

**Quarterly Project Progress Report from UNDP Armenia**

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| Basic information |
| Project Title: |  |
| Implementing organisation/s: | **UNDP and UNICEF**  |
| Country/ies –region/s covered  | Republic Armenia: Vayots Dzor, Gegharkunik and Syunik Regions  |
| Timeframe of the project From mm/yy to mm/yy | January-March 2021  | **Quarter number** | Three-MonthProject  |
| Original Total Budget for FY (£): | GBP 245,653.00 | **Original Budget for current quarter (£):** | GBP 245,653.00 | **Actual amount spent in current quarter (£):** | GBP245,653.00[[1]](#footnote-2) |

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| 1. **1. Progress in Project Implementation**
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| **Context update** |
| Armenia entered 2021 facing double crises in view of COVID-19 pandemic as well as hostilities in and over Nagorno Karabakh (NK). Over the years policy responses will need to combine the roll‑out of vaccination, public health measures, and supporting measures for inclusive economy targeting the most vulnerable, including children, youth and women through enhanced social dialogue and empowered civil society: a human-cantered and inclusive post-COVID and post-conflict early recovery. Post-conflict period is characterised by displacement of 90,000 NK residents in Armenia. 88% of displaced are women and children, and most of them are highly vulnerable. As of March 2021, as per official Government statements, around 60,000 NK residents have returned to NK, while about 30,000 remain in Armenia. Displaced families, who presently remain in the country, see their future in Armenia and aim at local integration and especially economic integration. Their needs are being addressed through various programs/projects within the inter-agency response plan, including joint UNDP-UNICEF «Strengthening Stability and Resilience of the Bordering Communities in Vayots Dzor, Gegharkunik and Syunik Regions»Project. However, additional support is required to further address challenges of both displaced population and hosting communities. The epidemiological outlook of ongoing COVID-19 crises, including a third wave, worsened significantly the overall situation in Armenia, which is seriously affected by the ongoing pandemic. This constitutes a significant challenge for Armenia considering the size of its population and its economic situation. COVID-19 created new vulnerabilities in the Armenian society and amplified existing ones. For the border and conflict-affected regions, it amplified lingering vulnerabilities such as weak governance, socioeconomic vulnerabilities underlined with the flow of displaced people from NK and exclusion of women and youth, who, in turn are important actors of peace building. All this, combined with absence of response mechanisms to disaster risks and shocks, undermines the community resilience and directly contributes to instability and violence in conflict affected communities and hinders prospects for long-lasting peace.«Strengthening Stability and Resilience of the Bordering Communities in Vayots Dzor, Gegharkunik and Syunik Regions» Project (Phase 2) represents a joint UNDP-UNICEF effort to advance stability and safety in the bordering communities of Gegharkunik, Vayots Dzor and Syunik regions, directly affected by NK conflict and COVID-19 pandemic.  |
| **Key achievements of the Project**  |
| Within short period of time (January-March, 2021 (3 months)) the Project (2nd phase) capitalising on the key findings of the 1st phase (July-September 2020) was able to perform comprehensive approach aimed at building community resilience addressing key building blocks of regional sustainable development, namely, deployment of local level risk management (LLRM) tools for the extended number of communities; enhanced safety of schools through disaster risk management planning and capacity development; improved access to social services; enhanced quality of professional education, development of future-oriented scenarios as part of future-oriented resilient policies, provision with targeted livelihood-support programme for displaced population through direct engagement of CSOs and establishment of strong partnerships with concerned local and national parties.The Project (2ndphase) has been implemented through a combination of a) data collection and analysis to inform policymaking and to sensitize public perception; b) capacity building and establishment of cooperation platform of local non-state actors, including CSOs, non-formal civic groups, peer support networks and academic institutions; c) targeted support schemes to human capital development through skills building, income generation opportunities and behavioural boost. It utilizes comparative advantages of both agencies where UNDP oversees strengthening livelihoods and resilience of communities, and UNICEF is in charge of addressing comprehensive school safety, vulnerabilities and enhancing social services.The Project 2nd phase is a continuation of the pilot phase implemented in July-September 2020 in response to COVID -19 pandemic where with the financial support of the UK it became possible to collect the required data and information for designing evidence based interventions addressing conflict entailed instability and vulnerabilities in the remote and isolated bordering communities to enhance human wellbeing with specific focus on the most affected by crises layers of population.The Project’s key achievements are rested on the following 8 pillars: 1. Data gathering for informed decision-making
2. Institutional strengthening for stability and security
3. Capacity building and awareness raising for better future
4. Application of innovative tools and digitalized solutions for the “new normal”
5. Sectoral and regional approach for efficiency and effectiveness
6. Partnership and social dialogue for fruitful cooperation
7. Behaviour change for a positive change
8. Sustainability for continuity of the Projects’ results

Considering the above-mentioned pillars, the following results have been accomplished across the following sectors in the target 3 regions: **1. Disaster Risk Management:** * Since Project 1st phase, LLRM assessments have been extended to 21 communities covering by the end of the Project’s 2nd phase 42 communities or 68% of the total number of communities located in the 3 target regions.
* Disaster Risk Management Plans for Goris and Vardenis cities are developed and presented to the cities’ municipalities for further implementation.
* Disaster Risk Assessment and development of DRM plans for 11 kindergartens and 10 health facilities were innated and finalized.
* Presenting localized and tested assessment methodology and DRM plans for Policlinics and Ambulatories to the Ministry of Health, and increasing DRM capacities of MoH 37 participants during Discussion of Safety and Resilience of Health Institutions in Aghveran (March, 2021)
* 6 Community Resilience Teams are established in respective consolidated communities introducing institutional change at the ground in the field of DRM.
* UNDRR “Making Cities Resilient” global campaign Score card was used and City resilience action plan was developed for Goris and Vardenis cities based on the findings and recommendations.
* Capacity building on Disaster Risk-informed Polices for 90 professionals was successfully performed enhancing local human capacities in the field.
* Financial capabilities of local CSOs are strengthened to deliver risk-informed programmes at the local and regional levels.
* Cooperation network established between local CSOs from Vayots Dzor and Syunik region, DRR NP and Lore Rescue Team responsible for LLRM.
* The Project was also keen to address innovative skims associated with the introduction of on-line tools and platforms in DRM, which are of extreme need during COVID-19 crises and are also seen among post-recovery response measures.
* Approximately 5,384 children and 964 teachers in 39 schools (phase 1 and 2 altogether) benefit from safer schools and improved preparedness capacities, including during COVID-19, thanks to the Disaster Risk Management (DRM) plans and other tools developed through school-based DRM Councils, involving the DRR National Platform, Ministry of Emergency Situations, school administrations, teachers and students themselves.
* 39 schools were supplied with emergency response and first aid kits and fire safety equipment emergency tools, evacuations signs and specific literature on DRM, thus supporting implementation of DRM plans and enabling safe reopening and functioning with COVID-19.
* 80 teachers and administrators in 39 schools (phase 1 and 2 altogether), primarily those involved in first aid (FA) and first psycho-social support (PSS) groups, were made more aware of FA and PSS, learning new techniques and approaches and refreshing their knowledge through practical exercises.

