



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the
United Nations Office for
Project Services**

Distr.: General
27 June 2025

Original: English

Second regular session 2025

25 to 28 August 2025, New York

Item 10 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Armenia

Proposed indicative UNFPA assistance:	\$7.2 million: \$3.2 million from regular resources and \$4.0 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Fifth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026–2030

Note: The present document was processed in its entirety by UNFPA.

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I. Programme rationale

1. The Republic of Armenia is a landlocked, upper middle-income country in the South Caucasus with an area of 29,743 square kilometres and population of 3,075,800. Since September 2023, the population has included 115,183 ethnic Armenian refugees from Nagorno-Karabakh.
2. Over the past five years, Armenia has faced security, socioeconomic and environmental challenges. In 2020, the COVID-19 pandemic and military hostilities in and around Nagorno-Karabakh caused a 7.2 per cent contraction in gross domestic product, though the economy recovered in 2022 with 12.6 per cent growth, followed by 8.3 per cent in 2023 and 5.8 per cent in 2024 – driven largely by the service sector (tourism), information technology, and public infrastructure investment. However, unemployment remains high – projected 13.5 per cent in 2025 – as does informal employment (37.3 per cent in 2022), which lacks legal protections and social security, heightening economic vulnerability. Almost 24 per cent of Armenians live below the national poverty line, while child poverty sits around 31.7 per cent. Structural inequalities impact women, refugees, older individuals, persons with disabilities and informal workers. Climate change poses multiple challenges, with projections of drier summers and wetter winters disrupting agricultural productivity and intensifying natural disasters.
3. Armenia is experiencing a population decline driven by high emigration, low fertility, elevated preventable mortality, as well as high infertility and prenatal sex selection. In addition, the population is aging rapidly, which is affecting the economy as the share of the working-age population shrinks and grows older. A comparison of population data from 1990 and 2023 shows a decline from 3,514,900 to 2,990,200; a more than 50 per cent decrease in the number of births; a drop in the total fertility rate from 2.6 to 1.9 (while the most desired number of children is 3.0); high infertility at 16.8 per cent; and an 80 per cent decrease in the annual natural growth. Since 1990, over one million people have left Armenia. According to projections by UNFPA, the population will continue to decline, reaching around 2.3 million, with the 65-and-over population dropping to 23 per cent by 2050. While Armenia has adopted a forward-looking demographic strategy, these challenges require consistent and sustained efforts to address the declining natural growth and aging demographics.
4. Young people make up 18 per cent of the population. In the past decade, the 16-30 age group has declined by 25 per cent, raising concerns about economic and demographic resilience. Uncertainty about the future drives outmigration and low fertility rates among young people. The share of young people in the 15-29 age group who are not in employment, education, or training is 24.4 per cent – significantly higher for females at 33.3 per cent than males (16.4 per cent). The first-ever Youth Policy Law, adopted in 2025, expands the youth age range from 16-30 years to 13-35 years to respond to demographic changes and strengthen investment in young people. Adolescent birth rates have dropped significantly (from 70 in 1990 to 10.6 per 1,000 women aged 15-19 years in 2023), but adolescents face multiple health challenges and limited access to comprehensive and confidential adolescent-friendly health services. This, coupled with inadequate health-seeking behaviours, contributes to a high burden of preventable and treatable health issues, including secondary infertility.
5. Armenia introduced and operationalized a new healthy lifestyle curriculum for grades 5-11, ensuring earlier, age-appropriate education for informed health and wellbeing choices. To maintain the progress of the curriculum, investment is required to institutionalize it.
6. Due to stigma, stereotypes and patriarchal social norms, many women and girls experience different forms of exclusion and vulnerability. Prevailing gender norms, gender stereotypes, and challenges in healthcare, social protection, economic empowerment and participation are factors leaving many women behind. A 2021 survey found that 17.2 per cent of women aged 15-59 years who had ever had a partner had experienced physical or sexual violence, with 4.6 per cent reporting violence in the past year. The harmful practice of prenatal sex selection is still an issue, with the sex ratio at birth at 110 boys to 100 girls in 2024, higher than the normal ratio.
7. Armenia's health system needs strengthening to improve sexual and reproductive health and rights (SRHR) service quality, access and accountability. As analysed in the common country analysis (CCA), maternal mortality declined from 40.3 per 100,000 live births in 1998-2000 to

25.6 in 2021-2023. However, it remains above the European average, with rural areas experiencing rising rates – highlighting the urban-rural divide in the quality and accessibility of health-care services. Modern contraceptive prevalence is low (28 per cent among married women), with 12.5 per cent of married women facing unmet family planning needs. Despite the development of over 50 clinical guidelines, additional and updated guidelines and protocols are still needed. The adoption of evidence-based guidelines is low among doctors.

