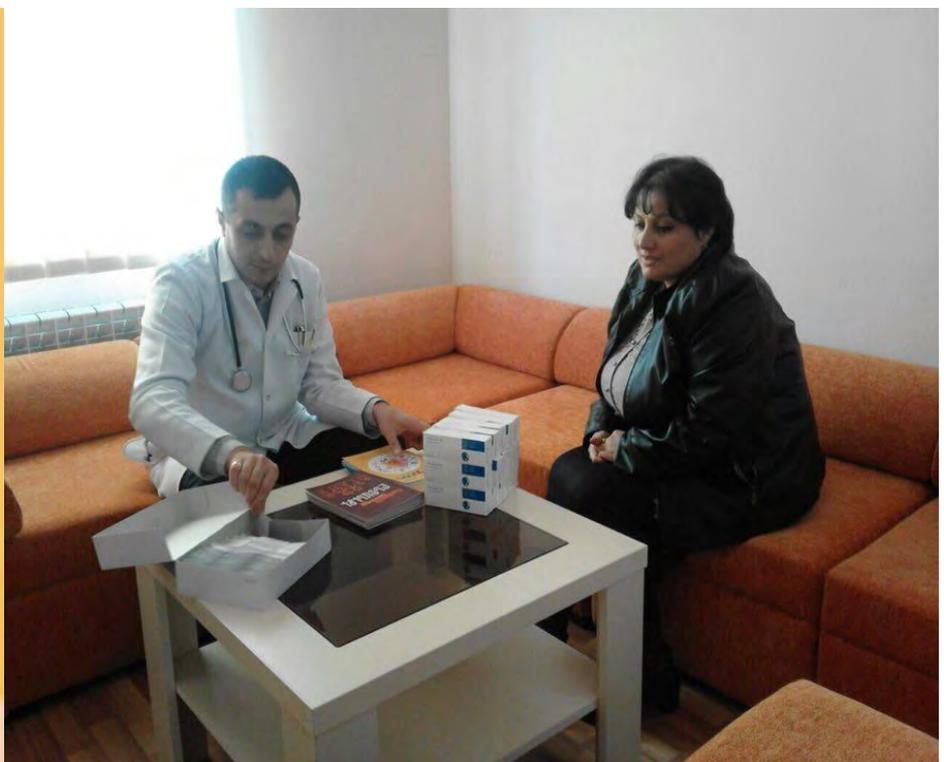


PROMOTING CONTRACEPTIVE SECURITY IN ARMENIA

FINAL REPORT
NOVEMBER 2016



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Abbreviations and Acronyms

ADHS	Armenia Demographic and Health Survey
AIDS	Acquired immune deficiency syndrome
AMD	Armenian Dram
CIS	Commonwealth of Independent States
CME	Continuous Medical Education
COAF	Children of Armenia Fund
COC	Combined oral contraceptive
CYP	Couple years of protection
DHS	Demographic and Health Survey
EBM	Evidence-based medicine
FIDEC	Fighting Infectious Diseases in Emerging Countries
FP	Family planning
FPU	Family planning unit
GFATM	Global Fund to Fight AIDS, Tuberculosis & Malaria
GoA	Government of Armenia
HIMS	Health Information Management System
HIV	Human immunodeficiency virus
ICHD	International Center for Human Development
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IUD	Intrauterine device
KIR	Key Indicator Report
LMIS	Logistic Management Information System
MCPR	Modern contraceptive prevalence rate
MDG	Millennium Development Goal
MoF	Ministry of Finance

MoH	Ministry of Health
NCAP	National Center for AIDS Prevention
NGO	Non-governmental organization
NIH	National Institute of Health
PCSA	Promoting Contraceptive Security in Armenia
PMP	Performance Monitoring Plan
PSB	Procurement Services Branch
Q	Quintile
Q&A	Question and answer
RH	Reproductive health
RHCS	Reproductive Health Commodity Security
RIRHPOG	Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology
SDG	Sustainable Development Goal
SDP	Service delivery point
SpO	Special Objective
SRH	Sexual and reproductive health
T4C	Theatre for Changes
TMA	Total Market Approach
ToT	Training of trainers
TV	Television
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
WHO	World Health Organization

Acknowledgements

The Promoting Contraceptive Security in Armenia program would like to thank the Government of Armenia, particularly the Ministry of Health, for the close partnership. The project would like to acknowledge USAID and all partners for their collaboration and support in strengthening the reproductive health care services in Armenia, as well as to extend a special appreciation to International Center for Human Development (ICHD) and other partners for their contribution to program implementation.

Executive Summary

Background

Nationwide access to reproductive health (RH) commodities and services is critical for developing countries to successfully implement the Plan of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994. Reducing maternal and child mortality, reversing the spread of HIV and improving the health of the poor have been repeatedly prioritized in the framework of the United Nations Millennium Development Goals (MDGs) for 2015¹, and Sustainable Development Goals (SDG) for 2030². Achievement of these internationally agreed goals requires a significant progress towards Reproductive Health Commodity Security (RHCS) at the country level.

Globally, of the estimated 210 million pregnancies that occur each year, 40% are unplanned. As stated by World Health Organization (WHO), family planning (FP) prevents maternal deaths by preventing unintended pregnancies, pregnancy-related health risks, and unsafe abortions. Furthermore, the HIV epidemic has given rise to growing interest in combining contraception with prevention of sexually transmitted infections. Family planning can prevent closely spaced and ill-timed pregnancies and births, thus contributing to the decrease of infant morbidity and mortality rates.³

According to the Armenia Demographic and Health Survey (ADHS) 2010, the modern contraceptive prevalence rate (MCP) in Armenia was 27%⁴, whereas the country target set by the Action Plan for 2007–2015 of the National Program on Reproductive Health Improvement was 30%⁵. The most frequently used modern method of contraception was male condom (14.6%), followed by IUD (9.6%). Only 1.5% of married women aged 15-49 reported using oral contraceptives⁶.

Another challenge in early 2010s was the rate of induced abortions, which remained high despite the decrease observed in the period of 2000–2010. Approximately 29% of all pregnancies, according to ADHS 2010 ended in induced abortions. The total fertility rate was 1.7, which was below the replacement level of fertility (slightly more than 2.0)⁷. The infertility rate was 17%, 5% of which is primary infertility and 12% - secondary infertility⁸. The major

¹ Millennium Development Goals. UN. www.unmillenniumproject.org/goals. Accessed 15 Aug. 2016.

² Sustainable Development Goals. UN. www.un.org/sustainabledevelopment/sustainable-development-goals. Accessed 15 Aug. 2016.

³ WHO Fact sheet N351, updated in May 2015.

⁴ 2010 Armenia Demographic and Health Survey. RA National Statistical Service, RA Ministry of Health, ICF International. 2012.

⁵ Survey on Infertility. RA Ministry of Health, RA National Statistical Service, UNFPA, RIRHPOG. Yerevan. 2009. URL:<http://www.unfpa.am/sites/default/files/Infertility%20Survey%20Report%20Armenian.pdf>

⁶ See f.4.

⁷ See f.4.

⁸ See f.5.

part of secondary infertility in Armenia is attributable to maltreated sexually transmitted infections and induced abortions.

During the recent years, improvements in the quality of reproductive health services and shifts in attitudes and cultural norms have contributed to increased uptake of modern methods of contraception in Armenia. Nevertheless, Armenia faces a challenge in meeting the demand for modern contraceptives and family planning services for the underserved population. In this context implementation of the Promoting Contraceptive Security in Armenia (PCSA) program was timely and the establishment of the RHCS system within the program was instrumental in securing the supply of RH commodities, and hence, in contributing to further strengthening of the overall healthcare system in the country.

Program Overview

The Promoting Contraceptive Security in Armenia activity, implemented by United Nations Population Fund (UNFPA), ran from May 14, 2014 until August 13, 2016. The overall objective of the activity was to increase the use of modern methods of contraception through addressing the supply and demand sides of family planning / reproductive health service provision. The program contributed to the following USAID and UNFPA strategic goals:

- USAID Armenia’s 2013–2017 Country Development Cooperation Strategy Special Objective (SpO) for Health: Quality and Utilization of Selected Healthcare Services Improved in Priority Areas.
- UNFPA Country Program (2010–2015), Outcome 1: Policies and legislation promoted to ensure universal access to health for vulnerable groups. Outcome 2: Health care providers ensure equitable access to improved quality services in targeted areas of Armenia.

The Promoting Contraceptive Security in Armenia program aimed to improve the access to and the quality of FP/RH services throughout country and to address the underlying causes of poor demand. Ensuring contraceptive security was considered a critical factor to influence medical facilities’ ability to provide the services in demand and to improve the health system’s ability to support the population’s control over their personal reproductive health. The program adopted an approach that strengthened the core functions of the health system while improving the quality of care and increasing people’s knowledge regarding reproductive health and family planning. The activity was in line with the 2007–2015 National Strategy, Program and Action Plan on Reproductive Health Improvement of the Republic of Armenia. The Promoting Contraceptive Security in Armenia program contributed to ensuring equal access to FP/RH services, information and supplies for both rural and urban population. The program used a comprehensive approach integrating policy reform, quality assurance initiatives and, massive community outreach campaign, and partnering with other organizations, including World Vision, Save the Children, as well as Diaspora organizations, such as COAF and FIDEC.

