Armenia Refugee Response

Armenia Refugee Response Plan

Six months achievements and impact report
October 2023- March 2024

Preface

In 2023, Armenia achieved remarkable strides in its refugee response, buoyed by robust collaboration between RRP partners and the Government of the Republic of Armenia. The Government's steadfast leadership was pivotal, ensuring a supportive environment for refugees alongside local communities and civil society. This concerted effort not only provided vital protection and assistance but also garnered global acclaim for Armenia's commitment to refugee protection and assistance.

The report from October 2023 to March 2024 details funding, sector-specific achievements (Protection, Education, Health, Needs-Based Assistance/Basic Needs, Resilience), and cross-sectoral initiatives (Cash Working Group, Gender Task Force, Mental Health, and Psychosocial Support Task Force), reflecting Armenia's commitment to a coordinated refugee response, and exemplary approach to refugee protection, assistance, and resilience-building.

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OVERVIEW

Background

The Republic of Armenia has experienced an influx of over 115,257[1] refugees following the hostilities in Nagorno Karabakh in September 2023, constituting over 4% of the total population of Armenia. Approximately 66% of the refugees are women and children.

In October 2023, the Government of Armenia, through the Ministry of Internal Affairs, adopted Decree No. 1864-Ն to grant Temporary Protection status[2] to these refugees. This status provides them with the right to reside, work, access social welfare healthcare, and education. By the end of March 2024, over 78,000 have been issued refugee cards under temporary protection and over 1,400 refugees have applied for naturalisation / citizenship.

The Armenia Refugee Response Plan (RRP), launched in early October 2023, was drafted by UNHCR in collaboration with the Government of the Republic of Armenia, and aimed to assist 101,000 refugees and support to over 95,000 host community m embers. The plan involved 60 organizations, including 41 national NGOs, 11 UN agencies, 6 International NGOs, and 2 refugee led organisation, with a funding request of USD 97 million[3]. By the end of March 2024, the RRP was 52% funded, guiding humanitarian efforts and complementing government-led responses.

Coordination efforts were facilitated within the framework of the Refugee Coordination Forum (RCF), established by the Deputy Prime Minister in October 2023 and supported by UNHCR The RCF ensured a multisectoral approach through sector working groups on Protection (including Gender-based Violence and Child Protection sub-sectors), Education, Health, Need-based Interventions (food security and shelter/non-food items), Resilience, and cross-sectoral groups for cash assistance and information management. Initially, the RCF included 60 partners and this number has since increased to over 100 partners involved in reporting and coordinating activities including Development partners. Complementarity with humanitarian and development partners has been maintained from the outset.

A Rapid Needs Assessment (RNA) was conducted within two weeks of the refugee influx, in collaboration with the Ministry of Labour and Social Affairs and supported by RRP partners, identified immediate priority needs such as shelter, core relief items, support to meet lifesaving urgent needs. This was followed by an in-depth Multi-Sectoral Needs Assessment

[1] Data source Migration and Citizenship Service of the Ministry of Internal Affairs of the Republic of Armenia

[2] According to the Law of the Republic of Armenia on Refugees and Asylum. The status is given automatically and there is no need to take any action to get it and the refugees certificate certifying the status of Temporary Protection issued.

[3] The RRP appeal cost is determined through an appeal-costing process, which involves project owners submitting humanitarian emergency project proposals for assessment by Sector and potential inclusion in RRP. The RRP guides the humanitarian efforts, in support of Government led response, and the financial support required by appealing partners.

(MSNA) to inform mid and long-term planning, covering demographic profile, regional distribution, housing, employment, education, health, and psychosocial support needs.

The Government of the Republic Armenia implemented extensive measures to support refugees, including accommodation in guest houses and hotels, state-provided shelters, and social assistance programs. Accommodation of refugees in guest houses and hotels was led by the Ministry of Territorial Administration and Infrastructure, ensuring that refugees without shelter in Armenia were accommodated. Registration and issuance of documents was facilitated by the Migration and Citizenship Service of the Ministry of Internal Affairs. Financial support and access to employment opportunities facilitated by the Ministry of Labour and Social Affairs, included one-time payments, rental subsidies, and utilities support and jobs through the "Work for All" platform. Educational initiatives, facilitated by Ministry of Ministry of Education, Science, Culture and Sports ensured refugee children's enrolment. Provision of healthcare services led by the Ministry of Health, were comprehensive, including mobile medical teams and a dedicated hotline.

In support of the Government's efforts, extensive measures were undertaken across various sectors to assist refugees in Armenia. In the Protection sector, including gender-based violence and child protection, activities included support to authorities in the issuance of documentation, counselling, legal support, case management, distribution of dignity kits, women and girls' safe spaces, child friendly spaces, alternative care/ family tracking and reunification, capacity building, economic empowerment services for vulnerable individuals. Education initiatives covered both formal and non-formal settings, with support to Government in the enrolment of children in public schools, psychosocial support, teachers' training, distribution of learning material. Health sector supported consultations for primary health care services, referrals for primary, secondary, and specialized healthcare services, consultations for mental health and psychosocial support (MHPSS), training to health service providers or practitioners and support to health facilities.

Furthermore, efforts were directed to support the authorities under the basic needs/ needs based assistance sector to provide in kind food assistance (food parcels/hot meals), infant and young children feeding (IYCF) counselling sessions, cash transfers (Food security and Nutrition), winter specific non-food items (blankets, clothing, heaters, solid fuel), Hygiene Kits, Core relief items (bed, mattresses, bedding, kitchen sets), repair/ upgrade of the private and collective shelters. The resilience sector promoted livelihoods, income-generating activities, and social cohesion. Cash assistance programs supported basic needs and housing.

The response is aligned with the Global Compact on Refugees, emphasizing inclusion in national services and social protection schemes, supported by international community solidarity. Armenia's response has been remarkable, characterised by strong national leadership and collaboration with municipal authorities, civil societies, UN, Development partners, NGOs, and refugee-led organizations.

As the Armenia Refugee Response transitions into the medium to long-term phase, it remains crucial for organizations to continue supporting the government in meeting its obligations under international refugee law. UNHCR, in collaboration with UN Country Team and

development partners, is working with the Government of Armenia to finalize a transition strategy. This strategy will outline how the refugee response will evolve from emergency relief to strengthening national systems, addressing residual humanitarian needs, and aligning with national development priorities. Enhanced coordination between humanitarian and development actors will be the foundation of the next phase, including International Financial Institutions (IFIs) such as the World Bank, Asian Development Bank, and the European Bank for Reconstruction and Development.

Overall, the Emergency Refugee Response in Armenia has been robust, demonstrating effective coordination, national leadership, and solidarity, laying a foundation for long-term resilience and integration.

Armenia refugee response plan October 2023-March 2024: Results in key figures

Data as of end of March 2024

115,257 arrivals following the the hostilities in Nagorno Karabakh in September 2023

People reached by Sectors.

Protection

- **4,562** of Counselling (including through helplines)
- **17,500** individuals who benefitted from Legal Support services.
- **4,420** Persons with Specific Needs provided with targeted protection assistance.
- **11,873** of individuals reached through protection monitoring visits.
- **10** regions and Yerevan with functional referral pathways.

Gender-based violence (GBV)

- **23,802** individuals at risk receiving Dignity kits.
- **54** individuals at risk receiving GBV and psychosocial support services.
- **38** individuals at risk receiving GBV legal support.
- **1,021** individuals accessing GBV services in women and girls' safe spaces and other types of safe spaces.
- **53** individuals receiving GBV Case Management.
- **385** non-GBV humanitarian workers trained or sensitized on GBV risk mitigation.
- **2,156** individuals reached by community outreach and prevention activities on GBV.
- **46** GBV survivors and women and girls at risk receiving economic empowerment services.

Child Protection

- **22,723** children accessing child friendly or other safe spaces.
- **8,616** people reached with MHPSS, provided outside of child friendly or other safe spaces.
- **10,266** people reached with MHPSS in child friendly or other safe spaces.
- **3,030** children reached with individual case management.
- **31** children supported with alternative care, family tracing and/or reunification.

Education

- **2,151** children accessing formal education in national education system through interventions implemented by RRP partners.
- **5,209** children accessing non-formal education.
- **964** children, adolescents and teachers reached with MHPSS in formal education (schools, preschools)

- **5,155**children receiving learning materials.
- **289** teachers receiving training in formal education.
- **249** teachers receiving training in non-formal education.
- **6,600** children, adolescents, and teachers reached with MHPSS through non-formal education.

Health

- **11,542** consultations for primary healthcare services.
- **4,052** referrals for primary, secondary, and specialized healthcare services.
- **82,853** consultations for mental health and psychosocial support (MHPSS)
- **1,254** health service providers or practitioners trained.
- **220** health facilities supported.

Food Security

- **95,086** individuals receiving in kind food assistance (food parcels/hot meals).
- **4,377** children/caregivers receiving infant and young children feeding (IYCF) counselling sessions.
- **1,019** individuals who received cash transfers: Food security and Nutrition.
- **15,560** individuals who received vouchers: Food security and Nutrition.

Shelter and Non-Food Items

- **117,752** individuals who received winter specific non-food items (blankets, clothing, heaters, solid fuel)
- **124,743** individuals receiving Hygiene Kits.
- **88,731** individuals who received non-food items (bed, mattresses, bedding, kitchen sets)
- **111** Private Shelters being repaired or upgraded (excl. collective acc.)
- **11** Collective accommodations being repaired or upgraded.

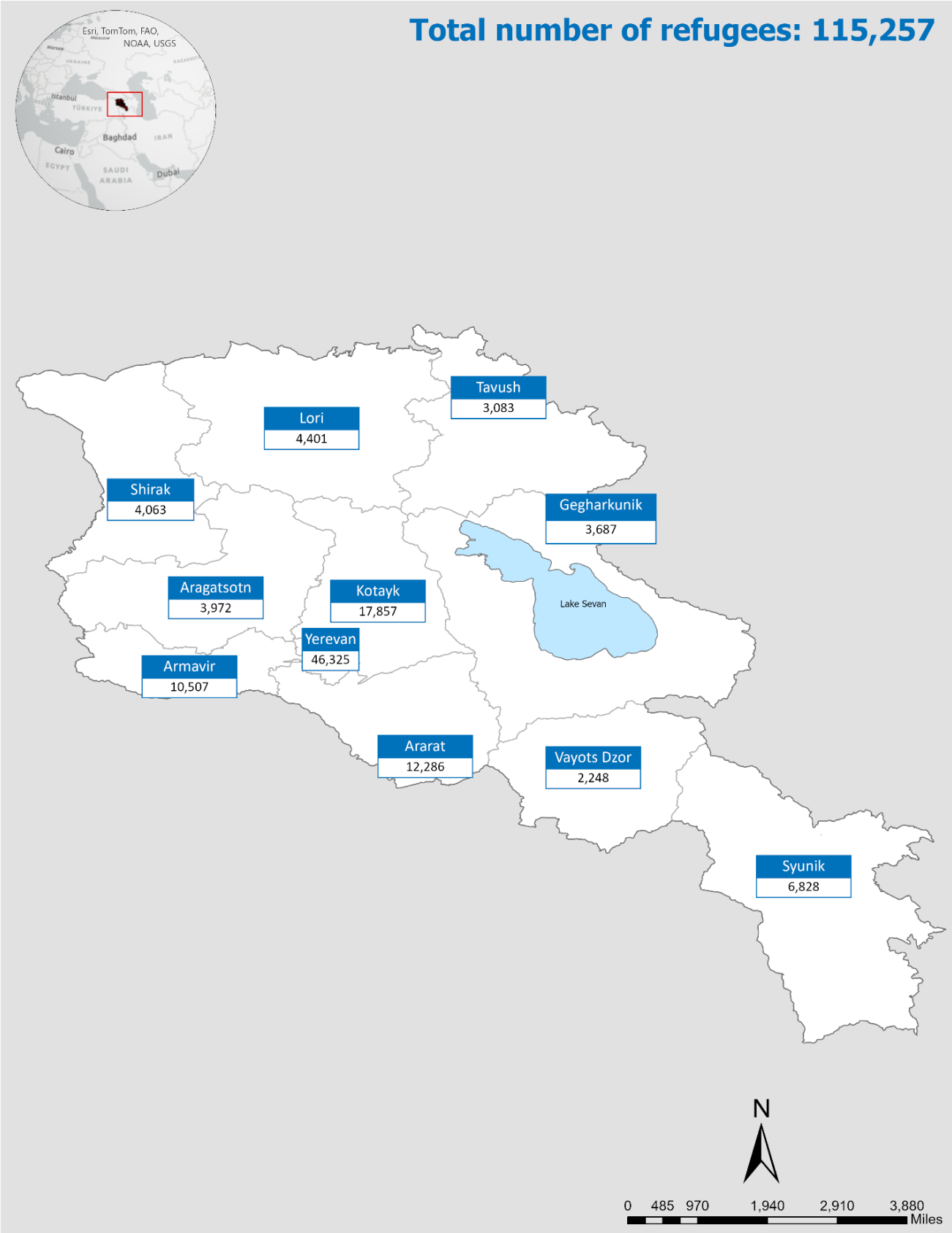
Resilience

- **56,800** individuals who benefitted from livelihoods, income generating activities and economic inclusion interventions.
- **2,000** individuals participating in activities promoting social cohesion and peaceful coexistence between refugees and host communities.

Cash Assistance

- **18,875** individuals reached with Government programme for basic consumption needs with support of partners (19,206 beneficiary payment cases).
- **21,083** beneficiary cases reached with Government rent and utilities cash programme with support of partners. (56,292 beneficiary payment cases).
- **51,311** beneficiary cases reached with multipurpose vouchers.

Population map



Disclaimer : The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: Migration and Citizenship Service of the Ministry of Internal Affairs of the Republic of Armenia, Registration database of refugees who have arrived in Armenia since September 2023, as of 13 May 2024.