8. With a high caesarean section rate of 38 per cent posing risks to maternal health, the National Programme and Action Plan (2024-2028) has been developed to reduce unnecessary procedures and improve maternal outcomes. The maternal mortality rate in Armenia for 2022-2024 was 17.9 per 100,000 live births. Cervical cancer is the second most common cancer among women of reproductive age, with up to 260 new cases and estimated 168 deaths annually. To combat this, sustainable, high-quality human papilloma virus vaccination and organized screening programmes are needed, alongside relevant training of medical professionals and public awareness raising.

9. Sexually transmitted infections, including HIV, are linked to maternal health issues and secondary infertility both in men and women. Infertility rates are high in Armenia: 14.3 per cent among women (1.3 per cent primary, 13 per cent secondary) and 19.8 per cent among men (2.2 per cent primary, 17.6 per cent secondary). These challenges complicate reproductive health outcomes and pose barriers to realizing reproductive rights.

10. There are gaps in regard to Armenia's humanitarian preparedness that hinder uninterrupted access to critical SRH and gender-based violence (GBV) services. UNFPA will continue supporting the Government in integrating the Minimum Initial Service Package into policy frameworks, ensuring GBV standard operating procedures, and building provider capacity through institutionalized curricula, based on lessons learned and good practices identified during the emergency response in 2020-2024.

11. The new country programme, 2026-2030, is based on the lessons learned from implementing the 'previous country programme (2021-2025), including recommendations received within United Nations Sustainable Development Cooperation Framework (UNSDCF) evaluation, as well as independent project and programme evaluations. Key achievements of the previous programme are: (a) a strategic and innovative focus, relevant to the country's context and needs; (b) successful leveraging of funds and enhanced partnerships; (c) significant added value to the United Nations country team, the Government and other partners; (d) raised awareness and had a large public outreach; (e) pursued non-traditional partnerships and innovation; and (f) demonstrated a high humanitarian preparedness and response. The main recommendations and lessons learned have focused on enhancing the agility and responsiveness of the United Nations (including UNFPA), as well as strengthening coordination and coherence among development partners, including other United Nations organizations.

II. Programme priorities and partnerships

12. UNFPA will maintain strong collaboration and coordination with other United Nations organizations in the UNSDCF and common chapter, nurturing joint programming under the overall leadership and coordination of the United Nations Resident Coordinator. The unique leading position of UNFPA and its value proposition in the area of SRHR, population dynamics, demographic resilience, youth empowerment, gender equality and inclusivity will support achievement of the goals set forth in the UNSDCF and will position the groups furthest left behind at the core of UNSDCF.

13. The new country programme was drafted based on the UNSDCF and the CCA, in a participatory process with the Government, the national human rights institution, civil society organizations, independent experts, United Nations organizations and other development partners and beneficiaries, including representatives of those left furthest behind. Through its implementation, UNFPA will contribute to United Nations results groups and other relevant interagency groups as part of country team coordination mechanisms towards the achievement of

the Sustainable Development Goals (SDGs) and the Nairobi commitments for the advancement of the International Conference on Population and Development (ICPD) agenda.

14. The transformative approach of the programme is based on four pillars: (a) ‘leaving no one behind,’ fostering inclusion and realizing human rights; (b) evidence-based policymaking, leveraging data for effective service delivery and sustainable development; accountability, strengthening national frameworks and civil society engagement for transparent progress; and partnerships, mobilizing diverse resources for equitable investments and demographic resilience. These interconnected strategies, prioritizing vulnerable populations and fostering collaboration, will be the drivers towards achieving the 2030 Agenda for Sustainable Development by ensuring that every individual’s potential is realized.

