

**Road Map for Mainstreaming Ageing  
in Armenia**

**Evaluation Report**

(May 2016)

## Note

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## Acknowledgements

This evaluation report was prepared by an evaluation consultant, Karen Cadondon, hired for this task by the Population Unit of the United Nations Economic Commission for Europe (UNECE). At the UNECE Population Unit, Birte Ifang edited the report and France Font-Vérot prepared the layout. The Population Unit is grateful for financial support received from Sweden.

UNECE would like to thank partners in Armenia for their excellent cooperation and support, in particular Armenia's national focal point on ageing, Anahit Martirosyan of the Ministry of Labour and Social Issues, and Armine Mkhitarian of the Armenian National Institute of Labor and Social Research. Specific thanks go to the two members of the UNECE Working Group on Ageing who participated in the fact-finding mission to Armenia, Anna Gralberg from the Swedish Ministry of Health and Social Affairs and Aliona Cretu from the Ministry of Labour, Social Protection and the Family of the Republic of Moldova. UNECE would also like to thank all stakeholders who took part in the evaluation questionnaire, interviews and focus group discussions. A full list of the persons consulted can be found in Annex 3.

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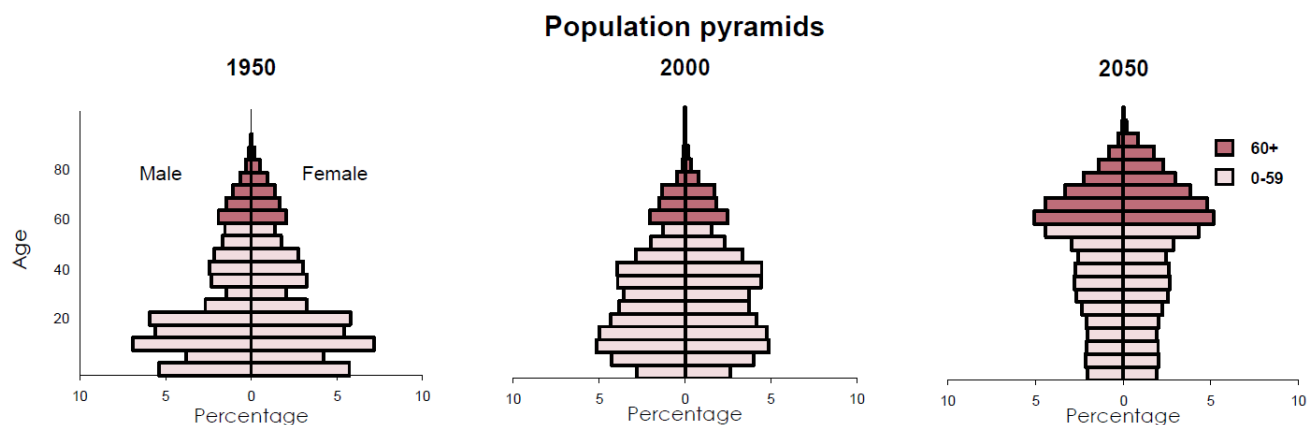
## List of Abbreviations

AMD	Armenian Dram
CIS	Commonwealth of Independent States
CSO	Civil Society Organization
DAC	Development Assistance Committee
FBO	Faith Based Organization
FGD	Focus Group Discussion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
ILO	International Labour Organisation
KI	Key Informant
MIPAA	Madrid International Plan of Action on Ageing
NGO	Non-governmental organization
OECD	Organisation for Economic Co-operation and Development
PAYE	Pay As You Earn
RA	Republic of Armenia
RIS	Regional Implementation Strategy
UN DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USD	US American Dollar
VET	Vocational and Educational Training
WHO	World Health Organization



## KEY DEVELOPMENT INDICATORS AND POPULATION PROFILES - ARMENIA

INDICATOR	2011	2014	SOURCE OF DATA
Population, total	2,970,000	3,010,000	World Bank <sup>1</sup>
Population growth (annual %)	-0.43	-0.22	National Statistical Service of the Republic of Armenia <sup>2</sup>
Life Expectancy at birth, total (years)	74.3	74.7	World Bank
Literacy rate, population 15+ years (%)	99.74%	99.77% (2015)	UNESCO Institute for Statistics <sup>3</sup>
Human Development Index <sup>4</sup>	0.723	0.733	Human Development Report <sup>5</sup>
Gender Inequality Index <sup>6</sup>	0.343	0.381	Human Development Report
Gross Domestic Product (GDP) (current USD)	10.142 Billion	11.644 Billion	World Bank
Annual GDP Growth (%)	4.7	3.5	World Bank
Unemployment, total (% of total labour force)	18.4%	17.1%	World Bank



Source: United Nations Department of Economic and Social Affairs, Population Division<sup>7</sup>

<sup>1</sup> World Bank (2015): World Development Indicators. <http://data.worldbank.org/country/armenia>

<sup>2</sup> National Statistical Service of the Republic of Armenia (2015): The Demographic Handbook of Armenia. <http://www.armstat.am/en/?nid=82&id=1729>

<sup>3</sup> UNESCO Institute for Statistics: <http://www.uis.unesco.org/DataCentre/Pages/country-profile.aspx?code=ARM&regioncode=40505>

<sup>4</sup> A composite statistic of life expectancy, education, and income per capita indicators, which are used to rank countries into four tiers of human development; scores range from 0 to 1 where the higher the score the better.

<sup>5</sup> UNDP (2015): Human Development Report 2015: <http://hdr.undp.org/en/countries/profiles/ARM>

<sup>6</sup> A composite measure between 0 and 1 reflecting inequality in achievement between women and men in three dimensions: reproductive health, empowerment and the labour market; where 0 is 0% inequality and 1 is 100% inequality.

<sup>7</sup> United Nations Department of Economic and Social Affairs, Population Division (2002): World Population Ageing: 1950-2050.





## Executive summary

In 2012, the Road Map for Mainstreaming Ageing in Armenia was adopted. Its development was one of the key by-products of a multi-year collaboration between the Government of Armenia and the United Nations Economic Commission for Europe (UNECE). The exercise was initiated in 2009 with the aim of transforming the recommendations of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) into clear and concrete actions at the national level. As it is concluding its first phase of implementation, an independent external evaluation was commissioned in 2015.

The purpose of the present evaluation is to enhance the learning and accountability of the Government of Armenia, UNECE, and other relevant stockholders involved in the implementation of the Road Map. While the evaluation will assess the progress made toward the achievement of the twelve goals of the Road Map during the implementation period of 2012 -2015, it will also be forward-looking so that learnings from the evaluation can feed into future implementation cycles.

The evaluation was conducted in several phases and used a mixed-method approach for data collection and analysis: a desk review, an online survey, face-to-face interviews and group discussions as well as a field visit to Armenia to collect and analyze data from various sources.

Overall, the evaluation found that while there was much momentum and support for the Road Map at its inception, progress has somewhat stalled as the prioritization of ageing at the national level was not consistently prominent in all areas of intervention. The limited gains in progress however could also be attributed to the later adoption of the Road Map, which resulted in a shorter implementation period. Broadly speaking, the progress on the implementation of the 12 goals of the Road Map has been mixed.

There were several areas of marked progress, including:

- ***Establishment of a coordinating body to address the challenges of ageing:*** In 2012, the Government of Armenia set up an official coordinating body, the Inter-agency Committee on Ageing, to supervise and monitor the implementation of the Road Map. Members include officials from relevant ministries as well as key representatives of international organizations, civil society, and trade union. The Ministry of Labour and Social Affairs chairs the Committee, which meets regularly three times a year and convenes on an ad-hoc basis, as needed.
- ***Collaboration among non-state actors:*** Given the interconnectedness of the Road Map, where many activities cut across several areas of work, the opportunities and the need for collaboration exist. Among non-state actors, there have been recent advances towards a stronger alliance and more strategic coordination with the establishment of a formal network of non-governmental organizations (NGOs) working specifically on ageing issues, called the Elderly Protection Network.
- ***Integration of older persons into social and cultural life:*** Taking Yerevan municipality as an example, it has taken up good practices to adapt its city structures and services to be “age-friendly”, or accessible to and inclusive of older people with varying needs. In a like manner, the Ministry of Culture has taken great strides to make its services “age-friendly” through mobile exhibitions and libraries, special provision of transport to older persons to museums or cultural sites, and specific events catering to and celebrating the older generations.
- ***Package of services available in institutional care:*** At present, boarding care facilities in Armenia provide 24-hour care to assist pensioners who cannot live independently. In addition to room and board, such facilities generally provide on-site medical, psychosocial and case management services. Social activities, including reading clubs, gardening, intergenerational exchanges, field trips, are also core to boarding homes to promote an active and social life. There are also day-

care and home-based support services available to older persons in Armenia. Such services can include home visits for medical care, assistance with daily errands and domestic chores, housekeeping services, or home delivery of meals. There are also provisions for older persons with mental health issues, in particular day-care centers providing social and psychological alternative out-patient services.

There were also several areas for improvement, including:

- **Translation of the national vision strategy to local implementation:** Among stakeholders, there was a general agreement that the Road Map was comprehensive in its guidance and clear in the roles and responsibilities of implementing partners. Yet, the evaluation found that local implementation varies across provinces and coordination among implementing partners at these levels is unclear.
- **Collaboration between state and non-state actors, particularly at the local level:** While non-state actors did acknowledge a good working relationship with the Government, there were missed opportunities for the state to harness the knowledge, experience, and leverage these organizations have (as long-standing actors working in these communities) through collaborative state-funded or cost-shared activities.
- **Access to affordable and quality health care:** Funding continues to be the main challenge in the provision of affordable and quality health care for older persons in Armenia. There are provisions for out-patient services, dental care, and mental health services for older persons at no cost, but this is not extended at the in-patient level. While specialists in geriatrics or gerontology are present in some facilities, they are not present in all medical centers throughout the country. There have been some attempts in providing palliative care, but limited funding has stalled this effort.
- **Access to quality institutional care:** Most facilities are located primarily in urban centers and thus cover only a fraction of the total older population. While the appropriate mix and capacity (expertise and technical capacity) of staff is evident in these facilities, the limited number of staff per older person in these facilities is an inherent risk to lower standards and quality of care. There have been mixed responses on quality of care, in large part due to the pending national standards on quality of care.
- **Fiscally sustainable social protection:** Overall, pension levels fall significantly below average incomes in Armenia, and within the region, it only amounts to about half of the average pensions among neighboring countries. Over the period that was evaluated, there have been small percentage increases (7-8 per cent) in pensions, yet the palpable effects have been minimal. Given the economic realities of the country and increased living costs, pensions are insufficient to meet minimum subsistence levels. Non-state actors have worked to fill in these gaps through centers that provide free social services, legal aid, and free meals.
- **Labour force participation:** Given its low pension levels, the need for supplemental income during retirement is inevitable. There have been limited efforts to harness the economic potential of older persons and integrate them into working life past the age of 65. There are also several barriers for the older persons to continue to effectively participate in the labour force, including a perception by some that pensioners do not want to work.

In this view, the evaluation proposes several recommendations intended to help guide future implementation of the Road Map. It requests the Inter-agency Committee on Ageing to take the lead in integrating these recommended actions as appropriate given the financial and human resources available. In view of Armenia's upcoming national development plans for 2016-2025, the evaluation recommends that the Inter-agency Committee takes steps to effectively mainstream ageing across

all thematic areas of work by prioritizing key areas of intervention (specifically those that address the challenges and implementation gaps identified in the evaluation) and ensuring accountability mechanisms are established within ministries so that a certain percentage of their budget is dedicated to issues surrounding ageing and older persons. It also suggests that the Committee strengthens the infrastructure for collaboration both between national, provincial and local authorities as well as at the local level between municipalities. This includes enhancing the collaboration between state and non-state actors and optimizing the comparative advantage of non-state actors who are better placed to implement activities at the local level. Lastly, the evaluation proposes that the Committee strengthens existing monitoring structures on ageing to ensure that data is systematically collected, documented, and shared to enable future evaluative exercises and promote a culture of learning and accountability.



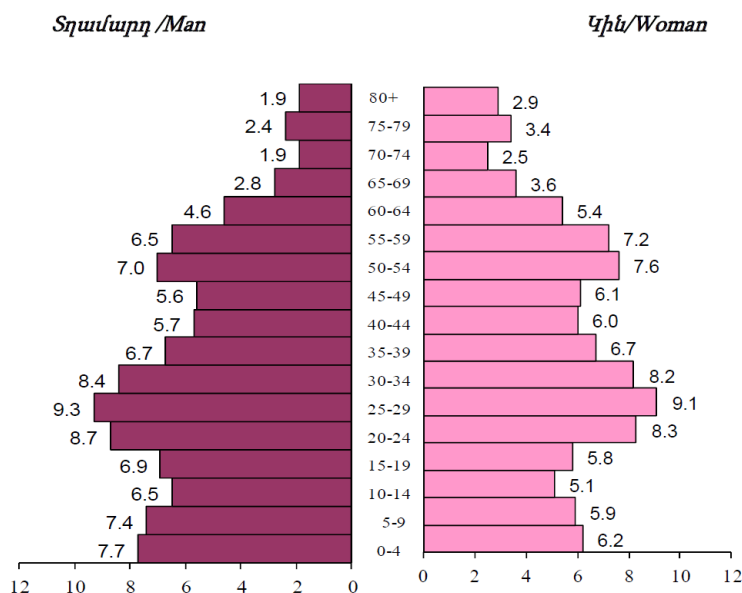
# 1. INTRODUCTION

## 1.1. Situation of Older Persons in Armenia

Since 1990, there has been a steady decline in Armenia’s population from over 3.5 million to its current total of 3 million people.<sup>8</sup> Largely owing to net migration, this continuing decline in Armenia’s overall population has accelerated the changes in its demographic profile, making the implications for ageing more prominent. In 2014, it was estimated that 11 per cent of all Armenian citizens were aged 65 years or over. By 2030, this share is projected to reach 18 per cent of the total population. Comparatively, the share of older persons (aged 65 years or over) in the region is currently estimated at 15.4 per cent.<sup>9</sup> Given the considerable social and economic impacts of population ageing, a national comprehensive response to the situation of older persons in Armenia was urgent and necessary. Accordingly, the Government of Armenia with the support of the United Nations Economic Commission for Europe (UNECE) drafted and adopted a Road Map for Mainstreaming Ageing in Armenia in 2012.

**Figure 1: Population Pyramid**

2015 թ. ՀՈՒՆՎԱՐԻ 1-Ի ԴՐՈՒԹՅԱՄԲ, տոկոսով ընդամենի նկատմամբ  
AS OF JANUARY 1, 2015, in percent to total



Source: National Statistical Service of the Republic of Armenia

## 1.2. Road Map on Mainstreaming Ageing in Armenia

The Road Map on Mainstreaming Ageing in Armenia, hereafter referred to as the ‘Road Map’, was among the first frameworks of its kind in the region. Its development was one of the key by-products of a multi-year collaboration between the Government of Armenia and UNECE. The exercise was initiated in 2009 with the aim of transforming the recommendations of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) into clear and concrete actions at the national level. In 2010, a comprehensive review analyzing the current ageing situation in Armenia was conducted and provided the basis for the Road Map Strategy and Action Plan for Ageing.

<sup>8</sup> World Bank Data (2015): World Development Indicators. <http://data.worldbank.org/country/armenia>

<sup>9</sup> UN DESA Profiles of Ageing 2015: <https://esa.un.org/unpd/popdev/Profilesofageing2015/index.html>



This analytical report looked at various areas of intervention, including: a review of the existing laws and documents relating to ageing; the integration of older persons into Armenia society; social protection and other services for older persons; gender issues surrounding older persons; monitoring and evaluation strategies for ageing; existing research and data collection infrastructures on demographics; as well as the extent of stakeholder involvement and the country's engagement in international processes relating to ageing. This report provided the Road Map good evidence to hone in on the key issues surrounding population ageing in Armenia, allowing for a more comprehensive response. To ensure progress is monitored and recorded, the Road Map envisioned an evaluation to assess the first phase of implementation.

### 1.3. Purpose and Objectives of Evaluation

The purpose of the independent evaluation is to enhance the learning and accountability of the Government of Armenia, UNECE, and other relevant stakeholders involved in the implementation of Armenia's Road Map. The evidence-based findings and recommendations generated by the evaluation will feed into the next phase of Road Map implementation in Armenia as well as inform the third cycle of review and appraisal of the implementation of MIPAA/RIS 2012-2017.

The principal objectives of the evaluation are:

- a) to identify the main areas in which recommendations and planned actions have been achieved, and where successful implementation is ongoing;
- b) to identify the main areas in which recommendations and planned actions have not been achieved, either as a result of limited success in actions undertaken, or because no action has been undertaken;
- c) to identify and understand the reasons for the successes, setbacks and areas lacking activity as identified in points a and b; and
- d) to distil lessons learned from the above in order to make further progress in implementation.

Rather than review each recommendation individually<sup>10</sup>, the evaluation will consider the twelve broader goals as identified in the Road Map, with specific attention to the goals prioritized by Armenian stakeholders. This will also enable the evaluation to capture the progress and address challenges that have occurred across the goals as many of them have intersecting recommendations and activities. The evaluation will also respond to the evaluation criteria and questions identified at the onset of the exercise and provide suggested actions to take forward into the next reporting cycle.

### 1.4. Scope of Evaluation

Given the relatively short implementation period (2012 -2015), results at the impact level will be limited. As such, the evaluation will place the emphasis of this analysis on the management and coordination of implementation and assess the progress achieved, using the Road Map Strategy and Action Plan as guiding analytical frameworks for the evaluation. While the evaluation will lend a close eye to the efforts made toward the achievement of these goals during the implementation period of 2012 -2015, it will also be forward-looking so that learnings from the evaluation can feed into future implementation cycles.

The evaluation covers implementation at the national, provincial and local levels, with Yerevan as an in-depth case study for the evaluation given the cross section of Road Map activities implemented in and around the area as well as the broad base of key stakeholders based in the capital that were accessible and available for consultation.

