informants (39 men, 50 women) covering 29 communities in 10 regions and Yerevan. The key informants included 11 central Government representative, 47 local authorities' representatives, 31 NGOs/CBOs.

The Rapid Needs Assessment (RNA) is an inter-agency exercise employed to provide an overview of the immediate needs at the community level of a given population in Armenia due to a significant increase of newly arrived refugees. This exercise was conducted in partnership with the Ministry of Labour and Social Affairs (MLSA) and in close collaboration with various line ministries, UN agencies, CSOs, local authorities, municipalities.

The RNA offered the Government and humanitarian agencies a quick snapshot of the situation on the ground, based on information provided by key informants. Its primary aim is to map cross-sectoral needs and identify humanitarian priorities. It also served to inform more in-depth needs assessments and initiate sector-specific assessments. The RNA was conducted using a multi-sectoral questionnaire for key informant interviews, which had been developed through a UN inter-agency process in discussion with national counterparts.

The RNA was a community-level assessment that used primary and secondary data as its main sources of information. The assessment was conducted by UN agencies, World Bank, and NGOs. It focused on the collection of primary data through interviews with key informants, complemented by direct observations on site. Primary data was collected by teams of enumerators through assessment questionnaires, digitized for use on mobile devices, and available in Armenian and English.

The form was divided into 16 sections, and it took an average of 30 minutes to complete. Assessment results were uploaded online, and analysis was carried out to provide an overall summary at the sites and sectoral level.

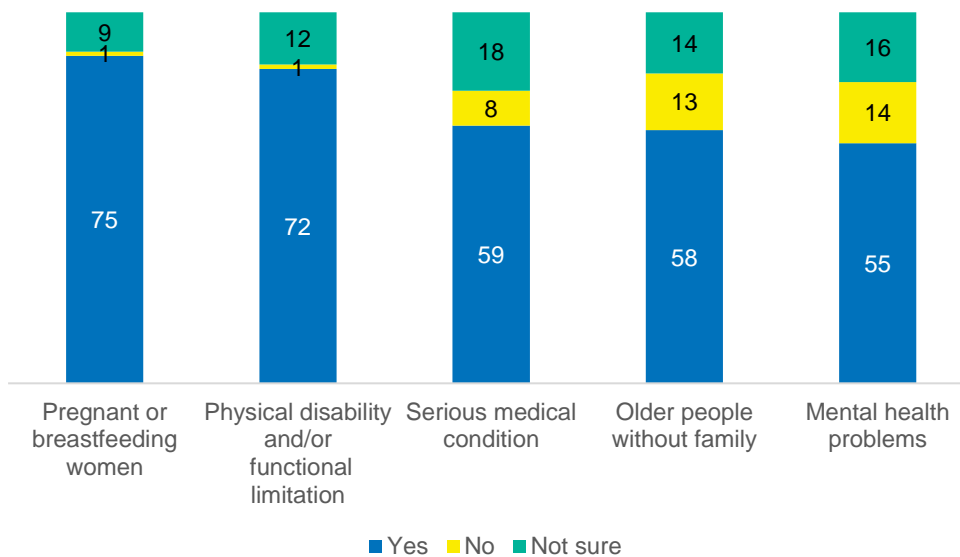
² 43 individuals were part of multi-functional team to conduct interviews with key informants, data collection and data analysis.

Summary of Key Findings

PROTECTION

The RNA revealed that most key informants are aware of individuals in their community who have specific needs. Notably, 75 key informants mentioned pregnant or breastfeeding women, followed by 72 key informants identifying people with physical disabilities or functional limitations. In addition, 59 key informants highlighted individuals with serious medical conditions, and 58 key informants pointed out older people without family support. A total of 55 key informants identified individuals in need of mental health and psychosocial support. Many noted that the need to support legal awareness and information is important.

Key Informants' awareness about person with specific needs



The refugee population as a whole has a need for mental health and psychosocial support. Professional mental health services were limited. When it comes to psychosocial support, which was a pressing need in all communities, state certified NGOs provided the service in some of the communities. Within the realm of healthcare services, 11 key informants highlighted the lack of mental health services, while 18 urgently called for psychosocial support, considering the available resources.

Although the percentage of persons with disabilities or functional limitation was high, rehabilitation services were not adequately provided or available in communities. It was observed that assistive devices for person with disabilities, such as wheelchairs, glasses, hearing aids, were provided by MLSA, private donors in coordination with the MLSA as well as local health institutions, but more is required.