The Promoting Contraceptive Security in Armenia program focused on three main result areas:

- 1. Increased availability of modern contraceptives in the public sector**
- 2. Increased availability of affordable modern contraceptives from the private sector**
- 3. Increased consumer demand for modern contraceptives**

Summary of Accomplishments and Results Achieved

With respect to the Result Area 1 the Promoting Contraceptive Security in Armenia program influenced key policy documents on reproductive health, including the National Guideline and the Protocol on Family Planning Service Provision, two regulations, the Reproductive Health Improvement Strategy and the Action Plan for 2016–2020. In addition, the program facilitated the establishment of the Committee for Implementation and Monitoring of the National Program on Reproductive Health Improvement and organized Committee meetings. The PCSA program built the necessary RHCS infrastructure through extensive capacity building activities for RH service providers; development and successful introduction of the web based Logistic Management Information System (LMIS) for parties included in provision of contraceptives through the public sector; provision of the necessary equipment and supplies to health facilities. The PCSA program ensured the physical availability of contraceptives by advocating that the government secure funds for procurement of contraceptives, by supporting the Ministry of Health (MoH) to organize the procurement from UNFPA Procurement Services Branch (PSB) and by procuring a large amount of contraceptives to be distributed to all groups of population free of charge.

Result Area 2 activities focused on working with private sector stakeholders, such as pharmaceutical and insurance companies, to increase their participation in promoting contraceptive security in Armenia. To plan the activities, Contraceptive Market Segmentation Research aimed at determining the gaps in the market of contraceptives was conducted. As a result, the PCSA adopted a negotiation strategy to convince pharmaceutical companies to import high-quality low-cost contraceptives to Armenia. The PCSA program used Total Market Approach (TMA) ideology to bring together public and private sector stakeholders as part of one “total market” so that each of them targets the segment of population they are best suited to serve. For this purpose, the program organized a Total Market Approach training for private sector representatives involving them in the development of the Action Plan for TMA roll out. Finally, the program cooperated with the private sector to boost distribution of PCSA public education materials on RH/FP.

Finally, in Result Area 3 the PCSA program designed and conducted a comprehensive communication campaign aimed at increasing the public awareness of and the demand for modern methods of contraception. Program activities focused on developing public education materials and information resources, directly training the target audience, and raising awareness through mass media. The developed education and information resources included printed booklets, leaflets, posters and other materials, Wikipedia articles and web pages of

regional RH specialists for online consultation. The program organized meetings/trainings both for general population of reproductive age and specifically for youth in Yerevan and in the regions of Armenia. In addition, an extensive media campaign was implemented to ensure the wide spread the key health messages. The campaign featured health celebrities and RH specialists discussing RH topics and promoting healthy FP concepts on TV and radio, diverse online content devoted to RH issues and performances of interactive forum theatres involving the audience in RH/FP discussion.

Although the last ADHS results are based on data collected before the end of PCSA program (December 2015 – April 2016), they already demonstrate a positive trend in family planning practices compared to the previous results. Particularly, the MCPR grew from 27% to 28%. The most frequently used modern methods are still male condom and IUD; however, there was a notable increase in the use of oral contraceptives (from 1.5% to 2.6%)^{9 10}.

Organization of the Report

The report consists of the summaries of activities and main achievements in each result area, description of challenges and obstacles faced during the project and lessons learned, as well as the summary on program spending, including UNFPA contribution. Annexes to the report include the PCSA program Performance Monitoring Report, the list of decrees and decisions related to PCSA program activities, a program success story, lists of developed education materials and resources, summaries of TV and online components of the awareness raising campaign and the results of the conducted Contraceptive Market Segmentation Research.

⁹ 2010 Armenia Demographic and Health Survey. RA National Statistical Service, RA Ministry of Health, ICF International. 2012.

¹⁰ 2015-2016 Armenia Demographic and Health Survey. RA National Statistical Service, RA Ministry of Health, ICF International. 2012.

Result Area 1. Increased Availability of Modern Contraceptives in the Public Sector

To improve the availability of modern contraceptives in the public sector the Promoting Contraceptive Security in Armenia (PCSA) program focused its activities on:

- Developing national policies and strategies supporting contraceptive security,
- Establishing the Reproductive Health Commodity Security (RHCS) infrastructure,
- Ensuring the physical availability of contraceptives in the public sector.

For better planning of the above activities the PCSA program conducted a study of FP units established by UNFPA and WHO in 1996. The aim of the study was to analyze the current organizational status of the units and their ability to provide family planning (FP) services, to assess their human resources (i.e. availability of doctors/gynecologists), medical and non-medical equipment, workload, work efficiency and potential needs. The analysis revealed that most of the units were facing a stock out in terms of contraceptives: only 49% of the facilities had either IUDs and/or male condoms available (both provided by UNFPA), while none of them had other types of contraceptives. The FP units had no logistic management system, no distribution or monitoring mechanisms, no unified method for recording and reporting visits. The service providers had outdated knowledge; they highlighted the need for trainings on modern methods of contraception and up-to-date evidence-based approaches. Another issue revealed was the limited quantity of educational materials on contraception in health facilities.¹¹ Consequently, the PCSA program activities were designed in a way to address those gaps discovered during the assessment.

1.1. Development of Policies and Strategies

To address the gaps in providers' knowledge and skills, the PCSA program developed the **National Guideline** and the **Protocol on Family Planning Service Provision** based on evidence-based medicine (EBM) approaches, guidelines of WHO and other leading research and health institutions. The Guideline and the Protocol were approved by the Minister of Health on August 14, 2015 (decree N2202–A).

As part of its efforts to improve reproductive health (RH) in Armenia, PCSA program provided technical assistance in the development of the **Reproductive Health Improvement Strategy** and the **Action Plan for 2016-2020**. A special section in the document is devoted to promoting contraceptive security in Armenia, introduction of Logistic Management Information

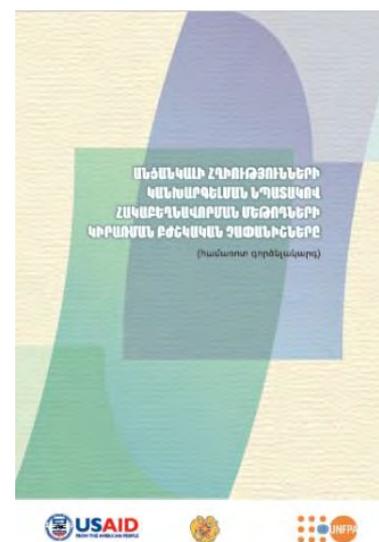


Figure 1. The Protocol on Family Planning Service Provision

¹¹ Family Planning Units Assessment throughout Armenia. Promoting Contraceptive Security in Armenia program, UNFPA. Yerevan. 2014.

System (LMIS), and continuous capacity building among health service providers. The Reproductive Health Improvement Strategy and the Action Plan for 2016–2020 were approved by the Government of Armenia (GoA) on June 23, 2016 (Protocol decision N24).

In order to improve the access to modern contraceptives and the quality of provided services, the PCSA program developed the **Regulation (“Chaporoshich”) on Provision of Obstetrical-gynecological Services in Outpatient Facilities**, which outlines the main functions and responsibilities of obstetrician-gynecologists and family doctors. With this regulation, the scope of responsibilities for family doctors is expanded and now, along with condoms, they can also distribute oral contraceptives to population after a special instruction from the gynecologist. This is an important step, since for rural population it is difficult to reach their gynecologist that usually works in marz hospitals.

The PCSA program developed the **Regulation (“Chaporoshich”) on Free Provision of Contraceptives to Vulnerable Groups of Population**, which was approved by the Minister of Health on October 23, 2015 (decree N2989–A). The document defined the groups of population eligible to receive the free contraceptives procured by the Ministry of Health (MoH), and regulated the LMIS introduction and operation. In order to ensure the sustainability of the initiative, the Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology was assigned to be responsible for the process coordination.

1.2. Establishment of Reproductive Health Commodity Security Infrastructure

1.2.1. Building Capacity for Reproductive Health / Family Planning Service Provision

Based on the abovementioned National Guideline and Protocol, the PCSA program prepared a curriculum and conducted two-and-a-half day trainings on FP service provision and medical waste management for the respective health specialists (two days on family planning and half a day on medical waste management). With an eye towards sustainability, the program organized ToT for local trainers, who, in their turn, conducted further trainings for service providers. The Ministry of Health highly appreciated the initiative and, taking into account its importance for continuous medical education and provision of quality FP services, awarded the participant service providers with six CME credits for completion of the training program (decree N2220–A).