**2. Socio-Economic Development:*** A joint UNDP-UNICEF Report on Socio-economic Impact and Vulnerability Assessment considering COVD-19 was finalised and published for a widedistribution among concerned parties as a major source of data and policy recommendations for further evidence-based interventions across socio-economic sector.
* In the post-war situation employment is considered among major contributing factors to achieve stability, reintegration and socio-economic development in fragile bordering communities. As part of the post-conflict recovery measures, the Project has addressed one of the Government’s urgent priorities for better livelihoods in the field of temporary jobs creation and income generation for displaced population with strong lance on women empowerment.
* The Project was able to create 70 temporary jobs for displaced population at the premises of 53 regional Employers through 2-month paid on-job training, mainly filling existing job vacancies for vocational occupations with 77% women participation rate. The main purpose of the pilot initiative was to enhance skills, working experience, and employability of the most vulnerable layers of population with the strong focus on displaced population, mainly women.
* The Project produced a number of human-centric stories on women-direct beneficiaries of the Project, as well as produced YouTube-based short stories for a wide audience as part of the Project visualization campaign to inspire other members of community with positive experience during challenging times of post-conflict recovery
* The Project has also continued to analyse development trends under the ongoing crises and to design future-oriented scenario for the post-COVID-19 reality through scenario building exercise for Goris bordering community of Syunik region. The assessment is an attempt to scale up already successfully piloted initiative during the 1st phase of the Project aimed at development of scenarios for 2 consolidated communities in Vayots Dzor and Syunik regions.
* The Project based on field research and fforesight technology suggests a potential scenario and recommendations for increasing the resilience of Goris community. The focus of the proposed scenario is on using modern technology to integrate the community’s two main industries, agriculture and tourism, and customize the products for local, domestic and international markets.
* White papers developed for Goris community along with infographics and YouTube-based short movie were served as an excellent base for the local municipally towards achievement of fast recovery and brighter future of the bordering community.

**3. Social Protection and Social Services*** During the reporting period the Project continued contribution to the strengthening of emergency foster care through recruitment and training of foster families for emergency alternative care arrangements for children deprived of family or parental care.
* During the reporting period social work support was provided to a total of 110 parents and 138 children through psycho-social interventions. In particular, group activities were carried out with the parents of children displaced from NK with the aim to identify the potential of their internal resources for their full realization in the news settlements. Overall, 72 parents were reached out through group work. In addition, information sessions were held with groups of displaced children with the aim to increase their access to child protection services and raise their awareness on child protection hotline service. Overall, 89 children were reached out through various information sessions.
* The implementing partner, in close collaboration with community frontline service providers

 provided 195 needs-based support packages to displaced persons based on their specific needs.* During the reporting period networks of Peer Support Volunteers (PSV) were established in the three target regions: Gegharkunik, Vayots Dzor and Syunik. In total, 89 PSVs were trained. The PSV groups comprised of mainly active parents, teachers, psychologists, professionals and paraprofessionals working with children in/with local NGOs and other governmental and non-profit organizations. The main goal of the PSV’ programme was to be able to use local resources to identify and reach vulnerable families and families relocated from NK in local communities. Once located, based on the knowledge and skills of the Parenting School psychologists, as well as using materials generated in the frames of the project, the PSV’s provided psychosocial support to the families from their local and neighbouring communities. Through this programme component, a total of 1,122 families from the urban communities of Gavar, Yeghegnadzor, Vayk, Jermuk, Sisian, Goris, Kapan, Meghri, and their neighbouring rural communities were reached. A significant number of kindergartens and schools requested the PSV’s with the request to initiate cooperation and obtain the developed booklets and self-explanatory materials for their students and their parents in their communities. This resulted in a total of 2,884 children and adolescents benefiting from the project and receiving psychosocial support materials.

**4. Professional Education and Skills:** * In the field of data gathering for informed decision-making and local recovery the Project has addressed challenges of preliminary and middle-level of professional education and conducted Rapid Assessment of vocational education and training institutions (VETIs) on «Adjustment to «New Normal» of VETIs and Policy Makers».
* The results of the Rapid Assessment feed national agenda of the VET development as well as channeled Project’s funds to the implementation of the large-scale on-line 72-hour training program for 450 VET faculty from 15 regional TVETIs on «How to use education e-platforms and modern teaching technologies» thus strengthening capacities of the VETIs teaching staff.
* The feedback received from the training participants witnesses on the great importance and success of the large-scale on-line training program as well as identified other possible areas of intervention in the field of digital skills improvement and up-to-date knowledge on modern teaching technologies of on-line education
* The Rapid Assessment also reveals a severe shortage of IT equipment at the regional VETIs, which considerably hampers accessibility and quality of VET education in light of ongoing COVID-19 pandemic, which enables the Project to obtain computer tablets for 15 regional VETIs as part of VET reforms aimed at technical upgrade of VETIs for education accessibility, connectivity and finally, quality of the VET system.
* One of the important recommendations supported by the RA Ministry of Education Science, Culture and Sport is establishment of the Working Group to address existing gaps in the legal environment of on-line professionaleducation, which brings Project impact at national level.
* Findings of the Rapid Assessment ofVETIs on «Adjustment to «New Normal» of VETIs and Policy Makers» and based on them recommendations were widely presented and discussed with concerned stakeholders at the meeting chaired by the Deputy Minister of Education, Science, Culture and Sport.
* Even though the Rapid Assessment ofVETIs was performed for limited number of VETIs (VETIs of the target 3 regions), the findings and respective recommendations can be easily extrapolated across the whole VET system and feed national agenda of the VET reforms in light of the ongoing pandemic and strong need for e-learning.
* Rapid Assessment ofVETIs on «Adjustment to «New Normal» of VETIs and Policy Makers» was published and widely distributed among concerned stakeholders.

All these resulted in behavior change at community level: activization of community youth, formation of CSOs in the field of Disaster Management; acknowledgement of the need for disaster preparedness and e-learning at community level, etc. Capacity building trainings for social service workforce working in the frontline with persons affected by emergencies were conducted to help them to effectively respond to the issues of children and families, to promote cooperation among stakeholders in social field; to prevent professional burn-out and self-care etc. Info sessions were held with the displaced children with the aim to increase their access to available child protection services. Throughout the reporting period, in close collaboration with the frontline service providers in communities needs-based support packages to displaced persons based on their specific needs. The coverage of the helpline for different groups of professionals has been expanded. Recruitment and training of foster families for emergency alternative care arrangements continued. E-library has been established with three respective sections: Child psychology; Educational Psychology; Special educational needs. An E-learning platform for specialists has been developed, which has 2 courses (Child psychotherapy; Organizing the work with children) and 9 modules (Psychological difficulties in the child's life; Child psychotherapy methods; Organization of psychological work with children; Parenting during psychological work with children; The main directions of the work of an education psychologist; The work of an education psychologist dealing with students' behavioral difficulties; The work of an education psychologist in an emergency; The work of an education psychologist in promoting educational motivation; Organizing the work of an education psychologist with the student's parents). Parent-Child Interaction Therapy (PCIT) teams in regional centers were established and aim at timely and competent psychosocial response to children and their families in case of emergencies. 3 groups of specialists from different regions of Armenia are involved in long term training for Psychological crisis intervention. Individual counseling sessions and hotline consultations were provided to specialists. Networks of peer support volunteers (PSV) were established in Gegharkunik, Vayots Dzor, Syunik marzes, with the involvement of active parents, teachers, psychologists, professionals and paraprofessionals working with children in/with local NGOs and other governmental and non-profit organizations, were involved in the project and trained. PSVs’ main goal was to identify vulnerable families and those relocated from NK in their communities, and to provide psychosocial support to those families from their local and neighboring communities. Special materials, both print and video were developed for parents, adolescents and children from vulnerable families from Gegharkunik, Vayots Dzor and Syunik marzes, aimed at self-care, self-support at COVID 19 emergency situations, as well as, in case of parents, conscious and positive parenting skills at emergency situations, as well as response to the post-war reality.Overall, the results of the Project 2nd phase were exceeded the planned scope of activities both in terms of reach and coverage for capacity building and awareness raising interventions, deployment of innovative digital tools, established and extended partnerships especially with the RA Ministry of Labour and Social Affairs, State Employment Agency with 12 regional representations, RA Ministry of Territorial Administration and Infrastructure, RA Ministry of Health, regional Employers and CSOs. Noteworthy mentioning, that within short period of time the Project was able to address country’s strategic as well as immediate needs of early recovery thus displaying multifaceted approach in those sectors which are mainly responsible for peace building, stability, and resilience of the bordering communities.  |

