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Draft country programme document**

Armenia

Summary

The draft country programme document (CPD) for Armenia is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$4,500,000 from regular resources, subject to the availability of funds, and \$4,200,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2010 to 2015.

* E/ICEF/2009/8.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2009.



<i>Basic data[†]</i> (2007, unless otherwise stated)	
Child population (millions, under 18 years)	0.8
U5MR (per 1,000 live births)	24
Underweight (% , moderate and severe, 2005)	4
Maternal mortality ratio (per 100,000 live births, 2004)	27 ^a
Primary school attendance (% net, male/female, 2005)	99/98
Survival rate to last primary grade (% , 1995)	99
Use of improved drinking water sources (% , 2006)	98
Use of improved sanitation facilities (% , 2006)	91
Adult HIV prevalence rate (%)	0.1
Child labour (% , children 5-14 years old, 2005)	4 ^b
GNI per capita (US\$)	2 640
One-year-olds immunized with DPT3 (%)	88 ^c
One-year-olds immunized with measles vaccine (%)	92 ^c

[†] More comprehensive country data on children and women are available at <http://www.unicef.org>.

^a The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 1,100 per 100,000 live births. For more information, see <http://www.childinfo.org/areas/maternalmortality/>.

^b Indicates data differ from standard definitions, and refer to children 7 to 17 years old.

^c DTP3 is 94.1%; measles is 93.3%. (Immunization Coverage Survey, Armenia, 2006.)

Summary of the situation of children and women

1. Armenia has achieved remarkable development results in the past eight years, spurred by economic growth. The average annual growth rate of the gross domestic product (GDP) reached 13.1 per cent over the period 2003-2007¹ (the highest in the region) and doubled between 2000 and 2005, from 6 per cent to 14 per cent. The reforms and sound fiscal policies initiated in 2004-2007 led to significant improvements in the socio-economic situation of the country: the poverty rate fell from 34.6 per cent to 25 per cent, and extreme poverty from 6.4 per cent to 3.8 per cent² during that period. However, the ability of Armenia to sustain the high growth rates required to further reduce poverty rates will most likely be affected by the global financial crisis, given the country's heavy dependence on external financing and remittances from the large Diaspora community (18 per cent of GDP). Increased economic integration processes and reforms are benefiting from a strengthened cooperation with the European Union in the framework of the European Neighbourhood Policy.

2. In spite of the progress achieved over the past decade, Armenia still faces interrelated challenges to the fulfilment of the rights of children and women: insufficient public investments and inefficient public expenditure management in

¹ National Statistical Service, 2008.

² *Social Snapshot and Poverty in Armenia*, 2008.

the social sector; disparities among regions and various segments of the population; and weak institutional capacities at the decentralized level.

3. Combined with low Government revenues (only 22.2 of GDP in 2007)³ public spending as a percentage of GDP is low: for health, 1.4 per cent; for education, 2.8 per cent; and for social protection, 4 per cent. While government expenditure on education has recently increased, it is well below the Organisation for Economic Co-operation and Development average of 4-5 per cent.

4. The Millennium Development Goals progress assessment report (2008) shows that Armenia is on track to achieve Goal 1. By 2015, the country is expected to reduce the percentage of people living in poverty to 10.1 per cent, and to reduce the percentage of the population below the minimum level of dietary energy consumption to 1.6 per cent. However, the speed of poverty reduction is lowest among children under five, an age group experiencing a high level of poverty (35.3 per cent in 2006).

5. Poverty reduction has not, however, translated into better child nutrition, according to the latest Demographic and Health Survey (DHS 2005). The prevalence of underweight children under five increased from 2.6 per cent in 2000 to 4 per cent in 2005, and stunting remained at 13 per cent. One underlying cause is poor complementary feeding practices of children aged 6-24 months. The prevalence of anaemia rose sharply among children under five between 2000 and 2005, from 24 per cent to 37 per cent, and doubled among women of childbearing age during the same period.⁴

6. DHS data point to a decline in the infant mortality rate (IMR), from 30 to 26 deaths per 1,000 live births during 1996-2000, and in under-five mortality, from 36 to 30 deaths per 1,000 live births during 2001-2005. However, the IMR is three times higher in the poorest quintile than in the wealthiest. The IMR decline is attributable mostly to the reduction of neonatal deaths, which accounted for more than 75 per cent of infant deaths in 2006. However, there has been a decline in vaccination coverage among children aged 12-23 months, from 76 per cent in 2000 to 60 per cent in 2005, reflecting shortcomings in the health services delivery system. Maternal mortality, another issue requiring attention, was about 10 times higher than the average for industrialized countries.⁵ The Millennium Development Goals progress report maintains that it would be difficult for Armenia to achieve the national targets for Goals 4 and 5 by 2015.