Figure 2. Training on FP service provision and medical waste management, Kapan

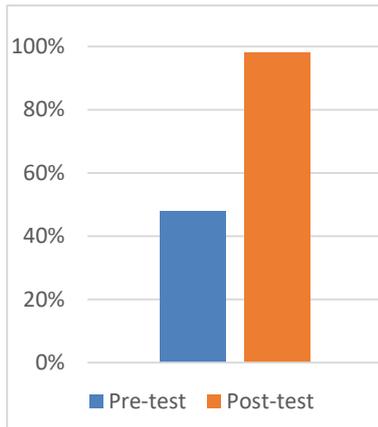


Figure 3. FP training pre- and post-test results

Overall, 503 service providers, including 363 obstetricians-gynecologists and 140 family doctors, participated in the training courses. The PCSA program monitored changes in the participants’ knowledge using pre- and post-training tests. During the pre-test the average results were 47%–50%, while the post-test results reached 95%–99.5% (Figure 3).

It was the first time training on medical waste management was organized for RH/FP specialists. Facilitated by experts from the National Center for Disease Control and Prevention, these sessions were highly rated by participants themselves. They gave quite positive feedback about the content and format, and emphasized the need for continuous trainings on reproductive health and family planning topics (Figure 4).

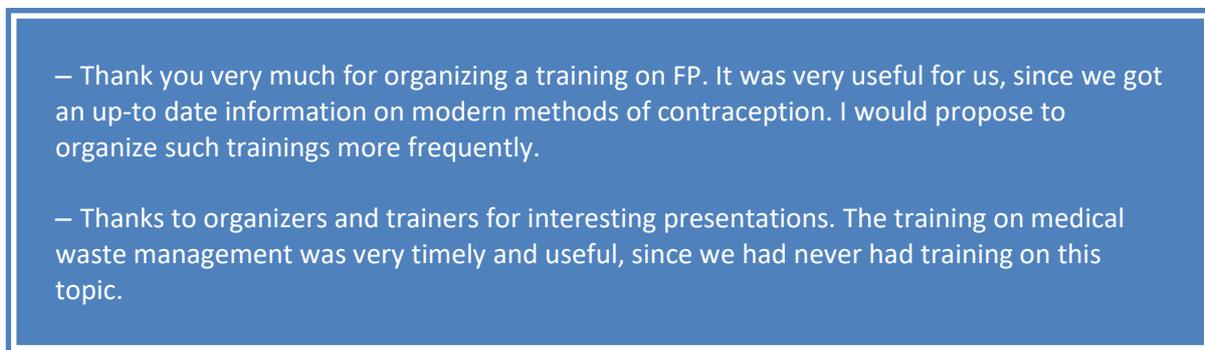


Figure 4. Quotes by training participants

1.2.2. Logistic Management Information System (LMIS)

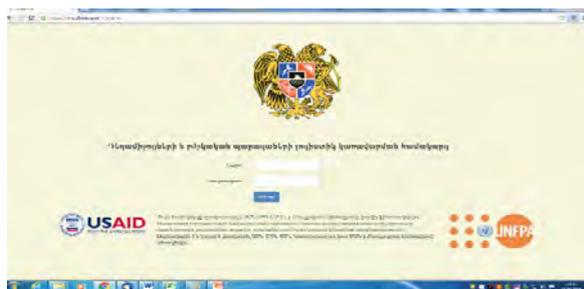


Figure 5. LMIS login page

Ensuring uninterrupted supply of contraceptives to be procured by the Government. The PCSA program successfully developed and introduced a web-based LMIS, based on the CHANNEL software, advocated assigning the responsible staff within the health institutions to operate the system, and conducted nationwide trainings for this staff.

Ensuring uninterrupted supply of contraceptives required a robust logistic management information system, which would allow efficient data/product management and distribution monitoring, and would facilitate forecasting amount of

ID	Name	Status	Location	Start Date	End Date	Quantity
2-040	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգի համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-041	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	Քերտուկախանի ԼՍՊ ԿՈՒԿԱԿ	1/2010	12/12/2010	1480000
2-042	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	Գրեմ	1/2010	12/12/2010	1480000
2-043	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԿՈՒՍՏԱՆ	1/2010	12/12/2010	1480000
2-044	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	Քերտուկախանի ԼՍՊ ԿՈՒԿԱԿ	1/2010	12/12/2010	1480000
2-045	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-046	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-047	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-048	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-049	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-050	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-051	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-052	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-053	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-054	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-055	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000
2-056	Կոնդոմիտների արտադրանքային լոգիստիկական համակարգ	Արդյունավետ	ԼՍՊ ԴՊՍԵՄԱ	1/2010	12/12/2010	1480000

Figure 6. LMIS allows real-time tracking of availability and distribution of contraceptives at all levels



Figure 7. LMIS training, Yerevan

In total 100 people (6 gynecologists, 29 representatives of pharmacies at FP health facilities, 23 head nurses, 12 nurses, 21 operators and 9 administrative employees) participated in the trainings. The training consisted of both theoretical and practical parts. A specially equipped training site with individual computers and internet access enabled participants to navigate in the web-based LMIS and practice the obtained knowledge.

A special session within the training was devoted to the main principles of warehouse management. MoH Humanitarian Warehouse's staff facilitated the training sessions. For the first time training for health center employees covered warehouse management, which was highly appreciated by the participants. LMIS introduction was accompanied by supportive supervision visits and on-job training as needed.

It is worth mentioning that some health centers cooperating with other organizations in the framework of various reproductive health related initiatives have been quite effective in providing FP services through LMIS (see Annex 3 for the success story on Achajour health center).

The PCSA program provided technical assistance to the Ministry of Health in integrating the LMIS software into its Health Information Management System (HIMS) for procurement and distribution of medicines, being developed via USAID support as well. Moreover, the LMIS software logic served as a basis for newly developing HIMS. Thus, the synergy between various USAID projects further contributes to improving the health system in Armenia.

To ensure sustainable functioning of the LMIS after the program end, the responsibility for operating the system and coordinating contraceptive distribution was assigned to the National Office for the Implementation of the Reproductive Health Improvement Strategy, under the supervision of the Chief Gynecologist of the Ministry of Health (the decree of the Minister of Health N2989–A, 23.10.2015).

1.2.3. Provision of Equipment and Supplies for Health Facilities

The quality of provided RH/FP services highly depends on the availability of adequately equipped health facilities. The availability of office equipment, as well as basic medical equipment and supplies is essential for providing high quality RH/FP services. For this purpose, the PCSA program purchased computers, printers, UPS devices, basic medical equipment (gynecological kit, sphygmomanometers, stethoscopes and floor scales) for all health institutions providing FP services, as well as 18 examination lamps and 21 gynecological coaches based on the abovementioned FP unit need assessment¹². Such interventions at service delivery points (SDPs) helped healthcare specialists to provide higher quality RH/FP services.

¹² Family Planning Units Assessment throughout Armenia. Promoting Contraceptive Security in Armenia program, UNFPA. Yerevan. 2014.

1.2.4. Piloting Integration of Family Planning in Other Healthcare Services

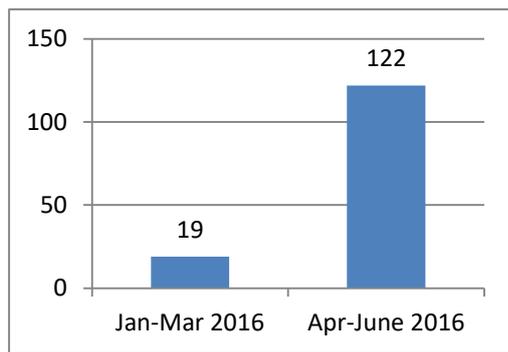


Figure 8. Number of FP visits in Ashtarak medical center (Jan–Jun, 2016)

The monitoring visits conducted by PCSA program consultants showed that the vast majority of the visited facilities successfully conducted both contraceptive distribution and data entry through the LMIS. However, to increase the demand for FP services, the PCSA program piloted the possibility of family planning integration into other health services. Piloting was implemented in Ashtarak medical center, selected for its low utilization of gynecological services and low rates of visits. Visitors with other health related issues were referred to FP specialists.

A special reference ticket was developed and distributed to relevant departments’ staff, allowing further tracking of the referral system. Along with referring the visitors for FP counseling and service provision, pediatricians, therapists and family doctors provided them with public educational materials developed within the program. Within three months since the introduction of the referral system, the demand for contraceptives had increased approximately 6.5 times. Consequently, the utilization of gynecological services (check-ups, Pap tests, etc.) significantly increased. The most popular method of contraception in the pilot site again was male condom (57%).

