

Armenian Red Cross Society

Strategy 2022 - 2026

THE ARMENIAN RED CROSS SOCIETY

The Armenian Red Cross Society (ARCS) was founded in 1920 and recognized by the International Committee of Red Cross (ICRC) in 1995, the same year it was admitted to the International Federation Of Red Cross and Red Crescent Societies.

The Armenian Red Cross Society (ARCS), as an auxiliary organization to the public authorities in the humanitarian field and the largest voluntary organization in the Republic of Armenia, has a network of Headquarters, 11 regional and 52 community branches, over 300 experienced and committed staff and over 5800 volunteers and 30400 members. . The main activity areas of ARCS are; social support, health care, first aid, tracing service, disaster management, population movement, response to youth issues, dissemination of humanitarian values.

ARCS acts before, during and after disasters and health emergencies, to prepare, prevent, respond and meet the needs and improve the lives of vulnerable people. ARCS does so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions. Guided by International Federation of Red Cross and Red Crescent Societies *Strategy 2030* – the national societies 'collective plan of action to tackle the major humanitarian and development challenges of this decade – the ARCS is committed to saving lives and changing minds. Its strength lies in its skilled human resources; staff and volunteer network, countrywide network, access to remote communities and community-based expertise.

The ARCS is uniquely placed to support people and communities before, during and after shocks and hazards, through its permanent presence in communities, its role as auxiliary to the public authorities in the humanitarian field, and its extensive network of local branches and volunteers in almost every corner of the country engaging in local action. ARCS shared values are:

People: We build the capacities of people and communities to work in solidarity to find sustainable solutions for their most pressing needs and vulnerabilities.

Integrity: We work in accordance with our Fundamental Principles in a transparent and accountable manner.

Partnership: As members of the International Red Cross and Red Crescent Movement, we cooperate with government and with other local and international organisations without compromising our emblems and the independence, impartiality and neutrality represented.

Diversity: We respect the diversity of the communities we work with and of our volunteers, members and staff, based on non-discrimination and our principles of impartiality, unity and universality.

Leadership: We show leadership and strive for excellence in our work, drawing attention to the rights, needs and vulnerabilities of communities and factors that underline them.

Innovation: We draw inspiration from our shared history and tradition but are equally committed to finding creative, sustainable solutions to problems that threaten human well-being and dignity in a changing world.

Realizing the challenges, threats and changes occurring in the economic, social, health and disaster risk reduction spheres, the Armenian Red Cross Society, being auxiliary to the public authorities in the

humanitarian field, operates countrywide addressing the challenges brought forward by the spheres mentioned above. The National Society addresses those challenges in the partnership with the International Movement, government, local authorities, civil society, corporate sector and international partners. A new strategy for 2011-2020 was developed based on 2020 Strategy of International Federation and adopted by the Armenian Red Cross 22nd General Assembly in 2011. The strategy will serve as a guide in the upcoming nine years in achieving the National Society's mission and addressing the needs existent in the country.

THE NEW ARCS STRATEGY 2022-2026

Once the period for the implementation of previous Strategy 2011-20 is over, the ARCS has developed this new Strategy to continue its mission for the five years (2022-26). The strategy was developed to support to meet the challenges and needs in Armenia and is aligned with the Strategy 2030 of the International Federation.

The strategy contributes to the three main Strategy 2030 strategic goals:

People anticipate, respond to, and quickly recover from crisis.

People lead safe, healthy and dignified lives and have opportunities to thrive.

People mobilise for inclusive and supportive communities

This Strategy 2022-26 is product of a very participative (internal and external) five-month process based on the Theory of Change (ToC) methodology:

The final ToC was developed through an ARCS participatory thinking process with key informants from all levels of the NS and key stakeholders who provided the **key elements** to build and agree on this new Strategy 2022-26:

Context and problem analysis according to ARCS main activity areas, its causes and its consequences.

Stakeholders involved in main activity areas and how they are connected with each other and with ARCS

Define the desired long-term change – what changes to observe if the problem is addressed

Focusing & Scoping: what parts of the problem will the ARCS strategy focus on?