1. **Detailed Assessment of Progress against Outcome and Outputs during reporting period**

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|  | **Results Framework: Outcome-level**  |
|  | **Strategic Focus 1:** Supporting diplomatic efforts to reduce outbreaks of violence and build space for dialogue including by maintaining international engagement on regional security issues and help prepare for long-term political resolutions.  |
| **Outcome** | **Assumptions** |
| ***Outcome (Result) 1:*** **Risk-informed, human-centric and participatory policy making introduced at regional level to strengthen safety, stability, and resilience in bordering communities**  | * Enhancement of community level evidence-based policy making increases the potential for sustainable development and stability;
* The communities will be able to accelerate growth if policies are targeted at retention and attraction of human capital
 |
| **Indicator**  | **Baseline** (of the outcome at the beginning of Year 1) | **Target** (End of Year)Q4 |
| 1. Policy documents approved informed by evidence generated addressing resilience and stability in the three regions
2. Established participatory mechanisms and procedures supporting safety, stability and resilience in target regions
 | 01 | 2 2  |
|  **Results Framework: Output-level**  |
| **Outcome /*Improved access to data for facilitated evidence-based decision making on national, regional and local levels.*** |
| **Outputs****Output 1.1.:** Improved access to data for evidence-based decision making on national, regional and local levels with the focus on most vulnerable groups**Output 1.2: Risk-informed standards, procedures and mechanisms are developed and introduced in the communities to strengthen community-based social support services for families and children**  | **Assumptions*** Accessibility of data significantly improves Government decision-making, including better targeting and effectiveness of COVID-19 crisis response.
* Expertise and support provided to the government on strengthening community disaster risk management and community-based social support services will facilitate adoption of relevant procedures and mechanisms by the government.
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|  | *Review these assumptions quarterly; are they still valid? Yes , they are still valid*  |
| **Indicators** | **Baseline** (of output at the beginning of Year 1) | **Target for Q4**  |
| **Indicator 1.1.1(UNDP)** 1. Socio-Economic assessment completed, data visualization dashboard along with IOS and Android mobile applications of the dashboard are launched.
2. Proportion/number of national, regional and local level stakeholders and decision makers that report their ability to access and use project delivered e-tools and data for design of development policies and programmes in responding to different type of emergencies and shocks.
 | Pilot stage of SEIA completed | - SEIA is completed in a representative sample out of 62 bordering settlements in all the 9 consolidated bordering communities in Gegharkunik, VayotsDzor and Syunik Regions.UNDP-UNICEF joint SEI and Vulnerability Assessment is published. - Data visualization dashboard is tested and operationalb) 75 |
| ***Achieved progress****Update these rows quarterly**Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.*  | - SEIA Report is completed in a representative sample out of 62 bordering settlements in all the 9 consolidated bordering communities in Gegharkunik, VayotsDzor and Syunik Regions;- Joint UNDP-UNCEF Report reflected SEI as well as Vulnerability Assessment is prepared and printed; - Data visualization dashboard is tested and upgraded b) 90 participants enhanced their knowledge in the field of LLRM  |
| **Source of evidence** | Joint Report is in place, LLRM assessments reports are in place with policy recommendations, training materials are in place, list of tarinings partcipants  |
| **Indicator 1.1.2 (UNDP)**1. Analysis of development trends under COVID-19 and design of development scenarios through scenario building exercise in 1 consolidated community of Gegharkunik, Vayots Dzor and Syunik conducted
2. The number of development scenarios aligned with and integrated into official community development plans
 | 2 scenarios for Areni and Sisyan communities developed  | Development scenario developed in 1 more consolidated community  |
| ***Achieved progress****Update these rows quarterly**Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.*  | * Future-oriented scenario for Goris consolidated community of Syunik region is developed, discussed and presented at community level
* Short video is produced <https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdrive.google.com%2Ffile%2Fd%2F1hG6XADCZ_HUbJ_x1hwg7DVHyLlY8F8Dr%2Fview%3Fusp%3Dsharing&amp;data=04%7C01%7Ckarine.simonyan%40undp.org%7C21f1402085974ac3489908d8ef82d310%7Cb3e5db5e2944483799f57488ace54319%7C0%7C0%7C637522692462200850%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&amp;sdata=Mk%2FCXTjJdEZnbQWLa6R%2Bl6sWJ694UuAtCQAG8wFfQQc%3D&amp;reserved=0>
 |
|  |  Community development scenario with reocmmendations based on the analysis is in place as well as corresponding video  |
| **Indicator 1.1.5 (UNDP)**Survey of needs and current situation of VET providers conducted in 3 regions. | Not conducted | a. Survey of TVET Providers in three regions is conducted. Final Report, including Recommendations and the Road Map are preparedb. Findings of the TVET Survey are validated. and widely shared along with recommendations. |
| ***Achieved progress****Update these rows quarterly**Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.*  | -Rapid Assessment of vocational education and training institutions (VETIs) on «Adjustment to «New Normal» of VETIs and Policy Makers» for three regions is conducted. - Final Report, including key findings and recommendations are prepared, widely discussed at the validation workshop chaired by the RA MESCS and printed. - Based on the Rapid Assessment’s results and recommendations 72-hour large-scale on-line training program was conducted for 450 VET faculty of the target VETIs of the three regions on «How to use education e-platforms and modern teaching technologies» addressing urgent needs of the VETIs teaching staff to enhance capacity to deliver on-line classes.- Based on the Rapid Assessment’s results and recommendations all VETIs of the three regions have been provided with 32 computer tablets addressing other urgent need of the VETIs- technical upgrade to assure accessibility and quality of on-line education in VET sector.  |
| **Source of evidence** | Final Report, including key findings and recommendations is printed and is in place, project records, participants lists of the validation workshop; Report on the feedback of participants on the provided on-line training; transfer acts for computer tablets  |

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| **Results Framework: Outcome-level**  |
| **Strategic Focus 2: *Working with governments, local and international partners and civil society to support the implementation of reforms, strengthen state (and non-state) institutions and improve conditions for civil society.***  |
| **Outcome 2: Enhanced safety, resilience and social cohesion of communities in bordering areas of Gegharkunik, Syunik and Vayots Dzor regions** | **Assumptions*** Socioeconomic inclusion of women and youth enhances the constructive role that they can play in stability and peace.
* Socioeconomic security and increased resilience at national and local levels provide stability facilitating the normal functioning of state institutions and civil society contributing to long-term peace-building and political resolution.
* Accessibility of psychosocial support and other essential family and child support services for the population in need reduces violence (including GBV and domestic violence), aggression, intolerance and social stigma – factors which create an environment for internal conflicts and pose risks in terms of community and school resilience and preparedness of emergency situations and external conflicts.
 |
|  | ***Review these assumptions quarterly; are they still valid? Yes, they are still valid.***  |
| **Indicator** #of CSOs that report enhanced capacity to address emerging resilience and crisis challenges of the communities # of local governments with functional mechanisms to identify and respond to security risks and crisis situationsPercentage of beneficiaries from target regions that report access to improved social support services, disaggregated by sex and age | **Baseline (of the outcome at the beginning of Year 1)**000 | **Target Q4**6 |
|  | ***Achieved progress****Update these rows quarterly.* *Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.* | *What is your assessment of the direct results of the project in this quarter? Provide substantive qualitative and quantitative overview of the project’s implementation for the reporting period. Include observations on the performance and the achievement of each output (quantify where possible).* |  |
| **Source of evidence** | **Surveys** |