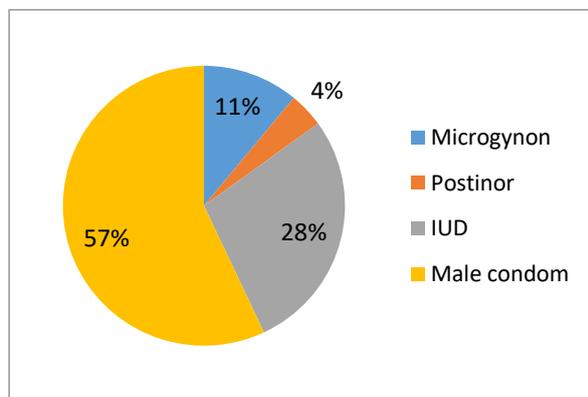


Figure 9. Ashtarak medical center: use of contraception by method

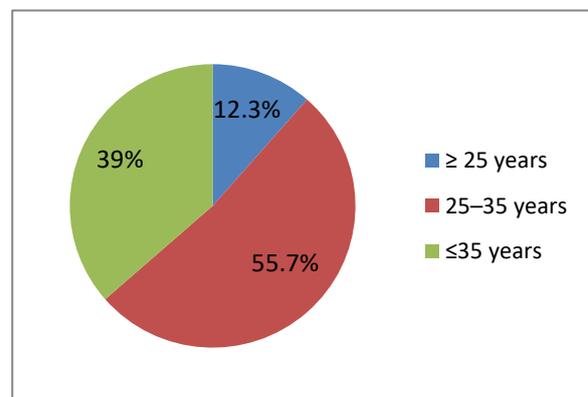


Figure 10. Ashtarak medical center: FP service acceptors by age

The initiative of integrating family planning services in pediatricians’ and family doctors’ practice demonstrated that the collaboration of different specialists in the same facility helps to boost the provision of “weak” services with the support of relatively “active” services.

1.3. Ensuring the Physical Availability of Contraceptives

To ensure that health facilities actually have the necessary contraceptives to distribute according to the abovementioned Regulation on Free Provision of Contraceptives to Vulnerable Groups of Population, PCSA program advocated securing the funds by the

Government for contraceptive procurement. PCSA program assisted the Ministry of Health with calculation of the amounts needed and facilitated the procurement of contraceptives from UNFPA Procurement Services Branch (PSB). In parallel, UNFPA procured a large amount of contraceptives to be distributed to all groups of population free of charge through all health facilities that provide RH/FP services.

By the end of the program, 99% of all health facilities were distributing contraceptives procured by UNFPA for free. Only one private medical center did not receive the contraceptives, as it had tax-related issues with respect to acceptance and further distribution of contraceptives to population. However, as a result of negotiations with the PCSA program, they agreed to accept the next batch of contraceptives provided by the MoH for vulnerable population.

1.4. National Committee on Implementation of the Reproductive Health Improvement Strategy

The PCSA program advocated the establishment of the National Committee for Implementation and Monitoring of the National Program on Reproductive Health Improvement. Along with other RH questions, the committee deals with contraceptive security in Armenia. The list of Committee members includes representatives from the Ministry of Health, Yerevan State Medical University, international and local organizations, as well heads of private medical centers and leading obstetrician-gynecologists. The program organized three committee meetings during which policy documents, results of conducted researches and surveys, achievements and challenges in the area of reproductive health were discussed. In particular, the Reproductive Health Improvement Strategy and the Action Plan for 2016–2020 developed in the framework of the PCSA program were discussed and preliminarily approved by the Committee, before submitting them to the office of the Prime Minister. The meetings were chaired by the Deputy Minister of Health and Head of the Committee, Chief Obstetrician-Gynecologist of the Ministry of Health.

The PCSA program advocated more active involvement of pharmaceutical companies in the work of the Committee. However, MoH preferred to collaborate with pharmaceutical companies in the framework of legislative and normative regulations defining their work. Those regulations are reflected in the newly developed Law on Drugs and Medical Technologies, which is expected to be approved soon.

The publicity of the PCSA program activities and its community outreach component were of particular interest for the Committee members. Despite the recent improvement in the area of family planning, the Committee members' main suggestion was avoiding the wide use of the "family planning" term, and using "Healthy Family Centers" and "Healthy Family Services" phrases when talking about the FP units/services.

While discussing the findings of the FPU assessment, the MoH proposed including all FP service providers in the trainings, since FP service is provided not only by FP units but also by

gynecologists working in in-patient and outpatient institutions. Thus, the list of beneficiary institutions increased from 75 to 96.

1.5. Main Achievements

With respect of the Result Area 1 PCSA program achieved the following results:

- Development and adoption of the National Guideline and the Protocol on Family Planning Service Provision.
- Development and adoption of the Regulation (“Chaporoshich”) on Free Provision of Contraceptives to Vulnerable Groups of Population.
- Development and adoption of the Reproductive Health Improvement Strategy and the Action Plan for 2016–2020.
- Development of the Regulation (“Chaporoshich”) on Provision of Obstetrical-gynecological Services in Outpatient Facilities.
- Development of curricula for training health specialists on modern methods of contraception and medical waste management.
- Training and improving knowledge of 503 FP service providers.
- Introduction of the web-based Logistic Management Information System and training 100 representatives of health facilities providing FP services to operate the system.
- Provision of technical assistance to the MoH to procure contraceptives for vulnerable groups of population from UNFPA PSB via AccessRH portal.
- Ensuring availability of free contraceptives to all groups of population at health facilities providing FP services.

Result Area 2. Increased Availability of Affordable Modern Contraceptives from the Private Sector

The PCSA program worked with private sector stakeholders, such as pharmaceutical and insurance companies, to increase their participation in promoting contraceptive security in Armenia. For this purpose, the following activities were undertaken:

- Involving private sector representatives in the program’s Total Market Approach (TMA) training and development of the Action Plan for TMA roll out;
- Negotiating with pharmaceutical companies to introduce affordable but still high-quality contraceptives in the market;
- Cooperating with the private sector to boost distribution of PCSA public education materials on RH/FP.

2.1. Contraceptive Market Segmentation Research

The PCSA program conducted Contraceptive Market Segmentation Research to determine the most significant gaps in terms of availability and affordability of contraceptives in Armenia. According to the report, except male condoms, all other modern contraceptives were only available from the private sector. Limited amount of male condoms were available free of charge from some NGOs and larger numbers – from FP units. A project funded by the Global Fund to Fight AIDS, Tuberculosis & Malaria (GFATM) provided condoms to groups of people at high risk of contracting HIV, and UNFPA provided condoms to FP units. The analysis showed that most of modern contraceptives, in particular, oral contraceptives, were not affordable for general population (see the analysis results in Annex 4). As a result, the PCSA adopted a negotiation strategy to convince pharmaceutical companies to import low-cost but still high-quality contraceptives, which could both increase their sales, and ensure availability of affordable contraceptives in the market.

2.2. Training on Total Market Approach and AccessRH

The PCSA program used Total Market Approach ideology to bring together public and private sector stakeholders as a part of one “total market” so that each of them targets the segment of population they are best suited to serve. For this purpose PCSA program developed a training curriculum and organized a 2-day training with participation of an international consultant. The TMA training consolidated all key players working in the area of reproductive health bringing together 60 representatives of the “total market”, including the Government (Ministry of Health, Ministry of Finance), Marz health administrations, public and private sectors, and NGOs. The private sector was represented by pharmaceutical companies (Bayer Healthcare Pharmaceuticals, Abbot), insurance companies and a pharmacy (Alfa Pharm).

Representatives of seven leading NGOs actively involved in RH sector participated in the event. The training included a series of interactive group work sessions, during which the National Action Plan for further roll out of TMA was drafted. It was the first time that a draft for the National Action Plan aimed at improving access to and affordability of RH services was developed jointly with all stakeholders. The National Action Plan for TMA roll out was taken into account while developing the Reproductive Health Improvement Strategy and the Action plan for 2016–2020. The Ministry of Health and training participants were very satisfied with the content and format of the training. First TMA training served as a basis for establishing collaboration between the PCSA program, Ministry of Health and private sector, and allowed effectively involving them in further RH/FP initiatives.

State sector

- ✓ Representatives of MoH and MoF
- ✓ Heads of Marz health administrations
- ✓ Heads of public health institutions

Private sector

- ✓ Pharmaceutical companies (Bayer and Abbot)
- ✓ Insurance companies (Avangard and Nairi)
- ✓ Alfa Pharm pharmacy chain

NGOs

- ✓ IPPF
- ✓ World Vision
- ✓ Real World, Real People
- ✓ Women Resource Center
- ✓ Bridge of Hope
- ✓ Institute of Child and Adolescent Health

Diaspora organizations

- ✓ COAF

Figure 11. Participants of TMA training

The TMA training was followed with a session on AccessRH for health managers and procurement specialists from MoH, Marz health administrations, public health institutions (hospitals, polyclinics) from Yerevan and marzes, as well as for health NGOs.



Figure 12. AccessRH training participants

The training session provided information about the AccessRH, advantages of procuring contraceptives, medical equipment and supplies through AccessRH from UNFPA PSB. The group works and the special online Q&A session increased participants’ knowledge and skills of calculating the demand with AccessRH. As a result, MoH decided to procure contraceptives from UNFPA PSB, since it allowed purchasing high quality but low-cost medicines certified by WHO, medical equipment and supplies.