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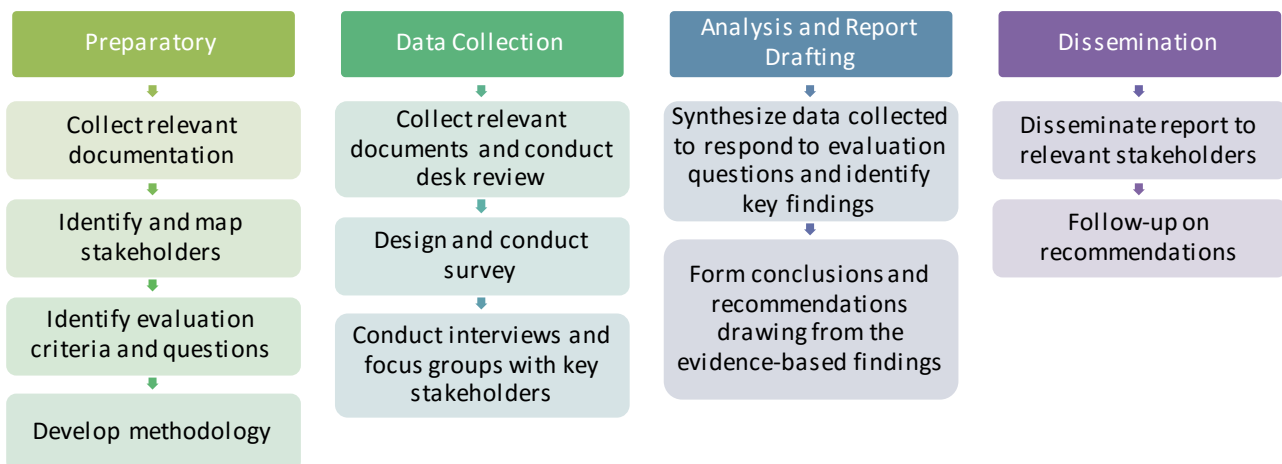
<sup>10</sup> There are 62 individual recommendations in the Road Map, and 141 actions identified in the Plan of Action. The Road Map goals are included in the annex of this report (Annex 6).

## 2. METHODOLOGY

### 2.1. Overview of the Evaluation Process

The evaluation was carried out in several phases which are summarized in the figure below. The terms of reference for the evaluation provide more details on the activities completed in each phase.

Figure 2: Evaluation Process<sup>11</sup>



### 2.2. Evaluation Criteria and Questions

The evaluation was informed by criteria developed by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) - relevance, effectiveness, efficiency, and sustainability - as well as other criteria deemed relevant, such as partnerships. These criteria were the bases for the evaluation questions where, in some instances, a question may address one or more of the criteria in its intent. The evaluation questions are intended to give a more precise form to the evaluation criteria and to articulate the key areas of interest of stakeholders, thereby optimizing the focus and utility of the evaluation. In consultation with UNECE and two members of the Working Group on Ageing as well as other relevant stakeholders, the evaluator developed the following evaluation criteria and questions presented in figure 3.

### 2.3. Methods and Tools

The evaluation used a mixed method approach for data collection and analysis. To strengthen the validity and reliability of the data collected, the evaluation employed the triangulation of methods as well as sources of information. Primarily, the evaluation referenced the Road Map Strategy and Action Plan as the guiding analytical frameworks for the exercise. The application of these methods was intended to be transparent, inclusive, participatory, as well as take into consideration a gender and human rights perspective.<sup>12</sup>

<sup>11</sup> The indicative timeline and detailed information on each phase of the evaluation is presented in the Evaluation Terms of Reference in Annex 1.

<sup>12</sup> The evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the United Nations Evaluation Group (UNEG) Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

**Figure 3: Evaluation Criteria and Questions**

EVALUATION CRITERIA	EVALUATION QUESTION
Relevance	Does the Road Map directly address the challenges posed by the demographic changes in Armenia?
Effectiveness, Relevance, Equity	Does the Road Map address inequities in the distribution of burdens and benefits across population groups?
Efficiency, Effectiveness	Was the progress in the goals of the strategy of the Road Map made in a timely and cost-effective manner?
Effectiveness, Efficiency, Sustainability	To what extent were the goals of the strategy of the Road Map achieved? What were the key challenges to the achievement of these goals?
Political Feasibility, Sustainability	To what extent do governmental partners accept and support the Road Map?
Administrative Feasibility, Sustainability	Do government institutions and/or public service providers have the capacity (e.g. technical or financial/human resources) to implement the goals of the Road Map?
Effectiveness, Coordination, Sustainability	Has the Road Map facilitated increased coordination or partnerships between Armenian ministries and other key stakeholders at the national, provincial and local levels?

### 2.3.1. Document Review

A document review was carried out in December 2015 by the evaluator to further refine evaluation questions and develop preliminary findings. The document review was also used to fine-tune the evaluation tools, including the online survey, to prepare for field work, and to triangulate data.

Given that a number of primary sources, including monitoring and progress reports, from the Government of Armenia were only available in Armenian, a national consultant was recruited to provide brief analytical summaries of these documents in English. A list of all data sources reviewed is presented in Annex 2.

### 2.3.2. Online-based Survey Questionnaire

An online survey was carried out in April 2016. The sampling frame for this survey was developed in consultation with UNECE and a national consultant targeting relevant stakeholders such as governmental entities, international organizations, and civil society actors. The questions selected for the survey contained both open and close-ended questions. Responses to the stakeholder survey were obtained from 30 individuals. The survey responses were collected and analyzed at an aggregate level to identify emerging trends or issues relating to the particular areas of investigation of the evaluation. The analysis from the results then helped to further inform the questionnaires prepared for the face-to-face interviews and group interviews conducted during the field visit. The external stakeholder survey questionnaire is presented in Annex 4.

### 2.3.3. Interviews with Key Informants

During the field visit in Armenia, face-to-face interviews were conducted to gather information from key informants (e.g. key stakeholders including persons from the Government of RA, municipality of



Yerevan, development partners, trade unions, civil society, and service providers) using semi-structured interview guides based on the preliminary findings of the desk review and the results from the online survey. Using a qualitative lens, the interviews allowed for a deeper understanding of implementation thus far. The interview guide is presented in Annex 5 and the list of persons consulted is presented in Annex 3.

### **2.3.4. Focus Group Discussions**

Focus group discussions were also conducted during the week-long field visit. Participants included staff from relevant ministries, implementing partners from non-governmental organizations (NGOs), and service providers relevant to the Road Map (management and senior staff of boarding house). The method proved particularly useful to explore disparate views or discuss broader topics such as coordination. It also provided the opportunity to draw out and discuss latent topics and observe the interactions among participants. Similar to the interview questions, protocols for focus group discussions were developed to further explore issues and trends that emerged from the survey and address the areas of investigation. The focus group guide is presented in Annex 5.

## **2.4. Limitations and Mitigation Strategies**

During the course of the evaluation, the evaluator encountered some moderate limitations that were not considered to have significantly affected the results of the exercise. These include the following:

### *Road Map Timeline*

Initially, the Action Plan was designed for the period of 2011-2015, however, it was only in 2012 that the Road Map for Armenia was formally adopted. While it was intended that actions in the Road Map would be revisited so that a feasible number would be selected for implementation by 2015, there is no indication on what priority actions were selected, thus leaving this evaluation to consider the Road Map Strategy and Action Plan as more of an open framework to assess progress during this time period.

### *Availability and Reliability of Data*

The evaluation found no documentation of baselines or needs assessments that were conducted prior to implementation of the Road Map. Moreover, there was limited evidence of systematic data collection on the implementation of the Road Map, particularly at the outcome level. With regard to the data that was available from secondary sources, many of the documents available were outdated, presented conflicting information, or only available in Armenian. The evaluator attempted to validate the data derived from these sources during the interviews and focus group discussions, however there were instances where the respondents were in disagreement on accuracy of the data or presented conflicting views.

### *Mitigation Strategies*

To offset these gaps or limitations in the data, the evaluator cross-referenced a wide range of data sources and data collection methods, and relied on a more qualitative approach to extrapolate results at the outcome level. This triangulated approach served to improve data reliability as well as the validity of findings and conclusions.



## 3. KEY FINDINGS

### 3.1. Relevance to National Priorities and Strategies<sup>13</sup>

Key to the effective implementation of the Road Map was its alignment to current national policies. In the years leading up to the Road Map, the evaluation found that demographic ageing was a focus area of concern for the Government of Armenia. Evidence of this includes advances toward the development and adoption of several policy frameworks related to the improvement of the situation of older persons, including pension reform, social assistance and employment policies. Having these frameworks already in place enabled the Road Map to build on the existing structures as well as efforts made toward ageing goals in the country. An online survey of key stakeholders reported that 72 per cent of total respondents agreed that the Road Map directly addresses the challenges posed by demographic changes in Armenia. There was broad agreement by key informants that the Road Map was comprehensive in scope and addressed the interconnected challenges of the growing older population in Armenia. To this same point, several stakeholders reported that despite its comprehensive approach there remained several underlying cultural barriers that stalled progress in particular areas. Notably, there was a consensus among stakeholders that there was a widely held social stigma of boarding care for older persons. Others pointed to socially accepted presumptions about the needs and interests of older persons, such as the lack of interest of older persons in continuing education or employment beyond the retirement age. In this regard, the Road Map was limited in its ability to address underlying social or cultural barriers, which often requires longer term investment for transformative change.

### 3.2. Equity in Implementation<sup>14</sup>

Assuming that inclusive and sustainable development requires the economic, political, social and cultural integration of all persons regardless of age, the Road Map Strategy does, in theory, commit to addressing any inequities in the distribution of burdens and benefits across population groups. However, the issue of equity is not as easily addressed in the actual implementation of the Road Map Action Plan.

Given the realities of the post-global financial crisis, a key challenge in the implementation of the Road Map was ensuring that the already scarce resources and services available in Armenia were distributed evenly so that population groups were not disproportionately burdened or denied equal benefits. Presently, a good portion of social benefits is targeted to 25 groups that the Government of Armenia has identified as most vulnerable.<sup>15</sup> These groups include persons aged 65 and over as well as persons residing in boarding houses for older persons. Even so, the identification as a vulnerable group does not necessarily guarantee that services will reach these groups.

The evaluation found several areas of the Road Map where the issue of equitable implementation was a challenge. One example was addressing equity in labour force participation across groups. Key Informants described that while there are gaps in the employability of older persons, these gaps existed across all age groups, and moreover, specific programmes for employability should be targeted to the younger and working age groups, rather than specifically for older persons. To this effect, there were no specific programmes for training for persons past the age of 63 (who received a pension),

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<sup>13</sup> This section will be in response to evaluation question 1 - Does the Road Map directly address the challenges posed by the demographic changes in Armenia?

<sup>14</sup> This section will address evaluation question 2 - Does the Road Map address inequities in the distribution of burdens and benefits across population groups?

<sup>15</sup> Decree of the Government of the Republic of Armenia N318 (4 March 2004).



but there were programmes for persons under this age threshold.<sup>16</sup> Similarly, health care was another area where the issue of equity was difficult to address. Stakeholders interviewed confirmed that the existence of consistent and available health care services during the duration of a person's life course was not evenly distributed across the varied stages of life. As one example, the evaluation found that while maternal and newborn health care services were wide-spread and available, palliative care was not.

In an online survey of key stakeholders, half of the respondents agreed that the Road Map addressed inequities in the distribution of social benefits (e.g. social protection and other services) and only 40 per cent of total respondents agreed that the Road Map addressed inequities in the distribution of social burdens (e.g. social taxes, redistribution of public spending). The mixed views from the respondents point to both the complexity of ensuring equitable outcomes as well as a fundamental imbalance of benefits and burdens shared across groups.

### 3.3. Political Feasibility for Road Map Implementation<sup>17</sup>

In order for catalytic change to occur, strong commitment from the Government is critical for the successful and effective implementation of the Road Map. From the online survey, the evaluation found that close to 75 per cent of respondents reported that senior management/officials who oversaw policy implementation placed the Road Map at high priority or medium priority. From the interviews, the evaluation also found that the representatives from line ministries consistently expressed their commitment to the issue of ageing and their support for the implementation of the Road Map. However, the demonstration of said commitment and support was not consistent across the areas of work of the Road Map. This gap between the pledged commitment and actual implementation is further discussed in the assessment of Road Map goals in the 'effectiveness of implementation' section.

### 3.4. Administrative Feasibility for Implementation<sup>18</sup>

Stakeholders credit the advances made in the implementation of the Road Map as a result of the expertise and technical capacity of the service providers and implementing partners who carried out the interventions. The survey conducted in this evaluation found that two-thirds of respondents believed that the entities responsible for implementation (e.g. government institutions, public service providers, NGOs, local partners) had sufficient expertise and/or technical capacity to do so. Even so, some respondents pointed to the need for ongoing training as well as periodic education needs assessments of service providers. To this point, the evaluation found there were only a few initiatives that promoted specialized training for the care of older persons. In 2013, the curriculum for geriatrics was developed for medical professionals to specialize in at educational institutions in Armenia. There were also some one-off activities, including an initiative, coordinated by students in the Master for Public Health programme at American University for Armenia, providing gerontology lectures to medical practitioners.

Another issue to consider in ensuring the administrative feasibility for implementation is staff capacity. Many stakeholders interviewed had concerns for the number of staff resourced to implement the activities of the Road Map. Less than half of survey respondents agreed that there was sufficient staffing to implement the activities of the Road Map. In the health sector, it was noted that while geriatrics or

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<sup>16</sup> Detailed information on this example is further discussed under goal 7.

<sup>17</sup> This section will address evaluation question 5 - To what extent do governmental partners accept and support the Road Map?

<sup>18</sup> This section will address evaluation question 4 - Do government institutions and/or public service providers have the capacity (e.g. technical or financial/ human resources) to implement the goals of the Road Map?

gerontology specialists were present in medical centers throughout the country, they were not present in all centers. This is of particular concern considering the mobility issues older persons face, especially those living in remote or border areas. Moreover, the challenge of understaffing is particularly evident in the care facilities for older persons. For example, one center for home care reported that on average there is one nurse on duty for every 20 residents and one caretaker on duty for every 30 residents. Some stakeholders interviewed suggested that unattractive working conditions and low payment may have resulted in lower numbers of candidates, qualified or not, to be recruited for these positions.<sup>19</sup>

A related concern has been made with regard to the limited funding available to implement the goals of the Road Map. Close to 80 per cent of survey respondents reported that there is not enough funding to implement the activities. Similarly, key informants consistently pointed to financial constraints as a challenge, if not the main challenge, in advancing the implementation of the Road Map. The evaluation also found that specific areas of the Road Map such as health services, public care institutions (e.g. boarding homes, day-care centers), social protection programmes, and services particularly for older persons in remote areas, were notably underfunded.

### 3.5. Cost-Effectiveness and Timeliness of Implementation<sup>20</sup>

#### 3.5.1. Funding Arrangements

In large part, the activities of the Road Map are financed by the national budget of Armenia. The national budget, in some cases also partially funds non-state actors (e.g. NGOs, FBOs, CSOs) working on the implementation of the Road Map. The other bulk of the funding for these organizations is provided by other external donors who either partially or fully fund their activities in this field.

Due to the nature of the Road Map and the number of entities involved in its implementation, financial data was limited and fragmented. The evaluation found that the financial tracking systems for government expenditures, in their current state, may not fully capture data related to older persons. Expenditures related to activities or programmes targeting older persons in the areas of health, culture, education, or the economy were more difficult to access given that data collected in these areas of work are not necessarily disaggregated by demographic group. A World Bank report discussing Armenia's public expenditure found there are data limitations when trying to link expenditures to specific beneficiaries, making a specific reference to pensioners.<sup>21</sup>

As seen in Figure 4, the bulk of social protection spending is allocated to pensions or initiatives targeting issues surrounding "older age" averaging around 4-5 per cent of the total GDP. It should also be noted that since the financial crisis the total spending (as a share of GDP) directed towards older age has been steadily decreased.

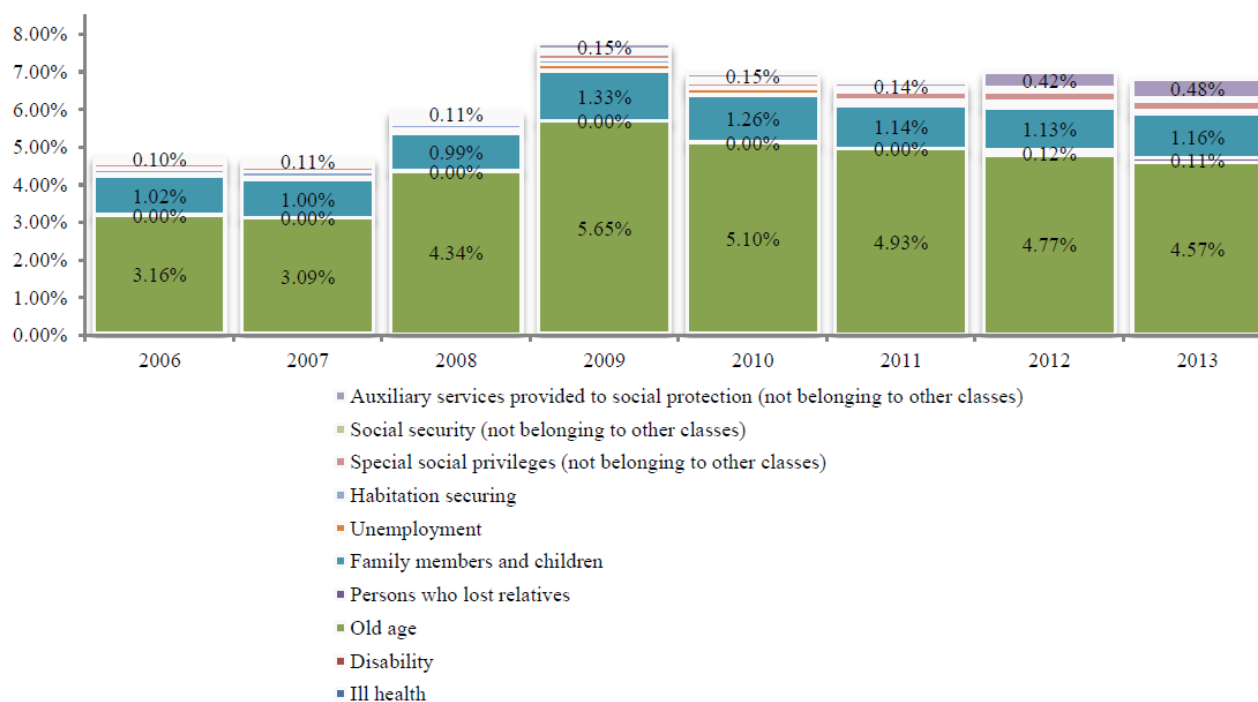
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<sup>19</sup> UNECE Policy Brief No. 15: Innovative and Empowering Strategies for Care, February 2015.

<sup>20</sup> This section will address evaluation question 5 - Was the progress in the goals of the strategy of the Road Map made in a cost-effective and timely manner?