15. The programme also uses an accelerator strategy that prioritizes transformative change through five key pillars: (a) embedding a gender-transformative and human rights-based approach to dismantle inequalities and ensure inclusive access; (b) driving innovation with technology and creative solutions for underserved populations; (c) leveraging data and evidence for informed policy and service delivery; (d) forging robust partnerships across sectors for equitable resource mobilization; and (e) fostering youth leadership by empowering young people as agents of change in sexual and reproductive health and gender equality.

16. The country programme promotes demographic resilience by empowering individuals to exercise their reproductive health and rights and actively contribute to society, thereby building human capital. This is achieved through integrated interventions that prioritize high-quality health services, gender-responsive and family-friendly policies, youth empowerment, and combating discriminatory norms, ensuring accessibility for all, particularly vulnerable groups. This long-term vision is aligned with national development priorities, the ICPD+25 voluntary commitments and the SDGs. The programme directly contributes to the UNSDCF pillars of people’s well-being and responsive governance, with gender equality and the principle of ‘leaving no one behind’ at its core. To achieve this, the programme will support achievement of the three transformative goals through advocacy and policy dialogue; capacity development for an enabling environment; partnership and coordination; and knowledge management. Ongoing activities directly contribute to this long-term vision by laying the foundations for systemic change, strengthening national capacities and influencing policy frameworks.

17. The programme will prioritize human development, focusing on youth, women, girls, older persons, refugees from Nagorno-Karabakh and marginalized groups, by integrating gender equality and human rights principles into policy and service development. Utilizing its mandate and partnerships, UNFPA will advocate for the health and well-being of young people, strengthen gender equality frameworks, and promote a multisectoral response to GBV, aiming to shift harmful social norms.

18. To ensure accountability and transparency, UNFPA will support the development of national monitoring frameworks and facilitate civil society participation in tracking progress. This will enhance trust in public institutions and services, ensuring programmes effectively reach intended populations and align with international commitments.

19. The country programme will base its interventions on the international and regional human rights standards, taking into account recommendations of the United Nations treaty body monitoring mechanisms, the Universal Periodic Review, and other commitments of Armenia within the international human rights and development frameworks.

20. The rights and needs of vulnerable groups, including refugees from Nagorno-Karabakh and persons with disabilities, will be prioritized and integrated into all CPD outputs, ensuring their inclusion across all interventions and programme activities. Collaboration with other United Nations organizations will be pursued to ensure coherence, particularly in areas intersecting with economic vulnerability and resilience of refugees.

21. UNFPA will enhance strategic partnerships and collaboration with development partners, international financial institutions, government, national human rights institution, academia, non-governmental organizations, organizations of persons with disabilities, faith-based organizations, the private sector, diaspora, media and local communities to ensure equity investments in support

of country priorities. This means a strategic shift in resource mobilization, encompassing diverse financial mechanisms and shifting from funding to financing. This will advance the ability to catalyse and mobilize public and private sources of funding for development and will foster sustainable investment in achieving demographic resilience and sustainable development.

22. South-South and triangular cooperation initiatives will be enhanced to advance the ICPD agenda and the 2030 Agenda, drawing on regional technical assistance and evidence for population policies.

23. The strategic interventions of the programme take into account the CCA and are informed by the priorities of the national transformational agenda, including demographic, employment, SRH, youth, and national human rights policies and strategies. Mainly, the Government will prioritize the SDGs, designed to promote the values of human dignity, equality and democracy, and will aim to revive and strengthen those human-centred values. The programme will be the catalyst of implementation for the Government's commitment to the SDGs and ICPD+25 voluntary commitments.

A. Output 1. By 2030, strengthened capacity of systems and institutions to deliver accessible, high-quality and youth-responsive sexual and reproductive health and gender-based violence services.

24. This output directly contributes to the UNSDCF outcome 1 (people, particularly the most vulnerable, enjoy higher quality, inclusive and gender responsive, human rights-based and shock-responsive services and develop their full potential, with healthy and resilient lives).