2.3. Partnership with Private Sector

The PCSA program established good working relationships with pharmaceutical companies that import contraceptives to Armenia. As a result, Bayer Healthcare Pharmaceuticals started registration of the relatively cheap oral contraceptive Qlaira, and Gedeon Richter is considering importing more of the low-cost oral contraceptive Regulon to cover the gap that would appear once the health centers run out of the free oral contraceptives provided by UNFPA. However, there is a need for continuous work with pharmaceutical companies in order to ensure that more affordable contraceptives are available in the market.

In partnership with Gedeon Richter, web pages of Aragatsotn marz health facilities and individual profiles of gynecologists at www.med-practic.com medical portal were developed. This allowed the local population to have online access to their FP service providers and get online consultations.

Alfa Pharm pharmacy chain agreed to distribute PCSA program health education materials through its 10 pilot pharmacies, which proved an effective channel for reaching target population with information on availability of contraceptives from public sector and increasing public awareness on modern methods of contraception.

2.4. Collaboration with International and Diaspora Organizations, Local Health NGOs

The PCSA program established fruitful collaboration with international, local and Diaspora organizations that currently work in health sector. Diaspora organizations, such as COAF and FIDEC, international and local NGOs, such as Save the Children, World Vision, IPPF and others actively participated in the awareness raising campaign and highly contributed to increasing the knowledge and promoting healthy behavior among Armenian population.

2.5. Main Achievements

With respect of the Result Area 2 PCSA achieved the following main results:

- Organization of TMA training with participation of all key players in RH/FP area (60 people trained).
- Organization of training on AccessRH.
- Contraceptive Market Segmentation Research.
- Establishment of partnerships with the MoH and private sector.
- Involvement of private sector and NGOs in PCSA health education campaign.

Result Area 3. Increased Consumer Demand for Modern Contraceptives

The PCSA program designed and conducted a comprehensive communication campaign aimed at increasing the public awareness of and the demand for modern methods of contraception, as well as developing a health-seeking behavior among the population. The campaign consisted of a number of activities that can be grouped into three main categories:

- Development of public education materials and resources including printed and video materials, as well as online sources of information;
- Training target population;
- Raising awareness through mass media, including TV, Radio, online and social media, and interactive forum theatre.

In Armenia, “family planning” is still a sensitive and controversial topic. To ensure smooth and successful implementation of the PCSA awareness raising campaign, a study on **Perceptions and decisions related to modern methods of contraception among Armenian population** was conducted. The information was collected through focus group discussions with groups of target population as well as representatives of media and NGOs involved in RH/FP issues. Based on the study results “Maternal health” and “Healthy family” were identified as core concepts, around which communication messages for the target population and the whole campaign were developed.



Figure 13. PCSA program key health messages

3.1. Public Education Materials and Resources

3.1.1. Print and Video

The PCSA program developed a line of printed materials explaining main concepts regarding reproductive health and modern methods of contraception, facilitating decision-making and emphasizing the key health messages. Particularly, a booklet, a leaflet and a poster titled “For Healthy Family” were developed, tested, printed and widely distributed during all awareness raising activities and through partner collaboration. The summary of the research “Listening to Women’s Voices: Perceptions and Experiences with Contraception and Abortion in Rural

Armenia” was developed and distributed among FP service providers. An educational film on modern methods of contraception was developed and distributed to all FP health facilities. Along with public education materials developed within the PCSA program, the Fertility Calendar, adapted by USAID NOVA project was also reprinted and widely distributed.

3.1.2. Online Sources of Information

PCSA implementing partner, ICHD, developed a number of Wikipedia articles on key reproductive health and family planning topics in Armenian (see Annex 5). In addition, the program supported the National Institute of Health (NIH) to develop a section devoted to health education on the Institute’s website.

As part of PCSA program sustainability strategy, all education materials and resources developed by PCSA were made available in the “Healthy Family” Facebook page, developed in the framework of PCSA program, and in the “Family Health” section of the official website of the Ministry of Health and in the “Family Health and Planning” section of website of the NIH.

Along with the development of webpages of Aragatsotn and Tavush marz health facilities at www.med-practic.am portal, the PCSA program supported the creation of individual webpages for local gynecologists as an alternative channel for local women to receive reproductive health related information. Due to confidentiality concerns, it was impossible to track the number of online consultations through those pages; however, the visits from Aragatsotn and Tavush marzes to www.med-practic.am significantly increased.

3.2. Training the Target Population

The PCSA program organized 188 meetings/trainings for general population of reproductive age in 94 communities of 10 marzes and in Yerevan. In addition, 3-day peer education trainings sessions were organized for youth. These sessions were facilitated by the representatives of the “Solidarity of Generations” youth NGO. Over 2,850 women and over 800 men of reproductive age participated in training sessions in total. Significant improvement in participants’



Figure 14. Community meeting – training for women

knowledge was recorded as a result of the trainings. According to the pre- and post-test results, the average knowledge increase among the community meeting/training participants was 149%, while the knowledge increase among youth was 60%.

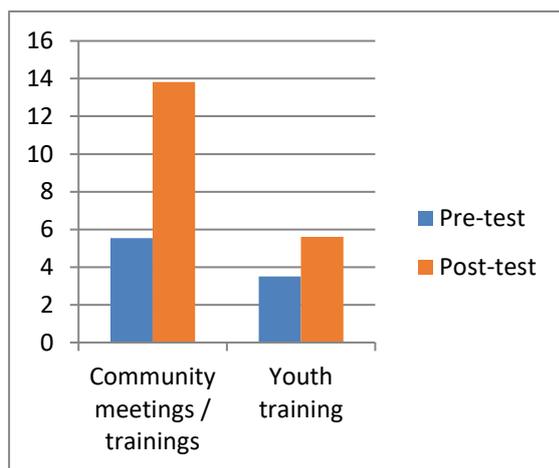


Figure 15. Average number of correct answers

The PCSA program monitored the community meetings through focus group discussions to evaluate the effectiveness of trainings in terms of raising populations' awareness of and forming a more favorable attitude towards modern methods of contraception. The analysis revealed significant increase in the level of RH awareness among training participants along with more favorable attitudes towards family planning and need for further learning. However, to ensure sustainable impact continuous and long-term efforts were required.

3.3. Raising Awareness through Mass Media

The PCSA program utilized a mix of traditional and alternative media to achieve wider coverage of the target audience reaching people of various lifestyles, educational, social and economic backgrounds.

To ensure informed and consistent coverage of reproductive health and family planning topics through all media the PCSA program organized a comprehensive training for media representatives. The session presented essential information on reproductive health, emphasized the importance of proper family planning and explained the main principles of how to cover RH/FP topics.

3.3.1. TV and Radio

The PCSA awareness raising campaign widely utilized traditional media such as TV and radio to cover a broader audience with key health messages. The campaign consisted of:

- FP/RH related talks and discussions during highly ranked health programs and morning shows on the three leading national channels – Armenia TV, Shant TV, Yerkir Media TV;
- FP storyline in a top-ranking soap opera on the popular ATV channel covering Yerevan and part of the regions;
- Programs devoted to reproductive health on regional TV channels;
- Series of radio programs on various RH/FP topics broadcasted on “Hay FM” and “Yerevan FM” channels with over 90% of combined coverage.



Figure 16. “Do Not Harm”, health show on Shant TV



Figure 17. Episode from the soap opera “Abel’s sister” with a storyline on RH/FP; PSCA program poster in the background

Overall, more than 20 TV and 15 radio programs featuring PSCA and local RH experts were developed and aired through national and local (marz) TV and radio channels covering almost whole Armenia. To attract more attention the awareness raising campaign featured celebrities conveying health messages during TV shows and the soap opera. Five episodes of the soap opera with

3.3.2. Online and Social Media

Widely used by the project target audience, Facebook was also considered an effective channel to spread health messages and promote modern methods of contraception. The PSCA program created the «Առողջ ընտանիք» (Healthy Family) Facebook page that served as a platform for promotion of campaign related information. The page promoted the TV products developed and broadcasted in the framework of the campaign, as well as educational materials on reproductive



Figure 18. «Առողջ ընտանիք» (Healthy Family) Facebook page

health, family planning and healthy motherhood. Just in one month the page gathered 1,254 likes and its posts reached 6,519 people in total.

The PSCA program had a fruitful collaboration with Civilitas, the foundation behind Civilnet, a leading online media organization. As a result, a series of RH related content including videos, articles and infographics was produced and disseminated through Civilnet website and social media accounts (Annex 6).

The program conducted monitoring of online/social media in terms of covering RH/FP topics. About 1,632 articles were subject for monitoring. The majority of articles covered infertility related issues. However, by the end of the project a growth trend with respect to the number of positive articles about contraceptives was observed.

3.3.3. Forum Theatrical Plays

Along with the conventional media, the PCSA program tried to reach the target audience through alternative media, such as interactive theatrical plays. In cooperation with the Theatre for Changes NGO (T4C) the PCSA program successfully organized 40 presentations of two forum theatre plays, “What does the Stork Complain About?” and “Who Could Imagine?”, in marzes and Yerevan for over 2,500 participants. The interactive format allowed the audience to be part of the performance and to some extent to define its flow. The experts from the National Center for AIDS Prevention (NCAP) of Armenia and a gynecologist supported the program through post-performance consultations. During all performances the audience (both men and women) was quite active and supportive of this interactive approach towards raising health issues. In their monthly newsletter, USAID acknowledged the effectiveness of the interactive theatrical plays, particularly, with respect to engaging the otherwise harder-to-reach male population in RH/FP discussions.