Impact pathway: logical sequence of steps from interventions to the intended long-term change

Positive and negative unintended effects anticipated and monitoring and mitigation strategies.

Timeline for changes to occur along the different stages of the impact pathway

Assumptions: (pre)conditions needed for the links in the impact pathway to work as expected.

Design M&E & learning framework, based on available supporting evidence.

A diagram representing the agreed the theory of change.

Based on this intensive and participative work, this final Strategy narrative document was drafted. The Strategy is a narrative description of the attached ToC diagram describing how ARCS interventions are expected to influence behaviours and create conditions needed for the intended change during the next five years.

OUR STRATEGIC VISION

The changes of the 21st century are complex and inter-related. Our national society sees not only the impacts of the escalation of the recent Nagorno-Karabakh conflict and responding to the needs occurred,, but also global challenges as Coronavirus pandemic, the climate crisis as a growing reality for millions of people as well as new and unexpected health threats i that are contributing to driving migration and displacement.. The ARCS recognises that new approaches are needed to drive change and the national society has the responsibility to use its reach and resources effectively.

This ARCS new Strategy 2022-26 is about the changes that will allow our national society to be better able to save lives, and support efforts to amplify Armenian people's own, skills and capacities. Our new Strategy proposes a series of transformations to achieve these goals, challenging our personnel, volunteers and members to think beyond the status quo.

In this new Strategy 2022-26, the ARCS wants to go *reach resilience*, to ensure that individuals and communities can thrive. This Strategy proposes placing local communities at the very centre of change engaging communities with local, national and international structures.

In the coming five years, ARCS will continue to work as a distributed branch network – a network of dynamically connected branches who can collaborate, learn and function together highly effectively-. This new strategy also prioritises the national society engagement with many partners and actors.

ARCS work has always been based on the profound and powerful spirit of volunteerism driving action. This Strategy 2022-26 will build further on ARCS volunteers' diversity and capacities promoting the inclusion and development of all those who recognise themselves in the values of the Red Cross. The strategy also commits to continuous digital transformation to facilitate collective learning, intelligence, and action. The values and principles of Armenian Red Cross Society is a powerful force for society and its unparalleled volunteer base is committed to driving positive change through- out the country.

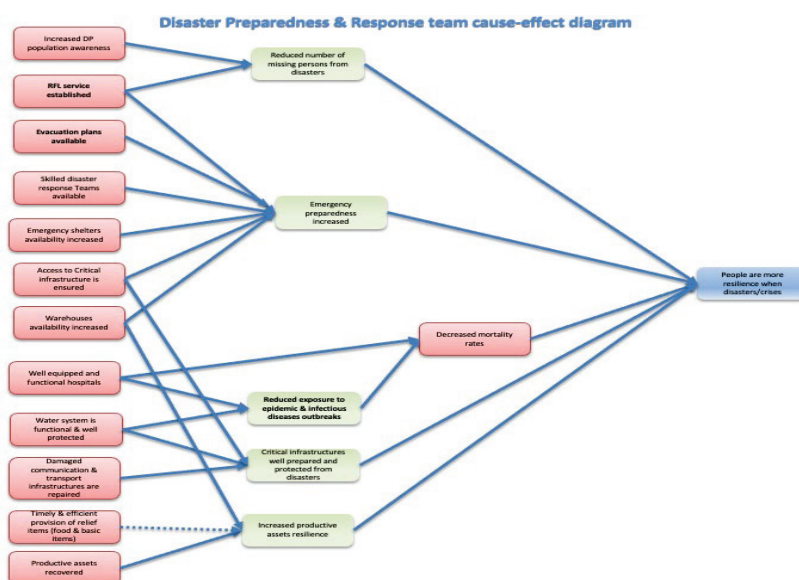
The ARCS strategic goals for the period 2022-2026 are rooted in the Fundamental Principles and are aligned to all members of the International Red Cross and Red Crescent Movement and to IFRC strategy 2030. They contribute to major global humanitarian and development frameworks including the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction, the Global Compact for Migration and Refugees, , the International Health Regulations and the Paris Agreement for Climate Change, alongside other major compacts and alliances the national society is committed to and to which the Red Cross and Red Crescent national societies make clear and direct contributions.