25. UNFPA will support national efforts to strengthen systems by enhancing the quality and accessibility of SRH and GBV services and contributing to the reduction of maternal mortality. This will be done through unified standards and protocols, as well as enhanced postgraduate and continuous education. Special attention will also be given to adolescent-friendly care and service integration in line with international standards.

26. UNFPA will contribute to the output by: (a) developing evidence-based national protocols and guidelines for service providers to ensure universal access to high-quality, integrated SRH and GBV services, including through humanitarian preparedness; (b) revising and operationalizing post-graduate and continuous medical education curricula in line with international standards; (c) enhancing the capacities of healthcare providers to ensure the provision of quality SRH services, prioritizing the reduction in caesarean section rates, and integrating digital solutions; (d) strengthening specialized training and continuous medical education for healthcare providers to ensure adolescent-friendly services are widely available and accessible for all; (e) enhancing the infrastructure and capacity of primary healthcare facilities to provide counselling and adolescent-friendly services to promote proactive health-seeking behaviours and access to preventive healthcare.

B. Output 2. By 2030, improved integration, formulation and implementation of policies, laws and accountability frameworks, to advance sexual and reproductive health and rights, prevent and respond to gender-based violence, and promote youth empowerment and demographic resilience.

27. This output directly contributes to UNSDCF outcome 4 (governance institutions and systems are more responsive, accountable and transparent, upholding the rule of law, human rights and gender equality).

28. UNFPA will provide advocacy, policy advice and technical support to strengthen national policy and accountability frameworks and systems that support demographic resilience through improved access to rights-based, gender-responsive SRH services, enhanced youth-responsive policies, and measures to prevent GBV and harmful practices, including during humanitarian

situations. UNFPA will align these efforts with international standards and ensure that vulnerable populations are not left behind.

29. UNFPA will contribute to this output through advocacy, policy advice and technical support by: (a) conducting in-depth analyses and studies on access to rights-based and gender-responsive quality SRH services, prioritizing the furthest behind, addressing infertility and developing legal and policy documents, with a focus on humanitarian preparedness and response; (b) advocating for inclusion of a designated health budget line for family planning commodities to reach the furthest behind first; (c) supporting the Government in introducing and operationalizing the first national human papillomavirus (HPV) screening programme; (d) supporting the Government in developing and operationalizing a comprehensive, evidence-based national youth policy to respond to young people's genuine needs; (e) supporting the Government in the development of mechanisms to support informal, unaffiliated youth groups; (f) supporting the advancement of family-friendly policies and a legal framework to prevent and address gender-based violence and harmful practices; and (g) supporting the introduction of a sustainable and effective accountability mechanism to ensure implementation of legislation and policies, in line with international standards and with the meaningful participation of rights holders.

C. Output 3. By 2030, strengthened capacities of individuals, communities and institutions to promote gender equality, positive social norms, health-seeking behaviour and healthy lifestyles, contributing to rights-based choices and demographic resilience.

30. This output directly contributes to the UNSDCF outcome 1 (people, particularly the most vulnerable, enjoy higher quality, inclusive and gender-responsive, and shock-responsive services and develop their full potential, with healthy and resilient lives).

31. UNFPA will strengthen national efforts to promote the enhancement of positive social norms and address harmful social and gender norms through men engagement, support to civil society, evidence-based advocacy, and institutionalization of comprehensive health and life-skills education. Focus areas include promoting gender equality, preventing GBV and harmful practices, and expanding access to SRHR and well-being education, including for adolescents, marginalized and out-of-school youth.

32. UNFPA will contribute to this output through advocacy, policy advice and technical support by: (a) strengthening civil society organizations and community mobilization, particularly those led by representatives of vulnerable groups, to develop advocacy initiatives aimed at eliminating harmful social and gender norms affecting women and girls; (b) conducting innovative, inclusive and evidence-based behaviourally informed campaigns and advocacy initiatives addressing gender inequalities, GBV, sexual exploitation and abuse and harmful practices, as well as promoting health-seeking behaviour; (c) institutionalizing the "healthy lifestyle" school-based curriculum by ensuring systematic teacher training, robust monitoring frameworks to equip adolescents with essential life skills and knowledge on SRHR, GBV prevention and well-being; (d) expanding "healthy lifestyle" education to alternative learning settings and youth centres to ensure out-of-school youth and marginalized adolescents have equitable access to critical health education and life skills training; and (e) improving knowledge and capacities regarding gender equality through formal and non-formal education.