Figure 19. “What does the Stork Complain About?”, Theatre for Changes



3.4. Main Achievements

- Development and extensive distribution of a line of public education materials titled “For Healthy Family” including a booklet, a leaflet and a poster.
- Reprinting and distribution of the Fertility Calendar adapted by USAID/NOVA project.
- Development and distribution of the summary of the research “Listening to Women’s Voices: Perceptions and Experiences with Contraception and Abortion in Rural Armenia” and an educational film on modern methods of contraception to FP health facilities.
- Development of 17 Wikipedia articles on key reproductive health and family planning topics in Armenian.
- Development of the “Health Education Materials” section of website of the National Institute of Health.
- Development of webpages of Aragatsotn and Tavush marz health facilities and individual profiles of gynecologists at www.med-practic.com medical portal.
- Organization of 188 community meetings for general population of reproductive age, 5 peer education training sessions for youth and a training for media representatives, reaching 2,865 women and 803 men in total; 149% knowledge increase observed among the community meeting/training participants and 60% among youth.
- More than 20 TV and 15 radio programs/episodes promoting RH/FP developed and aired through the top-ranking channels.
- Development of the «Առողջ ընտանիք» (Healthy Family) Facebook page that only in a month gathered 1,254 likes and reached 6,519 people with its posts.
- Production and dissemination of eight videos, six articles and four infographics on important RH topics through Civilnet website and social media accounts.
- Forty presentations of two forum theatrical plays promoting PCSA program health messages in marzes and Yerevan, and reaching a total audience of over 2,500.

Obstacles, Challenges, and Lessons Learned

Behind the successful implementation of the project, there were also challenges that the PCSA faced:

- The male population's participation in the trainings was complicated by their unwillingness to attend the community meetings. During the meetings they were attributing this reluctance to the prevailing opinion that contraception topics were more related to women than men. However, during the meetings men were more active participants than women. In addition, in summer the majority of male population in marzes is either out of the country, or off for field works. However, the PCSA program applied different strategies to increase men's participation in the trainings, such as working with heads of communities and local administrations to involve more male population.
- Though the PCSA program advocated involvement of pharmaceutical companies as members of the National Committee for Implementation and Monitoring of the National Program on Reproductive Health Improvement, the MoH preferred to collaborate with pharmaceutical companies only after having approved the respective legislative and normative regulations. Those regulations are reflected in the newly developed Law on Drugs and Medical Technologies, which is expected to be approved by the end of 2016 or in 2017. Only after having a legal framework in place the membership of pharmaceutical companies in the Committee will be discussed.
- Another challenge related to pharmaceutical companies was the small market size for contraceptives, especially when both UNFPA and the Ministry of Health procured contraceptives and distributed them extensively through all FP health institutions of Armenia. Because of the small market size for contraceptives, pharmaceutical companies preferred to import new generation and expensive ones. Besides, it turned out that the marketing strategy for local representations of pharmaceutical companies is developed by their headquarters based on sales rates; hence, they mostly prefer to introduce and promote expensive new generation medicines. However, due to the facts that UNFPA is not going to procure contraceptives any more, that contraceptives, procured by MoH, are distributed only to vulnerable groups of population, and that interest towards modern methods of contraception is growing thanks to PCSA program awareness raising campaign, the market has a growth potential. Thus, Gedeon Richter is might consider importing more Regulon, which is one of cheapest registered oral contraceptives.

Summary of Program Spending

		USAID (USD)	UNFPA (USD)
1.	Program expenditure	773,824.35	162,979.12
Of which			
1.1.	Indirect cost (8%)	57,212.8	0

UNFPA Contribution

	Title of contribution	Amount in USD
1.	Procurement of contraceptives (IUD, Microgynon, Marvelon, Postinor, Condoms)	107,473.55
2.	Direct program cost and Other direct cost	15,505.57
3.	Personnel	40,000

Annexes

Annex 1. Performance Monitoring Plan

Performance Monitoring Plan (PMP) Indicators for the Promoting Contraceptive Security in Armenia Program

Implementing partner: UNFPA Armenia

USAID Activity number: AID-111-IO-14-00003

Program completion date: August 13, 2016

No	Indicator name	Definition	Primary data source	Reporting frequency	Baseline	Target	Actual / end of project	Comments
Overall program indicators								
1.	Modern contraceptive prevalence rate	Percent of reproductive age women who are currently using a modern method of contraception	2015–16 ADHS	Baseline End-line	27%	35%	28%	<i>2015–16 ADHS data presents the period from Dec 8, 2015 till April 5, 2016, when the program implementation was not completed yet. Hence, the ADHS data cannot reflect project results. The real impact of the project can be assessed on annual basis, starting from the beginning of 2016 through the LMIS developed in the framework of the program, and later can be verified by the next ADHS.</i>
2.	Unmet need for family planning	Percentage of women who do not want to become pregnant but are not using contraception	2015–16 ADHS	Baseline End-line	21% ¹³	<7%	13%	
3.	Total abortion rate	Total number of abortions that 1,000 women would have during their life	2015–16 ADHS	Baseline End-line	0.8	0.5	0.6	
4.	General abortion rate	Number of induced abortions occurring in a specified reference period (e.g., one year) per 1,000 women of reproductive age	2015–16 ADHS	Baseline End-line	28	20	21	
5.	Percentage of pregnancies ending in induced abortions	Percentage of pregnancies ending in induced abortions	2015–16 ADHS	Baseline End-line	29%	25%	N/A in KIR	

¹³ According to the revised criteria used by DHS to identify women with unmet need for family planning (Bradley et al. 2012), baseline 21% (data from 2010 ADHS) should be estimated as 14% (recalculated data from 2015-16 ADHS)

No	Indicator name	Definition	Primary data source	Reporting frequency	Baseline	Target	Actual / end of project	Comments
6.	Number of FP acceptors, by method and sex	Number of people who have received modern contraceptives via FP Units	LMIS report	Quarterly	No data available	N/A	5,729 Males – 39 Females – 5,690 Pills – 27% IUD – 21% Condoms – 52%	
Objective 1: Increased availability of modern contraceptives for the public sector								
Outcome indicators								
1.1	Government share of total spending for public sector contraceptives	The GoA allocates funds for and procures modern contraceptives	MoH budget	Annually	0	Funds are allocated	Achieved for 2016	<i>AMD 45,820,000 (equivalent to USD 98,000¹⁴) has been allocated for 2016; contraceptives have been procured from UNFPA PSB.</i>
1.2	Percent of FP units operating with LMIS	Percent of FP units which staff has been trained on the use of LMIS and currently is working by the system	LMIS report	Quarterly	0	90%	99%	<i>Only one medical center was not able to receive contraceptives because of a tax-related issue.</i>
1.3	Percent of FP units having at least 3 types of contraceptives	Percent of FP units having at least 3 types of contraceptives	LMIS report	Quarterly	0	90%	99%	<i>See the explanation above.</i>
1.4	Percent of USG-assisted SDPs that experience a stock out of a contraceptive method that the SDP is expected to provide	Percent of USG-assisted SDPs that experience a stock out of COCs, expected to be provided by the SDP, at any time during the defined reporting period	LMIS report	Quarterly	No data available	10%	1%	<i>See the explanation above.</i>

¹⁴ Exchange rate: USD 1 = AMD 474 (as of 13.09.2016)

No	Indicator name	Definition	Primary data source	Reporting frequency	Baseline	Target	Actual / end of project	Comments
Output indicators								
1.5	Number of updated and/or developed guidelines, protocols and/or policy documents	Number of updated and/or developed guidelines, protocols and/or policy documents regarding the delivery of quality SRH services	Program reports	Quarterly	0	4	5	<p>1. National Guideline on Family Planning Service Provision,</p> <p>2. National Protocol on Family Planning Service Provision,</p> <p>3. Reproductive Health Improvement Strategy and Action Plan for 2016–2020,</p> <p>4. Regulation on Provision of Obstetrical-gynecological Services in Outpatient Facilities,</p> <p>5. Regulation on Free Provision of Contraceptives to Vulnerable Groups of Population.</p>
1.6	Number of service providers trained on modern methods of contraception, disaggregated by sex and specialty	Number of obstetrician-gynecologists and family doctors trained on effective family planning service provision	Program (training) reports	Quarterly	0	500	<p>503</p> <p>Males – 69</p> <p>Females – 434</p> <p>Ob/Gyn – 363</p> <p>Family doctors – 140</p>	
1.7	Number of service providers trained on medical waste management	Number of service providers trained on medical waste management	Program (training) reports	Quarterly	0	500	503	

No	Indicator name	Definition	Primary data source	Reporting frequency	Baseline	Target	Actual / end of project	Comments
1.8	Number of transactions conducted via LMIS	Number of transactions conducted via LMIS	LMIS report	Quarterly	0	73	99	<i>Tracking and counting orders from the central warehouse and requests from SDPs.</i>
Objective 2: Increased availability of affordable modern contraceptives from the private sector								
Outcome indicators								
2.1	Number of quintiles with at least 3 types of affordable modern contraceptives available	Number of quintiles with at least 3 types of affordable modern contraceptives available	Contraceptive Market Segmentation Research Report	Baseline End-line	2 ¹⁵	3	N/A	<p><i>It was not reasonable to conduct a new market segmentation analysis to identify the number of quintiles with available affordable contraceptives from private sector. No major changes would be tracked since:</i></p> <ul style="list-style-type: none"> • <i>UNFPA procured contraceptives for free distribution through all FP health facilities;</i> • <i>The MoH procured contraceptives for free distribution among vulnerable groups of population;</i> • <i>Because of small market size, it was not profitable for pharmaceutical companies to register and import new cheap contraceptives. They</i>

¹⁵ Contraceptive Market Segmentation Research. Promoting Contraceptive Security in Armenia program, UNFPA. Yerevan. 2014.