OUR MISSION STATEMENT

Reduce the vulnerability of the population by mobilizing the power of humanity. Prepare to deal with situations that may cause vulnerability to the population. Provide necessary assistance by supporting people in difficult socio-economic conditions.

1.-COUNTRY CONTEXT: DISASTERS

Armenia is a mountainous country characterized by a great variety of scenery and geologic instability. The average elevation is 1,800 metres above sea level. There are no lowlands: half the territory lies at elevations of 1,000 m to 2,000 m. This broken relief of Armenia, together with the fact that its highland lies at the junction of various biogeographic regions, has produced a great variety of landscapes. The many rivers in Armenia are short and turbulent with numerous rapids and waterfalls. The water level is highest when the snow melts in the spring and during the autumn rains.



Its climate is dry and continental: Summer is long and hot, sometimes it rises to uncomfortable levels and winter is generally cold; especially in the mountains (-12°C average). Invasions of Arctic air sometimes cause the temperature to drop sharply. The country experiences landslides, particularly during heavy rainfall in March-June and October-November. Heavy snowfall is common during winter, which lasts from December to February.

Armenia lies in an active seismic zone, minor tremors are frequent and the country is potentially under the risk of suffering a serious earthquake i.e., a 7.2-magnitude earthquake struck in December 1988, killing several thousand people in the northern cities of Spitak, Gyumri and Kirovakan.

Other country risks are associated to soil pollution from toxic chemicals such as DDT; deforestation; pollution of Hrazdan and Arax Rivers; the draining of Sevana Lich (Lake Sevan), a result of its use as a source for hydropower, threatens drinking water supplies; restart of Metsamor nuclear power plant in spite of its location in a seismically active zone

Furthermore, half of the casualties in Armenia are caused by traffic accidents, which become lethal for about 300 people per year: almost 80% of all deaths caused by disasters and emergencies annually.

As described above, Armenia is deemed one of the most disaster-prone countries in the world. It is susceptible to all types of disasters except those related to seas. Severe earthquakes, frequently occurring landslides, hailstorms, droughts, strong winds and floods together with the permanent risk of conflict escalation, threaten the safety of people and cause considerable damage impeding the sustainable development of the country.

STRATEGIC GOAL 1

“The Armenian people better anticipate and respond to and recover faster from disasters and crises.”

In the face of permanent country challenges, responding to disaster is no longer enough. Armenian Red Cross Society must put effort also to tackle the underlying causes of disaster and crises and understand the changing nature of vulnerability, to reduce their impacts, better address frequent risks, or even prevent them from occurring.

The Armenian Red Cross will contribute to the achievement of this strategic goal by enhancing local response and preparedness capacities alongside complementary international support mechanisms, so that its branch network will be able to respond effectively to any emergency occurring in any Armenian territory.

STRATEGIC OBJECTIVE 1: IMPROVED RESILIENCE AND PREPAREDNESS.

In order to contribute to the achievement of the Strategic goal, the ARCS will work towards

1. The Armenian communities having high level of resilience and being well prepared to withstand when hit by a disaster.

In order to achieve this strategic objective, the ARCS will ensure the achievement of the following

EXPECTED OUTCOMES

1.1 The targeted population from communities at disaster/crises prone areas are better aware of the disaster risks and the rules of safe behavior.

Line of intervention

In order to increase the population awareness on disaster risks & preparedness, the ARCS will implement a Risk Education and Safe Behavior (RESB) Educational program.

Indicators

- 1.1.1 At least 550.000 people are reached by ARCS 'awareness and disaster preparedness activities by end of 2026.
- 1.1.2 The targeted population aware of the disaster risks and the rules of safe behavior has been increased at least by 60%.