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| **Results Framework: Output-level**  |
| **Outcome 2: Increased resilience and socio-economic security of the bordering communities in Gegharkunik, Syunik and Vayots Dzor regions as part of the response to COVID-19 crisis.**  |
| **Outputs**Output 2.1: Gender-sensitive disaster management mechanisms are established/updated at the levels of (i) community, (ii) school, (iii) kindergarten and health facilities informed by conflict specifics and COVID-19 response. Output 2.2: Professionals in state-supported services for the most vulnerable children and families, as well as civil society organizations and peer support networks, have increased capacity to provide quality services, including mental health and psychosocial support services.Output 2.3: Enhanced capacities of the population in bordering areas, especially youth and women, for facilitated entry into the labor market through reskilling initiatives.Output 2.4: Enhanced social cohesion and peer support contributing to long lasting stability inside the communities  | **Assumptions*** Socioeconomic inclusion of women and youth enhances the constructive role that they can play in security and peace.
* Socioeconomic security and increased resilience at national and local levels provide stability facilitating the normal functioning of state institutions and civil society contributing to long-term peace-building and political resolution.
* Accessibility of psychosocial support services for the population in need reduces violence, aggression, intolerance and social stigma – factors that create an environment for internal conflicts and pose risks in terms of community and school resilience and preparedness to emergency situations and external conflicts
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|  | ***Review these assumptions quarterly; are they still valid? Yes, they are still valid***  |
| **Indicator 2.1.1 (UNDP)** | **Baseline (of output at the beginning of Year 1)** | **Quarter 4**  |
| 1. Number of trained Resilience Team members
2. Number of settlements where LLRM assessment is conducted
3. Number of communities able to implement established and endorsed gender-sensitive DRM plans reflecting conflict specifics and COVID-19.
4. number of community 5-year development plans with integrated risk management approach derived from the LLRM finding
5. number of Community Resilience Teams established
 | 1. 75
2. 21
3. 0
4. 0
5. 2
 | 1. 165
2. 42
3. 2
4. 2
5. 6
 |
| ***Achieved progress******Update these rows quarterly******Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.***  | ***What is your assessment of the direct results of the project in this quarter? Provide substantive qualitative and quantitative overview of the project’s implementation for the reporting period. Include observations on the performance and the achievement of each output (quantify where possible).*** | 1. 165
2. Additional 21 communities were covered by the LLRM assessments reaching 42 communities or 68% of all communities of the 3 target regions
3. and d) DRM plans were developed for 2 consolidated communities to enable them to implement established and endorsed gender-sensitive DRM plans reflecting conflict specifics and COVID-19 pandemic

e) 6 Community Resilience Teams were established |
| **Source of evidence** | *LLRM assessment reports, 2 DRM plans, Minutes of the meeting on establishment of Community Resilience Teams*  |
| **Indicator 2.1.2 (UNICEF)**a). Number of schools with School Disaster Management Plans in place, including conflict specifics and response to the COVID-19b) Percentage of trained teachers with First Aid, PSS and GBV knowledge and ability to apply gender – sensitive risk response and prevention tools.  | a) 15b) 0  |  a) 22b) 25% |
| ***Achieved progress******Update these rows quarterly******Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.***  | a) 24 school DRM plans in place (6 schools in Syunik, 5 schools in Vayots Dzor and 13 schools in Gegharkunik regions) b) 80 teachers and administrators (app. 16% due to the online format and connection issues in many places) |
|  | 1. **School Disaster Risk Management Plans, b) Activity reports**
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| **Indicator 2.1.3 (UNDP)-**1. Number of disaster management plans for kindergartens and ambulatories
2. Number of selected facilities where risk mitigation measures are implemented
3. Number of gender-sensitiverisk mitigation projects initiated and implemented by local CSOs
 | **0** | 201 community |
| ***Achieved progress******Update these rows quarterly******Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.***  | * 11 Disaster management plans for kindergartens and 10 Disaster management plans for policlinics
* Risk mitigation measures are implemented in 7 kindergartens of Zaritap and Goris consolidated communities
* 2 gender-sensitive risk mitigation projects initiated and are under implementation by 2 local CSOs.
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|  | **21 DMP plans, concluded contracts with local NGOs aimed at implementation risk mitigation projects at local level**  |
| **Indicator 2.1.4(UNICEF)** Number of school-girls and boys with enhanced 21st century skills, resilience and first aid capacities in target communities | **0** | 25 |
| ***Achieved progress******Update these rows quarterly******Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.***  | This activity was not planned for this period; however, 52 students participated in the development of school DRM plans. |
| Activity Reports |
| **Indicator 2.2.1 (UNICEF)**1. Gender responsive and age appropriate materials, tools and instruments with focus on provision of MHPSS in the context of COVID-19 crisis are developed for professionals.
2. Percentage of trained social service professionals with knowledge and ability to deliver quality region and community-based support services
3. Number of peer support volunteers trained, disaggregated by gender.
4. e-platform for distant learning courses established.
5. proportion of social service workforce professionals – beneficiaries of the e-platform reporting positive experience of using learning platform
 | a) Developed and testedb) 0 c) 25d) not establishede) 0  | a) In useb) 20c) 40d) not establishede) 0 |
| ***Achieved progress******Update these rows quarterly******Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.***  | a) Professional and educational e-library for psychologists. The e-library is comprised of a total of 3 sections: Child psychology; Educational Psychology; Special educational needs.Currently a total of 150 documents have been placed in the e-library. The various worksheets, templates other materials were designed to facilitate the work of specialists, as well as increase their effectiveness in provision of MHPSS services.Within the PSV component, a total of 1,122 families from the urban communities of Gavar, Yeghegnadzor, Vayk, Jermuk, Sisian, Goris, Kapan, Meghri, and their neighbouring rural communities were reached and received support and materials developed during the project. A total of 2,884 children and adolescents benefited from the project and received psychosocial support materials.b) CSSF conducted three rounds of trainings for a total of 106 specialists (community social workers, case managers and CSO representatives) in target regions.In addition, training was carried out for 10 specialists in Sisian and 15 specialists in Vayots Dzor on “Influence of Crisis on Children and the Responding Mechanisms and the Case Work with Resisting Clients in the Times of Crisis.The second round of the training was held for 53 teachers and school personnel from Syunik, Vayots Dzor and Gegharqunik, covering 32 communities in total.AACEP set up a Parent-Child Interaction Therapy (PCIT) teams in regional centers with the aim to provide timely and competent psychosocial response to children and their families in case of emergencies.c) networks of Peer Support Volunteers (PSV) in the three target regions: Gegharkunik, Vayots Dzor and Syunik. In total, 89 PSVs were trained;d) established: contains 2 courses and 9 modules (see the details above);e) Three groups of 60-70 specialists are involved in long term training on Psychological crisis intervention. |
| Materials, tools and instruments |
| **Indicator 2.2.2 (UNICEF)**Number of calls received through helpline/hotline, disaggregated by gender | 100 | 200 |
| ***Achieved progress****Update these rows quarterly.**Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.* | Individual counselling sessions and hotline consultations were provided by CSCF to specialists. Throughout the reporting period CSCF provided consultations to overall 41 frontline specialists through Helpline for Social Service Workforce professionals.Info sessions were held with the group of displaced children with the aim to increase their access to child protection services and raise their awareness on child protection hotline service. Overall 89 children were reached out through various info sessions.AACEP also provided 32 hotline consultations to specialists. One possible reason for less active consultations is considered the fact that the specialists already underwent various training courses, individual and group supervisions. Through these mediums specialists already managed to raise issues of concerns and receive support to use the hotline. |
| Awareness raising and training materials, sign-up sheets, implementation reports, photos |
| **Indicator 2.2.3 (UNICEF)**Number of parents with raised awareness and training in emergency foster care is trained (disaggregated by gender) | 50 parents with raised awareness | 100 parents with raised awareness, 100 parents benefitted from pre-registration consultations |
| ***Achieved progress******Update these rows quarterly******Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.***  | The total number of parents with raised awareness on emergency foster care exceeded 100. Consultations (offline and online) were provided to 16 potential foster parents (the low number is explained with the fact that children deprived of parental care were placed into care of exteded families). |
| Awareness raising and training materials, sign-up sheets, implementation reports, photos |
| **Indicator 2.3.1 (UNDP)**1. Number of participants (gender/aged disaggregated) that entered labour market after upskilling/reskilling
2. Proportion of population in target regions that received access to internships