Funding level

Financial requirement [4]: In the Refugee Response Plan for Armenia, the UN and Partner Organizations appealed for USD 97 million to assist 101,000 refugees and 95,000 local population hosting refugees. The Refugee Response Plan was developed to respond to emergency phase during the period from October 2023 to March 2024.

Funds received[5]: In 2023, the RRP Armenia received a total of USD 50 million. This funding was secured amidst challenging global crises, enabling crucial implementation of life-saving interventions across Armenia.

Total reported funding by Sector and sub sectors (in USD)

Sector/ Sub Sector	Requirement	Funding Received	Unmet fundings	**% funded**
Protection Sector	11.6 mil	2.6 mil	9 mil	22%
Child Protection sub-sector	4.5 mil	2.1 mil	2.4 mil	46%
Gender Based Violence sub-sector.	2.3 mil	663,300	1.6 mil	29%
Education Sector	3.4 mil	1.6 mil	1.8 mil	48%
Health Sector	10.8 mil	2.2 mil	8.6 mil	20%
Shelter and non-food items Sector	25.7 mil	9 mil	16.7 mil	35%
Food Security Sector	17.7 mil	8.4 mil	9.3 mil	47%
Resilience Sector	21.3 mil	8.7 mil	12.6 mil	41%
In addition to above funding to sector 15.3 million UDS funding received was used for multi-sectoral allocations				

Acknowledgement

The success of the Refugee Response Plan for Armenia owes immeasurable thanks to the extraordinary generosity and unwavering support of our donors. The Armenia Refugee

[4] The RRP appeal costs are determined through a rigorous process where project owners submit humanitarian emergency proposals for sectoral assessment and potential inclusion in the RRP.
[5] The data reflects funds received against sectoral requirements as reported by appealing agencies.

Response partners extend heartfelt gratitude to Austria, Australia, Canada, Finland, France, Japan, Norway, Poland, Portugal, Spain, Sweden, Switzerland, the United States of America, and the European Union for their timely and generous contributions. Additionally, Education Cannot Wait and the Central Emergency Response Fund (CERF) are gratefully acknowledged for their crucial support. Special recognition for our development partners like USAID and GIZ, whose swift repurposing of funds enabled urgent humanitarian responses. Your timely and substantial assistance has been indispensable in saving lives and supporting critical government and refugee efforts.

International financial institutions including the World Bank, IMF, ADB, and EBRD provided essential early support, laying a strong foundation for sustained mid- to long-term responses.

The contributions of private sector partners, media, and academic institutes in supporting refugees and providing opportunities have been timely and invaluable, significantly enhancing the refugee response efforts.

Finally, we extend sincere gratitude to the Government of Armenia and its ministries for their invaluable support, commitment, and swift allocation of resources to support refugees. Government of Armenia's leadership and support to various sectors and funding allocation for state funded programs for refugees has been instrumental in the success of our joint humanitarian efforts.

SECTORAL RESPONSES

Protection sector

WG Co-Chairs Ministry of Labor and Social Affairs and UNHCR

Key achievement indicators

4,562

Individuals reached through counselling (including through helplines)

17,500

individuals who benefitted from Legal Support services

4,420

Persons with Specific Needs provided with targeted protection assistance

11,873

individuals reached through protection monitoring visits

10 regions and Yerevan

Covered with functional referral pathways.

Sector Context

The Protection sector supported the authorities in ensuring protection and assistance to refugees. Sector partners played a complementary and supportive role to that of Government, including by enhancing the capacity and quality of services towards inclusion, particularly of persons with specific needs, and facilitating meaningful engagement with communities.

The protection and well-being of refugees is intricately linked to their ability to access basic services and sustainable livelihoods. Notably, 40% of refugees reside in Yerevan, 15% in Kotayk, 11% in Ararat, 9% in Armavir. Smaller numbers (ranging from 2% and 6%) are scattered across other regions, both in urban and rural areas. While refugees in Yerevan may enjoy relatively better access to basic services and employment opportunities, the high cost of living often exceeds their means, exacerbating vulnerabilities – especially among women and children. Conversely, outside Yerevan, where living costs are lower, refugees encounter significant challenges in securing livelihoods, making it difficult to meet their basic needs. In regions in the northern and eastern parts of the country, where socio-economic conditions are particularly challenging, the strain on public service providers is palpable. These circumstances underscore the increasing protection needs and risks faced by refugees. Efforts to address these pressing concerns must prioritize the protection and well-being of all individuals, regardless of their background or location, fostering inclusive and resilient communities.

3 - To address these challenges, the Ministry of Labour and Social Affairs (MLSA) in Armenia launched several initiatives to support refugees. This includes establishing the 114 hotlines for immediate assistance and information about the government programs on the irazekum.am website. MLSA also introduced the "Map of Social Support Services" (map.socservice.am) to coordinate resources from international organizations, NGOs, and social initiatives dedicated to aiding refugees. The ministry also actively recruited volunteers through kamavor.mlsa.am to enhance community support efforts. Additionally, specialized psychological counselling was made available for refugee children and their families. The government has approved a one-time financial assistance of 100,000 AMD (approximately $200 USD) per person, which is distributed directly to bank accounts or through cash disbursement via Haypost for those without bank cards. Further financial support included 40,000 AMD (100 USD) for rent and 10,000 AMD (25 USD) for utilities for refugees who do not own property in Armenia, administered through bank transfers.

Sector Focus and Prioritization

The protection sector prioritized the needs of vulnerable groups, including children and women at risk, older persons, persons with disabilities, and others facing specific protection needs. This was achieved through protection monitoring activities, focus group discussions, strengthening of identification and referral mechanisms, assistance interventions through core-relief-items and other supportive devices, capacity building and systems strengthening. This was done throughout the regions of Armenia where refugees reside.

During outreach activities, especially in underserved areas of Gegharkunik, Lori, Shirak, and Tavush regions, refugee communities shared that they require strengthened information sharing on access to services, documentation, naturalisation processes, employment and livelihood opportunities, access to housing and land, prospects for the future, higher education possibilities, cash programmes and financial inclusion. To accommodate the identified needs, protection assistance programmes were strengthened particularly in these areas. Partners also provided capacity building for lawyers on rights under the Temporary Protection Directive and increased legal counselling services, including through online tools, expanding access to these services to anywhere refugees had internet connection. In tandem, partners established online information hubs with key information on services and rights under the Temporary Protection Directive, as well as helplines and feedback mechanisms for two-way communication, to ensure the timely outreach and dissemination of relevant information to the refugee community. To help strengthen social cohesion and solidarity within communities, partners worked closely with refugee and local youth, including through community-based activities such as sport initiatives.

Sector Results

Protection sector, led by the Ministry of Labour and Social Affairs (MLSA) in collaboration with UNHCR, yielded significant outcomes through its coordinated efforts and partnerships. Protection actors developed a protection strategy, assessed risks, developed guidance notes on working with varied vulnerable groups and on mitigation measures on various protection issues including evictions, and mainstreamed key protection considerations across the response.

Local NGOs, Trade Unions, refugee-led, and women-led organizations played a key role in the response from the beginning of the crisis, giving voice to the particular needs of the refugee population and finding effective solutions in the community context. Protection sector partners sought to ensure accountability to affected populations by involving refugees in the conceptualization, design, implementation, and evaluation of protection programming.

Protection sector in Armenia had taken collective actions to ensure the protection and well-being of refugees through a concerted effort focused on coordination, collaboration, knowledge sharing, documentation, identification and referrals, legal assistance, community outreach, and psychosocial support. These achievements reflected the sector's dedication to fostering partnerships, enhancing capacities, and addressing the diverse needs of refugees.

Coordination and partnership building had been a cornerstone of the protection sector's efforts. Bi-weekly meetings convened by the sector successfully brought together approximately 67 protection actors. These meetings not only facilitated coordination among stakeholders but also served as a platform for knowledge sharing, capacity building, and setting protection standards in forced displacement. The partnerships forged through these meetings have been instrumental in enhancing the effectiveness of humanitarian response in Armenia.

Protection sector has played a pivotal role in fostering a collaborative approach to emergency response in Armenia. By closely collaborating with other sectors such as Shelter/Non-Food items, Health, Resilience, Education, Child Protection, and GBV Sub-Working Groups, the sector ensured a comprehensive and coordinated response to the protection needs of refugees. This collaborative approach had maximized the impact of interventions and minimized duplication of efforts.

Knowledge sharing and capacity building have been prioritized within the sector. The sector served as a platform for exchanging experiences, sharing evidence-based information, discussing best practices, and disseminating lessons learned among protection actors in Armenia. This knowledge-sharing mechanism contributed to continuous improvement and capacity building within the sector, thereby enhancing the quality and effectiveness of protection interventions.

Documentation of refugees led by the Migration and Citizenship Service (MCS) and supported by UNHCR has been instrumental in enabling the identification and access to essential services for refugees. With 78,005 refugee cards issued during the reporting period, refugees in Armenia have been empowered to avail themselves of vital services, ensuring their protection and well-being.

Representatives from legislative and executive bodies of the Republic of Armenia, including the Ministry of Labor and Social Affairs (MLSA), undertake regional visits. During these visits, they engage in meetings with refugees, where they provide information about their rights and government-supported programs aimed at providing assistance.

Identification and referrals for both protection and basic services initiatives spearheaded by sector partners have strengthened the referral mechanism in all provinces. Through mapping

services, identifying vulnerable individuals, and providing appropriate referrals, sector partners have played a crucial role in ensuring that vulnerable refugees received the assistance and support they required.

Legal awareness and assistance were provided to refugees through mobile legal teams conducting sessions across municipalities. The sector conducted legal awareness sessions on temporary protection that helped empower refugees with information regarding access to services, documentation, naturalization processes, employment, and livelihood opportunities, among other pertinent topics.

Community outreach and protection monitoring was scaled up by sector members including UNHCR, KASA, ARCS, and Mission Armenia. Through 85 field missions targeting three districts in Yerevan and ten provinces, 2,515 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.

The Refugee Hotline operated by UNHCR and its partner KASA were proven to be an invaluable resource for refugees. 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.

Psychosocial support was provided to refugees through various initiatives aimed at improving individual or group well-being. From Psychological First Aid (PFA) to individual or group counselling and recreational activities, refugees have benefited from holistic support mechanisms aimed at addressing their psychosocial needs.

Mainstreaming of Cross-Sector Issues

The Protection Sector worked with all sectors to ensure accountability to refugee populations, participation, and integration of feedback and complaint mechanisms in services and assistance provided by humanitarian actors. The Protection Sector ensured that Prevention from Sexual Exploitation and Abuse (PSEA) considerations were mainstreamed throughout the refugee response. UNHCR conducted eight PSEA sessions to raise awareness of social workers and humanitarian actors on safe and accessible feedback and response systems to report any suspicions of Sexual Exploitation and Abuse (SEA). The Sector developed relations with both refugee and host communities, supported local efforts led by RLOs and CBOs to improve access to services and rights through community support programs, and provided technical support.

Lessons Learnt and Good Practices

Close collaboration among protection partners, Migration, And Citizenship Services, and the Ministry of Labour and Social Affairs has been identified as a best practice for efficient decision-making, swift actions, and coordinated actions in support of the efforts of the Government. This collaborative approach ensures that decisions are made promptly, issues

are addressed effectively, and partners work together seamlessly to execute coordinated actions.

Participating refugee led organisations (RLOs) and community-based organisation (CBOs) successfully become influential partners at local enhancing the impact of the protection response. Locally, RLO/CBOs helped established crucial connections with stakeholders like municipalities and local authorities, solidifying their role as key contacts. This helped to make the response sustainable and area where protection actors will strengthen engagement and response, particular on the sharing of information on the available services, including health, education, employment, and state social protection services.

The sector has implemented targeted planning and programs to enhance services for older refugees and persons with disabilities, fostering good practices in Tavush, Lori, and Shirak regions. Social events were organized to help older person and persons with disability integration and community interaction. Acknowledging their unique needs, ongoing endeavours will continue to secure funding for such protection initiatives and empower refugee-led and community-based organizations to deliver tailored programs.

The sector has been working with the government, partners, refugees, and the community at large to make accountability and community engagement across the refugee response a reality. A good practice in this regard included community outreach by partners, in particular to areas outside Yerevan, focus group discussion on thematic issues, dissemination of information on the rights and responsibilities of temporary protection beneficiaries, information about availability of services. Working in partnership with the Government and Authorities on the ground is a key for sustainability of the intervention. Remote areas with limited-service availability and persons with special needs, including elderly and persons with disabilities should be prioritized. The hotline by the Ministry of Labour and Social Affairs and UNHCR to respond to the queries from the refugees and make referrals. This is an area which need to be scaled up in coordinate manner with the Ministry of Labour and Social Affairs.

Going forward, the protection response will increasingly focus on outreach to refugee populations, inclusion of refugees in host communities, strengthening of community-based protection mechanisms, and fostering social cohesion. This will help to ensure that the Government is well-positioned to take the response forward in the mid-term, as well as maintaining the central role of refugees in giving voice to their needs and identifying the best ways to address them. Sector will invest in resilient social protection to ensure minimum preparedness are in place for any scenario.

Additional investments will be required to support protection monitoring activities, strengthening identification and referrals of the most vulnerable for protection and assistance support, continued support for issuance of refugee cards and naturalisation documents and expanding psycho-social support (PSS).

Child Protection (CP) sub-sector

SWG Co-Chairs Ministry of Labor and Social Affairs and UNICEF

Key achievement indicators

22,723

children accessing child friendly or other safe spaces

8,616

people reached with MHPSS, provided outside of child friendly or other safe spaces.

10,266

people reached with MHPSS in child friendly or other safe spaces.

3,030

children reached with individual case management

31

children supported with alternative care, family tracing and/or reunification.

Sub-Sector-specific context

Following the arrival of refugees in September 2023, the scale and complexity of the humanitarian situation for refugee children and their families in Armenia underscored the critical need for child protection as well as support to their caregivers. These became priority areas to address the urgent humanitarian and protection needs of this vulnerable group.