1.2 Disaster forecasting and alarm systems are developed and functional at national level.

Line of intervention

In order to have an effective disaster forecasting and alarm system, regular communication with the MoEs and local rescue services and links with Stepanavan EoC and Tavush Resilience Center are established. Advocacy of passive protective measures especially establishment of disaster alarm systems in the target community is provided during meetings/workshops .

Indicator

- 1.2.1 1.1.1 Advocacy of passive protective measures especially establishment of disaster alarm systems in the target communities is provided during meetings 4/per year and yearly workshops with MES/local rescue services.

1.3 The ARCS Disaster Response Teams (hereby DRTs) are well prepared and equipped to provide first response in case of disasters.

Line of intervention

The ARCS will develop the capacities of its DRT member volunteers-instructors to respond to the disasters through an educational program based on theory trainings supported by practical exercises.

Indicators

- 1.3.1 The ARCS'DRTs are established in 6 new regions.
- 1.3.2 At least 80% of the ARCS'DRT members increased their capacities on disaster response.

1.4 Resilient community-based facilities are able to provide critical services in case the disaster

Line of intervention

The ARCS will implement a program on enhancing the capabilities of the its Resilience Center in Tavush Region to provide critical services and support to other community-based organizations.

Indicator

- 1.4.1 At least 50% of Community-based facilities improved their capacities on disaster resilience and preparedness.

1.5 ARCS Emergency stock warehouses both at national and community level are well equipped.

Line of intervention

The ARCS will establish partnerships and enhance resource mobilization efforts to ensure the availability of stable emergency stocks.

Indicators

1.5.1 80% of ARCS Emergency stock warehouses (1 in Northern, 1 in central and 1 in Southern part of the country) are equipped and available for ARCS HQ and Branches.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
1.1.1 At least 550.000 people are reached by ARCS awareness and disaster preparedness activities by end of 2026. 1.1.2 The targeted population aware of the disaster risks and the rules of safe behavior has been increased at least by 60%. 1.2.1 Number of advocacy events for alarm system allocation are organized. 1.3.1 The ARCS' DRTs are established in 6 new regions. 1.3.2 At least 80% of the ARCS'DRT members increased their capacities on disaster response. 1.4.1 At least 50% of Community-based facilities improved their capacities on disaster resilience and preparedness. 1.5.1 80% of ARCS Emergency Stock warehouses (1 in Northern, 1 in central and 1 in Southern part of the country) are equipped and available for ARCS HQ and Branches.	1.1 Surveys, available publications and participant lists. 1.2 Records of the events 1.3 Volunteer database, Registration journals, Digital database 1.4 Participant lists and photos of practical exercises, drills 1.5 Inventory of the equipment and goods/items available at the warehouses, Inventory report.	1.1 Baseline and Endline Research and Quarterly Reports 1.2 Semi-annual reports 1.3 Updated Database (DRT) 1.4 Narrative reports – per event 1.5 Monthly monitoring of Inventory	Head of Disaster Management Department Disaster Management Department coordinators and external researchers

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of disaster preparedness in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: the Ministry of Emergency situations, the Ministry of Territorial Administration, the Ministry of Education and local authorities – from the governmental side- and the UNDP -from international agencies present in Armenia-.

ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

1. Mobilization of ARCS key actors and NS partners involved in disaster preparedness in Armenia.
2. Well-developed social media communication tools and an efficient dissemination of important information at all levels.
3. ARCS Productive resource mobilization efforts (digital and corporate).

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. Lack of financial resources and funding opportunities to implement the planned programs needed to achieve the outcomes.
2. High rotation of volunteers and trained instructors needed to implement the programs required to achieve the outcomes.
3. The unexpected barriers and difficulties created by the continuation or potential worsening of the Covid-19 pandemic in Armenia.

STRATEGIC OBJECTIVE 2: EFFECTIVE DISASTER RESPONSE.

2. The ARCS has well prepared and effective disaster response structures at local and national level.

EXPECTED OUTCOMES

2.1 The ARCS has capacities to timely and effectively respond to the needs of people affected by the disasters.

Line of intervention

The ARCS will implement a program to develop the capacities of its Branches network to enable them to respond quick and effectively in case of disasters.