<sup>21</sup> World Bank (2014): Republic of Armenia Public Expenditure Review: Expanding the Fiscal Envelope.

**Figure 4: Functional Composition of Spending on Social Protection Relative to GDP 2006-2013 (in per cent of GDP)**



Note: Reprinted from World Bank (2014): Republic of Armenia Public Expenditure Review: Expanding the Fiscal Envelope. Source listed: Republic of Armenia Ministry of Finance

### 3.5.2. Cost-Effectiveness of Implementation

Given the limited data on financial expenditures, the evaluation will rely more on qualitative data, including data collected in the survey questionnaire and interviews, to assess the cost-effectiveness of the implementation.

Results from the survey indicated that less than 40 per cent of respondents agreed that the activities toward the implementation of the Road Map were cost-effective, and more than 60 per cent were not sure. These results raise two issues: (i) a perceived lack of cost-effectiveness in implementation and (ii) a lack of systematic or transparent financial monitoring. The evaluation found that there were actions being taken towards an increased coordination of work and activities across entities to enhance cost-effectiveness. Primarily, this was evident among the non-state actors. Most recently, seven non-state actors have come together to establish a formal network, tentatively called the Elderly Protection Network. Already present in a more ad hoc manner, the network aims to foster a more strategic and formal partnership to effectively influence social policy and to respond to their mutually shared goal of improving the situation for older persons in a more coordinated way. Given the realities of limited financial resources and their intersecting areas of work, the pooling of their resources is an effective means to cost-share activities while ensuring maximum impact.

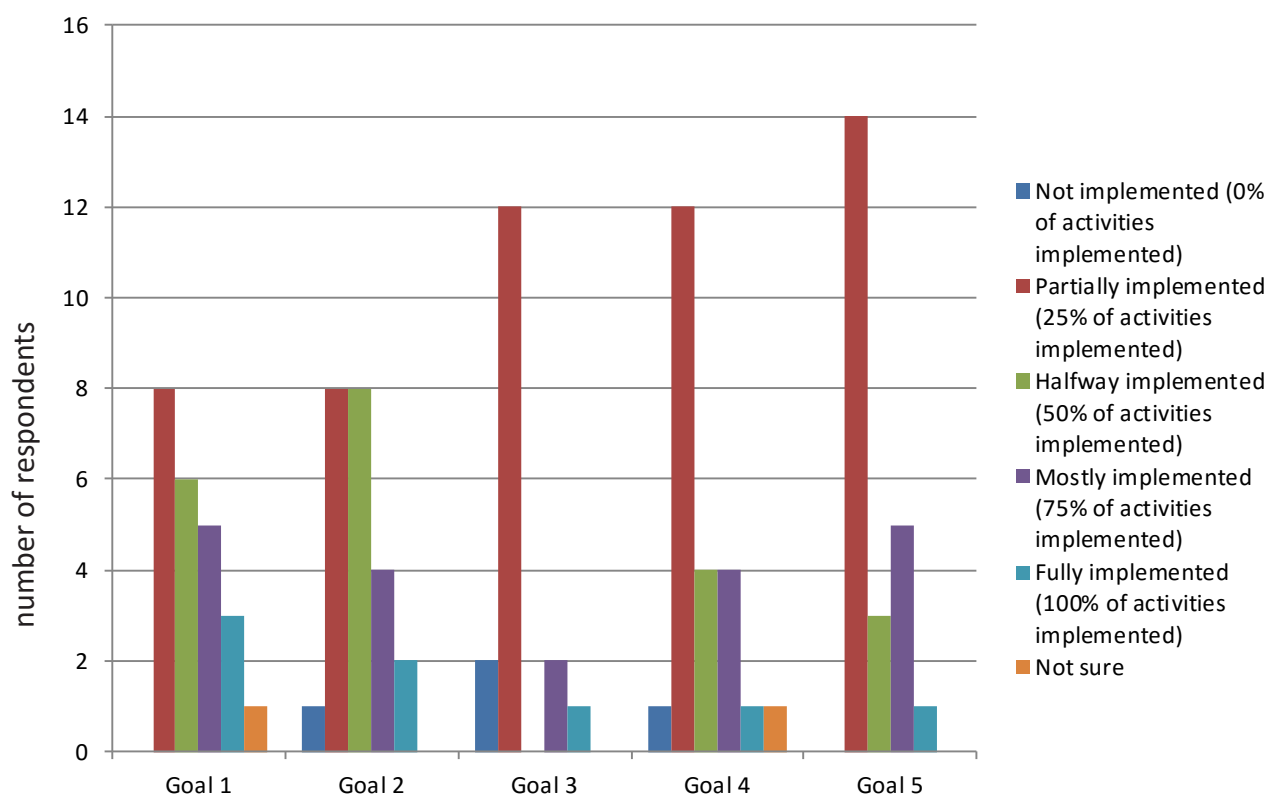
Alongside this, stakeholders did report that coordination of activities did occur between state and non-state actors, however to what extent it enabled cost-effectiveness of implementation could not be determined. Among the implementing ministries, coordination of activities in view of cost-effectiveness was found to be minimal. As a more general note, ministries tended to work more in silos in the implementation of the Road Map.

### 3.5.3. Timeliness of Implementation

The Road Map Action Plan was originally designed for the period of 2011- 2015, however, the Road Map was only formally adopted in 2012. While it was intended that the actions in the Road Map would be revisited so that a feasible number of actions would be selected for implementation by 2015, there is no record of what priority actions were selected. Drawing from the discussions with several members of the Inter-agency Committee (designed to oversee the implementation as well as set strategic priorities), the implementation targeted specific areas of the Road Map based on the urgency or need as well as capacity and resources available for implementation. Even so, the evaluation found that there were several one-off, ad hoc activities that did not necessarily fit these selection criteria.

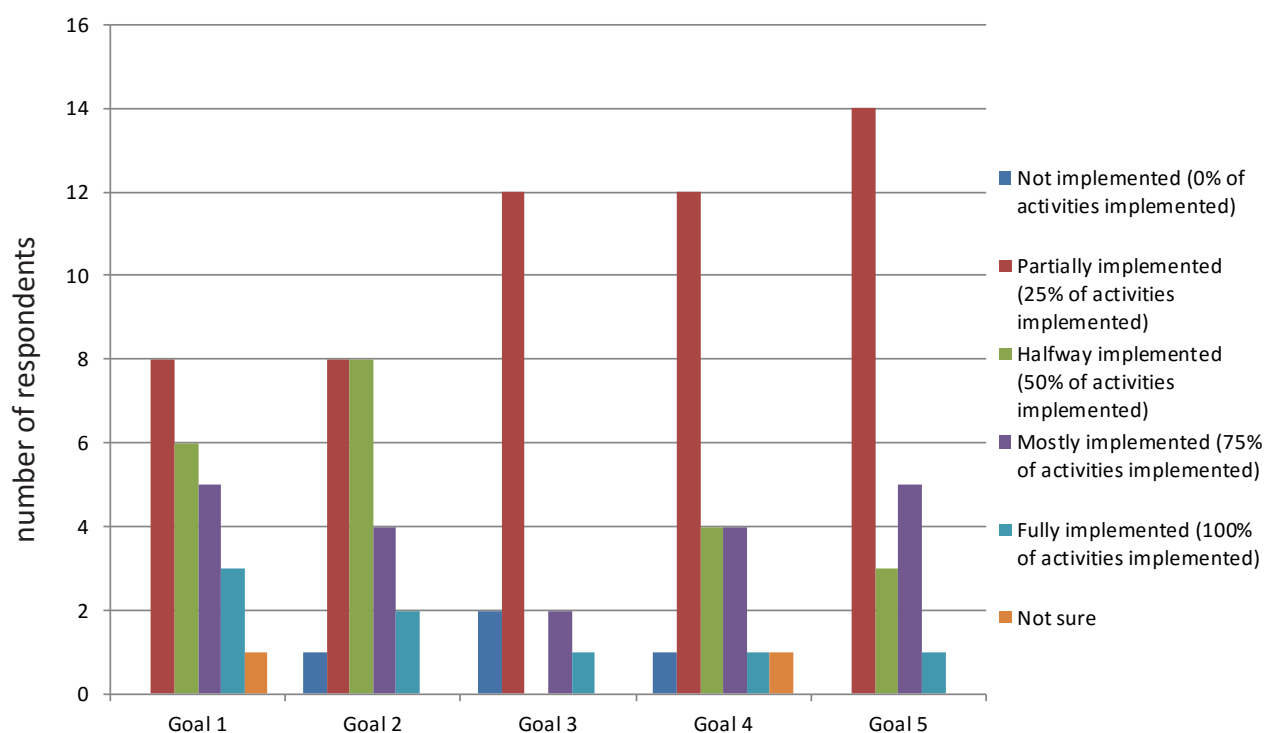
Against this backdrop, the evaluation surveyed stakeholders on their views on the implementation rate of each goal. The following graphs provide a more illustrative view of the overarching trend in stakeholders' perceptions of limited progress on most goals. Notably, goal 10 on partnerships was seen as the goal that made the most advancement, whereas goal 2 on the integration of older persons in society and goal 3 on quality of life of older persons were main areas of concern for many stakeholders. Reasons for the limited gains in progress could be attributed to the slow start in implementation as well as the short implementation period. To this point, it should be noted that 62.5 per cent of respondents perceived that the activities towards implementation were completed in a timely manner during this period.

Figure 5: Survey Results on the Implementation Progress of Goals 1-5



Source: Evaluation Survey, 2016

Figure 6: Survey Results on the Implementation Progress of Goals 6-12



Source: Evaluation Survey, 2016

### 3.6. Effectiveness of Implementation by Goal<sup>22</sup>

The following section will take an in-depth look at the key activities, achievements and challenges relating to each goal of the Road Map.

Based on the survey results and interviews, some facilitating factors that contributed to the effective implementation of goals included: human resources (both capacity and skill mix), financial resources, and coordination within and among stakeholders. Broadly speaking, more than half of survey respondents reported that there has been inconsistent implementation and progress across communities. Potential reasons for this include specific characteristics of the communities served: hard to reach location and/or remoteness, urban/rural composition, social-economic situation, age structure, financial/human capacities and/or resources, political will and capacity/resources of local officials, activeness of NGOs and local implementing partners, and the varied sub-cultures that exist. Given the wide scope of investigation, this evaluation will largely look at trends and issues at an aggregate level with special attention to the activities at the regional (provincial) and local levels.

#### 3.6.1. Mainstreaming Ageing

**Goal 1:** *To mainstream ageing and to pursue internationally-agreed policy principles.*

At the global level, Armenia has demonstrated its commitment and alignment to internationally agreed policy frameworks including the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS).

<sup>22</sup> This section will address evaluation question 6 - To what extent were the goals of the strategy of the Road Map effectively achieved? What were the key challenges to the achievement of these goals? It will take a look at each goal responding to recommendations outlined in the strategy.



At the regional level, the Republic of Armenia is an active member in the UNECE Working Group on Ageing which acts as a platform to connect focal points on ageing representing the member States of the UNECE region along with representatives from international organizations, NGOs and academia. The Working Group was established to fulfil the commitments outlined in the MIPAA /RIS. At the national level, the Government has used the Road Map as an accountability mechanism to ensure it is advancing its commitments to MIPAA/RIS. Given that the goals of the Road Map intersect in many of the proposed activities and outputs, it provides a genuine opportunity for the Government and relevant ministries to mainstream ageing across several, if not all, areas of its work. In 2012, as part of the protocol decree of the Government of the RA N51, “On Approval of the 2013 State Programme on Improvement of the Demographic Situation in the Republic of Armenia and List of Activities on its Implementation”, an Inter-agency Committee was established to oversee the implementation of the Road Map. Members include officials from relevant ministries as well as key representatives of international organizations and civil society. The Ministry of Labour and Social Affairs chairs the Committee, which meets regularly three times a year and convenes on an ad hoc basis, as needed. The Committee is tasked to review all draft laws and regulations with regard to their impact on the ageing situation and older persons in Armenia. Moreover, the Committee is responsible for setting the strategic direction and priorities for implementation.

Prior to the Road Map there were already a few measures in place to address population ageing, including: a Strategy on Demographic Policy, adopted by the Government in 2009, that provides an analysis on the main demographic developments and suggests actions to tackle the challenges they pose; and a Government Action Plan 2008-2012 that highlights six priorities of the Armenian Government, including a fifth priority dedicated to the social security of its citizens. In addition, since the inception of the Road Map, 19 legal acts relating to issues of ageing have been adopted.<sup>23</sup>

### 3.6.2. Participation and Integration of Older Persons

**Goal 2:** *To ensure full participation and integration of older persons in society.*

#### Social participation and integration

Recognizing that older persons play a vital role in society, the Road Map outlines activities to promote the social integration of older persons through community centers and intergenerational initiatives such as volunteering for and by older persons. The Road Map also set out to address the barriers that some older persons face that often hinder social integration, including decreased mobility and lack of access to public transport. Even so, several stakeholders confirmed that access to social activities and services, particularly for older persons living in the rural and border areas of Armenia, was an ongoing challenge.

The evaluation found that civil society actors were very active in promoting and enabling older persons to participate in social life and interact with social networks of all ages. A prominent actor in this area is Mission Armenia, a longstanding organization dedicated to elderly issues in the country. Mission Armenia operates in eight regions of the country providing various services that promote social integration. The organization set up several community centers (that provide various social, health care and maintenance services at the centers or at home), resource centers (that organize different trainings, interest support groups) and social clubs, from gardening and music to reading and writing.

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<sup>23</sup> A list of legal acts during the implementation period of 2012-2015 of the Road Map is presented in Annex 7.

The evaluation also found that in the state-run institutions (e.g. boarding houses, adult day-care centers) social activities were a key component in the package of services offered. These social activities ranged from knitting groups and reading clubs to off-site field trips, church visits, and other social events. There was also evidence of activities to promote intergenerational learning and solidarity across generations. One example of this includes the collaboration of boarding houses in Yerevan with local primary schools.

According to the World Health Organization (WHO), a key strategy to facilitate the inclusion of older persons is to make cities more age-friendly.<sup>24</sup> This means ensuring that communities adapt their structures and services to be accessible and inclusive of older people and their varying needs and physical capacities. As mobility declines with age, access to reliable and affordable means of transportation and wheelchair-accessible and wheelchair-friendly walkways are essential. In Yerevan, the walking pavements are moderately maintained and wide enough for wheelchairs, the curb ramps providing access to streets and sidewalks are abundant, and the pedestrian crossings are sufficient in number, have adequate crossing times, and have both visual and audio signals for crossing at main traffic intersections. Accommodations have also been made in public transport for older persons with disabilities or who are wheelchair-bound. In Yerevan, the municipality has strategically placed public buses with wheelchair lifts in selected routes that are near boarding homes, educational and cultural institutions, and hospitals. It should be noted that these accommodations were only observed in Yerevan and are not indicative of how other provinces in the country addressed related issues.

Characteristic of the region, respect for older persons is a universal tenet among all age groups in Armenian society.<sup>25</sup> Even so, the evaluation found that there were some actions taken to raise awareness on issues of older persons as well as to promote a positive image of older persons by national media. One example is a four-part article series, “Growing Old in Armenia: The Role of Seniors in Evolving Armenian Families”, produced by the news outlet Armenia Now. Another example is the annual “Jubilee Festival”, organized by the Ministry of Culture that brings together and celebrates older persons who have produced publications, albums or other artistic products.

### Cultural participation and integration

The Road Map recognizes the vital role older persons play in passing on cultural heritage and history to later generations. Additionally, it rightly places an emphasis on integrating older persons into cultural life of modern-day society.

The evaluation found that the Ministry of Culture is quite active and has made several positive gains in this area. Notably, it hosts a number of activities to ensure that culture is accessible to older persons. As previously mentioned, a key event is the annual “Jubilee Festival” that promotes and celebrates art, music and publications produced by older persons. It also hosts specific events for the older persons at cultural institutions, such as libraries and museums, which regularly offer free admission to older persons. Public libraries also allow for more accessibility of their services by offering software to older persons with vision impairment.

For those with limited mobility, there are several services that the Ministry of Culture has initiated. One service, “Family Librarian”, delivers books directly to the homes of immobile older persons. Another service, “Travelling Exhibition”, coordinated by the Ministry of Culture, in collaboration with the Ministry of Transport, brings mobile collections of art to communities located in the border regions of Armenia. In this same manner, the Ministry organizes “cultural visits” bringing theater and musical

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<sup>24</sup> WHO (2007): Global Age-Friendly Cities: A Guide.

<sup>25</sup> Sung, Kyu-Taik and Bum Jung Kim (2009): Respect for the Elderly: Implications for Human Service Providers.

events which are largely hosted in Yerevan to the other provinces so that older persons can attend. On an ad hoc basis, the Ministry of Culture has partnered with local NGOs that provide transportation for older persons to museums. The Ministry also works with day-care centers to host musical artists, however such events are limited to centers that have specific facilities to accommodate the shows (e.g. stage, seating).

#### Political participation and integration

The evaluation did not find significant evidence on the active participation of older persons in the political arena nor did it find any specific measures to increase the involvement of older persons in public life in Armenia. It should also be noted that the evaluation found no direct consultation between the Inter-agency Committee on Ageing and the community of older persons in the implementation of the Road Map. Rather, Mission Armenia acted as an intermediary to speak on the needs and priorities of the communities of older persons that they serve.

#### Economic participation and integration

Given the intersection of this goal with goals 5, 6 and 7, this section will focus on older persons as consumers. Key findings on the participation of older persons as producers are discussed in detail under the goal 5, goal 6, and goal 7 of this report.

Originally, the Road Map envisioned piloting a partnership with the private sector to develop products adjusted to needs of older persons. There were some one-off initiatives where the private sector developed specific products targeting older persons. One such initiative was led by the telecommunications company Orange Armenia that developed phones tailored to the needs of older persons (e.g. phones with wider key pads). A few thousand phones were distributed, but there was no continuation of the initiative after the first distribution. Moreover, after some time, the phones stopped working and were unusable. The evaluation, however, did not find evidence of a fully developed market segment in Armenia that specifically addresses the needs of older persons. Potential reasons for this may include the perception that older persons are not seen as possessing considerable purchasing power, despite the fact that many of them have supplemental financial support from their children working abroad.