Some CP partners had invested in preparedness measures, operationalised their existing partnership frameworks to swiftly provide lifesaving services and assistance. Working closely with local communities, Government counterparts, and other partners, they swiftly implemented various interventions. These included MHPSS, establishing and operating child-friendly spaces, case management support, parenting interventions, preventing family separation, responding to cases of violence against children, and supplying essentials for child protection, health, nutrition, education, cash assistance, and social protection.

Recognizing the complex nature of the sub-sector needs, the CP Sub-Working Group (SWG) was established to ensure coordinated, effective, and timely response to the emerging needs. Co-led by Ministry of Labour and Social Affairs (MLSA) and UNICEF, the CP SWG involved participation from state and UN agencies, international and local NGOs. Initially, more than 50 organizations expressed interest and participated in the meeting, but not all were actively involved in service delivery and reporting.

In order to accelerate priority actions within the SWG, CP actors mobilised substantial resources through extensive communication with donors both locally and globally. This included also unearmarked funding that allowed to offer timely and effective technical, operational, and programming support for the preparation and delivery of protection and

assistance to children and their families. Some of the existing programme and partnerships were repurposed to bolster the emergency response. Despite the commendable effort in raising substantial funds, there persists a need for further longer-term and adaptable allocations to ensure the provision of critical assistance to affected children and their families.

Sub-Sector Focus and Prioritization

The activities within the CP SWG started from the first days of the arrivals of refugees to Syunik region, operating mobile child-friendly spaces and providing MHPSS and case management support to refugee children and their caregivers in Goris. Meanwhile, prior investments in establishing child friendly spaces, and efforts to ensure their sustainability through local authorities' resources paid off. These structures gradually expanded their scope of services to include refugee children. During discussions within the CP SWG, it was noted that the regions of Aragatsotn, Ararat, and Armavir received the least coverage, prompting the MLSA to urge members to focus more efforts in these areas.

To ensure the effective, timely, and well-coordinated delivery of CP in emergency response actions, the CP SWG contributed to identifying and analysing sub-sector needs. This involved mapping existing CP actors and facilitating active participation from key stakeholders, including the Government and civil society organizations (CSOs), to plan, implement a coordinated response and share information. Learning and capacity gaps were identified, leading to the promotion of training and capacity-building activities among sub-sector members.

A critical aspect of the CP SWG was the provision of PFA and MHPSS activities targeting children and their families at protection risk, including specialized services and case management. CP interventions also aimed at families and host communities, incorporating life skills development and parenting support. The CP SWG played a significant role in establishing common approaches to MHPSS for children, caregivers, and youth, enhancing the role of CSOs and ensuring continuity through engagement with local authorities and service providers. Accountability to affected people, especially focusing on the best interests of the child and child participation, was strengthened.

The SWG played a crucial role in enhancing coherence throughout the humanitarian response, particularly focusing on children and caregivers, including those within host communities. Through nine scheduled and ad hoc SWG meetings, cooperation, networking, and referral mechanisms were strengthened among its members and beyond. This ensured a harmonized and comprehensive response for affected children and caregivers, contributing significantly to the establishment of a continuum of services for their benefit.

Prevention of violence and response services, including case management and referral to specialized services, were identified as areas in need of strengthening. Dissemination of child-friendly information was also prioritized by CP actors.

Partners prioritized the strengthening of the national child protection system and the inclusion of refugee children, including those with disabilities, in service provision available within the national child and social protection systems in Armenia.

Sub-Sector Results

Interventions delivered by CP partners were aimed at ensuring that the best interests of children at risk are evaluated and upheld, with a particular focus on addressing children's MHPSS needs, preventing violence and family separation. So far, CP partners provided case management to 2,847 vulnerable children, including effective referrals and follow ups, which have been possible due to intensified multi-sectorial coordination linking NGO partners with mandated state, regional, and municipal authorities. In addition, a network of child friendly spaces (CFS) was established and expanded, providing services to refugee children and adolescents. So far, 21,996 children and caregivers (58% female and 42% male) accessed safe spaces, child protection support, and protection hubs. Some 20,969 children, adolescents, and caregivers (60% female and 40% male) received MHPSS.

UNICEF organized and provided training and capacity development for the social workforce and other professionals, thereby expanding the overstretched capacity of the system. More than 15,000 women, girls, and boys were provided with access to GBV risk mitigation, prevention, and/or response interventions, while over 50,000 people had safe and accessible channels to report SEA. 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.

Unaccompanied or separated children, who had been identified and mostly placed in residential care, were subsequently placed in family-type care within the first weeks of the emergency due to the efforts of MLSA towards strengthening the foster care system and community-based child protection services. Some of these children were placed in state-run child and family support/crisis centres.

The delivery of MHPSS services was based on situational analysis and assessments and prioritized access for refugees across all layers of support, while also reinforcing national MHPSS structures and resources. Frontline providers, such as social and healthcare workers, educators, local authorities, and community actors, received capacity-building training, including skills like PFA, and other scalable psychological interventions, to identify and support people in distress and connect them to appropriate services with respect for their privacy and dignity. Service points, including child-friendly spaces, were established in community-based settings and systems accommodating refugees. Services were gender and age-appropriate, including psychosocial counselling, psychoeducation, community-based activities to strengthen social connectedness, burnout prevention of frontline providers, and referrals. Those in need of specialized support were directed to relevant mental health services, and hotlines and online digital platforms and tools were utilized to reach individuals facing access challenges.

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 65

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.[6]

Mainstreaming of Cross-Sector Issues

Echoing the overall Accountability to Affected People (AAP) approach within the emergency response, during the implementation of the response 72,198 people were reached with information on available services, their rights, and entitlements, and 27,940 people have shared their concerns and asked questions through established mechanisms. All implementing partners shared information on their available feedback mechanisms with beneficiaries. Separate feedback mechanisms were ensured for PSEA reporting. Additionally, all child-friendly spaces were equipped with suggestion boxes, and feedback was also collected through digital forms.

The CP SWG members contributed to strengthening the existing mechanisms for the prevention and response to GBV, as well as PSEA when working with implementing partners, to ensure adequate safeguards and appropriate action related to SEA. With significant contribution from UNICEF, efforts continued to be directed towards raising awareness and disseminating information on the prevention of GBV, enhancing the capacity of frontline professionals and responders in identifying the risk of GBV, sensitive communication, and referrals. CP SWG partners also ensured that victim support services were available for children and caregivers in need. Child protection partners worked closely with GBV actors to ensure a child and survivor-centred approach, prevent violence against children, including sexual and gender-based violence, and ensure that prevention and risk mitigation measures were in place.

One of the key principles during the refugee response was to ensure that all CP actors were guided by international standards for managing risks of SEA in implementing partnerships. For example, the UNICEF Procedure for Managing Risks of Sexual Exploitation and Abuse, according to which all implementing partners were assessed for risks related to SEA before the start of the partnership or within 3 months in the case of rapid-onset emergencies. UNICEF did not partner with high- or moderate-risk organizations. Communication materials on the prevention and response to SEA were disseminated among affected populations by implementing partners. Awareness about PSEA was also ensured by placing posters with essential information on the topic at program sites and including the topic in the training of social service workforce professionals and other CP actors.

Overall, all CP interventions are designed with a child and adult specific gender lens. For example, MHPSS interventions and positive parenting support programmes are designed to incorporate specific factors impacting the mental health and wellbeing of fathers and mothers, girls, and boys.

[6] These numbers are as of end of February 2024, and will increase upon consolidation of the results of the final round of reporting by the members of the Child Protection Sub-Working Group and will reflect the numbers as of end of March 2024.

Lessons Learnt and Good Practices

Although the sub-sector and its partners, in collaboration with national and local authorities, had trained relevant service providers as part of emergency preparedness, the unprecedented pace of the influx overstretched the capacity of hosting community administrations to provide quality and timely social services to the refugees. The strained capacity of the social workforce, as well as the availability and quality of data capturing the needs of refugee children, presented a challenge for the sub-sector to deliver timely and equitable humanitarian assistance.

Through a partnership with a local CSO/Association (an umbrella professional organization with an extensive network of social work professionals nationwide), social workers and psychologists among refugees were mobilized to deliver case management and psychosocial support. This approach allowed for addressing the dialect gaps between refugee and host communities, offering localized and context-specific solutions, and creating income-generating opportunities for them. The choice of the implementing partner was of key importance in ensuring that all child protection cases were managed in close collaboration with social workers from statutory services (regional Unified Social Services and community/municipal social workers). This approach enabled improved coordination in referral pathways and is expected to contribute to expanding the currently limited capacity of social workers from statutory services in the mid-term.

However, it is worth mentioning that the capacity of regional Unified Social Services and community/municipal social workers varies across regions, affecting the quality and equal coverage of services. Apart from that, while some regions are comparatively better off, others may lag behind in the provision of specialized services for both refugees and host communities because of the lack of NGOs with necessary capacities for social service provision. Refugees in working-age groups may be mobile and move locations in search of sustainable livelihoods, while refugee households with a person with specific needs will choose to stay in locations with access to specialized services.

Despite significant achievements, MHPSS sector in Armenia faces several critical challenges and gaps in addressing the needs of refugees and host communities, requiring further attention and resources. In particular, substantial challenges in extending MHPSS services to remote settlements were identified. The concentration of resources and trained professionals primarily in Yerevan limited the accessibility of services in regional areas. This issue is compounded by a shortage of local MHPSS specialists and social service workers in the regions. There is a reported increase in the needs and demands for MHPSS services among the refugee population, indicating a growing recognition of the importance of mental health and psychosocial support in the crisis response. Addressing these identified needs and gaps requires a concerted effort from all stakeholders involved in MHPSS in Armenia. It underscores the necessity for increased funding, capacity building, and the development of innovative approaches to expand the reach and enhance the quality of MHPSS services across the country.

Gender-based violence (GBV) sub-sector

SWG Co-Chairs Ministry of Labor and Social Affairs and UNFPA/ UNHCR

Key achievement indicators

23,802

individuals at risk receiving Dignity kits.

54

individuals at risk receiving GBV and psychosocial support services.

38

individuals at risk receiving GBV legal support.

1,021

individuals accessing GBV services in women and girls' safe spaces and other types of safe spaces.

53

individuals receiving GBV Case Management.

385

non-GBV humanitarian workers trained or sensitized on GBV risk mitigation.

2,156

individuals reached by community outreach and prevention activities on GBV.

46

GBV survivors and women and girls at risk receiving economic empowerment services.

Sub-sector-Specific Context

The female refugee population totals over 52,000, all of whom have been at risk of GBV starting from their communities of origin to facing critical living conditions in the communities of arrival. Additionally, heightened stress and trauma in their immediate environments and families increase the risk of intimate partner violence. Sexual exploitation and abuse (SEA), trafficking, and labour exploitation are additional forms of violence that this population can face, particularly the most vulnerable among them, including female- or child-headed households, adolescent girls, women, and girls with disabilities.

At the same time, many GBV actors faced major constraints in delivering aid and services due to scarce resources and lack of institutional knowledge on responding to GBV cases in an emergency context, while many non-GBV service providers were hesitant to acknowledge that GBV exists in their communities. The magnitude of these challenges has raised the need for a common understanding of the objectives, principles, and priorities of GBV response to ensure that GBV services are safe, ethical, available, accessible, and tailored.

The GBV sub-sector has been co-chaired by Ministry of Labour and Social Affairs (MLSA) and UNFPA and UNHCR, with initial bi-weekly meetings. The sub-sector comprises 33 member organizations (44 individual members). The GBV Sub-Sector Strategy and Work Plan, including the capacity-building plan, were endorsed in December 2023. These documents ensured timely operational mapping, tailored technical assistance, and quality GBV service provision.

Overall, the sub-sector required 2 million USD to ensure life-saving assistance to women and girls. The work of the sub-sector prioritized coordination, close cooperation, and interlinkages of interventions. Special attention has been paid to ensuring the inclusion of women with disabilities and disability-accessible service provision.

Sub-Sector Focus and Prioritization

The GBV sub-sector's efforts have been directed towards covering all geographical areas with recorded refugee presence, spanning across the 10 regions of Armenia and Yerevan. Following the recommendations of MLSA, the strategy has deliberately targeted both refugee and host communities to foster social cohesion and pre-empt potential tensions stemming from selective service provision.

Key resources utilized include UNFPA's qualitative assessment on GBV among refugees, which encompassed Yerevan and all regions. The findings highlight several critical points:

- The enabling environment for GBV and contributing factors, such as isolation and challenges in forming social networks, restricted access to employment due to traditional gender norms, caregiving responsibilities, and limited skill job opportunities. Additionally, adolescent girls face hurdles in education enrolment, including social isolation and discrimination in school environments. Inadequate living conditions exacerbate risks of GBV, including overcrowding, lack of appropriate WASH facilities, and insecure accommodation areas.
- Mapped GBV trends reveal instances of conflict related GBV in communities of origin, a surge in intimate partner violence (IPV), GBV within families directed at adolescent girls, and GBV within the arrival community, including harassment by employers and landlords. Reporting GBV poses significant challenges.
- Existing GBV services are marred by lack of trust, availability, and accessibility in areas populated by refugee women and girls. Moreover, resources to address emerging needs are insufficient, and services lack sensitivity towards age and disability. Economic empowerment services, including Cash and Voucher Assistance (CVA), are insufficient for survivors or women and girls at risk.

GBV sub-sector members identified the following groups as the most vulnerable amongst refugee women and girls, which should be the primary focus of sub-sector's interventions: women and girls in rural and remote areas, women and girls with disabilities, adolescent girls, female heads of households, older women, economically vulnerable women, and GBV survivors.

To ensure common framework in guiding GBV prevention, mitigation, and response interventions in response to the refugee crisis in Armenia aligning with RRP, the sub-sector developed its strategy and work plan, including six key outcomes:

- Supporting service delivery.
- Inform strategic decision making.
- Planning and implementing sub-sector's strategies.
- Monitoring and evaluation.
- Advocacy and cross sector collaboration.
- Contingency planning and preparedness.