No	Indicator name	Definition	Primary data source	Reporting frequency	Baseline	Target	Actual / end of project	Comments
								<i>will import new batches once the amounts procured by UNFPA are utilized.</i>
Output indicators								
2.2	Number of health managers trained on TMA/AccessRH	Number of health managers trained on TMA/AccessRH	Program (training) reports	Annually	0	60	60	
2.3	Number of private sector organizations participated in training on TMA approach	Number of private sector organizations participated in training on TMA approach	Program (training) reports	Annually	0	4	5	
Objective 3: Increased consumer demand for modern contraceptives								
Outcome indicators								
3.1	Percent of audience covered with specific USG-supported FP/RH message	Percent of audience covered with specific USG supported message on RH and FP	Program report	Quarterly	0	25%	100%	<i>TV and radio programs, storyline in the soap opera developed and aired through national TV and radio channels; articles, videos and infographics in online and social media; Wikipedia articles devoted to RH/FP topics; "Health Education Materials" section on NIH website.</i>
3.2	Knowledge increase during the community awareness raising	Knowledge increase through pre- and post-test evaluation conducted during the trainings and/or community meetings	Program (training) reports	Quarterly	No data available	30% increase	149%	

No	Indicator name	Definition	Primary data source	Reporting frequency	Baseline	Target	Actual / end of project	Comments
	meetings and/or trainings							
Output indicators								
3.3	Number of individuals reached with information on modern contraceptive methods, disaggregated by sex	Number of individuals reached with information on modern contraceptive methods through the community meetings, disaggregated by sex	Community meeting report	Quarterly	0	2,000	3,562 Males – 760 Females – 2,802	<i>Because of effective budget management and savings, more communities were reached within the community outreach component than planned.</i>
3.4	Number of youth trained via peer educational trainings and/or events, disaggregated by sex	Number of youth trained via peer educational trainings and/or events	Program (training) reports	Quarterly	0	50	106 Males – 43 Females – 63	<i>See the explanation above.</i>
3.5	Number of communities reached through community meetings and/or trainings	Number of communities reached with specific initiatives designed to improve RH behavior change	Program reports	Quarterly	0	70	94	<i>See the explanation above.</i>
3.6	Percent of community meetings' participants knowing about availability of contraceptives from public sector	Percent of community meetings' participants knowing about availability of contraceptives from public sector	Program (training) reports	Quarterly	No data available	80%	90%	

Annex 2. Decrees and Decisions Related to PCSA Program Activities

1. RA Government session protocol decision on the approval of the Reproductive Health Improvement Strategy and the Action Plan for 2016–2020 (N24, 23.06.2016).
2. The decree of RA Minister of Health on the organization of trainings on family planning service provision for obstetrician-gynecologists and family doctors working in primary healthcare organizations, on approval of the National Guideline and the Protocol on Family Planning Service Provision, and on approval of the schedule of trainings for obstetrician-gynecologists and family doctors (N2202–N, 14.08.2015).
3. The decree of RA Minister of Health on the trainings on family planning service provision for obstetrician-gynecologists and family doctors (N2220–A, 18.08.2015).
4. The decree of RA Minister of Health on the approval of the Regulation (“Chaporoshich”) on Free Provision of Contraceptives to Vulnerable Groups of Population (N2989–A, 23.10.2015).

Annex 3. Success Story: Family Planning Services at Achajour Health Center

UNFPA continues supporting the medical centers to operate the LMIS and conducts supportive supervision visits along with on-job trainings in places, as needed. As a result, the vast majority of facilities successfully provide FP services and conduct both the contraceptive distribution and data entry through the LMIS. Moreover, the first success story worth highlighting has already been observed. The health center of Achajour community in Tavush



Figure 20. At Achajour Health Center

region has been cooperating with FIDEC Armenia (Fighting Infectious Diseases in Emerging Countries) for quite some time implementing a project aimed at improvement of reproductive health in the area. In the framework of this project, financed by representatives of Armenian Diaspora in Argentina, women are receiving reproductive health services free of charge. They undergo Pap tests and other examinations; receive consultation and treatment as needed. Upon starting LMIS operations, the health center smoothly

integrated the distribution of contraceptives into the project cycle. As a result, by May 25, 2016, the health center had already provided 32 women with IUDs, 87 women with pills and 36 women with condoms. The obstetrician-gynecologists of Achajour health center, Dr. Koryun Vardapetyan and Dr. Ruzanna Grigoryan, participated in the accredited training course organized by UNFPA on effective FP service provision and are currently providing qualified FP services to population. The important factor in Achajour case is the targeted nature of integrated operations – FIDEC project helps to identify the people who are in need of FP services and contraceptives, and UNFPA program helps them to receive high-quality FP services and contraceptives.

Annex 4. Cost of Contraceptives as a Percentage of Annual Income for Couples¹⁶

■ Affordable
 ■ Marginally affordable
 ■ Unaffordable

Method / Brand	Cost per CYP (USD)	Cost as a Percentage of Annual Income				
		Q1 (Poorest)	Q2	Q3	Q4	Q5 (Richest)
Condom						
Hi-TeXh	128	4.3	2.6	2.0	1.5	0.8
Durex	116	3.9	2.4	1.8	1.4	0.8
Vitalis	116	3.9	2.4	1.8	1.4	0.8
Sico	76	2.5	1.6	1.2	0.9	0.5
Extrem Love	64	2.1	1.3	1.0	0.8	0.4
On	60	2.0	1.2	0.9	0.7	0.4
Vigor	60	2.0	1.2	0.9	0.7	0.4
Romantik	60	2.0	1.2	0.9	0.7	0.4
Contex	56	1.9	1.2	0.9	0.7	0.4
Carex	52	1.7	1.1	0.8	0.6	0.3
Inoter	52	1.7	1.1	0.8	0.6	0.3
Visit	48	1.6	1.0	0.8	0.6	0.3
Husarekie	48	1.6	1.0	0.8	0.6	0.3
Masculan	48	1.6	1.0	0.8	0.6	0.3
Skalen	48	1.6	1.0	0.8	0.6	0.3
Viva	40	1.3	0.8	0.6	0.5	0.3
Horoskop	36	1.2	0.7	0.6	0.5	0.2
Crex	36	1.2	0.7	0.6	0.5	0.2
LFX	24	0.8	0.5	0.4	0.3	0.2
Nochnoy	24	0.8	0.5	0.4	0.3	0.2
Nevalishka	24	0.8	0.5	0.4	0.3	0.2
Strast	16	0.5	0.3	0.3	0.2	0.1
Koyot	16	0.5	0.3	0.3	0.2	0.1
COCs						
Yarina	244.5	8.2	5.0	3.9	2.9	1.6
Midiana	220.5	7.4	4.5	3.5	2.7	1.5
Dimia	207	6.9	4.3	3.2	2.5	1.4
Jeanine	187.5	6.3	3.9	3.0	2.3	1.2
Lindynette 20	117	3.9	2.4	1.9	1.4	0.8
Novynette	108	3.6	2.2	1.7	1.3	0.7
Regulon	94.5	3.2	1.9	1.5	1.1	0.6
Tri-regol	70.5	2.4	1.5	1.1	0.8	0.5
Emergency contraception						
Escapelle	194	6.5	4.0	3.1	2.3	1.3
Postinor	182	6.1	3.7	2.9	2.2	1.2
IUD						
Mirena	47.8	1.6	1.0	0.8	0.6	0.3
Nova T	2.9	0.1	0.1	<0.1	<0.1	<0.1

Data source: Commercial pharmacies.

¹⁶ Contraceptive Market Segmentation Research. Promoting Contraceptive Security in Armenia program, UNFPA. Yerevan. 2014.