Indicator

2.1.1 The ARCS' Disaster Response Teams (DRTs) are effectively operating in all disaster affected regions and communities.

2.2 The ARCS Disaster Response Teams are well equipped and trained to be quickly deployed and carry out effective response in case of disaster.

Line of intervention

The ARCS will implement a program to develop the capacities and equipment of its Disaster Response Teams to enable them to respond quick and effectively in case of disasters.

Indicator

2.2.1 At least 80% of the ARCS'DRT members increased their capacities on disaster response.

2.3 The ARCS Tracing department has sufficient capacities and resources to provide Restoring Family Links (RFL) to people affected by disasters.

Line of intervention

The ARCS will implement a program to develop the capacities and resources of its Tracing Department to ensure effective provision of RFL services to people affected by disasters/crises.

Indicator

2.3.1 At least 80% of the ARCS'DRT members increased their capacities on RFL program.

2.4 The ARCS continuously provided MHPSS to the Families of Missing persons in case of disaster or conflict.

Line of intervention

The ARCS will implement a program to maintain its capacities and resources to provide effective MHPS services to the families of missing persons due to disasters/conflicts.

Indicator

2.4.1 At least 70% of the families of missing people have received Mental Health and Psychological Support Services (MHPSS).

2.5 ARCS has sufficient resources to contribute to enhancing the livelihoods of people affected by disaster.

Line of intervention

Support the target population through fostering their self-reliance and income generation efforts and supporting job placements to ensure their access to livelihoods

Indicator

2.5.1 The minimum living conditions are ensured for at least 80% families affected by a disaster.

Cash and Voucher Assistance is becoming a n efficient modality for the NS. After NK crisis, the ARCS, joining to the RA government's cash program, has provided cash assistance in the amount of 2 828 880 696 AMD to the people displaced due to the NK conflict escalation and to the host familiesduring 2020-2022.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
2.1. The ARCS' Disaster Response Teams (DRTs) are effectively operating in all disaster affected regions and communities. 2.2 At least 80% of the ARCS'DRT members increased their capacities on disaster response. 2.3 At least 80% of the ARCS'DRT members increased their capacities on RFL program. 2.4 At least 70% of the families of missing people have received Mental Health and Psychological Support Services (MHPSS). 2.5 The minimum living conditions are ensured for at least 80% families affected by disasters	2.1 Publications and official database. 2.2 Simulation exercise reports, participant lists, pre- and post tests 2.3 Simulation exercise reports, participant lists, pre- and post tests 2.4. Missing people official data available and governmental reports. 2.5 Acceptance of handover acts and beneficiary database.	2.1 Quarterly monitoring reports. 2.2 Narrative reports - per event 2.3 Narrative reports - per event 2.4. Regular Monitoring. 2.5 Retrieval of official data from the public authorities.	Head of Tracing Service, Head of Disastre Management Department and Coordinators. Disaster Response Team Leaders (branch level) Head of First Aid Department. MHPSS Coordinator.

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of disaster response in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: the Ministry of Emergency Situations, The Ministry of Justice, the Ministry of Education, Science, Culture and Sport, the Ministry of Territorial Administration and local authorities – from the governmental side- and the UNHCR -from international agencies present in Armenia-.

ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

1. Good professional and cooperation relations of ARCS with key stakeholders at national and international levels.
2. Availability of well-prepared professional staff to implement the required programs.
3. Ensure Well-equipped emergency stocks.
4. ARCS Productive resource mobilization efforts (digital and corporate).
5. Improvement of social media communication tools.

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. Lack of Financial resources and funding opportunities for ARCS in order to fully implement the intended programs.
2. Shortage of vehicles due to overloading of transportation service providers.
4. Challenges associated with cooperation and information sharing by the appropriate public institutions within the RFL
5. High rotation of volunteers and lack of supporting staff to implement the intended programs.
6. Lack of basic supplies due to the risk of closed borders (in an emergency situation).