### **3.6.3. Health Care and Quality of Life**

**Goal 3:** *To achieve high quality of life at all ages, enhance the ability of older persons to live independently, enhance health and well-being.*

Respondents in the survey consistently ranked the goal of achieving a high quality of life for older persons as one of the top three priority goals. While recognizing that quality of life is a complex and interconnected issue, the Road Map does make a strong effort to address core components of this issue through building in activities that increase access to quality health care, promote preventative health measures and a positive well-being, improve access to quality institutional care and housing, and promote independent living.

#### Availability of and access to health care services

There are particular conditions associated with ageing, ranging from common issues such as hearing loss, diabetes, and dementia to more complex conditions referred to as geriatric syndromes, including

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<sup>26</sup> WHO (2015): Ageing and Health, Fact Sheet No. 404.

frailty, urinary incontinent, and delirium.<sup>26</sup> In this view, the availability of and access to affordable and quality health care services that respond to such needs of older persons is critical.

Since the collapse of the Soviet Union, Armenia has experienced a fragmentation of its health care system. The country inherited a health care structure that was centralized and provided free medical services (primary, secondary and tertiary services) to the whole of the population. In recent years, there has been a shift to decentralizing public services, including health care, to provincial and local governments and privatizing medical institutions due to the lack of centralized funding. As a result, it has greatly reduced access to essential health services for the majority of the Armenian population, and in particular the poorest households, and socially marginalized groups including persons with mental disabilities and older persons.<sup>27</sup>

In Armenia, it is the constitutional right of every citizen, regardless of age, to be granted the right to receive medical care and services free of charge. This includes primary health care and out-patient services, and dental services.<sup>28</sup> Yet, due to the current structure of the health care and health financing systems, access is not fully guaranteed without out-of-pocket costs to patients, which often can be an enormous burden on pensioners. Some research has reported that over the last 10 years there has been poor access to health care in Armenia, despite the number of health facilities and increasing medical workforce.<sup>29</sup> To relieve these burdens and improve access, the Government has introduced co-payment schemes between the patient and the provider equaling the difference of treatment costs as defined by the state and the 'real costs' incurred by the provider. For some, in particular socially vulnerable groups, the new financing mechanism has now resulted in out-of-pocket fees for services or medicines that in theory should be fully covered by the Government.

Generally speaking, health care services in rural communities are poorer in quality.<sup>30</sup> Similar to the majority of state-funded social services, most medical facilities in Armenia are located in urban centers. For older persons who live in rural communities, this is an additional hurdle to access essential services. To widen the access of health care, there have been discussions to deploy mobile health units to reach groups living in remote or rural communities and border areas, although no tangible actions have been taken as of yet.

#### Special health care services (geriatrics/gerontology, mental health, palliative care)

The evaluation did find that there have been some positive gains in addressing the specific needs of older persons. In 2014, the Government of Armenia passed legislation that proposes to integrate the discipline of geriatrics as a specific medical profession, to introduce graduate level courses in geriatrics, and to employ geriatricians (or family doctors who passed special training work) at boarding houses for older persons.<sup>31</sup> At present, Armenia has introduced the curriculum for geriatrics for medical professionals to specialize in at educational institutions. While there are currently staff specialized in geriatrics or gerontology throughout the country, they are not present in all health facilities. The enforcement of this law may help increase their presence.

With respect to mental health care services, there have been several initiatives passed by the Government related to the provision of adequate mental health care services, including those for older persons. These include a concept paper on "Rendering Alternative Care and Social Services to Persons

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<sup>27</sup> Richardson, Erica (2013). Armenia – Health System Review, Health Systems in Transition, vol. 15, no. 4.

<sup>28</sup> Constitution of the Republic of Armenia: Article 38.

<sup>29</sup> Tonoyan, Tamara and Lusine Muradyan (2012): Health Inequalities in Armenia, International Journal on Equity Health, vol. 11, no. 32.

<sup>30</sup> World Bank (2012): Armenia – Quality and Affordable health Care for All.

<sup>31</sup> Decree of the Government of the RA N952 (September 4, 2014). See Annex 7 for details.

<sup>32</sup> Decree of the Government of the RA N17 (May 2 2013). See Annex 7 for details.

with Mental Problems”<sup>32</sup> and protocol decrees that specifically require home care services for older persons who are living alone with mental health problems and/or senile psychosis. Currently, there are two state-run boarding homes that are exclusively for older persons with mental health issues. In addition, there are some day-care centers that serve older persons with mental health issues, providing social and psychological alternative out-patient services. Outside of this, Mission Armenia runs four Mental Health Day Centers. While efforts are being made to ensure these services are available at the provincial level, they are not always easily accessible. For example, a mental health care day center, adjacent to Vardenis boarding house, is presently the only public day-care center which serves all persons with mental health problems in Gegharkunik region which had 233,000 inhabitants in 2015.<sup>33</sup>

In comparison, there is a near absence of palliative care services in the country. There have been, however, attempts to integrate it into available health care services. In 2009, palliative care services were included in the government-approved list of medical services. In 2010, a working group on palliative care was established, led by the Government and inclusive of civil society organizations working in the country. From 2011-2013, there was a pilot project initiated by the Health Ministry, in collaboration with the Global Fund and Open Society Institute Assistance Foundation Armenia. The pilot provided learnings on estimated costs for palliative care into its public health care system. Following, three policy documents were approved: (i) to establish the structure of palliative care services; (ii) to outline the professional qualifications for medical profession in palliative care; and (iii) to set the standards for palliative medical care and services and clinical guidelines for pain management.<sup>34</sup> A national strategy has been developed, but has yet to be approved. The issue of funding also poses a continuing challenge.

#### Institutional care and independent living

An integral part of the social protection system for older persons in Armenia is the institutional care, which includes boarding houses (that provide 24-hour care), adult day centers, and home-based care services to support independent living. Not surprisingly, these facilities are located primarily in urban centers and thus cover only a fraction of the total older population.

In Armenia, there are currently nine boarding houses, five of which are government-run boarding houses supervised by the Ministry of Labour and Social Affairs. In total, these institutions care for 1,350 older persons, where 1,210 reside in the five state-run boarding houses and 140 reside in the four privately run boarding houses. Boarding care facilities provide 24-hour care to assist pensioners who cannot live independently or do not have children to care for them. In addition to room and board, such facilities generally provide on-site medical, psychosocial and case management services. Social activities, including reading clubs, gardening, intergenerational exchanges, field trips, are also core to boarding homes to promote an active and social life. At present, there are two specialized facilities exclusively for pensioners with mental health problems.

There are also day-care and home-based support services available to older persons in Armenia. Such services can include home visits for medical care, assistance with daily errands and domestic chores, housekeeping services, or home delivery of meals. In this arena, local NGOs are particularly active in serving the older persons in their communities, especially those who are poor or without family. Notably, the charity NGO Mission Armenia founded 17 day centers in seven regions of the country and the city of Yerevan, where around 1,800 pensioners receive care services. Armenian Caritas, an NGO that operates mainly in Shirak, Lori and Gegharkunik regions, serves more than 620 older persons. The NGO has day-care centers that serve the cities of Gyumri and Tashir and runs the initiative “National

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<sup>33</sup> National Statistical Service of the Republic of Armenia (2015): Armenia in Figures 2015.

<sup>34</sup> Human Rights Watch (2015): Cancer and Struggle for Palliative Care in Armenia.



Home Care” which provides home care services and medical assistance to 300 older persons who live alone and are unable to care for themselves. Similarly, the Armenian Red Cross Society implements various social support programmes (including social services, food, clothing, psychological and counseling support) that target older people as well as refugees. As mentioned, there are also some day-care centers that serve older persons with mental health issues, providing social and psychological alternative out-patient services. Alongside this, the state does provide assistance with home care services for older persons with mental disabilities who live independently. For example, in Yerevan, there is a state-run center that currently services 1,500 pensioners and persons with disabilities, providing home care and social services, including household services and medical assistance.

With regard to the quality of care, there were mixed views on standards of care. While the state-run facilities reported that they adhered to specific standards of quality, the facilities operated by non-state actors reported they adhere to varying standards dependent on the donor funding the initiatives. It is anticipated that the Swiss Red Cross will undertake an exercise with local experts to develop universal indicators for standards of care.

Service providers on staff have varied skill mix and capacities. Taking one of the larger boarding houses in Yerevan as an example, the workforce consisted of three physicians (one geriatric specialist and one neurologist), three social workers, three psychologists, 21 nurses, and 36 caregivers. The facility also established a partnership with a local NGO to provide palliative care every Saturday. In total, there were 135 staff members and 230 residents. Residents do not live alone but rather in shared rooms - either two residents per five square meters or six residents per 30 square meters. Comparatively, in another facility in Yerevan, on average there was one social worker for 120 residents, one psychologist for every 500 residents, one doctor for every 200 patients, one nurse for every 120 residents and one caretaker for every 30 residents. It should be noted that 90 per cent of residents in this facility were able-bodied.

To monitor quality of care, the Ministry of Health indicated that they conduct regular monitoring visits to the state-run facilities. In Yerevan, the evaluation noted the participation of the older residents in the monitoring of care. For example, one care institution established a “Board of older persons/residents” with a representative from each floor in which they have weekly meetings with management of the boarding house to express their concerns surrounding the residents, quality of service provision, and the facility. This not only provides management with a direct channel to survey and collect opinions from the residents, but also provides residents, who serve as floor representatives, with a sense of purpose and the opportunity to voice their concerns.

### 3.6.4. Social Protection and Services

**Goal 4:** *To ensure a minimum social protection level at poverty threshold to all in need, including those who can no longer earn their own income due to old age and related disability.*

To date, the poverty rate in Armenia is an estimated 30 per cent.<sup>35</sup> According to data collected by the National Statistical Service of Armenia, it was concluded that the presence of older family members in the household (over 60 years of age) can increase the poverty risk by as much as 1.5 times. This suggests that income security for older persons is not only essential, but at the present insufficient. Among stakeholders surveyed, the issue of social protection of older persons was ranked as one of the top three most important goals of the Road Map.

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<sup>35</sup> World Bank (2015): World Development Indicators. <http://data.worldbank.org/country/armenia>

## Pension

Armenia has taken dedicated steps to ensure the social protection of older persons, particularly those who cannot earn income due to old age or disability. Pension remains a key means of support for older persons, and in some instances the only means of support. From 2012-2014, pension spending remains the bulk of social sector spending in Armenia, landing between 17-19 per cent. As a percentage of Armenia's GDP, pension spending is around 5 per cent.<sup>36</sup>

Armenia's pension system was formerly a pay-as-you-earn (PAYE) system where benefits to older persons are paid directly out of current taxes and social security contributions. Labour pension includes men and women<sup>37</sup> aged 63 with at least 25 years of covered employment.<sup>38</sup> Social pension includes men and women aged 65 with less than 5 years of covered employment. The funding for pensions is financed through government contributions and mandatory social contributions (social tax).

In 2011, the basic pension was AMD 10,500 (about 28 USD) per month. This amounts to 20 per cent of average incomes in Armenia. Within the region, pensions in Armenia are only about half of the average pensions among countries in the region.

In 2013, 91.6 per cent of people over 65 received a pension, and in 2015, the number jumped to 100 per cent.<sup>39</sup> In Armenia, there is one pension contributor per pension beneficiary. Other countries in the region have a 1.5 ratio of contributor to receiver. Comparatively, more economically developed countries have a 2.0 ratio of contributor to receiver.<sup>40</sup> Given the share of workers contributing to the pension system to pensioners receiving benefits, the current system is fiscally unstable and unsustainable.

## Pension reform

In 2010, a pension reform was introduced with the aim of fiscal sustainability amidst the economic landscape and changing demographic structure. In 2014, steps were made to move toward the World Bank's multi-pillar system that requires an obligatory deduction of funds from workers' salaries for a government-run pension fund. Its implementation however was unsuccessful due to nationwide protests on the constitutionality of the reform. Points of contention include its mandatory nature, the cap on government subsidies and the imposition of contributions without tax deductibility. As a result, the mandatory pension system applied only to the public sector workers, and remained voluntary for the workers in the private sector.<sup>41</sup> To date, a resolution has not been made. In May 2016, the Government approved draft amendments to the law which would extend the deferment until July 2018. It attributed the move to its ongoing efforts to reform Armenian tax legislation.<sup>42</sup>

## Integrated social services

Income security is not only dependent on a reliable source of income (which may be in the form of pension), but also on the availability of and access to social services, including health care and institutional care, for free or at low cost. In this view, to provide a more comprehensive response to ensuring the social protection of older persons, Armenia passed legislation on the "Adoption of the Programme on Introduction of the System of Integrated Social Services in 2012". The legislation

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<sup>36</sup> National Statistical Service of the Republic of Armenia (2015): Social Snapshot and Poverty in Armenia.

<sup>37</sup> In 2011, the retirement age for women was raised to age 63.

<sup>38</sup> In addition, benefits would be available to women and men aged 59 with at least 25 years of covered employment of which at least 20 years were in arduous or hazardous work; or aged 55 with at least 25 years of covered employment of which at least 15 years were in extremely arduous or hazardous work.

<sup>39</sup> Help Age International: Social Pension Database. <http://www.pension-watch.net/about-social-pensions/about-social-pensions/social-pensions-database/>.

<sup>40</sup> World Bank (2014): Republic of Armenia Public Expenditure Review: Expanding the Fiscal Envelope.

<sup>41</sup> ILO (2012): Decent Work Country Profile: Armenia.

<sup>42</sup> Azattyun: Armenia Pension Reform Delayed Further, 5 May 2016. <http://www.azattyun.am/a/27717766.html>.

outlines a commitment toward the increased accessibility and quality of social services according to the needs of the population, with a view to promote social cohesion and decrease social exclusion of vulnerable groups, including older persons.

Currently, pensioners who live in the capital city of Yerevan are at lower risk for poverty in comparison with those who live in villages (1.5 times) and other cities (1.7 times). Not surprisingly, the highest rate of severe poverty in Armenia was among pensioners who live in villages.<sup>43</sup> There is however evidence that the Government has put in place measures to ensure that these higher risk groups have access to the appropriate social services. One measure involves placing community social workers in these rural or remote communities to ensure that the needs and priorities of all groups, including older persons, in these communities are addressed. This is currently being implemented in Tavush and Lori regions. Moreover, the evaluation found that some action has been taken toward the integration of public social services and the creation of territorial service centers, which will serve as outposts in the provision of integrated social services throughout the provinces. This however does not guarantee that rural communities and village settlements will be equally reached given that the centers will be placed in the urban hubs of the provinces.

### Informal care

While there is a formal care system in Armenia, the evaluation found that culturally the care of older persons is provided by families. Accordingly, the majority of older persons in Armenia live with their children in multigenerational households. However, informal care cannot be replaced by formal care, rather they should be complementary. The burden of care on informal caregivers – emotional, physical and financial – can be overwhelming, particularly in a household with both pensioners and young children who cannot contribute to household incomes. The evaluation found that the Government has taken steps to address this imbalanced burden through social support programmes, such as the Family Benefits Programme.

The Family Benefits Programme is the second largest social assistance programme under social protection spending. The programme relies on a household's vulnerability score which takes into account income levels, number of family members by social group (children, disabled persons and older persons), housing conditions, and geographical area of residence. Households receive an average 29,350 AMD per month.<sup>44</sup> According to the National Statistical Service of Armenia, about half of pensioners also are either Family Benefits Programme recipients or live in households with families who are recipients of the programme. Apart from this state-funded initiative, the evaluation did not find any other support services for families caring for older persons.

### Other social support services

At the community level, the evaluation found that non-state actors have instituted alternative initiatives to augment social services for older persons. For example, Mission Armenia operates 32 Charity Canteens which serve free meals daily to older persons in their community. The soup kitchen runs as resources allow, being partially subsidized by the Government. Similarly, Armenian Caritas has a food programme in Shirak province, "Dry Food for 200 Beneficiaries Living in Gyumri", to improve the living conditions and well-being of older persons in these communities.

These non-governmental organizations among others also provide access to information about pension and other related social services for older persons as well as other vulnerable groups in the

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<sup>43</sup> National Statistical Service of the Republic of Armenia (2015): Social Snapshot and Poverty in Armenia.

<sup>44</sup> World Bank (2014): Republic of Armenia Public Expenditure Review: Expanding the Fiscal Envelope.



community, including refugees from Ukraine or Azerbaijan. Typically there is a social worker on staff who acts as a case manager for older persons, and some have lawyers or legal advocates on staff that provide information on their civil rights and the legal code as relevant to older persons. Generally speaking, the evaluation found that information on social protection and related benefits seemed to be shared informally among older persons, through social networks as well as the home care and day-care centers.

#### Homelessness and socially vulnerable groups

Homelessness is also a growing issue afflicting older persons in Armenia. According to the data provided by the Ministry of Health, there are more than 300 homeless persons where 20 per cent of them are 63 years old or older in the cities of Yerevan, Gyumri, and Vanadzor. The state has passed legislation that regulates the procedures for providing temporary housing without charge to socially vulnerable groups which includes persons 65 or older.<sup>45</sup> Alongside this, several international actors have taken action to address this issue. For example, the Armenian-Danish foundation Hans Christian Coed provides temporary shelter for homeless persons, including older persons, in the city of Yerevan. In 2008, the Ministry of Labour and Social Affairs in collaboration with the Swiss Government introduced the model of “Social Houses”. The facilities were intended for homeless pensioners who do not have children as well as refugee families. The first house was erected in Gyumri. The evaluation however could not find any further information if the project was expanded, or ongoing for that matter.

### 3.6.5. Economic Participation and Opportunities

**Goal 5:** *To develop and implement economic strategies with the aim of sustainable economic growth and development.*

**Goal 6:** *To reduce obstacles and increase options for older persons to be economically active both when approaching retirement and beyond retirement age should they wish to do so.*

**Goal 7:** *To increase overall capacities and training levels among the population in all age groups.*

A country’s age structure is an influencing factor to its economic growth. Research has shown that on average the ratio of consumption to production tends to be high for younger and older persons, and low for the working age population.<sup>46</sup> In Armenia, the current unemployment rate is 18 per cent and it also has a low labour force participation rate where an estimated 2/3 of working age population is unemployed or looking for work.<sup>47</sup> Many who are employed have low productivity jobs that are low paid, paying less than 2/3 of the minimum wage.<sup>48</sup> In addition, the Armenian economy faces several challenges within the context of its age structure, including an increasing out-migration of its working age population and a growing pension population.

To fully address the consequences of demographic ageing on the economy, economic strategies need to not only promote growth and job creation, but also be equitable across all generations and gender. In the figure below, the unemployment rates in Armenia are broken down by age groups illustrating two things: (i) the need to enhance labour participation across all age groups; and (ii) the participation of older workers in the labour market is very low: 10.8 per cent of people aged 55–59, 6.7 per cent of those aged 60–64, and 2.9 per cent of those aged 65–69.