D. Output 4. By 2030, mainstreamed demographic intelligence and strengthened data management systems, to improve responsiveness to population change and enhance demographic resilience.

33. This output directly contributes to the UNSDCF outcome 4 (governance institutions and systems are more responsive, accountable and transparent, upholding the rule of law, human rights and gender equality).

34. It will focus on supporting population data collection and utilization and mainstreaming demographic intelligence to improve the responsiveness, targeting and impact of evidence-based, data-driven, family-friendly, gender-responsive, youth-driven and disability-inclusive demographic resilience policies, programmes and advocacy, with wider engagement of academia.

35. UNFPA will achieve this output through advocacy, policy advice, capacity development, awareness-raising and technical support: (a) strengthening institutions to conduct in-depth population research, fostering evidence-based policymaking and demographic education; (b) supporting the collection and dissemination of reliable population data and promoting stronger coordination and data-sharing among stakeholders; (c) contributing to wider public awareness through targeted campaigns, media engagement, educational initiatives, international conferences and knowledge-sharing platforms to facilitate expert collaboration and informed national discourse on demographic resilience; and (d) enhancing government accountability, including the operationalization of the demographic strategy.

III. Programme and risk management

36. As a landlocked developing and mountainous country Armenia faces significant structural vulnerabilities and hazard risks, such as earthquakes and floods.

37. The unresolved peace process and closed borders have ramifications for the country's development path making the country vulnerable to economic shocks.

38. The country programme integrates lessons learned from the humanitarian response and the COVID-19 pandemic, emphasizing the need for resilient, inclusive and adaptable systems that ensure continuity of SRH and GBV services in crisis and recovery settings. Considering that some risks are not fully mitigable, UNFPA will adopt a cautious, prioritized and proactive risk-mitigation approach, ensuring programme objectives are reached in a sustainable and effective manner. This approach will be guided by evidence-based information and continuous monitoring, allowing for timely adjustments to minimize the impact of risks and maximize the achievement of desired outcomes.

39. UNFPA will strategically leverage established partnerships with United Nations organizations and development partners, government institutions, intergovernmental groups, media, local self-governments, diaspora organizations, youth organizations, national human rights institutions, civil society organizations and faith-based organizations to achieve the objectives. These collaborations will facilitate knowledge sharing, technical assistance and joint advocacy efforts. UNFPA will address some of the challenges through innovative approaches for resource mobilization and improved use of communications, including the use of social media.

40. The UNFPA country office in Armenia will consist of a head of office and relevant national staff to deliver the outputs of the proposed country programme, while additional project staff will manage and implement other resources. For the implementation of the country programme, the office will seek support from technical units at UNFPA headquarters, the regional office and implementing partners, ensuring implementation of evidence-based and effective interventions.

41. There are multiple risks to implementation. These include, but are not limited to, political instability and shifts in government priorities, turnover of key staff in government agencies and the lack of data. Lack of sustainable funding is also a risk, potentially limiting the scope and impact of activities.

42. UNFPA will regularly assess operational and programmatic risks identified in the theory of change, making adjustments, as needed. Political risks will be monitored through ongoing environmental scanning. To enhance crisis management, emergency preparedness and response plans will be regularly updated, and capacities for rapid assessments in case of emergencies – along with implementation of the Minimum Initial Service Package – will be integrated. To address risks associated with turnover of key staff of state agencies, UNFPA will continue to strengthen institutional memory by supporting development and institutionalization of standard operating procedures, promoting knowledge management tools, and facilitating cross-training of staff and systems.

43. To mitigate risks, UNFPA will systematically provide relevant government authorities with evidence-based information and will expand partnerships with civil society organizations and the media. UNFPA will continuously review its risk management system to introduce change, leverage existing resources and integrate lessons learned. Mitigation strategies will include reprogramming, focusing programme implementation at the local level, strengthening communication, and employing innovative and inclusive methodologies to reach vulnerable populations. The good reputation of UNFPA and the alignment of the programme with national priorities create a foundation for partnership and successful programme implementation. UNFPA will enhance its robust protection from sexual exploitation and abuse measures, including mandatory staff and partner training, confidential reporting mechanisms, and strengthened accountability frameworks, in line with UNFPA's global policies. A harmonized approach to cash transfers will be used in a coordinated fashion with other United Nations organizations to manage financial risks.

44. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

45. Monitoring, evaluation and reporting of the UNFPA country programme will be based on the expected outcomes, outputs and respective indicators presented in the results framework, in full adherence to the UNFPA evaluation policy. Monitoring and evaluation will be conducted in collaboration with national partners, implementing partners and other United Nations organizations. UNFPA, jointly with partners, will conduct field monitoring visits to assess if the programme interventions reach the end beneficiaries. In addition, UNFPA will take an active role in the United Nations monitoring and evaluation group and will participate in the common country analysis, the development of joint workplans, reporting on achievements and contributing to reporting through UN-Info. UNFPA will actively contribute to the UNSDCF evaluation by providing data, expertise and insights associated with its programme interventions, ensuring a comprehensive assessment of progress towards shared development goals.

46. UNFPA will actively contribute to the monitoring and reporting of key international frameworks, including the SDGs, the voluntary national reviews, the Universal Periodic Review, the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of Persons with Disabilities. By providing technical expertise, data analysis and policy guidance, UNFPA will ensure that population dynamics, reproductive health and gender equality are effectively integrated into national reporting and implementation processes, thereby strengthening the country's commitment to these global and regional human rights and development agendas.

47. Nationally owned and internationally available sources of data will be used to track progress against the national commitments to achieve transformative results, the associated SDGs, and relevant national strategies and action plans. UNFPA will support national statistical and monitoring capacities to produce disaggregated population data and ensure effective monitoring and evaluation of the achievements of the SDGs, making sure that data is available on those furthest behind. UNFPA will support analysis and dissemination of census data.

48. In accordance with UNFPA evaluation guidelines, an independent summative evaluation of the country programme will be conducted to assess the relevance, coherence, efficiency, effectiveness, impact and sustainability of UNFPA support. It will inform the next country programme cycle through recommendations for work improvement.

RESULTS AND RESOURCES FRAMEWORK FOR ARMENIA (2026-2030)

NATIONAL PRIORITY: <i>Armenia Transformation Strategy, 2020-2050, Goal 4: healthy and secure nation and citizens; Demographic Strategy for 2024-2040; Strategy and Action Plan on Improvement of Maternal and Reproductive Health for 2022-2026; Gender Strategy and Action Plan, 2025-2028; Action Plan of the Government of Armenia, 2021-2026: Prevention and early detection of more common non-infectious diseases, improving the quality of medical care and services.</i>				
UNSDCF OUTCOME: By 2030, people, particularly the most vulnerable, enjoy higher quality, inclusive and gender-responsive, and shock-responsive services and develop their full potential, with healthy and resilient lives.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal death has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of countries with national standards for the provision of sexual and reproductive health services to adolescents aged 10-19 years <i>Baseline: No (2025); Target: Yes (2030)</i> <u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age <i>Baseline: Physical and/or sexual violence: 4.6%, Psychological violence: 13.0% (2021); Target: Physical and/or sexual violence: 4.6%, Psychological violence: 13.0% (2030)</i> Maternal mortality ratio (per 100,000 live births) <i>Baseline: 17.9 (2024; three-year average for 2022-2024); Target: <15 (2030)</i> 	<u>Output 1.</u> By 2030, strengthened capacity of systems and institutions to deliver accessible, high-quality and youth-responsive sexual and reproductive health and gender-based violence services.	<ul style="list-style-type: none"> Number of evidence-based national clinical protocols and guidelines developed and updated for achieving universal access to high-quality integrated SRH services, with a focus on those left furthest behind <i>Baseline: 29 (2025); Target: 44 (2030)</i> Proportion of primary healthcare facilities providing accessible adolescent-friendly health services with trained personnel and appropriate resources <i>Baseline: 25% (2025); Target: 70% (2030)</i> Standard operating procedures for multisectoral, survivor-centred and accessible GBV services are institutionalized and implemented by the social, health service and law enforcement sectors, through digital solutions, including in closed institutions and emergency situations <i>Baseline: No (2025); Target: Yes (2030)</i> Proportion of women with increased access to vocational training and economic empowerment within closed institutions to ensure rehabilitation and reintegration <i>Baseline: 0 (2025); Target: 25% (2030)</i> 	Ministries of: Health; the Interior; Labour and Social Affairs; Education; Science; Culture and Sport; municipalities and local authorities; Human Rights Defender, development partners; international financial institutions, United Nations organizations; civil society organizations; academia and think tanks; the media; the private sector.	\$1.9 million (\$0.7 million from regular resources and \$1.2 million from other resources)