7. The number of people living with HIV is estimated at 2,300. From 1988 to January 2009, 686 HIV cases among adult Armenian citizens had been registered, 174 cases among women and 512 cases among men. Thirteen cases of HIV infection among children were also registered. Due to the absence of universal testing, no reliable data exists on mother-to-child transmission. Awareness of HIV is low and people living with HIV and their families experience social exclusion; services and systems to assist them are inadequate.

8. Armenia is on track to meet the Goals and related targets of universal completion and gender equality in basic education. The challenge lies in addressing inequalities at the pre-school and upper-secondary levels as well as the quality of

³ National Statistical Service, 2008.

⁴ DHS 2000 and 2005.

⁵ *State of the World's Children 2009* (UNICEF).

education. Pre-school attendance is 21.8 per cent: 11 per cent for girls and 10.8 per cent for boys (2007). However, in some rural areas the rate drops to 8-10 per cent. Substantial differences exist in enrolment between richer and poorer households at the secondary level, with a 10 per cent difference between students in the top and bottom quintiles. Although education is free of charge, non-tuition costs burden low-income families. Pupils are commonly forced to take private tutoring to gain access to the next educational level.

9. While Armenia has made significant progress on child protection in recent years, the country still faces numerous challenges in meeting its obligations under the Convention on the Rights of the Child. These include establishing a comprehensive and coherent child care and protection system, decreasing the number of children in institutions, and preventing the inflow of children to these institutions. The Committee on the Rights of the Child in 2004 raised a concern about the absence of a system of juvenile justice, in particular the absence of specific laws, procedures and juvenile courts.

10. The Committee also highlighted the need to develop a comprehensive system for collecting disaggregated data and assessing the impact of budgetary allocations on the implementation of the Convention. Recommendations were also made on the need to strengthen community-based services to assist poor families, reduce the number of children placed in institutions, adopt specific legislation to prevent violence against children, and ensure that the quality of education is monitored and guaranteed.

11. The lack of understanding and acknowledgement of violence against women and domestic violence is highlighted as a key gender issue in the 2009 report of the Committee on the Elimination of Discrimination against Women, which urged the adoption of comprehensive measures and legislation to address this.

12. In 2008, the Government adopted a Sustainable Development Programme (SDP) for 2009-2021, which emphasizes the need for regional development; investment in human capital; increased participation of the poor in economic, social and political life; protection of human rights; accessibility of justice; and gender equality.

13. One threat to sustainable development is the country's vulnerability to natural disasters: earthquakes, landslides, floods, droughts and frosts. Poverty rates are consistently higher in disaster-prone districts.

Key results and lessons learned from previous cooperation, 2005-2009

Key results achieved

14. Through technical assistance, modelling of good practices, capacity-building and strengthened partnerships, the 2005-2009 country programme contributed to the results described below.

15. In health, the Integrated Management of Childhood Illnesses (IMCI) national strategy supported by the World Health Organization (WHO) and UNICEF is acknowledged as having contributed to a reduction in post-neonatal mortality. The basic benefits package was reformed to cover all costs for essential drugs for IMCI

and Safe Motherhood and incorporate immunization and breastfeeding rates as criteria for quality control and performance-based financing. A community-based IMCI initiative piloted by UNICEF in four *marzes* (provinces) contributed to improving clinical practices. These included correct diagnoses made by doctors, which increased from 57 per cent to 89 per cent of diagnoses, and correct treatment, which increased from 49 per cent to 84 per cent of cases during 2005-2007. With country programme support, the Government has gradually taken over vaccine procurement, from 20 per cent of vaccines in 2005 to 70 per cent in 2009.

16. With financial support from the United States Agency for International Development, and through a partnership among line Ministries, Parliamentarians and salt producers, universal salt iodization was achieved in 2006.

17. In education, the recent adoption of the 2008-2015 Pre-School Strategy and Act on Alternative Pre-school Services resulted partly from a partnership with the World Bank, based on the positive evaluation of a community-based low-cost model supported by the country programme. UNICEF also contributed to the development of the national pre-school strategy, which incorporates Early Learning and Development Standards.