It is worth noting that approximately one-third of key informants were aware of children traveling without their parents but with other family members. Despite the state's rapid

response, some key informants shared there is still a risk of finding unaccompanied children in difficult life situations or the risk of not having a caregiver for some time after placement. Only a limited number of key informants identified issues related to violence and conflict between the host and displaced populations, family separation, and lost personal identity documentation. Furthermore, a notable child protection concern shared by key informants relates to the emotional well-being of children who have been exposed to violence and conflict situation. Some key informants described these children as highly stressed and traumatized. Besides, the need to provide day care services to children in difficult life situations is also urgent in terms of expanding them, if necessary, and strengthening the decentralised component of services.

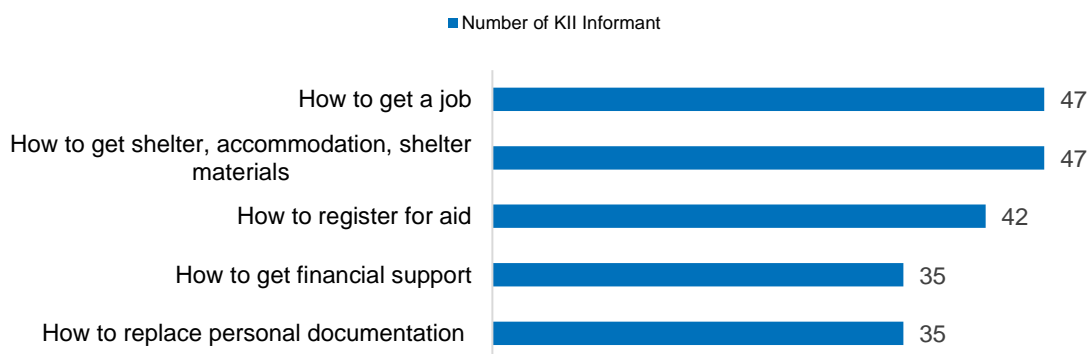
Given the sensitivity of some protection issues, such as gender-based violence, the rapid needs assessment did not directly include those questions, however, organizations working on gender-based violence have observed that refugees are exposed to risk of violence and abuse within the communities due to their vulnerability. It is likely that GBV cases might go under-reported. Additionally, some non-governmental organizations mentioned that there is a lack of toilets/bathrooms in collective shelters, that are safe, private, and accessible expose women and girls to risk of GBV.

Additionally, the assessment results showed 16 KIs confirming a high demand for legal support.

SHELTER AND NON-FOOD ITEMS

The RNA highlights that shelter and non-food items (NFIs)/ core relief items (CRI) remain the most urgent needs. The table below highlights the information needs of the refugee community.

Top 5 information needs requested by the community



About 67 key informants confirmed that most refugees are in need of shelter. Many mentioned they need cash to either pay rent, utilities, hotel bills, or contribute financially to the generosity of host families, other mentioned they need support to improve the conditions in the collective shelter.

The remaining population in empty buildings assigned by the municipality or collective shelters will require core relief items to transform living spaces to meet the minimum standards and will require repairs and renovation works. The key informants confirmed that the majority of people requested access to cash assistance, which would provide them with flexibility and choice to respond to their specific shelter and core relief items needs. In terms of specific core relief items needs, the most common request includes hygiene kits, clothing, and blankets, followed by kitchen sets, stoves, heaters, fuels, and cooking materials.

Should shelter and core relief items not be provided this may lead to increased protection incidents, including evictions and GBV, especially in the context of the upcoming winter season that will compound the already existing vulnerabilities within the population. Currently, out of the 68 key informants, 6 have reported cases of evictions, either because the landlord changed their mind, the rent increased, the place was overcrowded, and people needed a larger place. Ensuring security of tenure with cash for rent assistance is crucial and should be combined with training, advocacy, and sensitization to reduce protection risks including evictions. Continued support to the Shelter and NFI sector is essential.