Sector Results

GBV interventions from October 2023 to March 2024 reached more than 30,000 beneficiaries. Some key services included GBV case management and referrals to specialised services, MHPSS, awareness and outreach activities, economic empowerment, as well as capacity building interventions.

The development of GBV referral pathways for all regions of Armenia was completed, alongside successful advocacy efforts that led to the endorsement by MLSA of the national Standard Operational Procedures for GBV interventions. Additionally, GBV guidelines, technical briefs, and best practices in GBV service delivery were developed and disseminated to enhance the quality of care in local languages, thus promoting GBV Minimum Standards. Notably, eight coordination meetings were conducted, occurring biweekly in 2023 and every three weeks in 2024.

Four capacity development events were organized, where over 60 GBV and non-GBV service providers enhanced their capacities on Gender-Based Violence in Emergencies (GBViE). This included training for UNFPA's implementing partners on standards and practices for operating Women and Girls Safe Spaces. Furthermore, safety audits were conducted for both existing and new spaces, ensuring compliance with necessary technical standards. A sensitization discussion forum engaged healthcare providers on GBV, particularly focusing on the clinical management of rape. A Training of Trainers (ToT) course was developed for local trainers on Strengthening the Armenian Journalists' Capacity for Working in Emergency Situations and Hostile Environments, covering various relevant topics. Moreover, comprehensive training on GBV service delivery during emergency situations was conducted for Domestic Violence Support Centres, enhancing the knowledge and tools of program leads and social workers. Coordination and presentations of GBV assessments, such as the UNFPA Rapid GBV assessment, were also undertaken.

More than 30,000 women and girls received information brochures on the SafeYOU application and existing GBV services via distribution through dignity kits, as well as through cooperation with other sectors. Fourteen Women and Girls Safe Spaces were operating across Armenia. To provide first psycho-social support, as well as uninterrupted GBV services, UNFPA supported the operation of Women and Girls Safe Spaces for refugee women and girls at risk

of GBV. Since the end of September, 1,062 refugee women and girls have benefited from psycho-social support provided in 10 regions of Armenia.

Psycho-social support was also provided via the SafeYOU application in the form of online forum discussions with psychologists, lawyers, and social workers. To ensure access for women in vulnerable situations to information and safe means of reporting GBV, 127 mobile phones were distributed to women. Information sessions on the SafeYOU application and safe GBV reporting were organized for women. Safety deposit boxes were procured by UNFPA to be provided to 11 Domestic Violence Support Services for GBV service delivery. Additionally, 22,800 refugee women and girls benefited from information on GBV via dignity kit distribution across Armenia. All dignity kits included information on GBV services, safe reporting methods, and available virtual safe spaces.

In terms of Strategic Decision-Making outcome, yielded several key results. Firstly, a GBV sub-chapter was developed for Armenia refugee response plan, showcasing a commitment to enhancing strategic planning in the field. Secondly, active participation was maintained in the GBV sub-sector, Inter-agency coordination, and other relevant forums, fostering intersectoral collaboration and ensuring comprehensive decision-making processes.

Similarly, in the areas of planning and implementing sub-sector strategies outcome saw significant achievements. The GBV sub-sector successfully developed and endorsed its Terms of Reference (ToR), Work Plan, and Strategy document, providing a clear framework for action. Additionally, efforts were made to establish and maintain an active Google Drive, facilitating easy access to technical resources and guidelines for sub-sector partners, thus enhancing efficiency and coordination.

As part of monitoring and evaluation, substantial progress was made. Including the development and reporting using the 5w tool, ensuring effective monitoring of activities and outcomes. Furthermore, a comprehensive GBV sub-sector result framework was developed, providing a structured approach to evaluation. Regular updates were also provided to Activity Info, ensuring stakeholders remained informed and engaged.

Under Advocacy and Cross sector Collaboration outcomes, the following key results were achieved: (1) 3 GBV products developed and translated to be shared across sectors (How to support survivors of GBV when there are no specialized services in your area, Pocket guide for non GBV partners, for first response and GBV risk mitigation, Constant companion brochure for first response to GBV and referral, SafeYOU guidelines); (2) Ensured GBV mainstreaming across sectors' tool and products (RNA, MSNA, etc.)

Under the Contingency Planning and Preparedness outcome, the following key results were achieved: Developed key GBV messages for dissemination in emergencies; (2) Successful advocacy for integration of preparedness SOPs in the national GBV SOPs.

Mainstreaming of Cross-Sector Issues

Both AAP and PSEA were integrated in the existing capacity building interventions. These sessions encompassed discussions on best practices and approaches to ensure transparency, establish feedback and complaint mechanisms, ensure participation of affected women and

girls in the programme cycle were discussed. Strong recommendations on the inclusion of the most vulnerable groups in the data collection, and ensure adequate qualitative methodologies shared and practiced in the conducted assessments. The co-chair of PSEA taskforce was present in the coordination meetings.

Given the GBV was the primary focus of the group, gender sensitive programming became central to the GBV sub-sector's work. This involved efforts to enhance the accessibility and availability of services, sensitize service providers, and gender-transformative approaches in interventions. Moreover, prioritizing vulnerabilities intersecting with gender and displacement, such as age and disability, became integral to the sub-sector's efforts.

Recognizing the crucial role of local organizations, particularly women-led organizations, in influencing the humanitarian response and responding to the needs of women and girls, GBV sub-sector's work in Armenia is delivered through close collaboration with key frontline GBV partners. About 70% of the GBV sub-sector members are local and women-led organizations in Armenia and they have participated in all the sub-sector's key decision-making processes and provided inputs in the sub-sector's plans, strategies, and documents.

Lessons Learnt and Good Practices

Two key lessons learned, and good practices mapped are highlighted in the sub-sector's work during the refugee response plan timeframe. Firstly, the quick establishment of GBV sub-sector (early October 2023), and initiation of regular coordination meetings proved to be timely and effective. Establishment of a separate coordination platform played critical role in the refugee response, due to the lack of previous in-depth experience of GBV stakeholders in the emergency GBV programming. Swift and effective coordination were necessary for a timely response. Secondly, the emergency response phase provided a valuable opportunity to enhance the capacity of local structures relevant for GBV programming, even in the development context. This ensured a long-lasting impact of the GBV sub-sector's interventions, particularly on the institutional knowledge of partners. This aspect is also critical as part of preparedness efforts.

The key positive experience of the sub-sector was high level of interest and commitment of its members, even during the high frequency of coordination meetings. The partners demonstrated outstanding engagement and participation in the sub-sector's key decision making and products development, acting as a leading force in implementing these initiatives on the frontline. Close and effective collaboration with MLSA was particularly significant and acted as a key catalyst in fast implementation of the sub-sector's tasks and interventions.

The sub-sector has encountered three major challenges. Firstly, although it was active and highly engaged in ensuring a timely GBV response, the time limitation of the RRP did not allow for all planned interventions to be completed or to address all existing needs of GBV survivors and women and girls at risk of GBV. Consequently, the GBV sub-sector and its partners will continue their work to support vulnerable refugee women and girls and GBV survivors under the transition plan maintain the coordination structure and programming aligned to development platform to strengthen system and address the residual humanitarian needs of the women and girls. Secondly, as the GBV sub-sector operated at the national level, ensuring

participation in face-to-face meetings and technical sessions was challenging. Therefore, all coordination sessions and capacity-building interventions took place through online modalities. Finally, the insufficient funding made it difficult to ensure the continuation and scaling up of necessary GBV programming to meet the needs of the affected population. The GBV sub-sector ensured to share the identified funding opportunities with partners and has been proactive in fundraising and evidence-based advocacy among potential donors to support the refugee response in Armenia.

Education Sector

WG Co-Chairs Ministry of Education, Science, Culture and Sports (MESCS) and UNICEF

Key achievement indicators

2,151

children accessing formal education in national education system through interventions implemented by RRP partners.

5,209

children accessing non-formal education.

964

children, adolescents, and teachers reached with MHPSS in formal education (schools, preschools)

5,155

children receiving learning materials.

289

teachers receiving training in formal education

259

teachers receiving training in non-formal education.

6,600

children, adolescents, and teachers reached with MHPSS through non-formal education.

Sector-Specific Context

According to the Ministry of Education, Science, Culture and Sports (MESCS), over 80% school age children were gradually enrolled in Armenian schools by the end of December 2023. However, the data on their attendance remained fragmented throughout the response. Due to refugee mobility between regions, identifying out-of-school children or children who are at risk of dropping out was challenging. Refugee children required psychosocial support in a school setting, assistance with learning materials, and additional classes to bridge the learning gap. MESCS established a platform for recruiting refugee teachers to work in Armenian schools, resulting in 500 or almost a third of refugees teachers being employed in schools by the end of March 2024. The Ministry also facilitated the organization of university and college

students' education and provided compensation for tuition fees for the first semester of the 2023-2024 academic year.

There is no available data on refugee children's access to preschool education, which is a significant concern, particularly due to inadequate infrastructure and high attendance fees. According to the Rapid Needs Assessment (RNA), there is a high demand for preschool services among refugee families as it enables parents to focus on income generation. Even before the arrival of refugees, preschool enrolment was low in Armenia (34% nationwide and 27% in rural areas). It is crucial to ensure equitable opportunities for both host communities and refugee children to foster social cohesion and mitigate potential tensions. This benefits children and caregivers, especially mothers, who can have more opportunities to engage in labour and other activities.

To support the Government in coordinating the response, the Refugee Coordination Forum was established in October 2023, including the Education sub-sector group as part of the Protection sector. Later, to enhance coordination of education in emergencies response, the sub-sector group was transformed into the standalone Education working group chaired by UNICEF and MESCS. 20 organizations, including three UN agencies and one umbrella coalition composed of 30 civil society organizations (CSOs), convened weekly meetings to highlight the situation regarding access to education, the needs of the system for effective inclusion of refugee children and youth, and remaining challenges related to accessing kindergartens, technical and vocational education, and training (TVET), and higher education institutions (HEIs).

Sector Focus and Prioritization

Education sector partners provided education in emergencies response in all regions of Armenia, with over 65% of beneficiaries being reached in Syunik region during the first month of the refugee crisis. After arriving to Syunik, many families with children moved to other regions and education partners were targeting regions with the highest concentration of refugees, specifically Kotayk, Vayots Dzor, and Gegharkunik, reaching over 1,000 beneficiaries in each of these regions.

Coordination with national authorities through the Education Sector facilitated partners' efforts to ensure access to formal, non-formal, and informal education and learning, access to skills development for students and teachers, teacher training, and activities aiming to ensure inclusion of children with disabilities and other vulnerable groups of learners into the education system. All interventions consider gender-sensitive, violence preventive measures and support to parents.

Sector Results

The Education Sector partners have reached a total of 6,600 refugees and host community school age girls and boys as well as 289 teachers with education in emergencies response.

The refugee children were supported to access educational services, including early childhood education in schools and preschools supported by Education Sector partners such as remedial

classes, psycho-social support, and recreational activities in learning spaces in around 70 schools. Over 5,155 girls and boys received learning materials, including school bags with stationery. Another 1,430 children benefited from education supplies such as school in a box and recreation kits.

UNICEF and UNESCO initiated a partnership with the Republican Pedagogical-Psychological Support Centre (RPPC) to enhance MHPSS in schools. Mapping of MHPSS resources and services in schools found that 95 state and non-governmental organizations are providing MHPSS services in schools. To expand this capacity, a new MHPSS training package for school psychologists is being developed and the scope of responsibilities of the profile of the school psychologist is being defined. 708 refugee children have benefitted from pedagogical-psychological support services by RPPC and Territorial Pedagogical Psychological Centres (TPPC), among those 21 refugee children have undergone Special Educational Needs assessment and Individual Educational Plans have been devised according to their needs.

The educators from schools and kindergartens were trained by education sector partners on inclusive pedagogy, basic PFA, methodological guidance on Early Childhood Development, Positive Parenting, Disaster Risk Reduction and Emergency Preparedness.

Mainstreaming of Cross-Sector Issues

Education partners' approach to AAP focused on: (i) Complaints and Feedback Mechanisms (CFMs), (ii) Information sharing, and (iii) Participation. Several CFMs were established by education partners to regularly collect feedback and inform adjustments to the response. Dedicated templates were used to collect feedback on supply distribution and service provision by some partners.

PSEA was ensured through placing posters with essential information on the topic at programme sites and inclusion of PSEA into the training of teachers.

Lessons Learnt and Good Practices

It was crucial to initiate education in emergency response from day one. This resulted in around 80% enrolment rate for newly arriving school age refugee boys and girls during the first two months of their arrival to the Republic of Armenia. Enrolment into schools provided them with the protection of adult supervision, with due diligence to child safeguarding as well as access to psychosocial support in a school setting.

However, the system for tracking out of school children and those at risk of dropout was not fully operational in Armenia prior to and during the emergency, posing a major challenge for the sector. To address this issue, the Decree on Mandatory Schooling was adopted in November 2023, followed by the launch of the Early Warning System for tracking out-off-school and at risk of dropout children in February 2024.

It is essential to consider of disability-inclusive and gender-sensitive programming in promote accessible education at the emergency planning stage to prevent school dropouts.

Coordination and collaboration within the Education Sector and wider Inter-Sector Coordination Group enhanced synergies and complementarity of interventions aimed at ensuring education continuity.

HEALTH SECTOR

WG Co-Chairs Ministry of Health and WHO/IOM

Key achievement indicators

11,542

consultations for primary healthcare services.

4,052

referrals for primary, secondary, and specialized healthcare services

82,853

consultations for mental health and psychosocial support (MHPSS)

1,254

health service providers or practitioners trained.

220

health facilities supported.

Sector-Specific Context

The arrival of over 115,000 refugees have placed acute additional burden onto the national health system to be able to offer care and treatment for the individuals with various health needs – ranging from noncommunicable diseases (diabetes, high blood pressure, asthma, etc.) to communicable diseases (pneumonia, flu, COVID-19, etc.), vaccine-preventable childhood diseases (measles, mumps, polio, etc.), sexual and reproductive health and mental health issues (anxiety, depression, epilepsy etc.). The Health Sector Coordination Group focused on support to the national health system of Armenia, including individual healthcare facilities and mobile health clinics for rural areas, to handle the additional needs in terms of health services provision, and meeting individual health needs of refugees.