  | 0 | a) 70 people received skilling/reskilling opportunity (50% of trained people received employment)  |
| ***Achieved progress****Update these rows quarterly**Describe progress made each quarter against planned milestones or why you did not meet stated milestones. Results must be disaggregated by gender.* | * In the post-war situation employment is considered among major contributing factors to achieve stability, reintegration and socio-economic development in fragile bordering communities. As part of the post-conflict early recovery measures, the Project has addressed one of the Government’s urgent priorities for better livelihoods in the field of temporary jobs creation and income generation for displaced population with strong lance on women empowerment.
* The Project was able to create 70 temporary jobs for displaced population at the premises of 53 regional Employers through 2-month paid on-job training, mainly filling existing job vacancies for vocational occupations with 70% women participation rate.
* The Project produced a number of human-centric stories on women-direct beneficiaries of the Project, as well as produced YouTube-based short stories for a wide audience as part of the Project visualization campaign to inspire other members of community with positive experience during challenging times of post-conflict recovery
 |
| **Source of Evidence** | Training reports, trainee evaluations, M&E visits to target regions, media human-based stories, financial reports, on-job training contracts.  |
| **VfM indicators** |  |
| **Effectiveness:**   N of CSOs and active groups reporting increase in income and progress in implementation of development scenarios in response to project intervention as a percentage of that project activity costs (1.1.3). | At least 30% of CSOs and active groups receiving financial support instruments from the project reporting 20%income increase as a result of project intervention. |
| **Efficiency:**  Average cost per training/capacity building activity or other events as compared to the similar/average target | Cost per face-to-face training for region-based training of professionals does not exceed 700 GBP, based on the experience of the short-term project (1-day training, 10 participants, experts’ accommodation, travel, fee and catering).Cost per online training for professionals does not exceed (6 groups of 15 participants each, 7 days of training, zoom-based) does not exceed 2,400 GBP. |
| **Economy:**   E-learning (2.2.1) or web platform (2.3.1) development costs not to exceed the comparable average target. Staff/trainer unit cost for providing advice/policy recommendations/training not to exceed the comparable average target. | Costs for the e-learning or web platform do not exceed the market average (30 000 GBP)Staff/trainer unit cost does not exceed the daily fee of 400GBP |