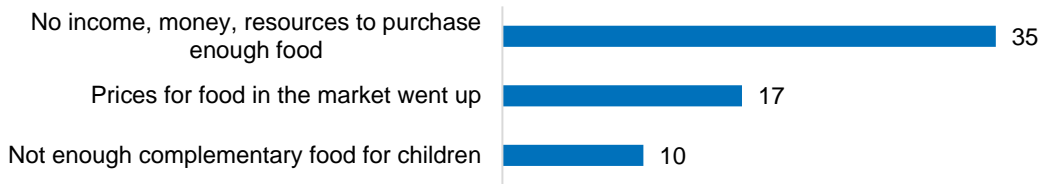
While 77 key informants mentioned that water and sanitation (WASH) services are not a problem in respective communities, 32 responders have flagged the insufficient places to wash and bath, referring to collective shelters and group accommodation for large families. Few key informants have selected other options highlighting that WASH services and facilities vary from settlement to settlement and improving those would benefit and improve living conditions of both refugee and host populations residing in the settlements.

FOOD SECURITY

Food security is one of the most critical needs, particularly during times of emergencies. Hence, the RNA focused on investigating the various aspects of food security among both host and refugee populations. According to the information provided by KIs, refugees primarily relied on several sources for their food supply. These sources included humanitarian aid, which encompassed Government assistance, local markets that involved cash transactions, as well as support from communities, family, and friends.

Notably, humanitarian aid, including Government assistance, was identified as the primary source of food for refugees. Local markets with cash transactions were also a significant food source, as was assistance from the community, family, and friends.

Top 3 main concerns related to food in the community



The majority of KIs (68 in total) reported that the refugee population indeed had food needs. To gain a deeper understanding of how refugees were coping with the economic challenges brought about by the influx, the majority of KIs (58 in total) highlighted that refugee heavily depended on state assistance, provided either in cash or in-kind. It is essential to emphasize that these interviews were primarily conducted with representatives of state and public bodies at various levels, including Governor's offices, local self-governance entities, and the Unified Social Service.

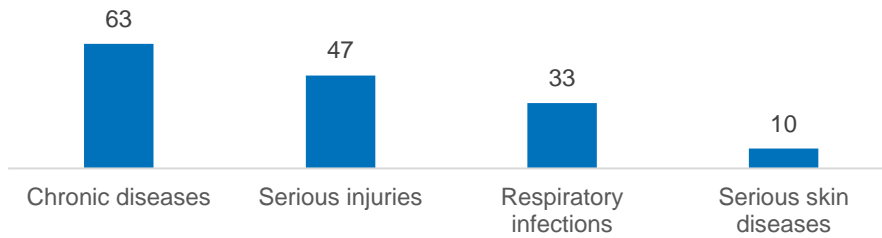
The analysis revealed a significant dependency of the refugee population on humanitarian assistance from various sources to meet their food needs. In light of this, it is strongly recommended that targeted efforts continue in this direction. Moreover, it's crucial to consider long-term strategies aimed at fostering the resilience and self-reliance of refugees, ultimately providing them with opportunities for sustainable well-being.

HEALTH AND NUTRITION

Refugees may be among the most vulnerable of all populations when it comes to health. Leaving their homes and livelihoods, having to endure hardships during transit and upon arrival at their destinations, lacking access to essential health services, forced to interrupt essential medical treatment, having to stay in crowded living conditions without proper access to water and sanitation, the refugees are at risk of significant adverse physical and mental health issues.

The Rapid Needs Assessment looked at the following health issues: prevalence of persons with respiratory infections, serious injuries, chronic health conditions, skin diseases, as well as the sufficiency of medical supplies and healthcare services. The KIs have indicated chronic health conditions among the refugees (63 of responders), serious injuries (47), respiratory infections (33), and serious skin diseases (10) being prevalent among the refugees.

Key Informants aware of persons with the following health conditions



Concerns about the capacity of the health system to provide necessary care, including the lack of essential drugs for chronic diseases for the treatment of conditions such as high blood pressure, diabetes, etc. (30 of respondents), the lack of mental health services (29), the lack of assistive devices for persons with disabilities (22), the lack of medical equipment in healthcare facilities (20), and the lack of rehabilitation services (18) have been voiced.