NATIONAL PRIORITY: Armenia Transformation Strategy 2020-2050, Goal 4: healthy and secure nation and citizens; Demographic Strategy for 2024-2040; Strategy and Action Plan on Improvement of Maternal and Reproductive Health for 2022-2026; Gender Strategy and Action Plan 2025-2028; Action Plan of the Government of Armenia, 2021-2026: Prevention and early detection of more common non-infectious diseases, improving the quality of medical care and services.				
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UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Unmet need for family planning for women aged 15-49 years <i>Baseline: 12.5% (2016); Target: 10% (2030)</i> <u>UNSDCF outcome indicator(s)</u> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age <i>Baseline: Physical and/or sexual violence: 4.6%, Psychological violence: 13.0% (2021); Target: Physical and/or sexual violence: 4.6%, Psychological violence: 13.0% (2030)</i> Maternal mortality ratio (per 100,000 live births) <i>Baseline: 17.9 (2024; three-year average for 2022-2024); Target: < 15 (2030)</i> 	<u>Output 2.</u> By 2030, improved integration, formulation and implementation of policies, laws and accountability frameworks, to advance sexual and reproductive health and rights, prevent and respond to gender-based violence, and promote youth empowerment and demographic resilience.	<ul style="list-style-type: none"> Number of evidence-based legal acts and policy documents developed on SRH and GBV services, including with a focus on humanitarian preparedness and response, <i>Baseline: 12 (2025); Target: 20 (2030)</i> Health budget includes a designated budget line for family planning commodities to reach those left furthest behind <i>Baseline: No (2025); Target: Yes (2030)</i> A comprehensive, evidence and needs-based national youth policy adopted and operationalized, ensuring alignment with national demographic resilience policies <i>Baseline: No (2025); Target: Yes (2030)</i> Number of legislative and normative changes adopted to promote gender-responsive family policies and inclusive labour markets <i>Baseline: 1 (2025); Target: 2 (2030)</i> National cervical cancer programme operationalized, including in closed institutions <i>Baseline: No (2025); Target: Yes (2030)</i> 	National Assembly; Ministries of: Health; Internal Affairs; Labour and Social Affairs; Education; Science; Culture and Sport; municipalities and local authorities; Human Rights Defender; development partners; international financial institutions; United Nations agencies; civil society organizations; academia and think tanks; the media; the private sector	\$1.2 million (\$0.5 million from regular resources and \$0.7 million from other resources)
NATIONAL PRIORITY: Prevention of gender discrimination in human rights strategy; Human Rights Action Plan, 2023-2025; Demographic Strategy 2024-2040; Transformation Strategy 2020-2050; Action Plan of the Government of Armenia, 2021-2026: Ensuring favourable conditions for the realization of the rights and opportunities of women and men in all aspects of public life.				
UNSDCF OUTCOME: By 2030, people, particularly the most vulnerable, enjoy higher quality, inclusive and gender-responsive, and shock-responsive services and develop their full potential, with healthy and resilient lives.				