18. Inclusiveness of the education system was improved through the modelling of 31 inclusive schools, which served over 500 children with special educational needs. A centre for early identification and referral of such children was established by the Government. The programme also contributed to enhancing the quality and relevance of education through the integration of life skills-based education into the State curriculum.

19. As part of the child care system reform, UNICEF provided technical assistance for the revised Family Code addressing foster care, which was issued in 2005. Through modelling of alternative community-based day care centres, the Government has budgeted the running costs of such facilities and is committed to facilitating and expanding the opportunities for children in orphanages who are to be placed with foster and biological families. Working closely with the European Union, UNICEF contributed technical assistance to the development of policies, plans and normative frameworks for the following implementation and oversight bodies: the National Child Protection Committee, State-funded child protection units, and guardianship commissions.

Lessons learned

20. The country programme reflected a shift from specific interventions to the introduction of strategic approaches and models and new roles in supporting system reforms. This approach achieved several results that leveraged resources and supported sustainability. Assessments of low-cost innovative models and documentation of good practices convinced the Government to replicate models, informed policy development and helped to leverage resources for children. For example, the model of inclusive schools developed through the country programme to support the development and enforcement of a law on Special Education influenced the Government's decision to make 10 per cent of all mainstream schools inclusive. The positive evaluation in 2006 of the alternative pre-school model supported by the country programme led to the adoption of the normative Act on Alternative Pre-School Services and reallocation of funds to early childhood education by the Government as a result of its partnership with the World Bank.

Another example was advocacy that influenced the Government to commit to moving children out of orphanages and into biological or foster families.

21. Despite support given to continuous professional development of government staff across the sectors, the approach taken was found to be unsustainable, as it reached a limited number of geographical areas or staff, and did not address long-term training needs and solutions. The midterm review of the country programme concluded that training should instead focus on institutional human-resource development and through pre-and in-service training programmes. This strategy is adopted in the new country programme.

22. While the studies carried out have been useful in supporting government reforms, investment in robust data systems and analysis is needed.

23. The midterm review found that, while the programme of cooperation was quite successful in supporting the development of policy and legal frameworks, more support was needed for the operational and financing modalities of policy implementation and law enforcement. This needed to be accompanied by the development of management capacities to monitor programmes, provide supervisory support, exercise quality control, and undertake data-driven planning, budgeting and policy development, both at central and local levels. These elements are emphasized in the country programme for 2010-2015.

The country programme, 2010-2015

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child rights monitoring and social policies	1 848	1 200	3 048
Systems strengthening in social sectors	2 274	2 580	4 854
Cross-sectoral costs	378	420	798
Total	4 500	4 200	8 700

Preparation process

24. The process was based on the 2007 midterm review led by the Government as well as the United Nations Development Assistance Framework (UNDAF). Extensive interaction took place with other United Nations agencies, government counterparts, and local and international partners, with the Ministry of Foreign Affairs playing a leadership and coordinating role.

25. Important planning documents, such as the Sustainable Development Program (2009-2021), *Social Snapshot and Poverty in Armenia* report (2008), and the 2004 concluding observations of the Committee on the Rights of the Child (2004) were taken into consideration. Thematic retreats were held to align the country programme with national and international priorities. Programme preparation also relied on data from the National Statistical Service and Armenia DHS (2000 and 2005), reports of line Ministries, and the report on Armenia's progress towards achievement of national Millennium Development Goal targets.

Goals, key results and strategies

26. The overall goal of the programme of cooperation is to contribute to the realization of children's rights to survival, growth, development, protection and participation, and to achievement of Millennium Development Goals. Through this goal, the country programme will support the Government's efforts and plans aimed at ensuring increased public investments in the social sectors; reducing regional disparities in access to quality services; and strengthening institutional capacities.

27. In support of national priorities elaborated in the SDP, the country programme will contribute to the achievement of the following key results by 2015: (a) improved health and nutrition indicators of infants, children and women, particularly the reduction of neonatal mortality and increasing immunization coverage to at least 90 per cent; (b) the equal participation of all population groups in basic education, including early childhood education, with a particular emphasis on increasing the transition of the most disadvantaged children to secondary education, reducing by 40 per cent the number of children who are out of school, and increasing by 50 per cent the number of children 5 to 6 years old in both formal and alternative pre-school programmes; (c) an enhanced child care system supported by better data, stronger capacities and higher budget provisions, and a continuum of child protection services that have the capacity to identify and respond to child rights violations such as violence, exploitation, abuse and exclusion; and (d) increased public expenditure in the health and education sectors to 2.5 and 4 per cent of GDP, respectively, supported by inclusive and equitable policies and budgets for children.