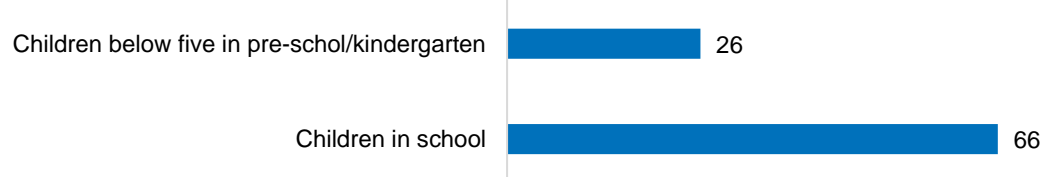
The KIs have mentioned that most of the health-related issues, including the mental health-related issues among the refugees, will most likely become visible to the health authorities when more in-depth needs assessment at individual level is conducted. The upcoming winter was mentioned as one of the main concerns related to social determinants of health (such as housing, heating, food, etc.). The capacity of the health system to sustain comprehensive support, also from a financial implications perspective, was voiced. Expedited registration of the refugees in the national e-health system ArMed was mentioned as very much needed to ensure access to state-provided healthcare.

EDUCATION

Engagement of refugee children in education, including early childhood education, is critical not only for ensuring their right to education and development is fulfilled but also an important mechanism for improving social inclusion and cohesion, the provision of psychosocial support, identification of first signs of possible abuse and maltreatment. Educational institutions at times can serve as a platform to connect children to other services they need.

According to KIs' observations (66 responders), the majority of school-aged children already attend school in the host community. Enrolment in kindergartens is still quite low comparatively as reported by KIs (26).

KI aware of children included in an educational institution



Many KIs also noted that families not being settled yet and the uncertainty regarding their housing is one of the critical factors affecting the decision of families regarding enrolment

in schools and preschools/kindergartens for children. While almost two-thirds of KIs deem the schooling infrastructure adequate, only slightly more than one-third find pre-school and kindergarten infrastructure sufficient.

In terms of the needs and types of support needed for improving school infrastructure for refugee children, the need for a sufficient number of places and adequate space was highlighted for urban communities, where schools are usually overcrowded, while the need for renovation, especially of wash facilities, was mentioned as an issue for rural and some urban communities. Lack of teachers and textbooks was also mentioned as a potential issue for some schools. Lack of adequate clothing and school supplies was mentioned as a factor that could affect children's enrolment, though it was considered secondary to the issue of temporary residence and shelter, which was highlighted as the key factor for not having all children enrolled yet. Lack of accessibility for children with disabilities was also mentioned as an issue. Dialect and language of instruction being Russian for some students along with other special educational needs may require special educational support for facilitating the inclusion of children into schools/preschools, taking into consideration also the psycho-social situation of children and families.

The situation with preschools/kindergartens was considered a bigger concern by most KIs, as the facilities, their capacity, and staffing were problematic even before the crisis. With refugee children in the communities and the need to enrol them in early childhood education, the situation will be exaggerated, especially when families will find a more long-term housing solution and start looking for job opportunities. There are settlements with no preschool facilities at all, while others are already overcrowded. In communities outside Yerevan, preschools charge a fee to parents for some services, which can also be a burden for refugee families or the community budget, if they step in to support. Special needs of students, including dialect and language differences, disability-related needs, and psycho-social environment shall also be taken into consideration.

RESILIENCE

Considering that the majority of refugees are expected to remain in Armenia, it is crucial to prioritize resilience right from the beginning, addressing the needs of both refugees and host communities. While the assessment had its limitations regarding resilience, it did highlight pressing concerns in the areas of employment, essential infrastructure, and legal support.

For instance, the assessment of basic needs revealed that almost half of the KIs indicated that employment support and job placement are among the most requested services at the community level. Refugees are particularly interested in information about employment opportunities and housing options.

Furthermore, there are concerns about the adequacy of educational infrastructure at both primary and secondary levels in host communities. 15 of KIs believe that school

infrastructure is inadequate, while 31 consider preschool infrastructure insufficient to meet the growing needs.

Although a systematic analysis of resilience needs is yet to be conducted, this RNA has already identified existing gaps that require immediate attention from both national and local authorities, as well as other development stakeholders.

Mid and long terms interventions will need to be factored in, to support integration of refugees including ensuring social cohesion and economic empowerment.

Key Recommendations

This section summarizes key recommendations and proposes priority actions tailored to each sector based on the findings and observations on site.

The recommendations focus on enabling the delivery of essential protection and humanitarian assistance to support and complement the efforts of the Government while at the same time integrating inclusion, resilience, and solutions from the start, targeting both refugees and host communities with a longer-term view of strengthening public services.