Under the overall coordination of the Ministry of Health, health partners supported access of refugees and vulnerable community members to quality health services in an equitable and inclusive manner. The Health Sector Coordination Group had technical areas focussing on provision of primary health services through mobile outreach teams, including testing and screening for various health conditions and setting-up referral systems for specialized care, treatment and rehabilitation of burn patients, supporting the process of registering individuals within the national digital health system (ArMed), sexual and reproductive health (SRH) services including HIV and Tuberculosis treatment, mental health and psychosocial support

(MHPSS) and other priorities as they arose. Partners raised awareness and shared information on the prevention of non-communicable and communicable diseases, vaccination campaigns, mental health, and SRH. Addressing children's health and development-related issues and ensuring continuum of care was another key priority. Targeted support was provided to address the specific needs of vulnerable groups (young children, pregnant women, disabled people). Partners monitored refugees' access to and uptake of health care services and strengthened disease surveillance. Across the response, the Health Sector supported the Ministry of Health to provide direct assistance and build capacities at the local level, especially in rural and under-served areas.

Health Sector interventions were focused on:

- Ensuring access to essential emergency services and primary and secondary healthcare, including medicines, trainings of primary health care workers, deployment of mobile clinics and paediatric mobile units, referral pathways, and measles vaccination rollout.
- Ensuring access to tertiary health care: including specialized care, treatment and support for burn victims by emergency medical teams, and other priority groups of population.
- Providing MHPSS services: including counselling services by specialised and trained non-specialised health care workers, specialized clinical psychological or psychiatric services, and training to healthcare workers providing these services.

The SRH team ensured the availability of comprehensive SRH services to refugees and community members, including youth and people with disabilities, through the enhancement of existing services, capacity strengthening, referral pathways, provision of supplies and equipment.

Sector Focus and Prioritization

The health sector in Armenia has been actively addressing humanitarian needs across all regions, with a particular focus on MHPSS, training for health service providers, referrals for healthcare services, consultations for primary healthcare, and provision of medical equipment and supplies. This comprehensive approach aims to address the diverse health needs of both refugees and local communities.

MHPSS has been prioritized within the health sector activities. Partners have worked extensively to enhance mental, emotional, and social well-being of refugees and local communities. This includes strengthening community and family support systems, ensuring access to appropriate care for those experiencing mental health issues, and providing tailored support to burns patients and their families. Efforts have also been made to establish contingency plans and build the capacity of implementing partners to provide psychosocial first aid and MHPSS as needed in the future.

Training programmes have been organized for health service providers and practitioners to enhance their skills and capacity. These include training sessions on MHPSS first-aid support,

stress management, self-care (for care providers), risk communication, community engagement, and infodemic management. Additionally, specialized training programmes have targeted healthcare workers in various regions, focusing on areas such as SRH, emergency obstetrical care, and pre-hospital life support. Professional training has also been provided to refugees medical doctors to facilitate their integration into the Armenian healthcare system.

Efforts have been made to facilitate referrals for primary, secondary, and specialized healthcare services. Mobile medical teams deployed throughout the response have supported over 1,000 referrals, particularly for patients with complex cases such as burns and infectious diseases. Consultations and healthcare services, including routine check-ups, immunizations, and specialized assistance, have been prioritized, especially in rural and underserved areas. Mobile clinics and medical personnel teams have played a crucial role in delivering these services.

The provision of medical equipment, health supplies, and medicines to health facilities has been a priority. Essential medicines, medical supplies, and equipment have been distributed for specific health conditions. Additionally, efforts have been made to expedite the registration of refugees in the national e-health system (ArMed) to ensure their access to healthcare services.

Various needs assessments have been conducted to identify health issues and priorities. The Rapid Needs Assessment (RNA) conducted by UNHCR in partnership with the Ministry of Labour and Social Affairs (MLSA) highlighted key health concerns, including respiratory infections, serious injuries, chronic health conditions, and mental health conditions. Concerns were raised about the capacity of the health system to provide quality-assured health care, including the lack of essential medicines, mental health services, assistive devices (walking sticks, crutches, wheelchairs, spectacles etc.) for persons with disabilities, medical equipment, and rehabilitation services. Assistive devices are provided by the Ministry of Labor and Social Affairs, according to the Government's decision of 10.09.2015. 1035-Ա decision.

In addition to the RNA, Health Sector partners conducted specific assessments to address MHPSS needs, as well as the health needs of refugee’s elderly individuals. Despite the ongoing efforts, residual needs and gaps remain at the conclusion of the Response and Recovery Plan (RRP).

Most of the Health Sector partners reported on availability of funds at least until summer 2024. There is still a big need for and continuation of the activities that are longer-term of nature, such as provision of MHPSS, rehabilitation services for burn victims, professional training for refugee medical professionals to ensure their integration into Armenian healthcare system. In addition, support to healthcare facilities is very much needed, especially in the rural areas where medical equipment and medicine supplies are in short supply. The increasing needs and demands for MHPSS among refugees are expected to persist over the medium- to long-term. Specifically, there is a rising demand for customized MHPSS activities for children and educators, requiring coordination with the Ministry of Health and Ministry of Education. Individuals living with mental disabilities remain vulnerable, necessitating ongoing attention. Furthermore, there is a systemic need for tailored, multi-sectoral support for those

with psychiatric conditions, including refugees. However, accessibility to critical paramedical services is hindered by the predominance of clinical psychologists in Armenia's private healthcare sector, with limited availability in the state-funded system. Additionally, psychiatric care in the country relies on old generation neuroleptics with severe side effects, resulting in patient hesitancy to utilize them.

Moving forward, efforts must be directed towards addressing the enduring multi-disciplinary rehabilitation needs of burn victims, emphasizing the necessity of fulfilling longer-term requirements and enhancing the capacities within the health sector. Particularly in rural areas, access to healthcare services, especially access to specialized care, falls short of expectations, necessitating further developmental endeavours to fortify the rural healthcare system. Compounded by the need to travel to Yerevan for specialized healthcare, accessing essential services becomes challenging for many. A number of measures included in the Government's activity plan for 2021-2026 are aimed at the reforms of the primary healthcare system of RA, which also plans to build and renovate 20 rural dispensaries in Syunik, Gegharkunik, Tavush, Shirak, Lori, Armavir, Ararat regions and renovate polyclinics of 10 regional medical centers: Medical facilities will be equipped with modern medical equipment, supplies and furniture.

Prioritizing the registration of over 18,000 remaining refugees in the national e-health system ArMed is imperative to facilitate their access to crucial health services.

remaining refugees in the national e-health system ArMed is imperative to facilitate their access to crucial health services.

Sector Results

The Health Sector partners has reached over 100,000 individuals between October 2023 and March 2024, including 50,115 male and 48,956 females, 15,338 children, adults, and 8,897 older persons. The activities within the Health Sector encompass a spectrum of interventions, including mental health l and psychosocial support, primary healthcare services, referrals, registration in national electronic health information system, sexual and reproductive health (SRH) services, technical training, and provision of medical materials and medicines. Partners such as the Armenian Red Cross Society, Médecins du Monde (MdM), Medecins Sans Frontieres (MSF), International Organization for Migration (IOM), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), and World Health Organization (WHO) have played crucial roles in implementing these activities.

The Armenian Red Cross Society played a pivotal role in providing mental health and psychosocial support to over 1,100 children across Armenia, alongside community-based counselling services in several regions. Additionally, a hotline was in place, offering psychosocial first aid to approximately 15,000 individuals. Medecins du Monde (MdM) made noteworthy contributions by offering specialized psychiatric support to refugee patients in multiple regions including Aragatsotn, Ararat, Syunik, and Yerevan. Centers supported by MdM initiated operations, actively addressing medical requests, and convening with medical doctors. Medecins Sans Frontieres (MSF) significantly impacted mental health and

psychosocial well-being by providing support to over 600 refugees, with additional assistance from organizations like the Armenian Missionary Association of Armenia and Children of Armenia Fund (COAF). Notably, MSF aided approximately 800 refugees from Kotayk and Ararat regions, while COAF supported 303 families.

In 2023, a total of 209 senior and 516 mid-level medical professionals' refugees were facilitated with applications to participate in accredited activities organized by the National Health Service under the state order. This process continues into 2024. In the first quarter of 2024, an assessment of the training requirements for refugees was conducted, and training applications will be furnished accordingly based on the assessment outcomes.

393 healthcare workers received Accredited Minimum Initial Service Package (MISP) training and emergency obstetric care by UNFPA for sexual and reproductive health services. UNFPA trained 378 healthcare providers in Goris and Kapan on PFA. Additionally, in collaboration with ARNAP foundation, capacity building training for rescuers were organized, to enable them to provide life-saving services during emergency situations, such as 30 rescuers were trained on First Aid,18 rescuers to provide Psychological First Aid to refugees and host community, and 105 rescuers were trained on MISP on SRH. Information Education Communication materials (brochures, videos, articles) were developed by UNFPA and shared via health facilities, women's safe spaces, online media platforms.

The International Organization for Migration (IOM) in collaboration with Ministry of Health implemented mobile medical teams to offer primary health services and MHPSS consultations across various provinces. In collaboration with the Seda Ghazaryan Mental Health Foundation, IOM facilitated group and individual psychological services, benefitting 71 refugees in Ararat and Kotayk marzes. Moreover, MHPSS initiatives reached both refugees and local communities, with 70 refugees benefiting from services in Kotayk, Ararat, and Armavir regions.

The United Nations Programme on HIV/AIDS (UNAIDS) supported the NGO "Real World Real People" in delivering hygiene packages and social psychological support to 100 refugee women living with HIV. Additionally, vulnerable PLHIV received food packages and assistance for transportation, while referrals for treatment and antiretroviral therapy were made.

The United Nations Development Programme (UNDP) provided 12 tablets to the MoH to speed up the registration of refugees in the ArMed health information system to ensure their access to the health care services. In addition, UNDP supports registration of the refugees in Shirak region of Armenia in the ArMed health information system via mobile health care unit. UNICEF, in collaboration with the MOH and regional authorities, deployed 20 mobile paediatric units across five regions, reaching over 3,000 refugee children. Each unit comprised two paediatricians, one nurse, and one psychologist, offering identification, screening, and referral services for mental health and nutrition issues. Additionally, UNICEF facilitated the development of Standard Operating Procedures (SOPs) and supports immunization monitoring and provision of essential medicines to health facilities.

During the initial response to the fuel depot explosion, WHO facilitated deployment of Emergency Medical Teams (EMT) and individual burn experts to boost hospital capacity by providing surgeries, wound management, and rehabilitation for burn patients – with nearly 600 procedures completed and rehabilitation provided for 26 specialists from 9 rehabilitation centres around Armenia. Medical evacuations were facilitated for the patients requiring most urgent care.

To support the general health needs of the refugees, WHO delivered almost 1.7 tonnes of medical supplies, including noncommunicable disease kits containing essential medicines sufficient for 3 months of treatment for the population of 50,000 people, and critical supplies for burn management. In coordination with the Ministry of Health, specialized MHPSS teams were deployed in Ararat and Armavir marzes, stress management and counselling sessions were conducted for more than 100 burn victims and their families, and MHPSS hotline was supported country wide. Additional activities of WHO focused on facilitation of the registration of the refugees into the e-health system, vaccination catch-up including risk communication trainings for social and healthcare workers, and pre-hospital life support for healthcare workers in Aghkenadzor and Kapan. Regular media monitoring to identify outstanding healthcare needs among refugees was conducted for the sector. WHO also provided strategic "winterization" advice to the relevant sectors.

In collaboration with the Ministry of Health, several organizations, including the Armenian Psychiatric Association, Resilient Syunik NGO, and MSF, provide MHPSS. Ambra Mental Wellbeing Center, UNAIDS, and ICRC offer health services and mental health consultations. Change Armenia, UNFPA, AMAA, and the Armenian Red Cross Society train service providers. Henar offers primary health consultations, and the Children of Armenia Fund supports access to health services. Ambra continues operating an MHPSS hotline, strengthened with WHO support. The Garo Meghrigian Institute conducted eye screenings for refugees aged 50 and older in Kotayk province, distributing spectacles and medications, and referring those with eye diseases for advanced care.

Mainstreaming of Cross-Sector Issues

Health Sector partners worked together to ensure that emergency responses are safe, dignified, participatory, community-owned, and socially and culturally acceptable. There are differences among the refugees in age, gender, and other characteristics such as social or legal status, ethnicity, and disability. These identities could exacerbate inequalities and limit opportunities. Partners were considering each person’s unique health needs, priorities, and strengths, and working to provide specialized assistance to people with specific needs, for example isolated elderly or children with disabilities.

Lessons Learned and Good Practices

The RRP served a valuable purpose in increasing the advocacy and coordination necessary for the emergency scale-up in support of the Government of Armenia’s response to the sudden onset crisis. In the Health Sector Coordination Group, the scale-up started to subside a few months ago and most RRP partners have already been transitioning their programming to a

more development-oriented outlook and context and have been allocating their financial and human resources as such. Similarly, for the last month, the MOH has voiced that the population of arrived refugees are to be considered part of the general population and not a unique health category, as well as indicated the desire to return to a more development-oriented approach overall.

the several key lessons learned from the collaborative efforts between UN agencies, government bodies, and local and international NGOs in responding to the humanitarian crisis are provided below:

- The coordination between various stakeholders, including UN agencies, NGOs, and the Government, proved essential in ensuring efficient and comprehensive assistance to the affected population. Regular communication, both formal (Working Group meetings) and informal, facilitated cooperation and prevented duplication of efforts, ultimately enhancing overall effectiveness.
- Thorough needs assessments, like the Inter-Agency RNA conducted in October 2023, are vital for grasping the full extent of a crisis and pinpointing priorities. By combining insights from the RNA with sector-specific assessments and various other sources like community feedback and survivor-centred approaches, a more holistic view of needs emerges, guiding effective decision-making throughout the response process.
- Setting clear goals ensured quality care and appropriate referrals for refugees and community members. Utilizing data from the RNA, shared among sector participants, and collected by the Government, facilitated accurate planning and beneficiary determination. This approach ensured all planned activities reached intended beneficiaries, including those in vulnerable situations, without oversight.
- Health support should be provided based on needs in order to allow short-term humanitarian response to transition to health system strengthening and advance long-term whole-of-society health aims.
- Health Sector Coordination Group partners supported refugees and vulnerable community members. While most direct assistance recipients were refugees facing challenges due to displacement and healthcare gaps, well as the need to integrate newly arrived refugees into the national digital health system ArMed, all services under the RRP were accessible to Armenians, particularly rural residents. This needs-based, status-blind approach mitigated tensions from unequal support access, fostering inclusivity and social cohesion.