28. These results will be achieved through the strengthening of capacities to monitor child rights and support for policy development and system enhancement, all based on strong partnerships.

29. The monitoring of children's rights will depend on the availability of reliable data disaggregated by geographical location, socio-economic status and sex, and on an analysis of social policies and budgets. The generation of critical knowledge on children, the modelling of low-cost innovative solutions, high-quality evaluations of pilot initiatives, as well as the documentation and dissemination of validated best practices will provide the field-based evidence necessary for the development of policies and regulatory frameworks. In order to strengthen law enforcement and policy implementation, as recommended by the midterm review, capacity development will be an important strategy and will be based on international norms and standards. Strong partnerships and new alliances will be developed in order to create programmatic complementarities and synergies, broaden advocacy and policy dialogue, and leverage resources. Emergency preparedness and response will be integrated in all aspects of programming.

30. The country programme builds on the results achieved during the previous cycle, particularly in areas where UNICEF has comparative advantages: young child survival and development, basic education, and child protection.

31. In order to address regional disparities in all sectors, the programme will support the Government's efforts in decentralization and local planning. Upgrading the skills and competencies of service providers, supporting the most vulnerable communities to interact with service providers, and effecting positive changes in individual and social behaviours, particularly as they relate to gender equity, will be

key strategies. In line with strategies of the Sustainable Development Programme, child rights monitoring, engagement in decentralized budgeting, knowledge generation and capacity-building at the local level (in selected *marzes*) will help to shape more inclusive and equitable policies and budgets at the national level.

Relationship to national priorities and the UNDAF

32. The programme of cooperation is based on the priorities of the Sustainable Development Programme 2009-2021, which provides a national policy and budgetary framework to address the rights of children, women and young people, and outlines social and economic policies benefiting vulnerable groups. The SDP aims to improve governance; increase budget allocations to social sectors, in particular social protection programmes; strengthen the primary health system, particularly mother and child health care, by improving neonatal care, universal immunization, nutrition and parent education; promote inclusive education; and improve access to quality pre-school education. The programme introduces policies to reduce regional disparities through direct public investment and decentralization.

33. The programme is firmly aligned with the UNDAF 2010-2015, which have mutually reinforcing outcomes and strategies. These outcomes are (a) promoting inclusive and sustainable growth, (b) strengthening democratic governance, (c) improving access and quality of social services, especially for vulnerable groups, and (d) integrating environmental and disaster risk-reduction in development frameworks. UNICEF country programme outcomes on health, nutrition, education and child protection will contribute mainly to the strengthening of democratic governance, access to and quality of social services, and environmental and disaster risk-reduction.

Relationship to international priorities

34. The country programme design was guided by the Millennium Development Goals, Millennium Declaration, the goals of *A World Fit for Children*, and principles of the Convention on the Rights of the Child. Programme goals, expected results, and strategies are framed within the five focus areas of the UNICEF medium-term strategic plan (2006-2013) and use identical or similar progress indicators.

Programme components

Child rights monitoring and social policies

35. In spite of the unprecedented development results achieved in the past decade, further reductions in poverty rates will be constrained by unequal economic opportunities, regional disparities in access to social services and the expected impact of the global financial crisis on the most vulnerable families. Hence, social impact analysis of key policy measures is important to ensure that the most vulnerable segments of the population are reached.

36. In the context of roles defined in the UNDAF, this programme will support the Government in addressing the cross-cutting issues of child poverty and regional disparities as well as institutional weaknesses and capacity gaps.

37. The programme will contribute to the following results: (a) Government departments in the social sectors have improved capacity to collect, analyse and use data that reflect the situation of vulnerable families and children at risk; (b) based

on the evidence gathered, government departments in the social sectors have the capacity to analyse gaps in existing policies, develop new policies targeting poor families and vulnerable children, and make the necessary investment plans for social sectors; and (c) local authorities in two *marzes* have strengthened capacity to design, implement and monitor more inclusive regional development plans.

38. The main project areas will be child rights monitoring, social policies and budgeting, and decentralization and local planning.