PROTECTION

Consider Centrality of protection to ensure that programming and resourcing consider the specific protection interventions and that protection principles are mainstreamed in all sectors. Ensure also that programmes do not harm inadvertently, and that the overall vision and purpose of the response is based on and guided by clear protection and solutions outcomes. Enhancing Protection from Sexual Exploitation and Abuse (PSEA) prevention and reporting mechanisms through awareness raising, community outreach and communication, strengthening referral pathways and complaint mechanisms. Strengthening the accountability to affected population (AAP) through the implementation of its key components including feedback mechanisms: (i) participation and inclusion, (ii) communication and transparency, (iii) feedback and response, and (iv) organizational learning and adaptation.

Ensure access to **continuous registration and documentation** also with view of advancing long-term solutions and **work in partnership and in coordination** with different actors and across different sectors to ensure that all concerns and needs of refugees are properly addressed.

Continuous protection monitoring and identification of vulnerabilities and strengthening the referral pathways to ensure immediate assistance and integration in government and other humanitarian programs. The most vulnerable, including but not limited to elderly persons, persons with disabilities, and mental health and psychosocial (MHPSS) concerns, will be prioritized, including through referrals to specialized services. Ensuring that protection is mainstreamed across all sectors and protection considerations are taken into account for all types of response.

Implement community-based approach in all interventions where communities (including both host and refugee community) are put at the center of the decision-making in relation to any assistance and response activities. Build response interventions on the capacities and abilities of refugee and host population.

Implement social cohesion initiatives aimed at encouraging dialogue and interaction between refugees, host communities and service providers, and support local communities in receiving refugees. Partnership with the development actors to be considered in order to look into the mid- and longer-term interventions. Implement livelihoods initiatives to strengthen self-reliance of refugee population and reduce dependency on humanitarian aid.

Considering insufficient access to legal support, facilitate availability and accessibility of legal services for the refugees. Prioritize action on social cohesion in host communities.

SHELTER / NON-FOOD ITEMS (NFIs)

Rental Assistance: Prioritize supporting the Government-led social programme through cash assistance to pay rent and utilities, combining it with technical support for vulnerable refugees.

NFIs for basic needs: Invest in the provision of NFIs, in cash or voucher (restricted use bankcards) , to individuals in collective shelters, empty buildings or other accommodations to improve refugees living conditions. Focus on providing essential items such as hygiene kits, clothing, blankets, stoves, heaters, fuels, and cooking materials to meet minimum living standards.

Addressing Collective Shelter Conditions: Support with the details of the shelter assessment and renovation and repairs of 24 hours care buildings and non-temporary social-housing buildings. Launch initiatives to improve sanitation and hygiene conditions, especially in rural areas.

Risk of Eviction and Need for Permanent Housing Strategy: To develop permanent housing schemes and to strengthen the social housing system, safe houses, group homes for person with disabilities. It is important to develop the scope of the social services both provided by the state and certified services (including day care centres for children, older person). Provide technical support to households through awareness of tenure security and minimum housing standard will ensure adequate and sustainable housing options.

Improve water and sanitation infrastructure in settlements with limited access: to enhance living conditions and wellbeing of both refugee and host populations and serve as a mechanism for fostering social cohesion as an indirect benefit.

FOOD SECURITY:

Need for Continued Targeted Assistance: Sustain and strengthen targeted humanitarian assistance programs to ensure the immediate and essential food needs of the refugee population are met. Collaborate with humanitarian organizations, governments, and community partners to optimize the effectiveness of food distribution initiatives.

HEALTH AND NUTRITION:

Chronic Diseases: Expedite registration of the refugees into the national electronic health system to ensure screening for chronic conditions and provision of essential health services and medications. Ensure a consistent supply of essential medications for chronic diseases taking into account new individuals integrated in the system. Reassess supply of the medicines for chronic health conditions accordingly. Strengthen collaboration with healthcare providers to address the reported lack of essential drugs. Ensure the necessary information communication to the beneficiaries concerning access to the respective health services.

People with Serious Injuries: Enhance trauma care to effectively address serious injuries. Finalize identification of individuals in need of assistive devices and rehabilitation services. Initiate programs to ensure the provision of assistive devices for those in need. Implement effective procurement and distribution strategies to guarantee the presence of critical medical equipment in healthcare facilities. Support rehabilitation programs at the regional level and referral mechanisms to the rehabilitation services available in Yerevan.