The work of the Health Sector complemented overall RRP activities, as well as the Government response by outlining and aligning the activities of sector partners, including civil society, refugee-led organizations, UN agencies, international and national NGOs. Coordination maximized efficiency, minimized duplication, and facilitated information sharing. Involvement of the MOH in health partners coordination further strengthened coordination of individual efforts of each organization.

Activities implemented within the Health Sector focused on enabling the delivery of essential protection and humanitarian assistance while at the same time integrating inclusion,

resilience, and solutions from the start, targeting both refugees and local community members with a longer-term view of strengthening public services.

Health Sector partners paid special attention to protection of women, children, persons living with disabilities and older persons is central to the response. Special attention was paid to the identification of protection cases, information-sharing on available services and referral mechanisms, access to national services, and targeted household/individual assistance, as well as community mobilization and integration interventions.

Emphasis is placed on data-driven and evidence-based decision-making, through the realization of sectoral and multi-sectoral needs assessments with the authorities and the systematic collection of data on humanitarian actors' interventions, including Inter-Agency Rapid Needs Assessment conducted at the beginning of the response and the partners' own assessments carried out during the response. Information management (IM) was key for Health Sector partners to respond in a coordinated manner to refugees across the country.

Related to the concept of 'solutions from the start' efforts were made to find ways to limit the reliance on humanitarian assistance and progressively include refugees in national development plans and programmes and strengthen national systems and resilience, which for the Health Sector is illustrated by the significant number of refugees who have become part of the public health system through ArMed and are now able to receive health care routinely, as necessary. Additionally, the assistance was also provided for refugee medical professionals who are actively going through the process of professional training with the support of partners of the Health Sector for further integration into the Armenian health care system. Capacity building of local healthcare providers to enable sustainable capacity on the ground has been consistently included into the work of the partners.

The geography of the Health Sector partners' work was not limited and therefore covered the whole country, considering the distribution of refugees between regions. The partners ensured their presence in the field through the involvement of mobile clinics, mobile medical teams, M&E field visits, and capacity building activities held immediately in the regions, without the need for participants to travel long distances.

Needs Based Assistance/ Basic Needs: Food security Sector.

WG Co-Chairs Ministry of Labor and Social Affairs and WFP/ FAO

Key achievement indicators

95,086

individuals receiving in kind food assistance (food parcels/hot meals).

4,377

children/caregivers receiving infant and young children feeding (IYCF) counselling sessions.

1,019

individuals who received cash transfers: Food security and Nutrition.

15,560

individuals who received vouchers: Food security and Nutrition.

Sector-Specific Context

In order to assess the primary needs of the refugees, the Ministry of Labour and Social Affairs initiated and implemented the Primary needs registration platform: e-soc.am. The platform was implemented through Unified Social Service employees and community social workers. The platform also provides an opportunity for the refugees to fill in his/her needs. In the process of distributing support, communities could rely on the needs presented on the platform.

During the initial days of the refugee influx in September 2023, there was a significant demand for humanitarian assistance, including food, medicines, clothes and other items, and shelter. This demand was apparent at registration points and crisis centers established across the country. Over 85 percent of refugees expressed their need for food assistance during the registration process which was the foundation for activities undertaken by the food sector. In response to requests from central and local authorities, WFP deployed two mobile storage units (mobile warehouses) to Syunik province. To address urgent food needs, WFP supported the Government's immediate response efforts by providing hot meals and ready-to-eat lunch boxes at registration centers. MSUs were also utilized to facilitate the provision of hot meals and as storage for humanitarian supplies.

As soon as the refugee flow stabilized, the food sector provided family food parcels and in a second phase of food assistance, in February 2024. Following to the Government’s request WFP transitioned to restricted cash transfers using a food card mechanism. Food assistance was closely coordinated with the Ministry of Territorial Administration and Infrastructure

(MTAI) for in-kind assistance and the Ministry of Labor and Social Affairs for cash-based assistance.

Sector Focus and Prioritization

WFP's immediate food assistance during first days of the refugee influx was targeted in the registration areas in Syunik province. WFP also made efforts to ensure that the assistance was inclusive, and people with disabilities and the elderly, in particular, were duly considered in targeting criteria to ensure their access to food. Considering this, WFP provided ready-to eat lunch boxes and daily hot meals through mobile kitchens to disabled and elderly beneficiaries particularly if cooking facilities were not available, in provinces, namely Syunik, Armavir, Ararat and Kotayk.

Food parcels distribution included all ten provinces, prioritization of communities receiving support was given to these with the most vulnerable refugee households, suggested by MTAI. Blanket targeting was applied for providing the food parcels to households. For food card distribution, households with three or more children, people with disabilities, single parents, single elderly, and other vulnerable households have been prioritized.

Sector results

Throughout the duration of the RRP, WFP represented the vast majority of food assistance in the food sector. Since the onset of the refugee influx in late September 2023, and in response to the registered food needs of refugees, WFP has supported the Government's emergency response by providing food assistance. Based on Government's request, within days WFP provided mobile warehouses, distributed hot meals and ready-to-eat lunch boxes to 8,351 refugees in registration centres at the border. Throughout the 3 months of the refugee influx (until the end of December 2023), WFP provided food assistance in the form of family food parcels (204 metric tons) to 50,460 refugees, covering all ten provinces of Armenia.

Based on continued food needs being reported for the winter/early spring period and in line with the Government priorities, targeting, and assistance requirements, in February-March 2024 period, WFP made three distributions of family food parcels to about 60,076 refugees (610 metric tons of food). WFP's food assistance covered the February-March period in three tranches of food parcels to the same refugees. This food assistance covered the food needs of refugees residing in Aragatsotn, Ararat, Armavir, Gegharkunik, Kotayk, Lori, Shirak, and Tavush provinces.

In late February, WFP transitioned to cash assistance using food cards to about 22,000 refugees. Cash assistance covered all ten provinces of Armenia and amounted to a total value of $2.1 million.

To develop context-specific activities for livelihood support and integration needs for refugees and host populations, WFP assessed "Barriers and opportunities for the socio-economic integration of refugees". In addition, as part of WFP's regular food security assessment which started in January 2024, WFP launched its 6th Food Security and Vulnerability Assessment covering refugees and host communities. These assessments will enable a targeted and

contextually appropriate set of activities that will ensure humanitarian food needs are met while also supporting socio-economic integration of refugees.

Mainstreaming of Cross-Sector Issues

Arriving heavily traumatized, physically exhausted and with significant humanitarian needs, the relevance of implementing principles of safety, dignity, integrity, and the ability to hold food sector actors accountable was critically important during the refugee response. With substantive assistance being provided to refugees by the Government, UN agencies and local organizations, the sector prioritized a broad geographical and equal coverage of assistance to refugees to avoid push and pull dynamics.

WFP operated a Complaint and Feedback Mechanism (CFM) using two main channels, a hotline number, and an email inbox. In 2023, WFP's hotline received more than 1300 calls, a 30 percent increase compared to 2022, out of which 1153 (86 percent) were women, and 188 (14 percent) were men. All phone calls and inquiries were acted on, with issues referred to relevant units if further actions were required. In some cases, based on feedback, additional needs assessments were carried out among non-targeted beneficiaries to validate targeting and identify exclusion errors, and specific changes were made to WFP's assistance modalities for elderly and persons living with disabilities, which preferred in-kind food instead of the food card. Most of the inquiries related to WFP's food card assistance or request for information about WFP current and potential assistance. Post-distribution monitoring findings confirmed that both women and men had equal and safe access to the distribution sites and the CFM.

Lessons Learnt and Good Practices

Good practice by the sector included significant investments in preparedness which allowed a near immediate response with mobile warehouses, hot meals, and family food parcels. Compared to previous emergencies in Armenia, the food sector with WFP and FAO in the lead, enjoyed strong coordination with MTAI, MLSA and MOE. This enabled a response by the UN system which was aligned and in support of the government's own response and helped ensure that targeting and assistance was focused on those in most need.

d Assistance/ Basic Needs: Shelter and Non-Food Items (NFI) Sector

WG Co-Chairs Ministry of Labor and Social Affairs and UNHCR/ UNDP

Key achievement indicators

117,752

individuals who received winter specific non-food items (blankets, clothing, heaters, solid fuel)

124,743

individuals receiving Hygiene Kits.

88,731

individuals who received non-food items (bed, mattresses, bedding, kitchen sets)

111

Private Shelters being repaired or upgraded

11

Collective accommodations being repaired or upgraded.

Sector-Specific Context

The Inter-Agency RNA conducted in October 2023 highlighted that shelter and non-food items (NFIs) represented the most urgent needs for 75% of refugees. Many indicated the need for cash assistance to either pay rent, utilities, hotel bills, or contribute financially to the generosity of host families, while others mentioned that they need support to improve the conditions in the collective shelters. While most refugees live in private accommodations or with host families, there were cases when most vulnerable reside in empty buildings assigned by the municipality or in collective shelters that required repairs and renovation works to meet minimum standards. The most requested NFIs were hygiene kits, clothing, and blankets, followed by kitchen sets, stoves, heaters, fuels, and cooking materials.

Refugees who were unable to meet increasing and excessive rentals especially in bigger towns were assisted to mitigate evictions through dialogue with landlords and assistance to find cheaper accommodation or social housing elsewhere. Refugees also continued to move around regions, in search for affordable housing and livelihood opportunities. The cash for rent and utilities programme assisted many families with their rental needs. Owing to their inability to pay rent or overdue rent payments, sudden increase in rental fees or reappropriation of buildings for personal or other use, some refugees were at risk of eviction. This exposes refugees to protection risks, with the most vulnerable such as single headed-households, households with members with disability or older persons at heightened risks. Shelter and NFI (SNFI) partners have worked closely with the Ministry of Labour and Social Affairs to identify and implement mitigation measures. The group has taken steps to expand state and community social housing funds, as well as develop and improve minimum standards for state and

community social housing funds. In addition, online meetings for the exchange of international experience, discussions of lessons learned from the experience of local NGOs, and study visits to study international standards and social housing programs were initiated.

The SNFI sector brought together a total of 31 RRP and RRP-aligned partners who contributed to the immediate response. By the end of March 2024, the sector was 35% funded with $9 million mobilized out of the $26 million requested by the sector.

Sector Focus and Prioritization

- **Priority geographic focus in remote and rural areas:** In terms of housing and geographic vulnerability, many refugees reside in substandard rural dwellings or damaged homes and needed NFIs, including folding beds, blankets, and kitchen sets, and shelter support. Some of the dwellings, which have been occupied by refugees, are predominantly in eastern and northern regions, where living costs are lower than in urban areas. While local authorities have sourced and provided basic repairs to the dwellings, SNFI partners have scaled up this support with in-kind NFI distributions – particularly winter items, emergency shelter repairs and cash or voucher assistance across the 10 provinces of Armenia and Yerevan.
- **Priority focus on profiles at heightened risk:** While SNFI partners reached to the vast majority of refugees during the emergency response in view of their urgent SNFI needs, particular attention was given to refugees at heightened risks, such as persons with specific needs living in social housing or collective accommodation, refugees at risk of evictions and refugees who have not security dignified housing solutions.
- **Prioritized activities:** (i) Distribution of NFIs, including winter-specific items and hygiene kits, (ii) Provision of cash assistance to cover rent and utilities in line with the Government-led cash scheme introduced as an emergency measure to ensure that refugees 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); (iii) Provision of furniture and appliances to equip available housing stock, social housing and collective accommodations on the basis of a standard NFI retrofitting kit agreed amongst SNFI partners, (iv) Small scale repairs targeted repairs to private housing units, (v) Renovation of collective shelters to upgrade/increase accommodation capacity.

Sector Results

Key achievements of SNFI partners between October 2023 and April 2024 can be summarized as follow:

- 88,731 individuals received non-food-items (in-kind: including beds, mattress, bedding materials and kitchen sets).
- 117,752 individuals received winter specific NFIs (in-kind), including winter jackets, clothes, shoes, heaters, solid fuel.
- 124,743 individuals received hygiene kits (in-kind).
- 46,296 individuals received shelter and housing assistance (cash/in-kind).

- Collective shelters and social housing were rehabilitated, repurposes and/or equipped with furniture and household appliances to accommodate families, such as the Masis former sports center and Darbnik Social Housing (Ararat province), the Maralik Social Housing complex (Shirak province), Sevan Social Housing (Gegharkunik province), Dilijan Collective Accommodation (Tavush province), Goris Elderly Day Care centre (Syunik province).
- A Guidance Note on Risks of Eviction was finalized and shared with the sector partners and Government counterparts.
- Technical assessments of Government facilities in need of repair were conducted to assess the potential for retrofitting and increase the accommodation capacity of Social Housing to accommodate refugees and vulnerable host community members.

Out of those reached by SNFI partners, 68% were women (34%) and children (34%) and some 20,000 were older persons and persons with disabilities. The focus of SNFI interventions was in Ararat (18%) and Kotayk (17%) where most refugees reside outside Yerevan. 13% of people were reached in Syunik, which was the province where refugees first entered Armenia. All other provinces were also reached by SNFI partners.