STRATEGIC OBJECTIVE 3: FACILITATE RECOVERY AFTER DISASTER.

In order to contribute to the achievement of the Strategic goal, the ARCS will also work towards

3. A better access of population affected by a disaster to critical services is ensured thanks to resilient infrastructures.

EXPECTED OUTCOMES

3.1 The ARCS has contributed to the development and enhancement of effective and functional communication systems in the affected communities.

Indicator

3.1.1 at least 20% of the communication systems damaged as a result of disasters has been restored.

3.2 The disaster affected communities' access to clean drinking water is improved.

Indicator

3.2.1 at least 1 drinking water line is operating effectively in each disaster affected community.

3.3 The disaster affected communities improved their capacity to cover their own basic electricity needs (e.g., solar and electricity system).

Indicators

3.3.1 At least 30% of targeted people in disaster affected communities have electricity to cover their basic needs.

3.3.2 At least 50% of the disaster affected communities have installed Solar panels.

Line of intervention

To achieve the expected outcomes 3.1; 3.2 & 3.3, in case of disaster, the ARCS will carry out a vulnerability and capacity assessment in the disaster affected communities and based on its findings, it will develop the relevant projects and activities to respond to the identified needs.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
3.1.1 at least 20% of the communication systems damaged as a result of disasters has been restored. 3.2.1 at least 1 drinking water line is operating effectively in each disaster affected community. 3.3.1 At least 30% of targeted people in disaster affected communities have electricity to cover their basic needs. 3.3.2 At least 50% of the disaster affected communities have installed Solar panels.	3.1 Available Operational reports. 3.2 Available Operational reports. 3.3 Procurement invoices and available Operational reports.	3.1. Quarterly reports. 3.2 Quarterly reports. 3.3. Quarterly reports.	Head of Disaster Management Department, Disaster Management Department coordinator ARCS Regional Branch chairpersons.

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of disaster recovery in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: the Ministry of Emergency Situations, the Ministry of Education, the Ministry of Territorial Administration and local authorities – from the governmental side- and the water and electricity suppliers, Solar panel production companies and construction companies -from the private sector-.

ENABLERS AND CONSTRAINTS

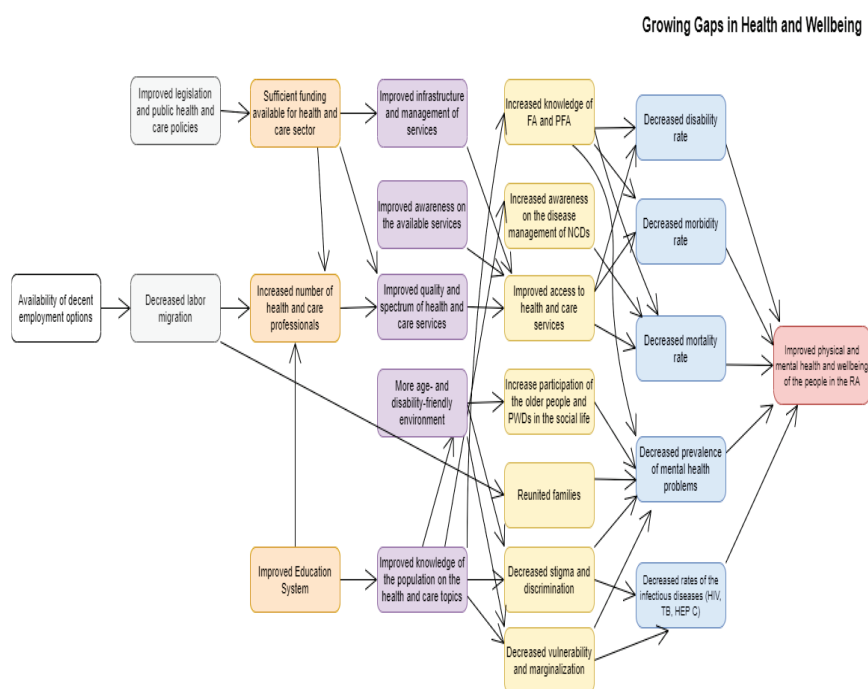
There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

1. Contribution to the implementation of ARCS programs of the highly professional companies, organizations and professionals in country.
2. Availability of technical equipment required to implement the programs.
3. ARCS productive resource mobilization efforts (digital, corporate)
4. Active use of social media communication tools.