Centralized Healthcare for Serious Health Conditions and insufficiency of specialized care services in the regions: Develop national and regional programmes aimed at strengthening primary healthcare systems at rural level taking into account the needs of the refugees. Develop collaboration mechanisms between national and regional healthcare providers to streamline referrals and transportation for cases in need of specialized health services and rehabilitation, with focus on the cases in need of urgent assistance. Invest in training of emergency responders to enhance the quality of pre-hospital care for critical health cases. Strengthen services provided by mobile health clinics to provide on-site healthcare services in remote and underserved rural areas. Develop the national plan to ensure deployment of specialized care providers to the regional level.

Mental Health Support and Psycho-Social Services: Design and implement comprehensive MHPSS programs to address the diverse needs of different segments of refugee population, including elderly and children. Establish support networks and community activities that promote socialization and adaptation. Develop strategies to address shortage of mental health specialists. Recognize the importance of long-term psychosocial assistance, rehabilitation and habilitation services, and develop sustainable programs that extend beyond short-term interventions.

EDUCATION:

Preschool and Kindergarten Enrolment: Implement targeted awareness campaigns and outreach in collaboration with local community leaders. Establish a financial assistance program to provide subsidies for preschool fees, ensuring affordability for refugee families. Develop mechanisms to support communities in covering additional costs and ensuring

food provision in preschools/kindergartens, including subsidies and assistance from civil society and international development partners.

School Infrastructure Enhancement: Conduct a detailed assessment of infrastructure gaps, involving local engineers and community members. Develop and improve preschool/kindergarten infrastructure both in urban and rural areas, with consideration of developing and expanding their capacity to accept more children (both physically and regulatory).

Overcrowding in educational institutions: Develop strategies to alleviate overcrowding, including the construction of new classrooms and optimization of existing spaces, including setting 2-3 tier beds in pre-schools.

Renovation of Wash Facilities: Allocate funds for the renovation of wash facilities to ensure a healthy and conducive learning environment.

Teacher and Textbook Provision: Establish recruitment and training programs to address the shortage of qualified educators. Prioritize facilitating employment opportunities for refugee teachers and professors, including upskilling support. Prioritize the procurement of essential learning materials for those in need.

Support for Enrolment Barriers: Equip humanitarian centres with free school uniforms and basic supplies. Implement a mentorship program pairing existing students with newcomers to facilitate their integration. Offer transportation solutions to prevent class absenteeism among children.

Inclusive Education Programs:

Develop language-sensitive educational materials that take into account the linguistic diversity within Armenian language. Facilitate teacher training on recognizing and addressing dialect differences. Encourage a culturally responsive teaching approach that values linguistic diversity in the classroom.

Fostering Social Cohesion: Implement an inclusive enrolment process to address existing delays, ensuring equitable opportunities for both host community and refugee children, to foster social cohesion and mitigate potential tensions.

Special Educational Support: Collaborate with local disability support organizations to assess the specific needs of refugee children with disabilities and develop tailored educational plans. Ensure that educational facilities are accessible for students with disabilities, making necessary modifications and providing assistive devices. Establish a counselling and support program to address the psycho-social needs of students with disabilities and their families.

RESILIENCE

Long-Term Resilience Building: Job placement, self-employment opportunities and income-generating tools (e.g., agricultural) are raised as a top priority to enhance refugee self-reliance. Develop and implement initiatives aimed at mapping skills of refugees and potential demand for their labour, generating income opportunities for refugees, fostering resilience and self-reliance in the long run. Prioritize programs that focus on skill development, vocational training, and job placement to empower refugees to become self-sufficient over time and integrate smoothly into local labour markets. Prioritize socioeconomic empowerment of women including by removing the barriers (ensure access to childcare, transportation, etc.) increasing their chances for decent jobs. Improve and rehabilitate community infrastructure for provision of quality and green services to the refugee and host populations.

CROSS-SECTORAL

Mainstreaming Age, Gender, and Diversity: it is imperative to adopt a mainstreamed approach throughout all sectors, whereby gender, age, and diversity considerations are adequately assessed and integrated into the planning, implementation, and monitoring of every action. This approach ensures that the response is gender responsive and inclusive of the varying needs and experiences of all refugees.

Hindered access to some services due to overstretched capacities: Support the Government in ensuring equitable and inclusive access to social services, including through expansion of available services and case management practices, and enrolment in dedicated state benefit schemes within the national social protection system.