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<sup>45</sup> Decree of the Government of the RA N1069 (September 10 2015). See Annex 7 for details.

<sup>46</sup> Bloom, David, David Canning and Gunther Fink (2011): Implications of Population Aging on Economic Growth.

<sup>47</sup> Trading Economics: Armenia Unemployment Rate 1998-2016. [www.tradingeconomics.com](http://www.tradingeconomics.com).

<sup>48</sup> World Bank (2014): The Jobs Challenge in the South Caucasus – Armenia.

**Figure 7: Economically Active Population by Age Group (2014)**

	1000 մարդ, <i>persons</i>					Ընդամենի նկատմամբ,% <i>As share of the total, %</i>				
	Ընդամենը <i>Total</i>	Տղամարդ <i>Men</i>	Կին <i>Women</i>	Քաղաք <i>Urban</i>	Գյուղ <i>Rural</i>	Ընդամենը <i>Total</i>	Տղամարդ <i>Men</i>	Կին <i>Women</i>	Քաղաք <i>Urban</i>	Գյուղ <i>Rural</i>
<b>Ընդամենը <i>Total</i></b>	<b>1 375.7</b>	<b>699.9</b>	<b>675.7</b>	<b>828.8</b>	<b>546.8</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
15-19	26.3	14.0	12.3	12.6	13.7	1.9	2.0	1.8	1.5	2.5
20-24	140.7	76.2	64.4	87.5	53.2	10.2	10.9	9.5	10.6	9.7
25-29	167.4	98.6	68.8	110.1	57.3	12.2	14.1	10.2	13.3	10.5
30-34	150.0	80.5	69.5	102.4	47.6	10.9	11.5	10.3	12.4	8.7
35-39	130.9	65.9	65.0	82.6	48.3	9.5	9.4	9.6	10.0	8.8
40-44	140.0	66.2	73.8	86.4	53.5	10.2	9.5	10.9	10.4	9.8
45-49	135.1	62.2	73.0	73.2	61.9	9.8	8.9	10.8	8.8	11.3
50-54	178.9	79.3	99.5	100.4	78.5	13.0	11.3	14.7	12.1	14.4
55-59	148.0	74.3	73.7	90.7	57.3	10.8	10.6	10.9	10.9	10.5
60-64	92.1	47.3	44.8	54.2	37.9	6.7	6.8	6.6	6.5	6.9
65-69	40.3	22.4	17.9	20.0	20.2	2.9	3.2	2.6	2.4	3.7
70-75	26.0	13.1	12.9	8.6	17.4	1.9	1.9	1.9	1.0	3.2

Source: National Statistical Service of the Republic of Armenia

To the first point, collectively enhancing the labour participation across all age groups can contribute to lessening the consequences of population ageing, which include an over-burdened pension system, low productivity, and stagnant growth. To the second point, increased labour force participation by older persons, and perhaps the re-entry of those who have already retired, could also help alleviate the stresses of Armenia's current economic situation. Apart from the economic benefits of this approach, studies have shown the positive effects of continued cognitive and physical activity and social engagement on older adults, which include potentially postponing physical and mental decline.<sup>49</sup> This approach however would be dependent on a variety of factors including the legal framework (health care and pension provisions) as well as the access to resources, services and training for older persons.

### Legal framework

There have been some developments in the protection for older workers. In April 2009, the Constitutional Court of Armenia ruled it was legally possible to continue work after official retirement.

In 2015, an amendment was passed on the Labour Code of the Republic of Armenia towards addressing age discrimination against older workers. The evaluation however could not find specific legislation eliminating discrimination against older workers.

Notably, Armenia was among the first countries in the region to gradually introduce equal retirement age for women and men. In 2011, the retirement age for women was increased from 62.5 to 63 so that labour pension for old age includes both men and women aged 63 with at least 25 years of covered employment.<sup>50</sup>

As discussed under goal 4, the Government of Armenia has made attempts at pension reform with the aim for fiscal sustainability. In 2010, pension reform law was introduced to add another pillar to

<sup>49</sup> Williams, Kristine and Susan Kemper (2010). Exploring Interventions to Reduce Cognitive Decline in Ageing, *Journal of Psychosocial Nursing and Mental Health Services*, vol. 48, no. 5, pp. 42–51.

<sup>50</sup> In addition, benefits would be available to women and men aged 59 with at least 25 years of covered employment of which at least 20 years were in arduous or hazardous work; or aged 55 with at least 25 years of covered employment of which at least 15 years were in extremely arduous or hazardous work.

the current 'pay-as-you-go system' where a sliding scale of contributions (based on income earned) would be made to individual pension accounts that would replace income after retirement. The contributions would be tax-free, but would not include government matching contributions. The new system was mandatory for all employees below the age of 40 and voluntary for older workers. This spurred nationwide protests in 2014 stalling its implementation. To date, the reform remains unresolved. In May 2016, the Government approved draft amendments to the law which would extend the deferment until July 2018. It attributed the move to its ongoing efforts to reform Armenian tax legislation.<sup>51</sup>

#### Enabling environment and access to resources and training

With regard to flexible employment arrangements, there were no specific policies in place to ensure accommodations were made to promote the participation of older workers in the labour markets. The evaluation also observed a strong perception among stakeholders that the low participation of older persons in the labour force was not due to a lack of opportunity or an enabling environment, rather a lack of interest or motivation.

Research has shown that by equipping a work force with supplementary knowledge and technical skills, it not only makes them more effective, but also more flexible to the changing needs of the labour market. While there is a widening recognition in Armenia to reduce the obstacles and increase the capacities and options for older persons to be economically active, there has been stalled progress in the provision of such services.<sup>52</sup>

With regard to vocational training for older workers, the evaluation found no evidence of systematic programmes in place. There are vocational training programmes that are undertaken by the State Unemployment Agency which are inclusive of all age groups, except for persons past the age of 63. Most recently, the Ministry of Education drafted its "Development of Education for 2016-2025 Programme" which highlights five targets but does not address the educational needs for older persons, rather focusing on the educational needs for children. When resources are available, non-state actors have attempted to fill this gap by providing courses, such as computer literacy, to older persons.

On a similar trend, the evaluation found that there has not been much progress in terms of continuing adult education or lifelong learning initiatives. Supplementary education, which is one component of lifelong learning, is defined by the RA Law on Education as an integral part of the education system. However, actions toward supplementary education have not been fully implemented yet due to the lack of legislative regulations.

While Armenia has not yet approved the strategy for lifelong learning, there has been some increased visibility and support on the topic from actors outside of the state. A public awareness campaign for lifelong learning was launched in 2012. Several international donors have made investments in adult education, e-learning and Vocational and Educational Training (VET) reforms, including the German Federal Enterprise for International Cooperation (GIZ), European Union, United Nations Development Programme (UNDP) and the United States Agency for International Development (USAID). Likewise, there has been a similar movement in civil society where at the local level they are promoters and implementers of the funded initiatives. Notably, the Armenian Lifelong Learning League was established consisting of a union of 12 NGOs active in adult education and continued learning.

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<sup>51</sup> Azattyun: Armenia Pension Reform Delayed Further, 5 May 2016. <http://www.azattyun.am/a/27717766.html>.

<sup>52</sup> Evaluation survey results reported that goals 6 and goal 7 were top priority goals.

Funding remains to be a key challenge to lifelong learning, and moreover public education at large in Armenia. Expenditure for education across all levels in 2011 comprised 2.8 per cent of GDP which is a little more than half of the public spending on education in OECD countries, which on average is 5.1 per cent of their GDP on educational institutions at primary, secondary and tertiary levels.<sup>53</sup>

### 3.6.6. Gender Equality

**Goal 8:** *To ensure gender equality in all aspects of national life, increase public awareness.*

While Armenia does have a Strategy and Action Plan on Gender 2011-2015 in place, it is not evident from the documents available if amendments or revisions have been made to include the specific concerns and address the specific needs of older persons. As it stands, “the elderly” are mentioned only once in the gender policy.

With regard to ageing policies, the evaluation found that the issue of gender could also be mainstreamed more effectively. In many cases where gender is identified as a consideration or component of these frameworks, it is not mainstreamed in full; meaning that there is a limited understanding or reflection on the core issues that surround gender in ageing, particularly with respect to inequalities in the ways older women and older men access services, resources, opportunities and rights. Part of this could be addressed if there was systematic data collection on the interactions between gender and ageing. Demographic data should also be disaggregated by sex so that the gender dimension can be further unpacked and explored.

Despite the data limitations, the evaluation did identify some areas of the Road Map that have made gains in such understanding and have been able to translate this understanding into tangible actions. One example involves labour market participation. From 2012 to 2014, the employment rate of women and men averaged around 46.6 per cent and 64.7 per cent, respectively. In response, the Government instituted several mechanisms to promote the participation of women, including: improved access to child care facilities, developing skills to effectively combine family obligations with work and career, and an extended female retirement age.<sup>54</sup>

### 3.6.7. Social Cohesion and Intergenerational Solidarity

**Goal 9:** *To promote and support cohesion and solidarity within and between generations.*

In Armenia, intergenerational ties are quite strong and the care of older persons is customarily taken up by their younger family members. According to a survey conducted by Help Age International in 2013, 54 per cent of Armenian persons over 50 reported they have relatives or friends they can count on when in trouble, and in 2015, this increased to 63 per cent.

In this context, the evaluation examined support systems and mechanisms for families that undertake these care roles. Limited data was found on the activities that the Government has initiated to support families providing care to older persons. As previously discussed under the section regarding social protection, Armenia does have a state-funded programme, the “Family Benefits Programme”, which provides financial support to large families with special consideration given for families with pensioners.

With regard to older persons who do not have families, there were some more innovative initiatives in this area introduced by non-state actors. Notably, Mission Armenia established a programme to pair older persons with no families with single-mother households. The logic behind the pairing

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<sup>53</sup> National Statistical Service of the Republic of Armenia; OECD (2016): Public Spending on Education: <https://data.oecd.org/eduresource/public-spending-n-education.htm>

<sup>54</sup> ILO (2012): Decent Work Country Profile: Armenia

was to facilitate reciprocal benefits for both participants. The older persons could benefit from the social interaction with the single-mother family as well as the ability of the single mothers to undertake household activities that older persons would not be able to do otherwise. On the other end of the pairing, the single mothers could benefit from the opportunity to live in what typically are accommodations dedicated for older persons, the interaction with older communities, as well as child care services that the older person may be able to provide.

The evaluation also found other initiatives, previously mentioned, that promote solidarity across generations including: Jubilee party celebrating the artistic achievements of older persons, exchanges between boarding houses and primary schools, family sporting competitions where teams are composed of multiple generations from across family lines. Apart from the Jubilee festival, these activities however did not appear to be regular ongoing activities, rather one-off activities where resources were available. A potential key actor in leading these efforts, the Ministry of Sport and Youth, did not have any specific initiatives addressing this goal which implicates some missed opportunities to promote intergenerational cohesion.

### 3.6.8. Coordination and Partnerships<sup>55</sup>

**Goal 10:** *To encourage partnerships between all stakeholders on all levels to address the challenges of the ageing society.*

In 2008, a regional intergovernmental body, the Working Group on Ageing, was established. It is made up of national focal points on ageing representing the member States within the region, including Armenia, along with representatives from international organizations, NGOs and academia. The Working Group meets regularly reviewing efforts at the regional level as well as in each of the respective countries. A reporting mechanism has been set up for the implementation of MIPAA/RIS to which all relevant member States participate, including Armenia.

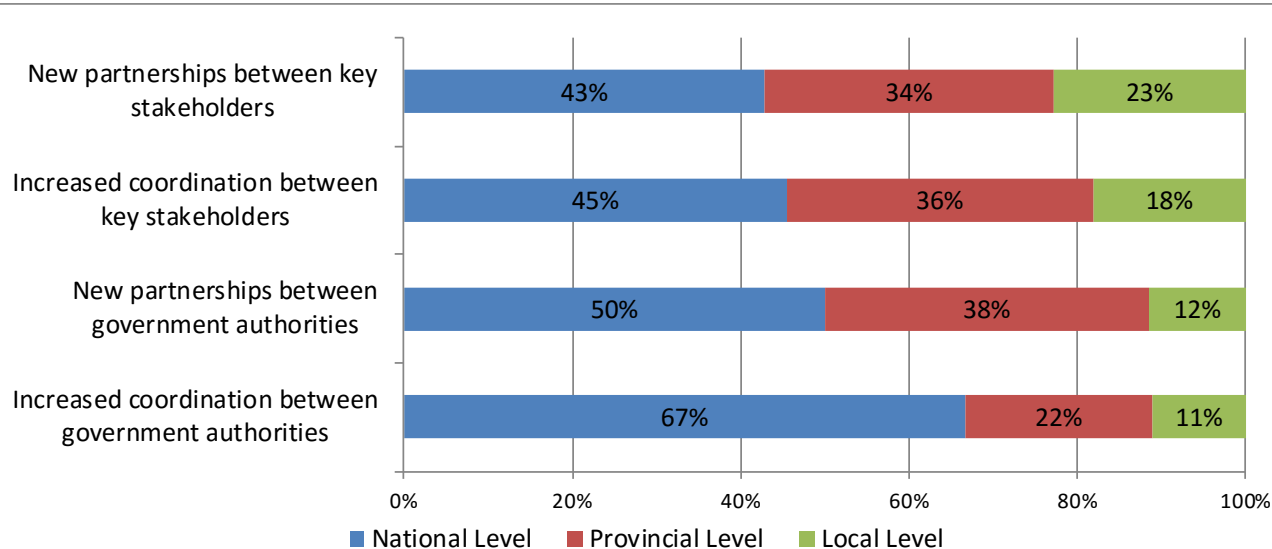
At the national level, the Government of Armenia set up an official coordinating body, the Inter-agency Committee on Ageing, in 2012 to supervise and monitor the implementation of the Road Map. Members include officials from relevant ministries as well as key representatives of international organizations, civil society, and trade union. The Ministry of Labour and Social Affairs chairs the Committee, which meets regularly three times a year and convenes on an ad hoc basis, as needed. The meetings provide a space for members to share the progress made in their respective areas, discuss challenges and issues that they may have encountered in implementation, and present upcoming projects and initiatives.

It is not clear how the provinces and local communities (apart from the Yerevan Municipality) are represented in these meetings, although the Ministry of Territorial Administration and Development, which was recently established earlier this year, is an active member of the Committee. Figure 8 presents survey results where the respondents indicated that coordination and partnerships primarily happened at the national level. To a lesser extent, coordination and partnerships in the implementation of the Road Map occurred at the local and provincial levels. Broadly speaking, the infrastructure for collaboration is weak both between national and local authorities as well as at the local level between municipalities.

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<sup>55</sup> This section also addresses evaluation question 7 - Has the Road Map facilitated increased coordination or partnerships between Armenian ministries and other key stakeholders at the national, provincial and local levels?

**Figure 8: Survey Results on Coordination and Partnerships by level (National, Provincial, Local)**



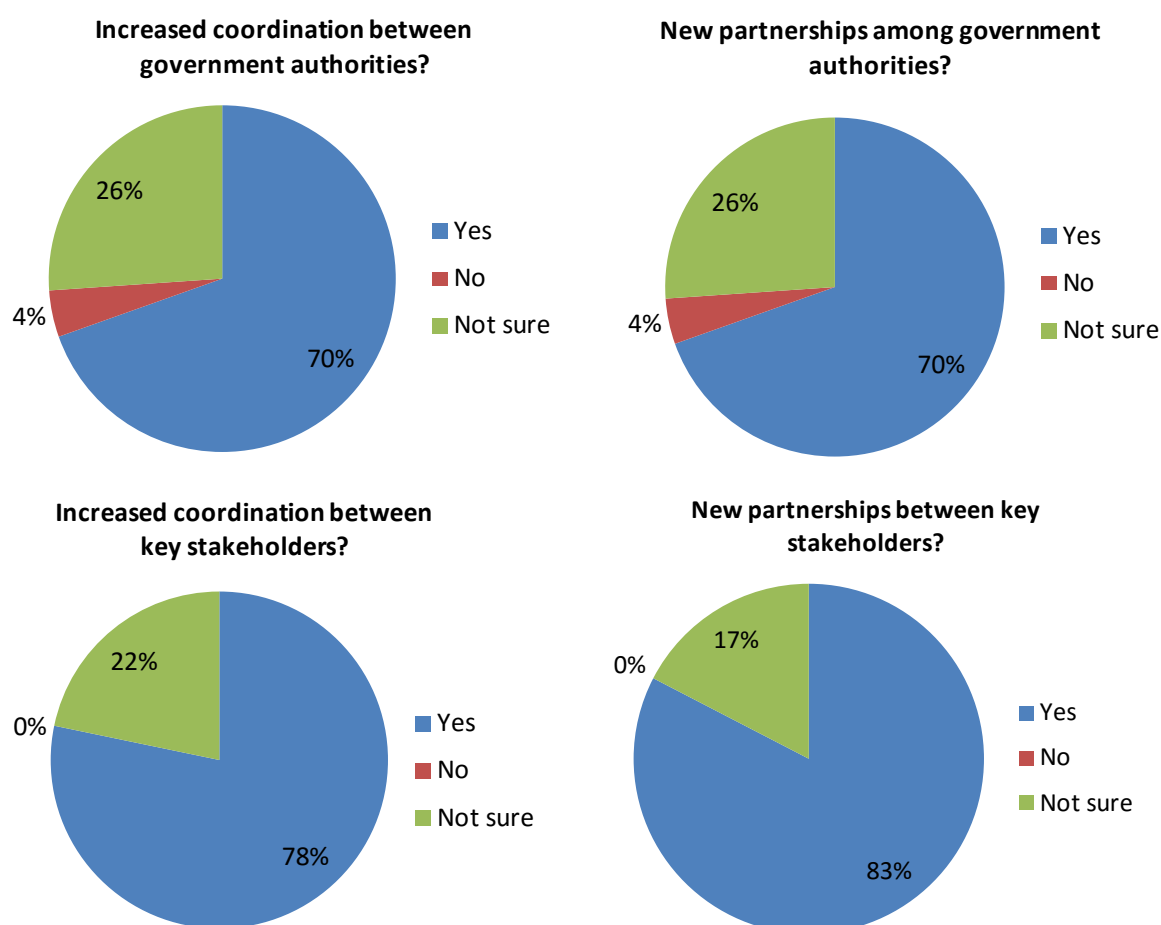
Source: Evaluation Survey, 2016

Outside of the Inter-agency Committee, non-state actors have recently established a formal network - the Elderly Protection Network. Prior to the establishment of this network, the seven members did work in partnership with each other, albeit in a more informal way. Formalizing the network also serves to establish a more strategic partnership among the entities to more effectively advocate and influence social policy at the national level.