**3. Progress Against Project Activities**

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| **Output Number** | **Activity** | **Progress and modifications** | **Progress** | **Source of evidence** | **Actual expenditure** |
| *Provide update on activities, including observations on the process and results (please quantify where possible and disaggregated by gender).* *Have you implemented everything as planned (at the end of last quarter), and if not, explain the reason.*  |  |  | *.* |
| **Output 1.1. Improved access to data for evidence-based decision making on national, regional and local levels with the focus on most vulnerable groups** | **Activity 1.1.1 (UNDP)** Capacity building of stakeholders to use electronic data toolkit and apply it in the community/regional policy development | Capacity building of 90 professionals from LLRM field is accomplished.The Project has further upgraded online-based software administrative tool for Local Level Risk Assessment. The process was implemented in close cooperation with Disaster Risk Reduction National Platform/ARNAP foundation and rescue service. The Project has also initiateddevelopment, integration and implementation of Local Level Risk Assessment and DRM a soft toolbox for kindergartens.The Project was keen to address innovative skims associated with the introduction of on-line tools and platforms in DRM, which are of extreme need during COVID-19 crises and are also seen among post-recovery response measures. LLRM assessments have been extended to 21 communities covering by the end of the Project’s 2nd phase 42 communities or 68% of the total number of communities located in the 3 target regions. Disaster Risk Management Plans for Goris and Vardenis cities are developed and presented to the cities’ municipalities for further implementation. Disaster Risk Assessment and development of DRM plans for 11 kindergartens and 10 health facilities were innated and finalized. 6 Community Resilience Teams are established in respective consolidated communities introducing institutional change at the ground in the field of LLRM.Capacity building on Disaster Risk-informed Polices for 90 professionals was successfully performed enhancing local human capacities in the field. Financial capabilities of local CSOs are strengthened to deliver risk-informed programmes at the local and regional levels. The Project was also keen to address innovative skims associated with the introduction of on-line tools and platforms in DRM, which are of extreme need during COVID-19 crises and  | **Completed** | Reports, interviews, analytical data, on-line survey instruments, vide materials. |  |
| **Activity 1.1.2 (UNDP)** Development of conflict-sensitive future-oriented development scenarios in 1 consolidated borderline community | Future-oriented scenario for Goris consolidated community of Syunik region based on foresight technology and desk review is developed, discussed and presented at community level. Analytical paper with recommendations is tailored; short video high-lightening the while process of scenario development is produced and available in YouTube  | **Completed**  |  |  |
| **Activity 1.1.4 (UNICEF)** Completion of comprehensive assessment of regional and community based social support services in the remaining two regions - Syunik and Vayots Dzor |  |  |  |  |
| **Activity 1.1.5 (UNDP**) Capacity building of local VET institutions to adjust education content and modality to the needs of conflict-affected population in the COVID-19 context | The Project has conducted a Rapid Assessment of vocational education and training institutions (VETIs) on «Adjustment to «New Normal» of VETIs and Policy Makers» for three regions. The Rapid Assessment has reviled several burning issues of VET education as well as came up with the set of recommendations to address them. Based on evidence-based information, the Project has initiated 72-hour large-scale on-line training program for 450 VET faculty of the target VETIs of the three regions on «How to use education e-platforms and modern teaching technologies» addressing urgent needs of the VETIs teaching staff to enhance capacity for better delivery of on-line classes.Based on the Rapid Assessment’s results and recommendations, all VETIs of the three regions have been also provided with 32 computer tablets addressing other urgent need of the VETIs- technical upgrade to assure accessibility and quality of on-line education in the VET sector.  | **Completed**  | Final Report, including key findings and recommendations is printed and is in place, project records, participants lists of the validation workshop; Report on the feedback of participants on the provided on-line training; transfer acts for computer tablets  |  |
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| **Output 2.1: Gender-sensitive disaster management mechanisms are established/updated at the levels of (i) community, (ii) school, (iii) kindergarten and health facilities informed by conflict specifics and COVID-19 response.**  | **Activity 2.1.1 (UNDP)** COMMUNITY LEVEL - (expanding disaster risk assessments; developing recommendations for 5- year community plans and 2 DRM plans; establishing Community Resilience Teams) | LLRM assessments have been extended to 21 regional communities covering by the end of the Project’s 2nd phase 42 communities or 68% of the total number of communities located in the 3 target regions. Disaster Risk Management Plans for Goris and Vardenis cities are developed and presented to the cities’ municipalities for further implementation. communities introducing institutional change at community level  | **Completed**  | LLRM assessments Reports for 21 communities; 2 DRM plans,  |  |
|  | **Activity 2.1.2 (UNICEF):** SCHOOL LEVEL – expanding school coverage of DRM plans; supporting implementation of DRM plans in selected communities; capacity building of teachers | As a result of dedicated two-day trainings, school DRM plans were developed in 24 schools (6 schools in Syunik, 5 schools in Vayots Dzor and 13 schools in Gegharkunik regions) with participation of 176 participants (77 men and 99 women), including 120 teachers, 52 students, 2 representatives from the RA Ministry of Emergency Situations (MES) Regional Rescue Departments and 2 from the National DRR Platform. The participants increased their knowledge in ensuring DRM and safe learning processes, especially during COVID-19. The DRM plans were sent for approval to the RA MES Regional rescue departments, thus creating safe conditions for 3,238 children and 529 teachers in 24 schools.13 one-day online trainings on First Aid and psycho-social support (PSS) for 80 teachers and administrators (74 women and 6 men) from 39 target schools from both phases of the progrmame (18 schools in Syunik, 8 schools in Vayots Dzor and 13 schools in Gegharkunik regions). The trainings were conducted especially for the respondents of first and first PSS groups, who refreshed their knowledge through practical exercises and highly appreciated the relevance of the presented topics in the current country context, including the dual crises. | **Completed** | *Progress report of the National DRR Platform; School Disaster Management Plans;* [*https://www.facebook.com/ARNAPfoundation/posts/4049761095061950*](https://www.facebook.com/ARNAPfoundation/posts/4049761095061950)*;*[*https://www.facebook.com/permalink.php?story\_fbid=1359785897715642&id=335219180172324*](https://www.facebook.com/permalink.php?story_fbid=1359785897715642&id=335219180172324) |  |
|  | **Activity 2.1.3 (UNDP)**: KINDERGARTEN and HEALTH FACILITIES LEVEL - DR assessment and DRM development of kindergartens and health facilities, as a first step of handing over the local level resilience building model to the Community Administrations | **11** Disaster management plans for kindergartens and **10** Disaster management plans ambulatories have been developed. The Project has also presented the applied methodologies and implementation logic of the DR assessment for ambulances in the workshop chaired by the Minister of Health. The Mistry of health expressed high interest in application of DR assessment tools across the country by multiplication of the Project results in the heath sector. 2 gender-sensitive risk mitigation projects have been initiated and are under implementation by 2 local CSOs selected based on preliminary training conducted for local CSOs interested in small-scale projects implementation at the local level aimed at disaster-risk informed policy implementation .As a result 2 gender-sensitive risk mitigation projects have been selected and are under implementation by 2 local CSOs.The Project has also presented the applied | **Completed**  | DRM plans, Minutes of the Workshop chaired by the Minster of Health, filed visits M&E reports, Training program, list of participants, CSOs project proposals, etc.  |  |
|  | **Activity 2.1.4 (UNICEF)**Training for students with focus on DRM | **Not planned and implemented in this phase of the project.** |  |  |  |
| **Output 2.2: Professionals in state-supported services for the most vulnerable children and families, as well as of civil society organisations and peer support networks, have increased capacity to provide quality services, including mental health and psychosocial support services.**  | **Activity 2.2.1 (UNICEF)** Capacity building of professionals; establishment of educational e-platform; establishment of peer support groups in the most remote settlements | Capacity building trainings for social service workforce working in the frontline with persons affected by emergencies were conducted to help them to effectively respond to the issues of children and families, to promote cooperation among stakeholders in social field; to prevent professional burn-out and self-care etc. Info sessions were held with the displaced children with the aim to increase their access to available child protection services. Throughout the reporting period, in close collaboration with the frontline service providers in communities needs-based support packages to displaced persons based on their specific needs. The coverage of the helpline for different groups of professionals has been expanded. E-library has been established with three respective sections. An E-learning platform for specialists has been developed, which has 2 courses and 9 modules (see the details above). Parent-Child Interaction Therapy (PCIT) teams in regional centers were established and aim at timely and competent psychosocial response to children and their families in case of emergencies. 3 groups of specialists from different regions of Armenia are involved in long term training for Psychological crisis intervention. Individual counseling sessions and hotline consultations were provided to specialists. Networks of peer support volunteers (PSV) were established in Gegharkunik, Vayots Dzor, Syunik marzes, with the involvement of active parents, teachers, psychologists, professionals and paraprofessionals working with children in/with local NGOs and other governmental and non-profit organizations, were involved in the project and trained. PSVs’ main goal was to identify vulnerable families and those relocated from NK in their communities, and to provide psychosocial support to those families from their local and neighboring communities. Special materials, both print and video were developed for parents, adolescents and children from vulnerable families from Gegharkunik, Vayots Dzor and Syunik marzes, aimed at self-care, self-support at COVID 19 emergency situations, as well as, in case of parents, conscious and positive parenting skills at emergency situations, as well as response to the post-war reality. | **Completed** | Progress reports provided by Children's Support Centre Foundation, Armenian Association of Child and Educational Psychologists and Parenting School NGO; e-learning platform/e-library |  |
| **Activity 2.2.2 (UNICEF)**Expanding the coverage of the helpline for different groups of professionals | Throughout the reporting period CSCF provided consultations to overall 41 frontline specialists through Helpline for Social Service Workforce professionals. The consultations relateed to * The challenges related to resisting clients;
* Roles of community social workers and case managers in the context of newly established social service agency;
* Identifying resources for families/individuals;
* Eligibility criteria for the state support for their clients;
* Challenges in frames of inter-sectorial cooperation;
* Child protection cases (referrals and procedural issues);
* Available Vacancies and training opportunities.

To make the helpline accessible to frontline specialists, CSCF hired PR company which: * Designed and printed corporate notebook and pen for social workers (100 copies)
* Designed a phone charging stands for the regional offices;
* Developed promotional video on Helpline for social networks increase awareness among social service workforce on how and when to apply the Helpline service.
 | **Completed** | Progress report provided by Children’s Support Centre Foundation  |  |
| **Activity 2.2.3 (UNICEF)** Recruitment and training of foster families for emergency alternative care arrangements | Throughout the reporting period, CSCF provided consultations (offline and online) to 16 potential foster parents on the following issues:* Relations with biological parent(s) during the time when child is placed with foster family;
* Where to apply and how to start;
* Where to obtain the list of required documents for foster family;
* Whether a single mother can become a foster parent;
* Whether a family from Artsakh can become a foster family;
* Eligibility criteria for becoming a foster parent;
* Application procedure for becoming foster family;
* Duration of foster care.