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal death has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of countries that operationalized in-school comprehensive sexuality education, following international standards <i>Baseline: Partially (2025); Target: Yes (2030)</i> Unmet need for family planning for women aged 15-49 years <i>Baseline: 12.5% (2016); Target: 10% (2030)</i> <p><u>UNSDCF outcome indicator(s)</u></p> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age <i>Baseline: Physical and/or sexual violence: 4.6%, Psychological violence: 13.0% (2021); Target: Physical and/or sexual violence: 4.6%, Psychological violence: 13.0% (2030)</i> 	<p><u>Output 3.</u> By 2030, strengthened capacities of individuals, communities and institutions to promote gender equality, positive social norms, health-seeking behaviour and healthy lifestyles, contributing to rights-based choices and demographic resilience.</p>	<ul style="list-style-type: none"> Number of people reached via awareness-raising initiatives (accessible for persons with disabilities) to promote health-seeking behaviour <i>Baseline: 1 million (2025); Target: 1 million (2030) (non-cumulative)</i> Number of people reached through behaviourally informed campaigns (accessible for persons with disabilities) addressing harmful gender and social norms, gender inequalities, GBV and gender-biased sex selection <i>Baseline: 2.2 million (2025); Target: 2 million (2030) (non-cumulative)</i> Number of formal and continuous education curricula at universities and specialized academies that integrate GBV response into their subject areas <i>Baseline: 0 (2025); Target: 2 (2030).</i> Inclusion of 'healthy lifestyle' education in pre-service teacher training programmes <i>Baseline: No (2025); Target: Yes (2030)</i> Proportion of national youth centres integrating 'healthy lifestyle' education <i>Baseline: 0 (2025); Target: 100% (2030).</i> 	<p>Ministries of: Labour and Social Affairs; Justice; Health; Education; Science; Culture and Sport; the Interior; Prosecutor's Office; Investigative Committee; municipalities and local authorities; National Assembly; Human Rights Defender; development partners; international financial institutions; United Nations organizations; civil society organizations; the media; the private sector.</p>	<p>\$1.4 million (\$0.7 million from regular resources and \$0.8 million from other resources)</p>
<p>NATIONAL PRIORITY: Armenia Transformation Strategy 2020-2050, Goal 4: Healthy and secure nation and citizens; Demographic Strategy for 2024-2040; Strategy and Action Plan on Improvement of Maternal and Reproductive Health for 2022-2026; Action Plan of the Government of Armenia, 2021-2026: Prevention and early detection of more common non-infectious diseases, Improving the quality of medical care and services</p>				
<p>UNSDCF OUTCOME: By 2030, governance institutions and systems are more responsive, accountable and transparent, upholding the rule of law, human rights and gender equality.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal death has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF outcome indicators:</p> <ul style="list-style-type: none"> Old age dependency ratio <i>Baseline: 28.3% (2023); Target: 35% (2030)</i> 	<p><u>Output 4.</u> By 2030, mainstreamed demographic intelligence and strengthened data management systems, to improve responsiveness towards population change and enhance demographic resilience.</p>	<ul style="list-style-type: none"> Number of formal (a) undergraduate or (b) graduate curricula at Yerevan State University integrating demographic resilience as a dedicated course module or subject area <i>Baseline: (a): 0 (2025); Target: 1 (2030)</i> <i>Baseline: (b): 6 (2025); Target: 10 (2030)</i> Number of policies revised or newly developed, factoring population change <i>Baseline: 1 (2025); Target: 5 (2030)</i> Number of community-led initiatives and public forums addressing demographic resilience issues <i>Baseline: 2 (2025); Target: 5 (2030) (non-cumulative)</i> Number of digitalization tools introduced and operationalized for data collection and management (including questionnaires, statistical databases and application forms). <i>Baseline: 2 (2025); Target: 5 (2030)</i> Number of research or policy initiatives produced, including by the Demographic Centre of Yerevan State University, to enhance the country's demographic resilience <i>Baseline: 18 (2025); Target: 6 (2030) (non-cumulative)</i> Number of collaborative projects or initiatives launched through partnerships to support operationalization of the demographic strategy <i>Baseline: 1 (2025); Target: 5 (2030) (non-cumulative)</i> 	<p>Prime Minister's Office; Ministry of Labour and Social Affairs; Statistical Committee; National Institute of Labour and Social Research; Ministry of Health; National Institute of Health; civil society organizations; the media; academia and think-tanks; National Parliament; development partners; international financial institutions; the private sector.</p>	<p>\$2.2 million (\$0.9 million from regular resources and \$1.3 million from other resources)</p>
Programme coordination and assistance				<p>\$0.4 million from regular resources.</p>