The extent to which coordination moves beyond the Committee and the set meetings is mixed. As seen in figure 9, 70 per cent of survey respondents agreed that the Road Map had facilitated increased coordination both between government authorities and among key stakeholders. Similarly, a majority of respondents agreed that the Road Map helped facilitate new partnerships (70 per cent agreed) formed between government authorities and among key stakeholders (83 per cent agreed). However, from the interviews and group discussions, the evaluation found that some government agencies were unaware of what their sister agencies were doing. It was also evident that the division of labour between ministries was clearly defined, yet so much so it seemed to prevent any initiative for collaboration across entities. Given the interconnectedness of the Road Map, there seemed to be some missed opportunities for collaboration across agencies, and where collaboration did occur it was limited and ad hoc.



**Figure 9: Survey Results on Coordination and Partnerships**



Source: Evaluation Survey, 2016

### 3.6.9. Data, Monitoring and Communication

**Goal 11:** *Monitoring and Communication System to enable stakeholders to follow up on results and provide feedback on policy decisions.*

**Goal 12:** *To improve education (demography & sociology), research and relevant data availability .*

At the global level, the evaluation found Armenia has provided data to other international data aggregation platforms working on population ageing, such as Help Age International, which provides global ageing data.<sup>56</sup>

At the regional level, as a member of the UNECE Working Group on Ageing, Armenia is responsible for preparing and reporting on their follow-up to MIPPAA/RIS in their country. The national reports are a core component of the review and appraisal cycles for MIPAA/RIS. In large part, the information contained in the national reports would have been useful to provide baseline data for this evaluation to demonstrate the progress made, however, the data contained in the reports for the first two cycles are limited and at times outdated.

At the national level, the Inter-agency Committee on Ageing prepares an annual report for the Prime Minister that reflects the activities of the group. The evaluation could not assess the quality or

<sup>56</sup> Help Age International: Global Ageing Index. <http://www.helpage.org/global-agewatch/population-ageing-data/global-rankings-table/>

the follow-up of these reports as they were not available for review. According to the survey, the majority of respondents were not sure (73.9 per cent) if there were arrangements in place to monitor the implementation of the Action Plan; less than a third of respondents confirmed that there were arrangements in place. The evaluation could not find records of monitoring reports or reporting of any sort for the implementation of the Road Map.

The Government has a dedicated entity, the National Statistical Service, that provides quantitative information on social and economic development, demographics, health, and environment. In some reports, data is disaggregated by age group. The most recent and key publications are typically available in Armenian, Russian, and English and are shared publicly. The evaluation however found no data on strengthening the education of national demographers and building a labour market that provides incentives for their career development.



## 4. CONCLUSIONS

### 4.1. Management-related

#### ***Conclusion 1: Integration of ageing varies across areas of work of the national strategic framework***

While there was much momentum and support for the Road Map at its inception, progress has somewhat stalled as the prioritization of ageing at the national level was not consistently prominent in all areas of the national strategic framework. The integration of the issues of older persons into the areas work of each ministry was mixed - where some entities were able to mainstream their activities in a meaningful way while others were unaware of the goals of the Road Map or not interested in advancing the goals. The recognition that ageing cuts across all sectors is present, however the level of commitment and marked efforts to address related issues varies among governmental entities. Notably, there was effective leadership by the state in the operational integration of older persons into cultural life. Moreover, non-state actors made positive gains in enhancing the quality of life and social integration of older persons.

#### ***Conclusion 2: Weak linkages between national vision and local implementation***

Among stakeholders, there was a general agreement that the Road Map was comprehensive in its guidance and clear in the roles and responsibilities of implementing partners. Even so, it was perceived that there was a weak link between the strategic direction at the national level to the activities implemented at the regional and provincial levels. Key informants pointed to a myriad of factors that may have contributed to the variation present in local implementation across provinces, including: remoteness of the region, age composition of the community, financial and human capacities or resources available, proximity to border areas, leadership and motivation of local government bodies, level of activeness of NGOs and local implementing partners, and underlying cultural barriers. The evaluation concluded that the infrastructure for collaboration is weak both between national and local authorities and at the local level between local municipalities.

#### ***Conclusion 3: Partnerships and coordination have strengthened during the course of implementation***

Given the interconnectedness of the Road Map, where many activities cut across several areas of work, the opportunities for collaboration exist. Coordination is evident among a wide range of stakeholders both internally and externally, but to varying degrees. The Government has played an important role in the coordination of the implementation of the Road Map, where the creation of an Inter-agency Committee on Ageing has facilitated the continued engagement of key stakeholders in the Road Map's implementation. While the Committee convenes regularly throughout the year, coordination beyond committee meetings varies, and it has had mixed success to broker joint activities among government ministries, development partners, and civil society actors. Among non-state actors, there have been recent advances towards a stronger alliance and more strategic coordination with the establishment of a formal network of NGOs working specifically on ageing issues. Non-state actors, particularly at the local level, play a critical role in service delivery and have a wealth of expertise and knowledge of what works and what doesn't work in their localities. While non-state actors did acknowledge a good working relationship with the Government, the evaluation found missed opportunities for collaborative state-funded or cost-shared activities.

#### ***Conclusion 4: Limited documentation and sharing of results and learning***

The evaluation found that there was limited systematic documentation of key aspects of effective implementation especially at local level. Specifically, there was limited reliable evidence: (i) to demonstrate the effect of different approaches and interventions on service quality, equity and

access; and (ii) to validate and communicate good practices of the Road Map. While stakeholders may be aware of their own results achieved, there is a low degree of sharing of experiences and lessons learned across groups. Consequently, the existing monitoring systems that track Road Map results as well as the modalities on how results are communicated and shared hamper implementation learning, transparency and accountability among partners.

## 4.2. Programme-related

### ***Conclusion 5: Positive gains in the integration of older persons into social and cultural life***

There has been much progress towards efforts in the integration of older persons into social and cultural life. Key to ensure the inclusion of older persons in social life is creating environments that are more “age-friendly”. Taking Yerevan municipality as an example, it has taken up good practices to adapt its structures and services to be accessible to and inclusive of older people with varying needs. While Yerevan is not representative of all the cities within the different provinces, its efforts in this regard should be regarded as good practice to be shared at the regional and provincial levels. In a like manner, the Ministry of Culture has taken great strides in addressing ageing and mainstreaming the issues of older persons into its core activities. In many ways, the Ministry has instituted initiatives that can be taken forward by sister ministries or other implementing partners. One example of this is its innovative measures to provide services to older persons with limited mobility (e.g. mobile exhibitions and partnering with NGOs to provide transportation to cultural sites).

### ***Conclusion 6: Challenges in the access to affordable and quality health care***

Funding continues to be the main challenge in the provision of affordable and quality health care for older persons in Armenia. There are provisions for out-patient services, dental care, and mental health services for older persons at no cost, but this is not extended to the in-patient level. However, older persons who fall under one of the government-defined “socially vulnerable groups” may qualify for free in-patient services. Health care specific to serving the needs of older persons is widening, yet still limited. While specialists in geriatric/gerontology are present in some health facilities, they are not present in all medical centers throughout the country. There have been some attempts in providing palliative care, but limited funding is an ongoing challenge. To widen the access to health care services for older persons, there have been discussions to deploy mobile health units to reach older persons living in remote or rural communities and border areas, yet there is no evidence of further efforts beyond these discussions. Quality of service delivery is unclear.

### ***Conclusion 7: Comprehensive package of services available in institutional care, but quality varies and access is limited***

An integral part of the social protection system for older persons in Armenia is institutional care, which includes boarding houses, adult day centers, and home-based care services to support independent living. These facilities are located primarily in urban centers and thus cover only a fraction of the total older population. There are several state-run and private institutions throughout the country, but these facilities are largely concentrated in the capital leaving populations near border areas, and remote and rural communities to either relocate or be excluded from these benefits. While the appropriate mix and capacity (expertise and technical capacity) of staff is evident in these facilities, the limited number of staff per older person in these facilities is an inherent risk to lower standards and quality of care. Not surprisingly, there have been mixed responses on standards of care. While the state-run facilities reported that they adhered to specific standards on quality, the facilities operated by non-state actors reported they often adhere to different standards (dependent on the donor funding the initiative). To date, while developing national standards on quality care has been discussed, follow-up action in this regard is still pending.

**Conclusion 8: Limitations to social protection and need for pension reform**

In Armenia, pensions are fundamental to ensuring income security and the well-being of older persons. Notably, the country has reached universal pension coverage for older persons, yet pension levels fall significantly below average incomes in Armenia. Within the region, it only amounts to about half of the average pension levels among neighboring countries. Over the period that was evaluated, there have been small percentage increases (7-8 per cent) in pensions, yet the palpable effects have been minimal. Given the economic realities of the country and increased living costs, pensions are insufficient to meet minimum subsistence levels. Non-state actors have worked to fill in these gaps through centers that provide free social services, legal aid, and free meals. The Government has prioritized pension reform to offer more social and economic protections and promote income security, however, a resolution has still not been reached. Moreover, the share of workers contributing to the pension system relative to pensioners receiving benefits (and those that will receive benefits in the near future), remains a key hurdle to the fiscal stability and sustainability of the current system.

**Conclusion 9: Opportunities for demand creation and awareness raising**

Some ministries have made significant efforts to raise the issues of ageing at the national level, however whether or not this translates to the local level is unclear. Despite engagement with community level organizations, there are limited efforts toward demand creation of specific services, in particular lifelong learning initiatives and care services for older persons such as assisted living and day-care services as well as boarding home care. The lack of awareness on the benefit of these services paired with the cultural stigma attached to some of these services pose significant challenges to advance the goals of the Road Map.

**Conclusion 10: Barriers to labour force participation**

Against the backdrop of the financial crisis and austerity measures, older persons are increasingly being recognized and valued as a productive economic resource. Armenia is no exception and given its low pension levels, the need for supplemental income during retirement is inevitable. The evaluation found that limited efforts have been made to harness the economic potential of older persons and integrate them into working life past 65. Additionally, there are several barriers that impede participation by older persons in the labour force, including a perception that pensioners do not want to work. Other challenges include a workforce biased towards younger workers and modern technologies as well as the lack of training or skills programmes available to enhance the employability of older persons, reinforcing the growing structural unemployment. There was no evidence on future efforts toward skill development or better skill matching for older workers, rather the priority seems to be more placed on the younger work force.

**Conclusion 11: Limited support for multigenerational households**

In many parts of the world, largely in developing countries, the majority of older persons live with their children in multigenerational households - Armenia included. Where informal care cannot be replaced by formal care, it should be complementary and assure level of quality. This, however, places a significant burden on informal caregivers (varying from emotional, physical and financial stresses) that can threaten their own health and well-being. The current economic situation in Armenia does not provide for sufficient support for multigenerational households, where many are living solely off the pensions of their older family members. As a result, many families in these situations cannot ensure that their older family members are provided appropriate and quality care.





## RECOMMENDATIONS

### ***Recommendation 1***

The Inter-agency Committee on Ageing should seize the opportunity to mainstream ageing across all thematic areas of its work, particularly in view of its upcoming development plans for 2016-2025. In the context of the national plans, it should review opportunities to link ageing initiatives with the work of each ministry. This may further secure (and increase) financial resources for Road Map implementation activities, and moreover, mobilize partners to recommit their efforts to not only advance, but accelerate the achievement of the goals of the Road Map. Given the limited financial resources for implementation, the Inter-agency Committee on Ageing should consider targeting priority areas for action, in particular those that address the challenges and implementation gaps identified in this evaluation. To this effect, UNECE should provide operational guidance to ensure that proposed actions and initiatives are meaningful and move beyond social assistance programmes. Where possible, accountability mechanisms should be established within ministries so that a certain percentage of their budget is dedicated to issues surrounding ageing and older persons. Moreover, there should also be monitoring mechanisms that track the effect of mainstreaming ageing, particularly on improving service access and quality as well as service demand and uptake.

### ***Recommendation 2***

Given the global financial climate and the economic realities in Armenia, the Inter-agency Committee on Ageing should identify priority areas for action for the next phase of implementation of the Road Map. While comprehensive, the scope of activities of the Road Map is far-reaching, and ultimately not feasible, given the financial and human resources available for Road Map implementation. While cost-effective measures could help advance toward these goals, the scarcity of available funding for these activities has resulted in slow and scattered progress. A more concentrated effort on priority actions, paired with sufficient allocated funding for implementation, could harness the successes as well as address the gaps in implementation found in this evaluation.

### ***Recommendation 3***

The Inter-agency Committee on Ageing should increase their engagement with provincial and local authorities responsible for the implementation of the Road Map. This is particularly important for provinces that are largely composed of rural communities and village settlements, which often have different needs and priorities than the predominantly urban communities of Yerevan. To this point, the Road Map should be flexible in its implementation to appropriately respond to the needs and context of each community. Moreover, there should be stronger efforts that strengthen the capacity of provincial and local municipalities to improve implementation as well as the documentation and reporting of efforts toward Road Map goals. This includes identifying and documenting lessons learned and good practice, conducting periodic surveys or questionnaires, and establishing systematic data collection on results. Moreover, representatives from the provinces and local levels should regularly participate in the Inter-agency Committee meetings on ageing, and where appropriate, travel support to Yerevan should be provided for by the Government. In addition, there should be more effective mechanisms established to increase communication and enhance coordination among and across levels of implementation.

### ***Recommendation 4***

The Inter-agency Committee on Ageing should optimize the comparative advantage of non-state actors, given that they are better placed to implement activities at the local level given their knowledge, experience, relationship, reputation, and reach in these communities. This requires strengthening the

infrastructure for collaboration both between national, provincial and local authorities as well as at the local level between municipalities. Partnerships should be reviewed periodically within and across organizations to see what potential opportunities may have been overlooked. To this end, implementing partners should take stock of their strengths and areas of expertise to identify which organizations may be better placed in taking the lead in the implementation of specific areas of the Road Map. In addition, the Committee should explore collaborative state-funded or cost-shared activities between governmental and non-state actors.

***Recommendation 5***

The Inter-agency Committee on Ageing should review and redesign existing monitoring structures on ageing to ensure that data is systematically collected, documented, and shared. This effort should be at all levels – national, provincial, local – and therefore include relevant actors from each level. There should also be some agreement, and moreover clear understanding, amongst all relevant stakeholders on common monitoring indicators so that panel data can be collected and compared over time. Ideally, the creation of a more robust monitoring and evaluation system should help demonstrate the contributions of different approaches and interventions on service quality, equity and access as well as validate and communicate good practice in the implementation of the Road Map. Moreover, a systematic and regular collection of data would enable future evaluative exercise and continue to promote a culture of learning and accountability.



# ANNEXES



## ANNEX 1

### TERMS OF REFERENCE OF THE EVALUATION

#### EVALUATION OF THE IMPLEMENTATION OF THE ROAD MAP FOR MAINSTREAMING AGEING IN ARMENIA

##### TERMS OF REFERENCE

### 1. Background and Context

Armenia was the first country to participate in the preparation of a UNECE Road Map for Mainstreaming Ageing. The project was undertaken in 2009-2010 and the resulting final report published in May 2011. The goals and objectives of the Road Map were outlined in a Strategy and details on specific actions to achieve these goals were presented in an accompanying Action Plan. In August 2012, the Action Plan was formally adopted by the Government of Armenia. The Action Plan envisioned an evaluation during the implementation of the Road Map to measure progress. To this effect, the Action Plan developed specific monitoring and evaluation indicators to enable a systematic review of its implementation, and allow for remedial action to take place, if needed.

This evaluation comes at an opportune time to be able to inform the preparation for the national reports for the third review and appraisal cycle of the implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS). This document serves as the Terms of Reference for the evaluation, providing details on the purpose and scope, the methodological approach as well as operational modalities for the exercise. The evaluation team will consist of an evaluation consultant(s) who will work under the support and guidance of UNECE. The evaluation will be participatory and is expected to consult with all relevant stakeholders, particularly the Working Group on Ageing, in each step of the evaluation process.

### 2. Purpose and Objectives of Evaluation

The purpose of the evaluation is to enhance the learning and accountability of the organization, governmental counterparts, and other relevant stockholders on the implementation of Armenia's Road Map for Mainstreaming Ageing. The evidence-based findings and recommendations generated by the evaluation will be used to inform the preparation of Armenia's national report on implementation of MIPAA/RIS for the third cycle of review and appraisal.

The principal objectives of the evaluation are:

- a. to identify the main areas in which recommendations and planned actions have been achieved, and where successful implementation is ongoing;
- b. to identify the main areas in which recommendations and planned actions have not been achieved, either as a result of limited success in actions undertaken, or because no action has been undertaken;
- c. to identify and understand the reasons for the successes, setbacks and areas lacking activity identified in points a and b; and
- d. to distil lessons learned from the above in order to make further progress in implementation.

### 3. Scope of Evaluation

Rather than review each recommendation individually,<sup>57</sup> the evaluation will consider the twelve goals identified in the Road Map, with specific attention to the goals prioritized by Armenian stakeholders. It will look at the efforts toward the achievement of these goals during 2012 -2015.

### 4. Evaluation Criteria and Questions

The following are key evaluation criteria along with evaluation questions to be answered in this exercise:

**Relevance:** Does the Road Map directly address the challenges posed by the demographic changes in Armenia?

**Equity:** Does the Road Map address inequities in the distribution of burdens and benefits across population groups?

**Efficiency:** Was the progress in the goals of the strategy of the Road Map made in a timely and cost-effective manner?

**Effectiveness:** To what extent were the goals of the strategy of the Road Map achieved? What were the key challenges to the achievement of these goals?

**Political feasibility:** To what extent do governmental partners accept and support the Road Map?

**Administrative feasibility:** Do government institutions and/or public service providers have the capacity (e.g. technical or financial/human resources) to implement the goals of the Road Map?

**Partnerships and coordination:** Has the Road Map facilitated increased coordination or partnerships between Armenian ministries and other key stakeholders at the national, provincial and local levels?

### 5. Evaluation Methodology

The proposed methodology is based on the initial scoping of relevant documents, as well as the initial assessment of the resources and the data available to support the evaluation. The evaluation will utilize a mixed-method approach consisting of both quantitative and qualitative techniques to further triangulate the data and assure its validity.