The consultations were provided to potential foster families through the FB page as well as through the hotline service operating by CSCF. | **Completed** | Progress report provided by Children’s Support Centre Foundation |  |
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| **Output 2.3: Enhanced capacities of the population in bordering areas especially youth and women, for facilitated entry into the labour market through reskilling initiatives** | **Activity 2.3.1 (UNDP)** Delivery of gender-sensitive upskilling/reskilling trainings with further job-placement  | As post-conflict early recovery response measure the Project was able to contribute and support Government-run program for displaced population from NK displaying human-centric assistance packages for both unemployed displaced population with the strong focus on women and regional Employers through paid on-job trainings for the period of 2 months (February-March, 2021) The initiative aimed at temporary jobs creation and income generation is considered among major contributing factors to achievestability, reintegration and socio-economic development in fragile bordering communities. The Project was able to create 70 temporary jobs for displaced population at the premises of 53 regional Employers through 2-month paid on-job training, mainly filling existing job vacancies for vocational occupations with 70% women participation rate. The main purpose of the pilot initiative was to enhance skills, working experience, and employability of the most vulnerable layers of population with the strong focus on displaced population, mainly women, who supposed to return to NK. The Project produced a number of human-centric stories on women-direct beneficiaries of the Project, as well as produced YouTube-based short stories for a wide audience as part of the Project visualization campaign to inspire other members of community with positive experience during challenging times of post-conflict recovery. | **Completed**  | On-ob training reports, trainee evaluations, M&E reports and pictures from to the target regions, social mediahuman-based stories, financial reports, on-job training contracts, etc.  |  |
| Based on what you have achieved this quarter, does your Activity Based Budget/ABB and Action Plan (content, timeline etc.) need to be updated? | **No**  |
| If YES, please, explain the modifications briefly here, and update the Action Plan and ABB accordingly and attach to the Quarterly report |  |

**4. Review Risk:**

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| **Risks** | **Impact** | **Likelihood** | **Mitigation plan** | **Post-mitigation Impact** | **Post-mitigation Likelihood** |
| * Increasing numbers of new COVID-19 cases may lead to another wave of imposing lockdown and mobility restrictions, which may affect all activities, requiring face-to-face interaction
 | High | High | All the communication, surveys and interviews will be transmitted to online modality. Focus groups will be replaced with additional key informant interviews and desk review. Some of the training activities had been shifted to an online mode, while face-to-face activities were kept with minimum number of participants and considering COVID-19 precaution measures. | Low | High |
| * Crisis response by the Government will require additional budgetary allocations and state-run and state supported organisations may be underfunded, which might affect sustainability of the project results
 | Medium | Medium | Implementing parties will work with the respective ministries to secure minimum sustainability for the services to be targeted during the project | Low | Low |
| * The socioeconomic vulnerabilities overburden women, which may hinder their wide participation in the Project restricting the gender equality focus of the Project which cannot be addressed within its scope and timeframe.
 | Medium | Medium | Apply agile implementation modality through adjusting the communication and engagement tools, space and time, so that women engagement is facilitated. | Low | Medium |
| * The gender focus of the Project may create adverse effects, challenging the gender norms in the target communities creating a negative response if not well designed.
 | Medium | Low | The Project will use nuanced and considerate approach, as well as a communication strategy while advancing the gender dimension of the project not to create negative response.  | Low | Low |
| * Violent escalation of the border conflict still has medium to high probability, which will make it hard, if not impossible to ensure Project continuity.
 | Medium | Medium/ | The implementing agencies should follow the business continuity plan, preparedness measures in case of a conflict scenario and the security advisory. | Medium | Medium |
| * The Project may create high expectations in the communities, which cannot be addressed within its scope and time frame
 | Medium | Medium | The Project will be clear in communicating the goals and the scope of support intended within the scope of the project, carefully choosing the messaging and wording for each target audience.  | Medium | Medium |

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| **5. Value for money** |
| Please demonstrate evidence as to how your project activities have demonstrated value-for-money?  |
| UNDP and UNICEF have outsourced the implementation to well-known local companies and CSOs for provision of different types of services including data collection, analyses, assessments as well as attracted highly qualified national experts who proved to provide with timely and high-quality results as per the respective TORs based on the financial offers for the similar by scope and nature assignments in the local labour market. UNDP and UNICEF partnered with the most prominent CSOs in the field, which were able to add their in-kind and professional contribution to the project and exceed the planned results at no additional cost. For example, the National DRR platform provided DRM literature to the target schools as well as expertise, while the successful partnerships with business suppliers secured a few loudspeakers and 39 fire safety blankets free of charge. |
| Is your budget still appropriate? Are there any financial risks to report? If you didn’t spend what you had predicted, please provide a narrative on the reasons for this? Please also be ready to provide evidence of expenditure (receipts) to the Project Officer at the end of the quarter. If there are any reasons why this is not possible or any discrepancies to report, please do so here.  |
| Budget is appropriate. The budget expenditure accounts to **245,653.00 GBP** as of March 31, 2021, which is subject to further adjustment by UNDP in respect to final operational costs to be duly reflected by the end of reporting period as per the UNDP financial procedures.  |

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| **6. Monitoring and Evaluation and Learning (MEL)** |
| What activities have you carried out for **monitoring and evaluation** purposes (meetings, telephone calls, site visits, literature reviews, meetings with experts etc.), and how you ensure **gender** and **conflict-sensitivity** of your M&E (including updating project relevant conflict sensitivity issues)**?** Does your activities on M&E constitute at least 3-5% spend of your project this quarter? |
| In accordance with UNDP’s programming policies and procedures, the Project monitored through the following monitoring and evaluation:* Progress data against the results indicators in the RRF is collected and analyzed to assess the progress of the project in achieving the agreed outputs.
* Specific risks that may threaten achievement of intended results identified and monitored through risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP’s Social and Environmental Standards.
* Knowledge, good practices and lessons are captured.
* The quality of the project will be assessed against UNDP’s quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.
* Internal review of data and evidence from all monitoring actions to inform decision making.
* On-going site visits were conducted by both Project Team and Project Assurance to monitor implementation and address current issues.

UNICEF conducted project monitoring in accordance with UNICEF policies and procedures via continuous measurement and improvement of programme performance throughout the implementation, including verifying activities, assessing contribution to results, testing programme assumptions, tracking changing risks, and engaging stakeholders. Both vulnerability assessment and community-based services assessment will serve as baseline for the project. UNICEF and implementing partners collected performance data and evidence against indicators defined in the Results Framework.A documentation visit was conducted by the UNICEF communication team to Chambarak to monitor and document DRM activities. UNICEF made sure that all partners gather gender disaggregated data and ensure participation of women and girls in the various events, whenever possible. |
| **What lessons have you identified this quarter and what have you done as a result of each lesson** |
| * Community-based CSOs as a rule have week capacities. It will be important to capacitate them further and work with regional CSOs as well.
* Project interventions at the community/settlement level raised expectations of the local communities to receive tangible activities beyond conducted data gathering exercises and comprehensive needs assessments activities.
* Data gathering for the implementation of a large-scope surveys/assessments required more time than initially envisaged, due to the difficulties in obtaining contact information of the required interviewees as per the Surveys set sampling and data quality requirements and due to the limitations imposed by the COVID-19 pandemic.
* The mix of online and face-to-face capacity building interventions has proven to be effective. While online modality allowed to cover many beneficiaries in the situation of COVID-19, increase the value for money, and provided room for flexibility to accommodate the timing limitations and schedules of participants from regions, the face-to-face mode appeared to be more powerful in cases where not only the knowledge was being transferred, but the capacity building intervention also targeted practices and perceptions of participants and became more interactive. In the future a mix of blended approach should be utilized if need be. Moreover, it is important to consider internet connectivity in the remote settlements, while organizing trainings.
* Working with populations in regions, the timing of the activities needs to be properly planned to take into consideration the routine of rural settlements (e.g. crops collection time, when people will be available). Activities should not be planned for periods with heavy load of agricultural work, which limits people’s participation, due to their work and family -based responsibilities.
* School administrators and teachers greatly appreciated the inclusion of students into the development of DRM plans, reporting increase in knowledge about their safety and vulnerability issues and the opportunity to come up with school DRM plans for ensuring comprehensive school safety for children. They also underscored the importance of involvement of regional MES and community administrations in the development and implementation of DRM plans, as well as continuous support in this area, including for implementation of their plans. Implementing partner responsible for the PSV component reported lack of face-to-face work with PSVs and among PSVs. The IP’s team decided to refrain from face-to-face meetings with PSVs and limit to online meetings / trainings due to a) the COVID situation and risks with the growing numbers of infected, b) the distance between the communities PSVs lived in and their reluctance or failure to find time and resources to travel to other locations for trainings, c) the tough schedule of our psychologists who were actively involved in simultaneous direct support to beneficiaries within the larger project. However, in future programs with PSVs, given the financial and timing possibilities, offline meetings and communications with and among the PSVs would be preferable, to ensure closer bonds, networking and synergy effect of each group working in the same marz.