Mainstreaming of Cross-Sector Issues

Shelter and NFI actors have ensured that beneficiaries safely access their services without causing harm, and they are committed to promoting meaningful access, accountability, and participation of beneficiaries in the provision of Shelter/NFI assistance. By mainstreaming protection into shelter and NFI programming, humanitarian actors have maximized the positive impacts of shelter and NFI programs on people's safety and dignity, supporting affected populations in accessing and enjoying their rights. Some of the steps taken by sector partners include efforts to ensure women are part of the distribution teams and can safely educate other women on the use of NFI items. All teams have been educated about the basics of GBV and referral pathways have been activated for disclosures of any protection concerns during distribution. Furthermore, age, gender, and culturally appropriate supplies for Shelter and NFI have been identified. It has been ensured that the size of distributed items is appropriate for beneficiaries to carry home with no additional physical or financial burden, without being dependent on others for assistance. Sector worked closely with the Protection sector a to strengthen protection mainstreaming, disseminated gender tip sheets from the gender task force.

Lessons Learnt and Good Practices

- The SNFI sector has remained 65% underfunded despite the significant level of needs at the onset of the crisis and during the winter season. Limited availability of financial resources prevented further cash and NFI support to the most vulnerable.
- Challenges persist for refugees in accessing quality employment, mid to long-term accommodation, and financial independence. Increase in the cost of living, reduced opportunities for state benefits, and lack of access to decent work opportunities continue to be major hurdles for refugees to meet their basic needs.

- Cash assistance was rolled-out as a modality from the onset of the refugee response. This has provided refugees with flexibility and choice to respond to their specific shelter and NFIs needs.
- SNFI sector partners' response was tailored to complement available Government-led rental support cash scheme and to provide in-kind support to meet the refugees most immediate needs, with a focus on refugees with disabilities, older individuals, refugees with chronic medical conditions, and children. As the displacement situation prolongs and acknowledging the vulnerability profile of refugees, refugee needs have become increasingly diversified. It will be essential to maintain targeted support to the most vulnerable refugees to meet their basic needs while facilitating their inclusion in the Government's social protection schemes.
- Strong coordination and collaboration amongst SNFI actors and with the Government has enabled to harmonize assistance packages (e.g., NFI retrofitting kits), maximize geographical coverage and avoid duplications.

RESILIENCE SECTOR

WG Co-Chairs Ministry of Labor and Social Affairs/ Ministry of Economy and UNDP

56,800

individuals who benefitted from livelihoods, income generating activities and economic inclusion interventions.

2,000

individuals participating in activities promoting social cohesion and peaceful coexistence between refugees and host communities.

Sector-Specific Context

Both the Inter-agency Rapid Needs Assessment and the preliminary findings of the Multi-sectoral Need Assessment (MSNA) have underscored the extent of the refugees' multidimensional deprivations, encompassing limited access to employment, livelihoods, and essential services. MSNA confirms that the income level of refugee households has drastically decreased after arriving in Armenia. As a result, more than half of the refugee households (52.3%) are highly dependent on state financial assistance and rely on negative coping strategies to ensure their livelihoods and meet essential needs. Most refugees are without employment and sustainable income source. Consequently, only 23.3% of refugees have access to wage income. As of April 2024, pensions, benefits, and rewards were disbursed to a total of 26,216 individuals, while over 2,700 individuals have been granted either a one-time allowance or a childcare allowance.

Lack of financial means is a major factor restricting the refugees' access to professional training and healthcare, thus limiting their opportunities in the labour market, and negatively impacting the human capital with long-term implications. Agriculture which used to be a significant contributor to household income and livelihoods for around 6.3% of respondents

of the MSNA currently engages only 0.4% of refugees due to limited access to production inputs and financial resources, despite the intention of most respondent refugee households (87%) to resume agricultural activities in host communities[1]. Limited access to quality essential services and high exposure to climate risks in host communities further exacerbate the vulnerabilities of refugees. For many refugee households' clean energy sources, adequate heating, electricity, and hot water were beyond reach during the winter months. The mentioned challenges have greatly undermined the capacity of refugees integrate into Armenian communities, cope financially and maintain shock responsiveness throughout the crisis, as well as compromised their self-sufficiency and resilience limiting their capabilities to spearhead their own recovery.

In this context, the Government of Armenia has prioritised refugee access to the sustainable livelihoods and public services, adequate income, and decent jobs, right from the onset of the emergency. These priorities are central to Armenia Refugee Response in a focus on solutions benefitting both refugees and host communities. The Government-led multistakeholder efforts in this direction aim to support the refugees to strengthen their resilience and shock-responsiveness, moving gradually from humanitarian assistance for self-sufficiency and resilient recovery and are coordinated in the Resilience Working Group (RWG) led by MLSA and co-led by UNDP and the Ministry of Economy as part of Humanitarian Coordination Platform for refugee situation. RWG has 69 members (for the full list please see Annex 1), with six contributing partners. As of now, sector partners have raised $8,754,327 out of the required $21,348,820, resulting in a 59% funding gap. Major donors supporting the Resilience stream of work include the European Union, the United States of America, the Government of Japan, Norway, Austria, and Sweden.

Sector Focus and Prioritization

The RWG coordinated activities across the country working in all the regions of Armenia focusing on the following priority support areas:

- Livelihoods support and labour market integration, including ALMPs, upskilling, and reskilling programmes.
- Micro and small business development, access to basic infrastructure and business development services; access to finance; etc.
- Protection of labour rights and employment opportunities
- Rural and agriculture development.
- Extending essential services to refugees and host communities.
- Strengthening essential public services and infrastructure, digital service-provision, basic social and administrative services, etc.
- Community empowerment, facilitating community-led initiatives that empower refugees to actively participate in ongoing processes. Supporting community organizations and networks.
- Value chain analysis to contribute to the improvement of local production capacity based on the Human Security principles.

- Social cohesion, including trust building, countering misinformation, civic engagement, agency of youth and women, etc.

In close coordination with all the stakeholders RWG ensured a comprehensive and balanced approach to response aiming to address the vulnerabilities of refugee and host populations at the humanitarian-development-peace nexus. The overarching goal of the RWG was to offer systemic solutions to the root causes of vulnerabilities and fragility through prevention-related interventions advancing risk-informed, rights-based, gender responsive and conflict-sensitive development for the most vulnerable groups.

Given the widespread dispersion of refugees across Armenia, the RWG covered a countrywide scope delivering support in all regions of Armenia. Following the preliminary findings of Inter-agency Rapid Needs Assessment, which raised job placement, self-employment opportunities and income-generating tools (e.g., agricultural) as top priorities to enhance refugees' self-reliance, RWG concentrated on providing livelihood and employment support in the early stage of crisis response. RWG partners aimed at reducing the humanitarian caseload and ensure resilience from the start through providing professional training, upskilling/reskilling, self-employment opportunities microgrant support to the refugee and vulnerable host populations.

Gradual settlement of refugees in the host communities and stabilisation of situation, was followed by rising demand for essential service delivery, fostering community resilience, promoting social cohesion awareness raising on labour rights. Consequently, the RWG partners have been broadening the scope of their support beyond income generation and employment assistance. This transition is still underway and most of the final results will be captured in the upcoming months/years.

To ensure alignment with evolving needs, needs assessments are being conducted for deeper insights about the socioeconomic situation of the refugees. This includes IOM-MLSA joint Labour Survey to inform the decision-making in the area of employment and labour market interventions, which is still underway. The available insights from the Inter-agency Rapid Needs Assessment and the preliminary findings of the MSNA as well as FAO Context Analyses of the Agricultural and Livelihood Needs of the Refugee informed the concerted efforts under RWG for tailored response to address the multifaceted needs of refugees and vulnerable host population. Assessment of the Labour rights of the refugees in the host communities was initiated by the ILO, in consultation with MLSA, which is still underway.

Sector Results

The state employment support programmes by MLSA have already benefitted 308 refugees as of 25 March. These programs offer:

- Professional training with a duration of up to six months and a refund of tuition fee in the amount of AMD 50,000, as well as a scholarship in the same amount. Upon completion of the training, the beneficiaries get an employment contract with a duration of up to 3 months, while the state offers income tax refunds to the employer in the amount of maximum AMD 50,000.
- Paid internship with a duration of up to three months. Throughout its duration the state transfers to the employer a salary of AMD 165,000, including taxes, and refunds the income tax in the amount of AMD 50,000 for three more months.
- Support programme offering both the professional training and internship.

Additionally, 1895 refugees as of 25 March, have found jobs with the support of territorial offices of the Unified Social Services.

The Ministry of Economy is also providing employment support to refugees by offering incentives to the entities in the processing industry, that hire refugees. The programme refunds the full amount of the income tax paid by the employer for the employee, up to a maximum of AMD 500,000, provided the employee has been employed in the industry for a whole year.

460 individuals (216 women, 244 men) benefitted from livelihoods, income generation and economic empowerment interventions delivered by RWG partners to date. It is anticipated that additional 2,000 refugees and host populations will benefit from already implemented initiatives. Support in this area aligns with the Government approach in fostering the self-employment, professional and on-the-job training for facilitated labour market integration of refugee and vulnerable host populations. Various mechanisms ensured inclusive support tailored to the needs of different refugee population segment.

Sector partners supported employment and livelihoods through facilitated access to vocational training, upskilling/reskilling programmes, community-based initiatives, sectoral and entrepreneurship support, including tourism, agriculture and micro-grants, and livelihoods assets. Ongoing interventions are expected to be finalised within the next 24 months, benefitting an additional 2,000 refugee and host populations, primarily women and youth. Initiatives include UNDP support for upskilling/reskilling and on-the-job training of 400 youths, enhanced livelihoods for self-employed women in agriculture, economic empowerment for long-term unemployed women benefitting 1,300 individuals, provision of 55 microgrants and distribution of 300 beehives benefitting around 600 individuals. ILO in collaboration with Confederation of Trade Unions of Armenia, around 400 individuals participated in awareness raising activities on promoting labour rights and employment opportunities.

As part of the sector's efforts to facilitate access to essential services for the refugee and vulnerable host households, UNDP has addressed energy security gaps in the Armenia's bordering regions by deploying Hybrid Solar Mobile Systems (HSMS). This initiative has benefitted 2,500 refugees and host populations (1,300-women, 1,200-men) with 52 mobile

hybrid solar stations. These stations provide a reliable and sustainable source of energy for vulnerable communities, including during crises and emergencies. The stations have been provided to medical ambulatories, rapid response units, shelters, administrative units, community centres, schools, and other critical infrastructure units in Gegharkunik, Vayots Dzor and Syunik regions, contributing to the improved livelihoods, strengthening resilience to crisis/emergencies, leading to savings in energy consumption and community budgets, and reductions in CO2 emissions. UNDP interventions has also benefitted around 50,000 individuals (26,000 women, 24,000 men) through improving access to sanitation and hygiene at Humanitarian Centre in Syunik by installing 8 bio-toilets.

Recognizing the key role of agricultural sector in the rural areas of Armenia as a vital source of livelihoods for the host communities and a potential employer for thousands of refugees, UNDP rehabilitated the irrigation system in Tsovak settlement of Vardenis community by constructing a grid-connected photovoltaic facility. This project benefits 500 farming households (around 1,800 people, 954 women, 846 men), including both refugees and host population.

To strengthen the social fabric and facilitate dialogue within the host communities, UNDP supported four co-designed solutions by Women and Youth Advisory Councils. To strengthen social cohesion and facilitate dialogue within host communities, UNDP supported four co-designed solutions by Women and Youth Advisory Councils aimed at enhancing social cohesion and improving community services for 2,000 residents from refugee and host communities. Additionally, UNDP and UNHCR collaborated to renovate and equip the community center in Verishen settlement, Syunik, benefiting over 2,000 residents. This center serves as a hub for fostering dialogue, communication, and community cohesion between refugee and host populations.

Within the next 24 months, 25,000 refugee and host populations (13,250-women, 11,750-men) will benefit from UNDP ongoing support towards strengthening social cohesion and improving access to quality local healthcare facilities and enhancing sustainable energy sources and water management systems.

To strengthen local and national response capacities, UNDP is improving local self-government functions, strengthens disaster preparedness, supporting access to justice and promoting digitalisation of services with over 10,000 people across Armenia.

In support of the Regional Social Dialogue to enhance economic and green jobs and to ensure just transition aspect of Human Security in Syunik Region, and to boost local production capacity, the ILO and UNDP developed a relevant product on value chain analysis.

Mainstreaming of Cross-Sector Issues

Given the multi-partner setup of sector implementation of the response plan, the strategic mainstreaming of AAP, gender considerations, PSEA, and localization within the RWG was carried out in line with the corporate rules and regulations of the sector partners. As a co-lead of the sector, UNDP has introduced the CO Level Stakeholder Response Mechanism (SRM) which is aimed at addressing grievances related to the social and environmental impact of any Project implemented by UNDP Armenia in a timely and efficient manner. Sector partners reported of regular feedback mechanisms established to allow refugees to voice their needs, concerns, and grievances. Field visits and community meetings were regularly convened to directly collect feedback and engage with the refugee populations. The official channels of partners were used to disseminate the information about the available support, services and entitlements to the refugees and host populations.

Gender considerations were mainstreamed in majority of support programmes considering the specific needs and vulnerabilities of women and girls. The RWG members delivered comprehensive support with integration of specialised services directed to GBV prevention and response, and psychosocial support to meet the diverse needs of women and girls.

The Sector delivered with zero tolerance for SEA. As a co-lead of the sector, UNDP has confidential reporting mechanisms to facilitate the reporting of incidents, ensuring survivors' safety and confidentiality as part of its SRM. Training sessions on PSEA were conducted for all personnel involved in the response to raise awareness and promote a culture of accountability and respect.