39. In child rights monitoring, the programme will support the Government in developing reliable and disaggregated data collection and management systems for informed decision-making at decentralized and central levels. Local institutions will be supported technically and twinned with centres of excellence to carry out high-quality research and analysis to shed light on the determinants and trends in child poverty and to analyse the impact of the global financial crisis on vulnerable families. Evaluations that demonstrate innovative and low-cost solutions or validated good practice will be disseminated among policy makers for replication on a wider scale. The role of Parliamentarians and the office of the Ombudsperson for Children will be strengthened. Partnerships with major donors, NGOs, civil society organizations and a range of stakeholders will be used to create an environment that enables the progressive realization of child rights and promotes child-centred policies. National capacities for monitoring child rights, including from a gender perspective, will be developed, placing a greater emphasis on the national ownership of studies and evaluations, on aligning national indicators with international standards, and on developing knowledge management networks.

40. In social policies and budgeting, the programme will address the impact of social protection and social sector spending on outcomes for girls and boys, and on child poverty. In order to ensure the sustainability of key interventions, the programme aims to provide options so that social sectors and public finance reforms are more sensitive to children, and that budgetary allocations adequately target vulnerable children; it aims to build capacity for improved analysis of public spending and its impact on social and gender equity. This will be achieved through a stronger engagement in public financial management, at both national and local levels. High-quality research will inform national efforts in this area.

41. In decentralization and local planning, the programme will address the need identified in the SDP to support the Government programmatically in the development of its territorial administration and to build capacity at the regional level in planning for children. UNICEF will build on the experiences of the United Nations Development Programme (UNDP) and the United Kingdom Department for International Development in the area of development of regional plans. However, UNICEF will contribute its own specific approach to capacity development, which will help to ensure that local authorities in two selected *marzes* are better equipped to accomplish the following objectives: include child rights and gender concerns in regional development plans; match objectives with resources; facilitate community participation; and monitor implementation in collaboration with national bodies. Decentralization will be part of a broader strategy to address urban-rural disparities.

42. Regular resources will be used for child rights monitoring, policy development, partnerships for children, decentralized planning and expansion of capacity development. Other resources will be mobilized to enhance decentralized planning and expansion of capacity development.

Systems strengthening in the social sectors

43. In the context of the SDP and UNDAF, this programme will build on progress made to support the Government's efforts and plans aimed at addressing specific capacity challenges, including the fragmentation of social services, as well as weak capacities and inadequate delivery of services at decentralized level.

44. In partnership with government counterparts, major donors and civil society, the programme will aim to achieve the following results by 2015: (a) the capacity of the health system to ensure increased and equal access to quality maternal and child health services, including appropriate child care and nutrition practices, will be improved; (b) equitable, gender-sensitive and inclusive education policies will be developed and implemented, and the capacity of the education system will be enhanced, in order to increase access to preschool education and completion of quality and relevant basic education; and (c) the national child care system will be supported by a comprehensive, integrated, coordinated and resourced policy framework in order to ensure adequate protection to the most vulnerable girls and boys.

45. The main project areas will be (a) young child and adolescent health; (b) basic education and child development; and (c) child protection.

46. In **young child and adolescent health**, the programme will contribute to improving access to and quality of maternal and child health (MCH) services, particularly neonatal care, immunization, early childhood care practices, adolescent health, and nutrition. These are areas in which shortcomings in management capacities and service delivery have been identified. In line with health sector reform, and in close collaboration with WHO, special efforts will be made in policy development, nutrition investment plans, and capacity development at central and regional levels. Professional development in the area of MCH will continue to be supported with protocols and methodological frameworks integrated in pre-service and in-service curricula and training. Integration of prevention of mother-to-child transmission of HIV and paediatric AIDS in MCH services will also be supported. Quality assurance mechanisms will be established. Health professionals will be better able to detect disabilities and identify cases of violence against children. Sixty per cent of caregivers in two *marzes* will be reached through parental education and social mobilization. Programmatic synergies will be sought with the Primary Health Care Development Project supported mainly by the World Bank.

47. In the **basic education and child development**, the programme will enhance the capacity of the Government to ensure that all children aged 5-6 years have access to school preparedness programmes and that all children aged 6-15 years complete a quality basic education. Using the child-friendly school approach as the overarching framework for promoting the inclusiveness and quality of education, the programme will focus on policy analysis, development and monitoring; system strengthening at both national and local levels; and capacity development for improved school management and governance. Special attention will be paid to improving school self-assessment and planning, strengthening information systems for data-driven decisions, and encouraging the participation of both girls and boys and families and communities. By 2013, low-cost preschool services will complement the World Bank-supported school readiness programme nationwide. The enforcement of the Special Education Law adopted during the previous programme cycle and the scaling up of the inclusive schools model will be closely

monitored, and improvement in the quality of services further supported. Technical assistance will be provided to develop and promote national standards for inclusive, effective, protective education that is gender- and culture-sensitive through pre-service and in-service settings. The programme will support the monitoring, quality control and further integration of life skills-based education in the curriculum to promote healthy lifestyles, including HIV/AIDS prevention. The programme will establish linkages with the Education Quality and Relevance Project of the World Bank, with a view to achieving stronger programmatic synergies.