The proposed methods of the evaluation include:

- a. Desk review;
- b. Field mission visiting the sites of representative projects or institutions relevant to older persons in Armenia, as identified in consultation with local partners;
- c. Semi-structured interviews and focus group discussions with key informants that include a representative sample of key stakeholders; and
- d. Survey questionnaire.

The interviews, focus group discussions and survey questionnaire will serve to collect information on the nature and extent of efforts toward the achievement of each goal, any challenges or unintended consequences, good practices and lessons learnt, and suggestions on how to enhance future implementation.

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<sup>57</sup> There are 62 individual recommendations in the Road Map, and 141 actions identified in the Plan of Action

Data sources to be considered in this evaluation include: relevant documentation such as, the Road Map for Mainstreaming Ageing in Armenia and the Plan of Action adopted by the Armenian Government, the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy, the 2012 Vienna Ministerial Declaration on Ageing, and the guidelines for the national reports on the third review and appraisal of MIPAA/RIS. In addition, other relevant primary and secondary sources will be reviewed to triangulate these sources. A wide range of key stakeholders will also be consulted in the evaluation to collect qualitative data. These include, but are not limited to, Armenian governmental counterparts, Armenian National Focal Points on Ageing, local partners, Working Group on Ageing, relevant UNECE programme staff, and other relevant parties.

## **6. Evaluation Timeframe and Deliverables**

The deadline for the preparation of national reports on MIPAA/RIS implementation is October 2016. In order to inform this exercise, this evaluation process is scheduled to be completed by May/June 2016.

### Phase 1: Preparation and Planning (August - November 2015)

UNECE will draft a concept note for the evaluation. Moreover, UNECE will coordinate the selection and recruitment of the external evaluation consultant(s). Once the recruitment of the evaluation consultant(s) is finalized, he/she will conduct a rapid desk review of relevant documents to develop a terms of reference of the evaluation.

Upon approval of terms of reference by the Working Group, the evaluation team will move forward with an Inception Report, which should include the finalization of the evaluation tools, the identification of key stakeholders to participate in the exercise, and presentation of any preliminary findings based on the data collected thus far. In parallel, consultations on the logistical planning for the field mission should begin among UNECE, the Armenian National Focal Point, Ageing Working Group and local partners.

### Phase 2: Data Collection and Field Mission (January - April 2016)

The evaluation consultant(s) will pilot the tools internally with UNECE, and upon approval, disseminate the survey to relevant stakeholders. The questionnaire will be sent to the Armenian National Focal Point on ageing with a request for it to be completed collaboratively with the Ministry of Labour and Social Issues. Selected parts of the questionnaire will be sent to other stakeholders, principally those consulted in the preparation of the Road Map for Mainstreaming Ageing in Armenia. A National Working Group may be established to oversee this portion of the exercise.

UNECE, the evaluation consultant(s), representatives of the Working Group on Ageing,<sup>58</sup> will undertake a five-day field mission to Armenia. The mission will entail field research in the form of semi-structured interviews and focus group discussions with key stakeholders. Visits will also be arranged to the sites of representative projects and/or institutions relevant to older persons in Armenia. In-country teams are expected to provide support to the field research through the identification of key stakeholders and sites as well as the provision of additional relevant documents. The evaluation consultant(s) will prepare a brief of the preliminary findings and conclusions to be presented at the end of the field mission.

### Phase 3: Data Analysis and Report Drafting (April - May 2016)

An initial analysis and synthesis of the survey responses will be undertaken to identify key trends and learnings from the questionnaire. Data analysis will also include the data collected in the desk review

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<sup>58</sup> Representatives of the Working Group should include National Focal Points from countries wishing to provide support to the work programme, preferably with different substantive backgrounds e.g. health, social services, etc.

and inception report. A draft report will be circulated to UNECE and the Working Group on Ageing for review, inputs and final clearance for publication. UNECE may provide a management response if deemed appropriate. The final report will be translated into Armenian.

#### Phase 4: Dissemination and Follow-up (May – June 2016)

Once finalized, UNECE will disseminate the report to all relevant stakeholders, internally and externally. There will be a follow-up the recommendations of the evaluation report with regard to agreed actions moving forward. Specifically, the Government of Armenia will be strongly encouraged to take ownership of the follow-up to the recommendations of the evaluation.

The following is a summary of the key deliverables of the evaluation:

<b>Date</b>	<b>Deliverable</b>
August 2015	Finalization of Concept Note of Evaluation Identification and Recruitment of Consultant (evaluation preparation)
November 2015	Finalization of Evaluation Terms of Reference
December 2015	Finalization of Inception Report (including final methodology and tools) Identification of Key Stakeholders
January 2016	Dissemination of Survey Questionnaire
February 2016	Identification and Recruitment of Consultant (data collection and analysis) Finalization of Schedule of Activities for Field Mission
April 2016	Field Mission Presentation of Preliminary Findings and Conclusions Finalization of Draft Evaluation Report
May-June 2016	Finalization and Dissemination of Evaluation Report Follow-up to Recommendations of Evaluation Report

## **7. Management Arrangements**

The evaluation consultant(s) will report to UNECE, who will manage the evaluation process and provide logistical support working in consultation with the Working Group on Ageing.

The evaluation consultant(s) must not have been involved in the design and/or implementation, supervision and coordination of and/or have benefited from the policy under evaluation. The consultants are contracted by UNECE. The qualifications and responsibilities for each team member are specified in the respective job descriptions attached to these Terms of Reference.



## ANNEX 2

### LIST OF DOCUMENTS CONSULTED

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## ANNEX 3

### LIST OF PERSONS CONSULTED

#### ***UNECE and Working Group on Ageing***

Vitalija Gaucaite Wittich, UNECE, Chief of the Population Unit, Statistical Division

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Aliona Cretu, Representative of the Republic of Moldova in the Working Group on Ageing

#### ***Governmental Partners***

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Arkady Papoyan, Deputy Head of the Department of Development Programmes and Monitoring, Ministry of Education and Science

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Tigran Petrosyan, Armenian Caritas

Ani Maghakyan, Armenian Caritas

Lusine Kocharyan, Medical Programmes Coordinator, Armenian Red Cross

Veronika Hunanyan, Director of the older people's home "Home of Hope" in Vanadzor

Manushak Ohanyan, Director of the "Vanadzor's Elderly Home" Foundation

Garik Hayrapetyan, Assistant Representative, UNFPA Armenia Country Office

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Vardan Gevorgyan, Social Protection Projects Implementation Specialist/Consultant, World Bank

Tatul Hakobyan, WHO

# ANNEX 4

## SURVEY QUESTIONNAIRE

### Introduction

The Population Unit of the United Nations Economic Commission for Europe (UNECE) is conducting an evaluation on the implementation of Armenia's Road Map for Mainstreaming Ageing to enhance the learning and accountability of the organization, governmental counterparts, and other relevant stockholders on the implementation. The evaluation will assess the progress made on the twelve goals identified in the Road Map, with specific attention to the goals prioritized by Armenian stakeholders, during the implementation period from 2012 to 2015.

The purpose of this survey is to collect information on the nature and extent of efforts toward the achievement of each goal, challenges or unintended consequences that may have emerged during implementation, good practices and lessons learned, and suggestions on how to enhance future implementation.

Please note that all responses will be kept strictly confidential and will only be used as part of aggregated data in this evaluation.

We estimate it will take you 20-30 minutes to answer the survey. Should you have any questions, please contact [ageing@unece.org](mailto:ageing@unece.org).

### Basic information

1. You currently work for:
  - Government of Armenia
  - International or Non-governmental Organization
  - Private Sector
  - Trade Union
  - Academic/Research Institution
2. Please describe how your work is related to the implementation of Armenia's Road Map for Mainstreaming Ageing.

### Design and Planning

3. In your opinion, does the Road Map directly address the challenges posed by the demographic changes in Armenia?
  - Yes
  - No
  - Not sure
4. Does the Road Map address inequities in the distribution of:
  - 4a. social benefits (e.g. social protection, continuing education programmes) across all population groups?
    - Yes
    - No
    - Not sure
  - 4b. social burdens (e.g. increased taxes, redistribution of public spending) across all population groups?
    - Yes
    - No
    - Not sure

5. Was there sufficient planning for the implementation of the Road Map?  
 Yes     No     Not sure
6. Does the Road Map clearly identify the key implementation steps?  
 Yes     No     Not sure
7. Are the responsibilities of different institutions and organizations that implement the Road Map clearly defined?  
 Yes     No     Not sure
- 7a. If no, please describe what is unclear:

## Resources and Capacity

8. Do the entities responsible for implementation (e.g. government institutions, public service providers, NGOs, local partners) have sufficient human resources?  
 Yes     No     Not sure
- 8a. If no, please provide examples of where human resources is lacking:
9. Do the entities responsible for implementation (e.g. government institutions, public service providers, NGOs, local partners) have the expertise/technical capacity to do so?  
 Yes     No     Not sure
- 9a. If no, please provide examples of where technical capacity is lacking:
10. Which statement best describes the funding available to implement the goals of the Road Map?  
 There is not enough funding  
 Funding is sufficient  
 There is too much funding  
 Not sure
- 10a. If there is not enough funding, please specify areas where the funding is not sufficient:
11. From the period of 2012 to 2015, were the activities toward implementation cost-effective?  
 Yes     No     Not sure
- 11a. If no, please describe key challenges to the cost-effectiveness of implementation:
12. From the period of 2012 to 2015, were the activities towards implementation completed in a timely manner?  
 Yes     No     Not sure
- 12a. If no, please describe key challenges to the timeliness of implementation:

## Implementation

13. During the implementation period from 2012 to 2015, please assess the progress of each of the goals of the Road Map, where 0% = no progress and 100% = goal fully achieved.



Goal	Description	0%	Under 50%	50%	Over 50%	100%
1	To mainstream ageing and to pursue internationally-agreed policy principles.					
2	To ensure full participation and integration of older persons in society.					
3	To achieve high quality of life at all ages, enhance the ability of older persons to live independently, enhance health and well-being					
4	To ensure a minimum social protection level at poverty threshold to all in need, including those who can no longer earn their own income due to old age and related disability.					
5	To develop and implement economic strategies with the aim of sustainable economic growth and development, while controlling negative social consequences of the transition and the global economic crisis with due regard to the implications of demographic ageing.					
6	To reduce obstacles and increase options for older persons to be economically active both when approaching retirement and beyond retirement age should they wish to do so.					
7	To increase overall capacities and training levels among the population in all age groups.					
8	To ensure gender equality in all aspects of national life, increase public awareness.					
9	To promote and support cohesion and solidarity within and between generations.					
10	To encourage partnerships between all stakeholders on all levels to address the challenges of the ageing society.					
11	Monitoring and Communication System: to enable stakeholders to follow up on results and provide feedback on policy decisions.					
12	To improve education (demography & sociology), research and relevant data availability					

14. Please identify and rank the three goals that you consider most important, where 1 = most important.

Goal	Rank

15. Were the goals implemented according to the strategy of the Road Map?  
 Yes     No     Not sure
16. Were the goals implemented consistently across communities?  
 Yes     No     Not sure
- 16a. If no, why was it lacking?
17. What do you think were the key factors facilitating the implementation of these goals?  
 17a. Internal factors  
 17b. External factors
18. What do you think were the key challenges limiting the implementation of these goals?  
 18a. Internal challenges  
 18b. External challenges
19. In your opinion, has the implementation contributed to an increase in the social well-being of older persons?  
 Yes     No     Not sure
20. In your opinion, has the implementation contributed to unintended negative effects on other group (outside of older persons)?  
 Yes     No     Not sure
- 20a. If yes, please describe:

## Accountability and Oversight

21. Are there accountability mechanisms in place to ensure implementation of the Road Map?  
 Yes     No     Not sure
- 21a. If yes, are these mechanisms effective? Why or why not?
22. How is the Road Map prioritized by the senior management/officials overseeing policy implementation?  
 Yes     Medium     Low     Not sure
23. Are there arrangements in place to monitor the implementation of the Road Map?  
 Yes     No     Not sure
- 23a. If yes, are these arrangements effective? Why or why not?

## Partnerships and Coordination

24. In your opinion, has the implementation contributed to unintended negative effects on other group (outside of older persons)?

	0% - 25%	26%-50%	51% -75%	76% -100%
National				
Regional				
Local				

25. In your opinion, is this the optimal distribution for implementation by government authorities?  
 Yes     No     Not sure

25a. If no, what would be the optimal distribution for implementation of the Road Map among national, regional, and local authorities?

	0% - 25%	26%-50%	51% -75%	76% -100%
National				
Regional				
Local				

26. Has the Road Map facilitated increased coordination between government authorities?  
 Yes     Medium     Low     Not sure

26a. If yes, where did this occur (e.g. at the national, regional, or local level)?

27. Has the Road Map facilitated new partnerships between government authorities?  
 Yes     No     Not sure

27a. If yes, where did this occur (e.g. at the national, regional, or local level)?

28. What is the current distribution for implementation of the Road Map among stakeholders (outside of government authorities) at the national, regional, and local levels?

	0% - 25%	26%-50%	51% -75%	76% -100%
National				
Regional				
Local				

29. In your opinion, is this the optimal distribution for implementation by stakeholders?  
 Yes     No     Not sure

29a. If no, what would be the optimal distribution for implementation of the Road Map among stakeholders (outside of government authorities) at the national, regional, and local levels?

	0% - 25%	26%-50%	51% -75%	76% -100%
National				
Regional				
Local				

30. Has the Road Map facilitated increased coordination between key stakeholders?  
 Yes     Medium     Low     Not sure

30a. If yes, where did this occur (e.g. at the national, regional, or local level)?

31. Has the Road Map facilitated new partnerships between key stakeholders?  
 Yes     No     Not sure

31a. If yes, where did this occur (e.g. at the national, regional, or local level)?

## **Additional Comments**

32. Please share any other comments or recommendations you may have on the implementation of Armenia's Road Map for Mainstreaming Ageing?

## ANNEX 5

### INTERVIEW / FOCUS GROUP GUIDE

#### EVALUATION OF THE IMPLEMENTATION OF THE ROAD MAP FOR MAINSTREAMING AGEING IN ARMENIA INTERVIEW/FOCUS GROUP GUIDE

#### Objective

The interviews and focus groups will serve to:

- Address all the evaluation questions and help provide an overview of what progress has been made in implementation of the strategy to date
- Develop a better understanding of the operationalization of the strategy, the modes of engagement, monitoring of implementation, and coordination mechanisms that have been established
- Further investigate survey results

#### Introduction

Explain objectives of the evaluation, the purpose of the meeting, and outline the topics for discussion, including:

- How the strategy was operationalized, how it currently operates, and what are its key priorities
  - The key achievements and innovations as well as challenges and constraints of implementation
  - How the programme aligns with and responds to changes in national (and local) needs and priorities
  - How the Government of RA, implementing agencies and other partners coordinate to achieve results and make best use of their capacities
  - How the evaluation can find, access and use the quantitative and qualitative information including documents, data bases and key personnel that are needed to complete a high quality and useful evaluation.
  - How the evaluation team can best meet the needs of all key stakeholders during the country field visit
- ⇒ Briefly ask participants to reflect on how the strategy was initially operationalized, how were these efforts led and coordinated, how priorities were made/what were they, and how it functions today.

## Questions

### **Part One: Origin, Structure and Operations**

1. How was the strategy introduced/integrated in current Armenian demographic and ageing policies and what role did your organization (s) play in establishing its direction and priorities (for instance selecting priority communities or identifying needs and opportunities for integration of elder persons in social/economic/cultural spheres, etc.)
2. How is the programme planned and managed? How is the need to support goals of the Road Map identified and how are projects/investments selected for putting in the work plan? The role of your organization (s) in this process?
3. How are goals and results monitored against plans and how are changes made when required? Are there mechanisms in place to monitor the cost-effectiveness of activities (achievements of outputs in relation to inputs)?
4. How do the Government of RA, implementing partners and other key actors coordinate their efforts to make sure they make the best possible contribution and that there is a reduction of overlap/ maximum coverage of areas and people?

### **Part Two: Achievements to date**

1. How has the implementation contributed to changes in attitudes, policies, or practices that address demographic changes in RA? In what sectors (economy, health, cultural) and at what levels (national, district)?
2. Have the experiences gained in support of specific regions or communities contributed to improvements in the national response to challenges of ageing? How? (Is there a clear example and evidence?)
3. How have improvements (in access and integration) met the needs of vulnerable groups (e.g. rural poor, women, families in border areas, older persons living with disability both physical/ mental)? What strategies are in place in ensuring these services reach these communities? What are challenges?
4. Has implementation fostered any innovative ways of strengthening the provision or delivery of services?
5. How are the results of implementation documented and shared? In RA and amongst key stakeholders?
6. Other achievements? And are the achievements we have discussed sustainable in the future? How? What has been less successful in your view? Why? Was there an opportunity to change the programme along the way? What are the lessons learned from the process?

### **Part Three: Responsiveness to National and Local Needs and Priorities**

1. From the survey, it was reported that the strategy responded to national plans and priorities. Have the different investments and activities in implementation aligned well with national plans and priorities including commitments to MIPAA/RIS? Does it also align with needs and priorities at district level?
2. What are the major constraints and challenges facing implementation over the last several years? Are there efforts made to address any these problems? Which ones? How?



3. How has the programme responded to important changes in the national context – e.g changes in policies or priorities? Has it been effective in responding to change? As needs change, is the approach flexible enough to respond and adapt?

**Part Four: Coordination and Partnerships**

1. How do ministries/departments of Government of RA make sure that their efforts are well coordinated among themselves? At national, regional, local levels? Are these arrangements a good platform for coordinated action moving forward?
2. How do the Government of RA and key implementing partners ensure that their efforts are well coordinated? At national, regional, local levels? Are these arrangements a good platform for coordinated action moving forward?
3. As partners work together in a more coordinated way, have they contributed more to the national and local response to ageing priorities than they would have without the Road Map? Or have they contributed in a different way (using different modalities) than they would have without the Road Map?

## Conclusion

If time allows, broader questions to wrap up could include:

1. Looking back over the last several years, what are the most important contributions and achievements of implementation?
2. If you could do it again, what would you change?
3. Thinking about the future, what are the critical priorities for the strategy and what it invests its efforts in?

Allow for Q/A (on process) and explanation of next steps.