Localization efforts were prioritized to ensure the meaningful participation and leadership of local actors in the response. Local NGOs and community organization are well-represented in the RWG and are instrumental in leveraging local knowledge, networks, and expertise. Various funding and contractual modalities have been applied to empower the local actors to take a greater role in crisis response and tapping in the opportunities that their proximity and direct contact with the refugees provides for need-based and targeted response.

Lessons Learnt and Good Practices

The RWG has been periodically reflecting on lessons, good practices, and challenges for valuable insights to inform the coordination and the partners' efforts and the future interventions enhancing the effectiveness of the response efforts and to better address the challenges that the refugees and host populations have been facing.

Throughout the crisis RWG encountered the following challenges:

- Limited availability of financial resources extremely complicated mobilization of required funds for resilience stream of work.
- ~~Lack of comprehensive and granular data on the needs for support impeded evidence-based programming and on-the-ground implementation.~~
- High mobility of refugees was complicating the implementation of livelihoods support and employment generation programmes.

The lessons learnt and good practices include:

- Considering limited availability of data, directly engaging with refugees and host populations is essential for setting priorities and identifying solutions to better address their needs and ensure meaningful participation.
- The programming in resilience requires a holistic approach which should not be exclusive of humanitarian interventions, but rather combine interventions addressing both immediate needs and long-term resilience-building activities. This approach may particularly be effective in preventing long-term dependence on humanitarian assistance.
- Under scarce availability of funding not only coordinated implementation it is critical to ensure organically synergised support from the very beginning.
- Support actions in the area of resilience usually yield results after some months/years, which is why respective communication strategies should be in place from the very beginning to manage expectations of key stakeholders.

CROSS SECTORAL WORKING GROUPS/ TASK FORCE

Cash and Voucher Assistance Working Group

WG Co-Chairs Ministry of Labor and Social Affairs and UNICEF/ UNHCR

Key achievement indicators

18,875	21,083	51,311
individuals reached with Government programme for basic consumption needs with support of partners (19,206 beneficiary payment cases).	beneficiary cases reached with Government rent and utilities cash programme with support of partners. (56,292 beneficiary payment cases).	beneficiary cases reached with multipurpose vouchers.

Context

Cash-based assistance has been recognized by the Government and partners as the most dignified and flexible modality for providing immediate and medium-term support, thus upholding safety, catering for the individual needs of refugees, and providing freedom of choice to affected families. Cash and voucher assistance (CVA) contributes to achieving multi-sectoral and sector objectives, including in food, protection, health, non-food items, shelter, and livelihood support. Partners will continue to work in collaboration with development agencies to strengthen the capacity of the government and support the development of a national social registry, national support programmes and delivery mechanisms.
Building on its active work in 2020-2021, the Cash Working Group (CWG) was immediately activated since the onset of the refugee response. CWG is co-led by Ministry of Labour and Social Affairs (MLSA) and UNICEF, UNHCR. The group benefits from active and ongoing participation of more than 30 humanitarian and development partners, including UN agencies, ICRC, IFRC, local and international NGOs and many others.

The Government demonstrated leadership in the immediate elaboration and rollout of cash-based measures as early as in October 2023, inviting CWG members to support and join Government programmes or complement those with voucher support.

The cash assistance programmes included:

- **One-time universal cash assistance** of approximately 250 USD per person, which was reported as delivered to 113,024 refugees, including those who arrived between December 2022 and June 2023.
- **Rent and utility payments** support of 100 USD and 25 USD per person per month respectively, designed for an initial period of six months, then subsequently expanded until end of 2024, and transformed into support for living costs and basic needs (also including refugees from 2020).

- **Multipurpose cash assistance programme** to cover refugees' basic needs with monthly support equal to approximately 125 USD per person for the months of November and December.

Upon approval of the amendments to the Law on State Benefits and Law on State Pension and upon registration, refugees can apply for pensions and benefits (26,216 persons received pensions, while more than 2700 refugees have received various child and maternity benefits).

Focus and Prioritization

CWG partners have prioritized supporting Government-led cash assistance schemes, primarily focusing on rent and utility support and multipurpose cash for basic needs. While the Government programmes have been implemented countrywide, partners primarily prioritized Syunik, Gegharkunik, Vayots Dzor, Armavir, Ararat, Kotayk regions. Regions, including Aragatsotn, Shirak and Tavush were covered to a lesser extent. Partners have also primarily targeted families with many children, elderly and persons with disabilities.

Many partners have developed and implemented voucher support programmes, thus providing immediate support to most affected regions. Syunik, Vayots Dzor and Ararat regions were largely prioritized, while other regions, such as Shirak, Lori, Tavush, Kotayk, Gegharkunik, and Armavir were slightly under-covered. Families with many children, persons with disabilities and pregnant women were mainly targeted and vouchers were provided either to individuals or households. Multipurpose vouchers and those for winterization were most common, followed by clothing, food, pharmacy cards and household equipment. MLSA had plead to partners to consider diversification of geographic coverage (including expansion to Aragatsotn, which was left out), revision of eligibility criteria, approximation of voucher values to Government thresholds and inclusion of the local population and refugees in 2020 to the possible extent to avoid social tensions and foster social cohesion.

Results

Cash and voucher interventions were effectively and successfully implemented in very close coordination and collaboration with MLSA and the CWG, thus maximizing the level of support and minimizing duplications. Special mechanisms for supporting Government-led cash programmes and providing voucher support were put in place by the CWG, including agreements, tripartite contracts, and data sharing arrangements/non-disclosure commitment letters, based on lessons learned from 2020-2021, which enabled coordinated cash assistance from the first months of emergency. MLSA and CWG have duly coordinated with working group members and Nork Technology Center in the provision of beneficiary lists as per required eligibility criteria and attended to additional queries and needs per need.

Seven NGOs with their donors joined the Government's cash assistance programs (Armenian Red Cross Society, Estonian Refugee Council, Mission Armenia, World Vision, Armavir Development Center, Armenian Caritas, ART – with financial support from UNHCR, ICRC, IFRC, Save the Children International, Action against Hunger and others). 7 partners have provided

voucher support with additional engagement of 3 local NGOs as implementing partners (UNICEF, WFP, People in Need, ACTED, Action against Hunger, Arbeiter-Samariter-Bund, Save the Children – with financial support from ECHO, UNFPA, START fund, USAID, SIDA and others).

Numbers on final reach for both cash and voucher support will be provided later. Close to $9.7 million was mobilized in support of Government-led cash support programmes (tbc).

Mainstreaming of Cross-Sector Issues

All partners have put in place proper complaint and feedback mechanisms through multiple channels to ensure effective communication and resolution of concerns of affected population. Partners were also sensitized on PSEA and GBV risk mitigation and prevention as part of CVA responses. Specific vulnerabilities of women were considered by partners in their responses, especially in terms of voucher support, focusing on pregnant and lactating women or single-headed households. Finally, special attention was given to post-distribution monitoring (PDM) of provided cash and voucher support, including through a harmonized PDM tool developed by CWG, which strategically considered various cross-cutting issues in its design.

Lessons Learnt and Good Practices

Good practices and lessons learnt:

- The CWG has been a very effective forum for coordination of CVA activities, including through the co-leadership and active engagement of both its members and MLSA.
- The previous coordination experience of the CWG and previously developed templates allowed for a quicker adaptation to the new circumstances and faster response by partners.
- Data sharing arrangements developed within the CWG are in line with personal data protection policies of the Government and most partners, thus are worth replicating also in other response areas.
- Some more work needs to be done in terms of voucher coordination with regard to approximation and harmonization of transfer values, obtaining of beneficiary lists, sharing of information between partners, CWG and MLSA to avoid duplication and foster social cohesion.

Challenges observed:

- Finalizing the cash distribution agreements and templates, as well as sharing of beneficiary lists by the Government, has taken longer than anticipated, though issues were addressed along the way of implementation with strong involvement of MLSA.
- Some partners started providing voucher support through communities (not many though), which led to duplication of assistance and dissatisfaction by beneficiaries. In this regard, the importance of coordination was underscored, including provision of clear and transparent messaging to refugees with clear eligibility criteria.

- The reporting of multipurpose cash and voucher support as part of the RRP has been constrained but has been overcome through regular follow-up with partners by the CWG and cross-checking of information with MLSA.

Gender task force

Context

A Gender Task Force (GTF) was established in October 2023, co-chaired by UN Women and Women's Support Centre to strengthen gender accountability across the refugee response. It focuses on ensuring that actors responding to the refugee crisis understand and address the different needs, priorities and capacities of affected refugees and host community populations of all genders, ages, and diversities, including the most marginalized population groups.

Key achievements

The GTF membership strategically includes gender focal points representing each sector and also local women-led organizations (WLOs) and Women's Rights Organizations (WROs) and collectively.

- Gender Alert (No.1) a voice of WROs on refugee crisis as key contributors to highlight gender needs and situation of women and girls. Gender Alert No. 2 focused on the needs of persons with disabilities from a gender perspective will be issued as this was one of the groups identified facing multiples barriers to access humanitarian assistance.
- Gender in Emergencies training attended by 16 RRP partners which training needs identified by the results of the first gender alert. Participants reported on better understanding on gender transformative programming, and importance on gender analysis and gender disaggregation of data.
- Technical resources were provided to sectors with the development of seven Gender Tip sheets, one for each RRP sector, on practical steps and consideration for gender mainstreaming in each sector.
- Findings of a Gender Rapid Analysis (RGA) conducted by Care International and UN Women developed to better understand the implications of the refugee crisis from a gender and diversity perspective were validated by the GTF.

Lessons Learnt and Good Practices

The engagement and meaningful participation of WLOs and WROs as the first responders in the crisis is considered the good practice in resonating the needs and priorities of the women and girls in the response. While Sex, Age and Disability Disaggregated Data (SADDD) were

included to a certain extent into the reporting mechanisms, a more consistent and comprehensive approach can benefit the integration of gender analysis across and influence the promotion of gender responsive programming.

Mental health and psychosocial support (MHPSS) task force

Context

MHPSS needs among the refugee population in Armenia are high. The well-being of respondents has been profoundly impacted by anxiety (84%) emotional distress (76%), armed conflict (76%), loss of property, homes, land, or assets (65%) and memories of past traumatic experiences (63%). The refugee emergency has compounded pre-existing challenges in the availability of specialized mental health services and resources in Armenia, which is strained to meet increased demand for mental health support. WHO recommendations emphasize the importance of community-level mental health care that is accessible, affordable, appropriate, and adequate.

The principal objective of MHPSS activities was to reduce mental health and psychosocial suffering and promote the wellbeing of refugees and improve their access to MHPSS, including victims of fuel depot explosion and their family members. Interventions covered all regions in Armenia.

Within the overall humanitarian response, a comprehensive, cross-cutting, multi-sectoral MHPSS approach was developed and implemented. It aimed to protect and promote psychosocial well-being and prevent and treat mental health conditions, whether emergency induced or preexisting. MHPSS was coordinated and integrated across sectors, with Health Sector leading on mental health activities while other sectors focused more on psychosocial support.

Results

- Mobile Teams were established to operate on weekly basis in Kotayk and Ararat regions to provide immediate MHPSS to refugee and host communities.
- Mental health helpline was reactivated for immediate MHPSS support, including a referral mechanism, to refugees in need. The number of calls increased, and 10 psychologists were on stand-by to assist.
- Supportive supervision and refresher training was provided to 58 trained primary healthcare providers from Ararat, Kotayk, Syunik and Gegharkunik regions and Yerevan using the WHO mhGAP Intervention Guide (developed under EU/ECHO mhGAP project 2021-2023).
- Capacity building of around 360 primary healthcare nurses on basic psychosocial skills.
- Capacity building of primary 360 healthcare providers on stress-management and self-care.

Lessons Learnt and Good Practices

- Limited availability of sustainable financial resources to provide continued supportive supervision to nurses, doctors and social workers prevented further MHPSS support.
  1. Continued supportive supervision is vital for the evidence based and practical implementation of MHPSS skills of primary healthcare providers.
  - Limited availability of data to inform the emergency MHPSS response and lack of mental health seeking behaviour have impeded refugees from accessing services.
  - Effective practices of remote/digital MHPSS interventions should be introduced to cover geographical gaps in services.
  - The assessment of the outcomes and impact (short-term and long-term benefits) of MHPSS interventions and approaches is needed.
  - MHPSS monitoring, evaluation and research systems should be introduced in humanitarian settings.

Despite significant achievements, the MHPSS sector in Armenia faces several critical challenges and gaps in addressing the needs of refugees and host communities, requiring further attention and resources. In particular, substantial challenges in extending MHPSS services to remote settlements were identified. The concentration of resources and trained professionals primarily in Yerevan limited the accessibility of services in regional areas. This issue is compounded by a shortage of local MHPSS specialists and social service workers in the regions. There is a reported increase in the needs and demands for MHPSS services among the refugee population, indicating a growing recognition of the importance of MHPSS in crisis response. Addressing the identified needs and gaps requires concerted efforts from all stakeholders involved in MHPSS in Armenia. It underscores the necessity for increased funding, capacity building, and the development of innovative approaches to expand the reach and enhance the quality of MHPSS services across the country.

WAY FORWARD

Transition: Shift from an emergency response to a response focused on socioeconomic inclusion by strengthening of national systems and addressing residual humanitarian needs

The objectives of this transition plan are drawn by the operational and normative insights from the humanitarian response and development priorities, coordinated efforts maximize synergies, coherence, and the impact at the national level.

- Strengthen the inclusion of refugees in national development plans and government services and promote social cohesion.
- Address residual humanitarian needs of the refugees with specific needs and vulnerabilities through targeted support and assistance.

In 2024, the transition strategy outlines three-pronged approach to address the humanitarian response for refugees:

- Support the authorities' efforts to ensure successful inclusion of refugees.
- Agencies will address the residual humanitarian needs of refugees, ensuring inclusivity and that no one is left behind.
- Canalize humanitarian assistance to support refugees in building their capacities for long-term development and integration.

ARMENIA REFUGEE RESPONSE SIX MONTHS ACHIEVEMENTS AND IMPACT REPORT 2024

OCTOBER 2023- MARCH 2024