All the above-mentioned lessons learnt will be considered and addressed in the Project’s 3rd phase.  |
| **If there have been any changes to the project (*outputs, activities, budgets, duration etc*) (or to the wider context) in the reporting period? Is the project still viable?** |
| No changes have been made to the Project in the reporting period, the Project was implemented as planned |

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| **7. Sustainability** |
| Sustainability of the Project results was targeted through the key building blocks including strong partnerships at both national and regional levels, engagement and needs-based comprehensive approaches, enhanced access to and quality of social services including general and professional education as well as health care over 3-month Project implementation period. All the products created under the Project have either national/regional or local ownership ensuring their longevity and potential replication with multiplication effect. The Project results contributed to the development of the Project’s 3rdphase as well as assured further longevity of the Project interventions after the Project lifecycle. The response strategies and decisions made in the Project-led assessments are fully responsive to the national and local needs providing positive impacts on the resilience, safety and wellbeing of the local population in remote and conflict-affected communities.Overall, the Project's interventions address issues of Peace, Security and Governance; Strengthening Resilience and Response to Crises including COVID-19 pandemic and helping the most vulnerable with a special focus on children, youth and women. The Project is also well aligned with the SDGs, particularly having greatest relevance to the SDG 3, 5, 8, 11, 16 and 17 for all the target regions. The Project’s sustainability is ensured by its inclusiveness, participation and local ownership. It responded to some of the most urgent needs on national/regional and local levels with tools and approaches which have been tested on the ground and proved efficient and effective solutions. In addition, the strong partnership with the local and national government, harmonisation with national priorities are seen among strong factors contributing to its sustainability. Most of the Project’s results is aimed at building resilience of communities and schools and offers coping strategies under stress of shock of conflicts and disasters. Thus, in the case of the resent hostilities in and around Nagorno Karabakh, the Project’s results might contribute to the overall response and recovery strategy to the double crises in the targeted three bordering regions. |
| **Please give any other relevant information** |
| Considering the recent hostilities in and around Nagorno Karabakh, the continuation of the Project logic and proposed practical steps at the level of communities and settlements of the three targeted regions are timely and fully aligned to the needs of the most affected and fragile bordering communities.  |

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| **8. Visibility and communications plan** |
| Please list and assess the visibility of your activities (including whether you have highlighted the UK support for the project); if you have chosen not to make activities visible, please explain why.  |
| Project visibility activities are widely applied through the following modalities: * On-line and off-line workshops, discussions, technical meetings and round tables
* Project has published 2 reports following communication policy applied by the donor (1. Joint UNDP-UNICEF Report on SEI and Vulnerability Assessment during COVID-19; 2. Report on Rapid Assessment of TVETIs on how they adjusted to the “new normal”)
* The Project produced several human-centric stories with the reflections of direct beneficiaries, which are placed in UNDP Facebook page
* The Project produced short YouTube-based movies to showcase the process of future-oriented scenario development for local communities
* The Project’s whole concept and implementation logic along with future plans were widely presented to the concerned stakeholders with participation of UN RC, UNDP RR, government bodies at the level of Deputy Ministers, as well Project direct beneficiaries during official visit of H.E. Ms. Wendy Morton, MP, Minister for European Neighbourhood and the Americas (UK) to the UN House on February 17, 2021.(<https://www.am.undp.org/content/armenia/en/home/presscenter/pressreleases/2019/uk-minister-for-european-neighbourhood-and-the-americas-welcomes.html>).
* Media advisory was produced for the above-mentioned event which served as a base for media posts and TV broadcasting.
* The Project has widely shared its logic, implementation, results, lessons learnt and sustainability insights with colleagues form Georgia.
* The Project has produced promotional materials, namely posters, pen, note pads and folders to enhance the Project visibility during Project events underlying donor’s role over the course of the project implementation.
* UNICEF communication team has developed a story on school DRM plans and comprehensive school safety achieved in 39 target schools with project support. Moreover, the project banner and approved logo were always showcased at all project materials, including during trainings. Stories and trainings were also disseminated through the social media of the DRR National Platform.
* All supplies and materials provided to schools for the implementation of their DRM plans were appropriately branded with joint logo stickers, giving acknowledgment to donor contribution.
 |
| Add any (web-)links to online (or other) reports referencing your project and provide further evidence of positive or negative feedback and coverage (including any social media, analytical data, newspaper clips, quotes from relevant stakeholders about the project and its benefits etc.) |
| -Future-oriented scenario for Goris community: <https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdrive.google.com%2Ffile%2Fd%2F1hG6XADCZ_HUbJ_x1hwg7DVHyLlY8F8Dr%2Fview%3Fusp%3Dsharing&amp;data=04%7C01%7Ckarine.simonyan%40undp.org%7C21f1402085974ac3489908d8ef82d310%7Cb3e5db5e2944483799f57488ace54319%7C0%7C0%7C637522692462200850%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&amp;sdata=Mk%2FCXTjJdEZnbQWLa6R%2Bl6sWJ694UuAtCQAG8wFfQQc%3D&amp;reserved=0>-Human-based story on the Project’s re-skilling/up-skilling component: <https://www.facebook.com/UNDPArmenia>- 10 YouTube based episodes on direct beneficiaries on the Project’s re-skilling/up-skilling component - DRM in schools[*https://www.facebook.com/ARNAPfoundation/posts/4049761095061950*](https://www.facebook.com/ARNAPfoundation/posts/4049761095061950)*;*[*https://www.facebook.com/permalink.php?story\_fbid=1359785897715642&id=335219180172324*](https://www.facebook.com/permalink.php?story_fbid=1359785897715642&id=335219180172324) |

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

|  |
| --- |
| **Project Officer Comments** |
| Having read this report are you satisfied this is a fair and accurate description of progress to date? |  |
| Do you believe the project is still viable? |  |
| Please provide some feedback on visibility of activities conducted during reporting period |  |
| Comment on risks, including what steps you have taken to manage current or new risks; and whether you have escalated risks to the Programme manager |  |
| Is the plan for the next quarter realistic and appropriate? |  |
| \*If the answer to any of these questions is **No** please provide details:  |

Signature…………………………………………………..

Name………………………………………………………..

Position……………………………………………………..

Post………………………………………………………….

Date…………………………………………………………..

*This form should now be saved on Sharepoint.*

1. Exact figure will be provided by UNDP by the end ofApril, 2021 subject to final adjustments as per UNDP financial procedures. [↑](#footnote-ref-2)