# ANNEX 6

## ROAD MAP GOALS

### SYNTHESIS: GOALS AND OBJECTIVES

**Goal 1 : To mainstream ageing and to pursue internationally-agreed policy principles.**

**Goal 2 : To ensure full participation and integration of older persons in society.**

Objective 2.1 : Ensure full integration and participation of older persons in the social, cultural, economic and political spheres

Objective 2.2 : Ensure accessibility and non-discriminatory provision of services in the areas of health care, transport, housing and communication.

Objective 2.3 : Ensure the implementation of equal rights of all age groups and combat discriminatory and abusive practices

Objective 2.4 : Enhance integration and participation of older persons by building activities in the area of volunteering

Objective 2.5 : Encourage and promote a positive image of older persons and ageing

**Goal 3 : To achieve high quality of life at all ages, enhance the ability of older persons to live independently, enhance health and well-being.**

Objective 3.1 : Promote healthy lifestyles and disease prevention, including physical activity and balanced diets, prevention of alcohol and drug abuse and smoking

Objective 3.2 : Ensure adequate health status and quality of life for older citizens by means of providing adequate scope, types and quality of health care and social services

Objective 3.3 : Ensure a housing situation for older persons that allows them to live independently, healthily and in dignity

Objective 3.4 : Ensure housing that enables older persons to stay in their own homes as long as they wish to and that permits them to remain integrated in their familiar environments

Objective 3.5 : Enhance the accessibility of existing houses for older persons and make sure newly constructed buildings comply with certain minimum standards of accessibility for older and disabled persons.

**Goal 4 : To ensure a minimum social protection level at poverty threshold to all in need, including those who can no longer earn their own income due to old age and related disability.**

Objective 4.1 : Implement the pension reform programme as decreed by the Government, closely monitor its consequences and effectiveness and make adjustments as the need arises

Objective 4.2 : Provide social assistance to families taking care of older persons without sufficient income of their own.

Objective 4.3 : Provide social protection more effectively to groups with special needs, including war veterans and invalids. More effectively provide social protection services to older persons not falling into these categories but nevertheless having a need for support

Objective 4.4 : Provide information for individuals on how to prevent dependence in old age and how to access services if needed

**Goal 5 : To develop and implement economic strategies with the aim of sustainable economic growth and development, while controlling negative social consequences of the transition and the global economic crisis with due regard to the implications of demographic ageing.**

**Goal 6 : To reduce obstacles and increase options for older persons to be economically active both when approaching retirement and beyond retirement age should they wish to do so.**

Objective 6.1 : Reduce levels of undesired unemployment among older persons approaching or beyond pension age

Objective 6.2 : Facilitate more flexible employment arrangements for persons approaching or beyond pension age

Objective 6.3 : Increase awareness among employers and the wider public about benefits and available options for older persons in the labour market

**Goal 7 : To increase overall capacities and training levels among the population in all age groups.**

Objective 7.1 : Promote and encourage lifelong education

Objective 7.2 : Create conditions for acquiring knowledge which offers broader employment opportunities

Objective 7.3 : Stimulate engagement of elderly people in non-vocational learning activities targeted to improvement of their physical and psychological conditions

**Goal 8 : To ensure gender equality in all aspects of national life, increase public awareness.**

Objective 8.1 : Provide equal opportunities to achieve financial independence, participate in the labour market and reconcile work and family duties

**Goal 9 : To promote and support cohesion and solidarity within and between generations.**

Objective 9.1 : Support families that provide care for older persons and promote intergenerational and intragenerational solidarity among their members

Objective 9.2 : Identify and address the needs of older persons who cannot receive support from younger generations inside or outside of their families

**Goal 10 : To encourage partnerships between all stakeholders on all levels to address the challenges of the ageing society.**

**Goal 11 : Monitoring and Communication System: to enable stakeholders to follow up on results and provide feedback on policy decisions.**

Objective 11.1 : Ensure that problems encountered during the implementation of the Ageing Strategy are identified and resolved in a timely, participatory and sustainable manner

Objective 11.2 : Implementation of the relevant social policy measures proves satisfactory to all main stakeholders in terms of quantity, quality and timeliness

Objective 11.3 : Build monitoring and evaluation (M&E) capacities for public officials and involved stakeholders

Objective 11.4 : Integrate reporting formats on the Government and sectoral levels

Objective 11.5 : Communicate targets and outcomes to stakeholders

**Goal 12 : Cross-cutting issues.**





## ANNEX 7

### LIST OF AGEING-RELATED LEGISLATION ADOPTED

During the implementation period of the Action Plan (from August 2012 to March 2016) the following legal acts related to ageing were adopted.

	Legal act	Description
1	Protocol decree of the Government of the RA N51 dated 20 December 2012 “On Approval of the 2013 State Programme on Improvement of the Demographic Situation in the Republic of Armenia and List of Activities on its Implementation”.	The protocol decree envisages implementation of activities by means of which living conditions of persons belonging to different age groups will be improved; in the result the demographic situation in Armenia will become stabilized. With the decree of the Prime Minister of the RA N776 dated September 4, 2013, for the purpose of coordination of the mentioned activities, an Inter-agency Committee was established, which submits regular reports on the work carried out to the Government of the RA.
2	The Government of the RA on 26 July 2012 approved the decree N952 “On Adoption of the Programme on Introduction of the System of Integrated Social Services”, according to which the integration of the public social services and creation of complex territorial centers started in 2013.	According to the decree the following main objectives of the integrated social services were specified: <ul style="list-style-type: none"> <li>➤ Increase accessibility and quality of social services.</li> <li>➤ Conduct an efficient policy aimed at satisfaction of the social needs of the population.</li> <li>➤ Ensure assessment and monitoring of social services.</li> <li>➤ Decrease social exclusion of vulnerable groups (including older persons).</li> <li>➤ Strengthen social cohesion.</li> </ul>
3	Decree of the Prime Minister of the RA N20 dated 17 January 2013 “On Establishment of an Inter-agency Committee and Approval of its Work Order and Individual Composition”.	The aim of the created committee is to ensure implementation of the Action Plan and coordination of related activities.  The Inter-agency Committee carries out its activities through regular sittings. Annually 2-3 meetings were held, during which draft legal acts related to the issues of older persons were discussed, suggestions were submitted, reports on works implemented were presented by different agencies, various issues connected with protection of the rights of older persons, provision of quality health care and attendance services, improvement of dwelling conditions, introduction of new models of care and social services were identified.

	Legal act	Description
4	<p>Protocol decree of the Government of the RA N17 dated 2 May 2013 “On Approval of the Concept Paper on Providing Alternative Care and Social Services to Persons with Mental Health Problems”, the main aim of which is introduction of alternative services on mental health.</p>	<p>The concept paper introduces care services for persons with mental health problems in the Republic of Armenia, at the same time mentioning that they are not sufficient. During the Soviet and early Post-Soviet period insufficient attention was paid to the sphere of mental health, mainly in-patient care was provided to those persons, they were excluded from the society and care services were considered secondary and not important ones.</p> <p>In the concept paper the following issues of the sphere are mentioned:</p> <ul style="list-style-type: none"> <li>➤ Absence or lack of prepared social workers and other specialists of the mental health sphere.</li> <li>➤ Imperfection of the legal field of the sphere.</li> <li>➤ Absence of rehabilitation and relevant employment centers for adolescent and young persons with mental health problems.</li> <li>➤ Insufficient number of community day centers.</li> <li>➤ Absence of special care houses or centers for older persons with mental disorders.</li> <li>➤ Limitations on rendering home attendance services to older persons with mental health problems.</li> <li>➤ Absence of supporting dwelling for persons with mental health problems.</li> <li>➤ Limitations on providing services to persons with mental health problems at the temporary shelter for homeless persons, etc.</li> </ul> <p>Taking into consideration the existence of the aforementioned issues, the concept paper aims to introduce models of alternative services in the mental health sphere. These are based on new principles, which are important from the point of view of the ageing strategy to the extent that there are provisions which are related to care services for older persons with mental health problems. The concept paper also specifies that mental health services should be organized on the basis of the following internationally accepted principles:</p> <ul style="list-style-type: none"> <li>➤ Availability and accessibility.</li> <li>➤ Targeting.</li> <li>➤ Streamlined and continuous care.</li> <li>➤ Confidentiality.</li> <li>➤ Transparency.</li> <li>➤ Equality.</li> <li>➤ Respect of human dignity and rights.</li> <li>➤ Cooperation.</li> </ul>

	Legal act	Description
5	Protocol decree of the Government of the RA N36 dated 13 September 2013 "On Approval of the 2013-2017 Activity Plan on the Implementation of the Concept Paper on Rendering Alternative Care and Social Services to Persons with Mental Health Problems".	By means of which along with a number of other activities it is envisaged to establish 24-hour and day centers for older persons with mental health problems or support capacity building of such centers created by NGOs, as well as organize home attendance for lonely older persons with mental health problems and/or senile psychosis, who are in stable calm state.
6	With the decrees of the Government of the RA N1035 dated 13 September 2013 and N1264 dated 13 November 2014, amendments were made to the decree of the Government of the RA N1874 dated 7 December 2006 "On Approval of the Procedure of Providing Care to Older Persons and Persons with Disabilities and List of Diseases Serving as Basis for Refusing to Provide Care to Older Persons and Persons with Disabilities".	The mentioned amendments aimed at clarifying and regulating forms and types of care services, as well as making the process of using care services more accessible for older persons, also a precise timeframe and conditions for providing care and social services to older persons were specified.
7	Law of the RA "On Making Amendments to the Law of the RA "On Education"" (21 June 2014).	This law includes a provision according to which additional lifelong educational programmes are implemented in order to satisfy vocational and personal educational needs and is considered a way of ensuring non-formal learning. This amendment allows the older persons to get additional education without age limitations.
8	Decree of the Government of the RA N952, dated 4 September 2014 "On Approval of the List of Medical, Dental, Pharmaceutical and Public Health Care Professions of the Health Care Sphere of the Republic of Armenia".	<p>According to this decree geriatrics was added to the list of medical professions.</p> <p>It is common that in connection with ageing a number of very important issues arise and it is assumed that they should be solved through the system of social protection of older persons, particularly through its subordinate system of social services, which is characterized by a number of issues requiring a conceptual solution, among which is also absence or imperfection of the system of services on gerontology and geriatrics in Post-Soviet Armenia (formerly there was an advanced system).</p> <p>Hence, the aforementioned decree is a step forward towards the solution of this issue. At the same time, training courses on geriatrics are introduced in the system of post-graduate studies, and geriatricians or family doctors who passed special training work at boarding houses.</p>

	Legal act	Description
9	Protocol decree of the Government of the RA N39 dated 18 September 2014 „On Approval of the Concept Paper on Rendering Social Services to the Elderly in the Republic of Armenia and 2015-2019 Action Plan-Timeframe on its Implementation“	<p>The goal is the introduction of a system of social services for older persons in the Republic of Armenia in line with modern advanced approaches and models based on comprehensive assessment of real needs of the older persons.</p> <p>In the mentioned Concept Paper the current situation and the problems relating to the sphere of older persons are presented, and it is suggested to create a network of institutions providing additional social services to older people by introducing new models of social and health care services, including the following ones:</p> <ul style="list-style-type: none"> <li>➤ Care house for older persons.</li> <li>➤ Paid service of home attendance of older people.</li> <li>➤ Provision of 24-hour care to older persons at home or a caregiving nurse.</li> <li>➤ Entertainment and culture club or day center for older persons.</li> <li>➤ “School of active longevity and healthy lifestyle”.</li> <li>➤ Development of the model of social dwelling.</li> <li>➤ Lifelong rent contract.</li> <li>➤ “Service of Social Assistant”.</li> <li>➤ Introduction of the system of indicators on comprehensive assessment of the needs and paying capacity of older persons.</li> <li>➤ Introduction of the system of services on gerontology and geriatrics.</li> <li>➤ Approval of the lists of minimum and additional social services for older persons guaranteed by the State.</li> </ul>
10	Decree of the Government of the RA N1220 dated 6 November 2014 „On Making Amendments to the Decree of the Government of the RA N318 dated 4 March 2004“.	<p>Decree enlarged the list of persons having the right to receive medical aid and treatment free of charge and on preferential terms guaranteed by the State. According to this decree, particularly homeless persons in a difficult life situation get the opportunity to receive free of charge medical aid and treatment in the framework of the state order even without an identification document, and among such persons there are also older persons and persons with disabilities.</p>

	Legal act	Description
11	Law of the RA „On Social Assistance“ (17 December 2014).	The Law specifies the notions of social services, social assistance and integrated social services, primary social services, the basis for their classification and rendering subjects, main principles of provision of social services and social assistance, right to social assistance, objective, the system of governance of social assistance, rights and obligations of persons entitled to social assistance, financial sources of social assistance; it regulates social cooperation in the RA, implementation of local social programmes, provision of social assistance and other relations.
12	Decree of the Government of the RA N1069 dated 10 September 2015 “On Specification of the List of Persons Categorized as Socially Vulnerable and Belonging to Special Groups Having the Right to Obtain Dwelling, Procedure and Conditions of Providing the Dwelling”.	<p>The decree regulates the procedure of providing dwelling to specific categories of persons belonging to special groups (single older persons, veterans of the Great Patriotic War).</p> <p>The decree regulates the procedure of providing the dwelling, envisaged by the Law of the RA “On Social Assistance”, which assumes provision of temporary dwelling to the below mentioned persons (families):</p> <ul style="list-style-type: none"> <li>➤ For a period of up to 10 years on a contractual basis without charge and after that on rental basis to a person (family) residing in a temporary dwelling, other facilities for public use, not having living space with ownership right, except the cases when the person (family) alienated the flat (house) during the 5 years preceding the date of registration for provision of dwelling,</li> <li>➤ For up to 90 days as a temporary dwelling to a person not having a place of residence,</li> <li>➤ For up to 12 months as a temporary dwelling to victims of domestic violence,</li> <li>➤ To veterans of the Great Patriotic War,</li> <li>➤ For a period of up to 10 years on a contractual basis without charge and after that on rental basis to a person over 65 years of age having an honorable title of the Republic of Armenia and (or) former Armenian Soviet Socialist Republic in the fields of science, education, journalism, art, health care, economy, architecture, jurisprudence, physical culture or sport.</li> </ul>
13	Decree of the Government of the RA N1078 dated 10 September 2015 “On Approval of Cases and Procedure of Certification of Social Services Provision”.	The enforcement of this decree will contribute to enhancing the efficiency and responsibility of the organizations rendering social services. It is envisaged to start the certification process from 2017.

	Legal act	Description
14	Decree of the Government of the RA N1044 dated 24 September 2015 „On Establishment of the Mechanism of Inter-agency Social Cooperation“.	The decree regulates the relationships of the parties cooperating in the process of providing social assistance, the rights and obligations of the parties in the framework of the cooperation, forms and procedure of inter-agency cooperation, requirements on scope, deadline and forms of data exchange between the cooperating parties, problematic cases which can determine that the person is in a difficult life situation or the possibility of finding himself/herself in such a situation, monitoring and assessment procedures. The goal of the mechanism approved by the decree is the identification of persons (families) requiring social assistance, development and implementation of individual social programmes and their continuous supervision.
15	Decrees of the Government of the RA N1112 dated 25 September 2015 “On Approval of the Procedure and Conditions of Providing Care to Children, Older Persons and (or) Persons with Disabilities and List of Diseases Serving as Basis for Refusing to Provide Care to Older Persons and (or) Persons with Disabilities and Declaring Invalid a Number of Decrees of the Government of the RA”	The aim of this decree is regulating the care provision to older persons, persons with disabilities and children in a single document. In comparison with former regulations this decree specifies more detailed and precisely the procedure of application for care provision in light of the creation of “one window” receptions, and clearly defines the decision-making on care provision, forms and kinds of care, types of provider institutions, authorizations of different organizations, the procedure of information exchange; at the same time a new section was added about general requirements for social protection institutions and social care day centers. Furthermore the introduction of the institute of certification of organizations rendering social services is also envisaged.
16	Law of the RA “On Making Amendments to the Labour Code of the Republic of Armenia” (AL-96, dated 22 July 2015).	This Law envisages that a labour contract concluded for an indefinite period on the initiative of the employer can be terminated when the employee reaches the age of 63 if he is entitled to old age pension, or else at the age of 65, if the relevant base is provided by the labour contract. This decree is a step forward towards eliminating age discrimination in the sphere of labour and employment.
17	Decrees of the Government of the RA N1292 dated 29 October 2015 “On Approval of Indicators of Staff Units of State Non-Commercial Organizations Providing Care and Attendance Services under the Ministry of Labour and Social Affairs of the Republic of Armenia”.	This decree specifies indicators of staff units necessary for ensuring quality care and attendance for older persons receiving care services from state organizations.



	Legal act	Description
18	Decree of the Government of the RA N1533 dated 17 December 2015 “On Approval of the Procedure of Providing Alternative Care and Social Attendance Services to Persons with Mental Health Problems at 24-hour Care Houses”.	The decree specifies the notion of 24-hour care houses, the objective and principles of care provision to persons with mental health problems at 24-hour care houses, and general requirements for 24-hour care houses; it regulates the admittance and discharge of persons with mental health problems from 24-hour care houses, the provision of alternative care and social attendance services, as well as the promotion of their social inclusion.
19	On the initiative of the Ministry of Labour and Social Affairs of the RA and partner stakeholder organizations (particularly Armenian Caritas) in December 2015 a network of public and private institutions dealing with the issues of social protection and provision of care to older persons in the Republic of Armenia was founded	<p>A number of NGOs dealing with issues of older persons joined the network, which signed a memorandum of understanding and undertook the following responsibilities:</p> <ul style="list-style-type: none"> <li>➤ Cooperate and implement targeted projects or support implementation of projects aimed at protecting the interests of older persons, improving their quality of life, barrier-free participation in social life, ensuring accessibility and availability of health care and social services, etc.</li> <li>➤ Contribute to the elaboration of a sustainable development policy in the social protection sphere and activities on its implementation.</li> <li>➤ Within their capacity provide necessary support to each other for the implementation of relevant measures in the framework of the memorandum of understanding.</li> <li>➤ Carry out works aimed at expanding the scope of the cooperation, as well as increasing public awareness and legal consciousness about issues of social protection and care provision to older persons. This can be achieved by means of TV and radio programmes, creation and (or) broadcasting of social films, publication of information about social services and institutions, rights and responsibilities of persons in the social sphere, printing and dissemination of information booklets (brochures) and guidelines, as well as by other means, which are available and acceptable to the parties.</li> <li>➤ Actively participate in the activities, discussions, and meetings carried out by the network.</li> </ul>