48. In **child protection**, the programme will continue to support the reform of the child care system. By 2015, a comprehensive legal and policy framework covering a range of protection issues, including institutionalization, juvenile justice, child labour, violence against children, child abuse and exploitation, gender-based violence, cases of unregistered children, and disability, will be developed, resourced and implemented. This comprehensive approach will be based on ensuring a continuum of services in which multiple strategies and interventions are coordinated and work synergistically to achieve a protective environment. The collection of reliable and sex-disaggregated data on vulnerable families and the promotion of community-based alternative solutions for children at risk will be key strategies to enhance the national child protection system. The roles of service providers at central, regional and community levels will be clarified, and their capacity further developed.

49. Regular resources will be used to build national management and technical capacities, support innovations and modelling, strengthen coordination and support key partnerships. Other resources will be mobilized to expand coverage and increase the scope of capacity development.

50. **Cross-sectoral costs** will include operating expenses; salaries and travel of cross-sectoral staff; and travel, office furniture and equipment not covered by the support budget.

Major partnerships

51. The new programme will consolidate strategic alliances successfully initiated during the previous current cycle. Current joint work with the World Bank on the quality of education, systems strengthening in the health sector, and disparity reduction forms a firm foundation for further collaboration in these areas. The leadership of UNICEF in areas such as early childhood development and child protection, and the organization's recent engagement in public financial management, represent opportunities for stronger partnerships with the World Bank and the European Commission, and possibilities for leveraging additional resources. Collaboration with the Council of Europe in the context of the "Building a Europe for and with children" programme offers opportunities for normative work in human rights, including in child protection.

52. Within the UNDAF, WHO will remain a key ally in neonatal care, feeding practices, immunization, IMCI, norm-setting in policy development, health sector reform, and service delivery. The United Nations Educational, Scientific and Cultural Organization will provide technical assistance in school readiness and transition to secondary schools. The United Nations Development Programme will partner on policy, budgetary, regional development, capacity development and

governance. UNFPA will support youth-friendly health services, and the Joint United Nations Programme on HIV/AIDS will continue to coordinate the system-wide response in HIV/AIDS.

53. The partnership initiated with the Armenian Diaspora in the area of immunization will be further developed and expanded to other areas. New alliances for child rights will be forged with the private sector.

Monitoring, evaluation and programme management

54. The Integrated Monitoring and Evaluation Plan will be the main framework for these functions as well as the central instrument for effectively managing knowledge across the programme and among partners. Key indicators will include, inter alia, infant, child and neonatal mortality; immunization coverage; underweight, stunting and wasting prevalence; prevalence of anaemia in women and children; exclusive breastfeeding rate; pre-school enrolment; the proportion of children out of primary and secondary school; transition to secondary school, especially by the most disadvantaged children; number of children de-institutionalized; prevalence of child labour; and birth registration rate. A special effort will be made to focus the analysis on disparities, including gender-based inequalities.

55. These indicators will be monitored through periodic demographic and health surveys, with data routinely generated by strengthened government information systems. UNICEF will support the Government in making child poverty a regular focus of analysis and reporting. Trends in resource allocations and spending in the social sectors will be monitored through the Medium-Term Expenditure Framework. Programme evaluations will be carried out in the areas of inclusive education, child protection and gender equality. *ArmeniaInfo* will be used by the United Nations system as a whole to monitor targets of the Sustainable Development Programme as well as progress towards achieving the Millennium Development Goals. UNICEF also will participate in the UNDAF annual reviews and evaluation.

56. The Ministry of Foreign Affairs will continue to coordinate the programme of cooperation with the work of the Ministries of Finance, Economy, Health, Education and Science, Labour and Social Issues, Justice, Territorial Administration, Culture and Youth Affairs, and Emergency Situations; as well as with the National Assembly, the National Statistical Service, State Police, Judiciary, Human Rights Defender's Office, and regional governments.