Annex 5. Wikipedia Articles on Reproductive Health / Family Planning in Armenian

1. <https://goo.gl/DvAF2k> Ընդհատված սեռական հարաբերություն
2. <https://goo.gl/sEb2X7> Լակտացիոն ամենորեա
3. <https://goo.gl/DtB8js> Չեչոնգային օղեր
4. <https://goo.gl/FkEwCU> Արգանդափողերի կապում
5. <https://goo.gl/KgnJqn> Վազէկտոմիա
6. <https://goo.gl/S68DtM> Ներարգանդային պարույր
7. <https://goo.gl/ZXqRlc> Չորմոնային ներարգանդային պարույր
8. <https://goo.gl/OznjbZ> Արգանդի պարանցակալ
9. <https://goo.gl/quB3qB> Բեղմնականիսիչ սպունգ
10. <https://goo.gl/9j8LA6> Ենթամաշկային իմպլանտ
11. <https://goo.gl/mnzarH> Սերմնասպան
12. <https://goo.gl/GJx3S6> Օրացուցային մեթոդ
13. <https://goo.gl/Bv7gkF> Խմելու բեղմնականիսիչ հաբեր
14. <https://goo.gl/OEnqFX> Անհետաձգելի բեղմնականիսում
15. <https://goo.gl/2dSMh9> Բեղմնականիսում
16. <https://goo.gl/Rn30Oo> Սեռական ճանապարհով փոխանցվող վարակներ
17. <https://goo.gl/0WGSYO> Սեռական ժուժկալություն

Annex 6. Online Content Published in the Framework of the PCSA Program

Date	Link	Format
4/13/2016	http://civilnet.am/2016/04/13/migration-and-sexually-transmitted-desesases/#.Vw8q0PI97IV	Article
4/14/2016	http://civilnet.am/2016/04/14/health-issues-contraception-vs-abortion/#.Vw-Owfl97IU	Video
4/16/2016	http://civilnet.am/2016/04/16/adolescent-pregnancy-infograph/#.VxSe0_I97IV	Infographic
4/21/2016	http://civilnet.am/2016/04/21/causes-of-infertility-of-men-and-women/#.VxmQ3qTy10	Video
5/6/2016	http://civilnet.am/2016/05/06/breast-feeding-stereotypes-and-the-reality/#.Vyxf4RcSkq	Video
5/13/2016	http://civilnet.am/2016/05/13/prevention-and-treatment-of-sexually-transmitted-diseases/#.VzWta4R97IV	Video
5/16/2016	http://civilnet.am/2016/05/16/mother-mortality-rate-armenia-europe-comparison/#.Vz8lvI97IV	Article
5/17/2016	http://civilnet.am/2016/05/17/hiv-statistics-armenia/#.Vzwc_I97IV	Infographic
5/26/2016	http://civilnet.am/2016/05/26/infograph-abortions/#.V0fcjPI97IV	Infographic
5/31/2016	http://civilnet.am/2016/05/31/lilit-abovyan-article-abortion/#.V05w8PI97IV	Article
6/7/2016	http://civilnet.am/2016/06/07/lilit-abovyan-article-child-death/#.V1aiTvI97IV	Article
6/9/2016	http://civilnet.am/2016/06/09/divorces-in-armenia-caused-by-infertility/#.V1pSKfl97IV	Video
6/13/2016	http://civilnet.am/2016/06/13/lilit-abovyan-article-breastfeeding/#.V15j8bt97IV	Article
6/21/2016	http://civilnet.am/2016/06/21/%D5%AB%D5%9E%D5%B6%D5%B9-%D5%BA%D5%A5%D5%BF%D6%84-%D5%A7-%D5%AB%D5%B4%D5%A1%D5%B6%D5%A1%D5%AC-%D5%B4%D5%A1%D5%B5%D6%80%D5%A1%D5%B6%D5%A1%D5%AC%D5%B8%D6%82%D6%81-%D5%A1%D5%BC%D5%A1%D5%BB/#.V3JA6PI97IU	Video
6/22/2016	http://civilnet.am/2016/06/22/%D5%AB%D5%B6%D5%B9%D5%B8%D6%82-%D5%AF%D6%80%D5%AE%D6%84%D5%B8%D5%BE-%D5%AF%D5%A5%D6%80%D5%A1%D5%AF%D6%80%D5%A5%D5%AC/#.V2uGY7t97IV	Infographic
6/23/2016	http://civilnet.am/2016/06/23/%D5%B0%D5%B4%D5%B8%D6%82%D5%BF-%D5%B4%D5%A1%D5%B5%D6%80%D5%AB%D5%AF-%D5%A4%D5%A1%D5%BC%D5%B6%D5%A1%D5%AC%D5%B8%D6%82-%D5%A2%D5%A1%D5%B6%D5%A1%D5%B1%D6%87%D5%A8/#.V2zKzPI97IV	Video
6/30/2016	http://civilnet.am/2016/06/30/%D5%BE%D5%AB%D5%AA%D5%B8%D6%82%D5%B4-%D5%AB%D5%B6%D5%B9%D5%AB%D6%81-%D5%A7-%D5%AC%D5%AB%D5%B6%D5%B8%D6%82%D5%B4-%D6%87-%D5%AB%D5%B6%D5%B9%D5%BA%D5%A5%D5%BD-%D5%BA%D5%A1%D5%B5%D6%84%D5%A1%D6%80%D5%A5/#.V3zsaPI97IV	Article
6/30/2016	http://civilnet.am/2016/06/30/%D5%AD%D5%B6%D5%A4%D5%AB%D6%80%D5%B6%D5%A5%D6%80%D5%B8%D5%BE-%D5%B0%D5%B2%D5%AB%D5%B8%D6%82%D5%A9%D5%B5%D5%B8%D6%82%D5%B6-%D5%AB%D5%B6%D5%B9%D5%AB%D5%9E%D6%81-%D5%A7-%D5%A1%D5%BC%D5%A1%D5%BB%D5%A1/#.V3YhT_I97IV	Video

Annex 7. TV Programs/Episodes Developed and Aired in the Framework of the PCSA Program

Programs/episodes with participation of celebrities on national channels

Date(s)	Channel	Title	Campaign “faces” / guests
Apr 30, 2016	Yerkir Media TV	«Բարև երկիր» (Hello, Country) Morning show	<ul style="list-style-type: none"> • Gohar Harutyunyan, Ms. Armenia 1998, Ms. CIS 1999, Mrs. Globe 2010 • Rusudan Vardanyan, Obstetrician-gynecologist
May 11, 2016 (repeated on May 12, May 27)	Shant TV	«Մի վնասիլի» (Do Not Harm) Health show	<ul style="list-style-type: none"> • Gohar Harutyunyan, Miss Armenia 1998, Miss CIS 1999, Mrs. Globe 2010 • Narine Beglaryan, Obstetrician-gynecologist, Promoting Contraceptive Security in Armenia Project Coordinator, UNFPA • Inga Harutyunyan, MA Psychology, Yerevan State University Professor
May 19–25, 2016 5 episodes with health messages	ATV	«Աբելի քույրը» (Abel's Sister) Storyline in a soap opera	<ul style="list-style-type: none"> • Luiza Ghambaryan, Actress
May 25, 2016	Armenia TV	«Բարի լույս» (Good morning) Morning show	<ul style="list-style-type: none"> • Luiza Ghambaryan, Actress • Rusudan Vardanyan, Obstetrician-gynecologist
Jun 1, 2016	Shant TV	«Առավոտը Շանթում» (Morning at Shant) Morning show	<ul style="list-style-type: none"> • Tigran Petrosyan, Chess Olympic Champion • Lilit Hovakimyan, Obstetrician-gynecologist, Assistant Professor of the Chair of Obstetrics and Gynecology at the Yerevan State Medical University
Jun 12, 2016 (repeated on Jun 14, Jun 18)	Armenia TV	«Դեղատոմս» (Prescription) Health show	<ul style="list-style-type: none"> • Luiza Ghambaryan, Actress • Nouneh Asriyan, Gynecologist

Programs on local (marz) channels

Date(s)	Channel	Name of the show / program
Jun 19, 2015, prime time	ALT TV (Armavir)	«Բազմակետ» (Ellipsis)
Jul 18, 2015, prime time (repeated on Jul 19, Jul 22, 2015)	GALA TV (Shirak)	Interview
Aug 4, 2015, prime time	SOSI TV (Syunik)	Health program
Sep 12, 2015, prime time (repeated on Sep 13)	Ijevan TV (Tavush)	«Հանդիպում» (Meeting)
Dec 8, 2015, prime time (repeated on Dec 9)	Ararat TV (Ararat)	«Հարցի լուծում» (Solution to the Issue)
Mar 2, 2016, prime time	Hrazdan TV (Kotayq)	«Առողջ ապրելակերպ» (Healthy Lifestyle)
Apr 13, 2016, prime time	Mig TV (Lori)	«Ընտանիքների վերարտադրողական առողջությունը Հայաստանում» “Reproductive Health of Families in Armenia”
Jun 14, 2016, prime time (repeated on Jun 15, 2016)	Gavar TV (Gegharqunik)	«Վեկտոր TV» (Vector TV)