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. Lack of Financial resources and funding opportunities for ARCS in order to fully implement the intended programs.
2. Lack of construction materials due to the risk of blocked borders (in and emergency situation)
3. Lack of specialized Professional Staff (Engineers, electrician, drivers etc.) to implement the intended programs.

During the last two decades, the Ministry of Health made considerable progress in reforming and strengthening its primary health care network, controlling infectious diseases, optimizing the health system and upgrading health facilities. Unfortunately, low public health spending levels and incomplete demand-side health financing reform have resulted in serious shortcomings in financial risk protection outcomes. Armenia's public health financing is among the lowest in the region. High co-payments for the Basic Benefit Package covered services, lack of in-patient care coverage for the non-vulnerable population and outpatient pharmaceuticals for all, have resulted in household out-of-pocket spending being the predominant source of financing for health in the country.



In addition, the country faces significant demographic challenges that will impact health spending patterns. While the total population is projected to decrease slightly by 2030, the share aged 65+ is set to rise from 10 to almost 20 percent of the total population by 2030. This demographic shift and other associated factors suggest that Armenia will have to reduce its reliance on out-of-pocket health spending and increase public health financing in order to sustain and improve population health outcomes and achieve Universal Health Care. In 2018 around 400,000 people in Armenia were poor or near-poor. Meanwhile, at least 233,000 of these people were part of a vulnerable group including the disabled, children and the elderly.

Like many low- and lower middle-income countries, Armenia faces the challenge of a record increase in Non-communicable Diseases (NCDs). The greatest burden of disease in Armenia, as in most European countries, comes from NCDs, a group of conditions that include cardiovascular disease, cancer, mental health problems, diabetes mellitus, chronic respiratory disease and musculoskeletal conditions. Based on data from the National Institute of Health (NIH) Statistical Yearbook, around 50 percent of all deaths are due to cardiovascular diseases and 74 percent are due to cerebral vascular diseases, neoplasms, and diabetes mellitus combined.

The major behavioral determinants of health account for the incidence of NCDs in Armenia are high tobacco use and alcohol consumption; the nutrition habits and the low physical activity among the population.

In 2016, the estimated road traffic death rate in Armenia (per 100,000) was 17.1. In neighbouring countries i.e., Georgia was 15.3, Iran was 20.5 and Russia is at 18.0. As a reference, most European

countries are in the 3–9 range with the higher rate in countries in the former eastern bloc (Poland, Latvia, Hungary). Barriers to road safety in Armenia include low safety belt usage, older vehicle fleets, poor road conditions, and lack of investment in proven engineering interventions.

The reason for this situation likely has to do with socioeconomic and modifiable risk factors, health lifestyle practices, and to some extent genetics. Rapid urbanization and over- and undernutrition also play a role as does lack of political momentum to enact impactful policy such as tobacco control and salt/sugar intake reduction. All these factors are compounded by weak primary care systems and low health service utilization. Likewise, the increased burden of unintentional injury due to road traffic crashes is multifactorial and the burden generally falls on the younger demographic. Armenia's high burden of cardiovascular risk factors and unintentional injury make improvement of emergency care for myocardial infarction, stroke, and road traffic crashes imperative.

In Armenia, people aged 63 years and over account for 12.5% of the population. There are a lot of people who need different types of care but do not receive it. Social services provided by social territorial bodies focus generally on vulnerable households. Most of the benefits are oriented towards families. Based on a needs assessment and assignment of an insecurity score, vulnerable older people can be entitled to home-based care service, residential care, daycare services or humanitarian support, free health care in the polyclinics and hospitals. In order to receive the right to free care supported by government, the person needs to undergo a medical examination in a polyclinic, part of which is paid for by the examinee. Meanwhile for some older people it is hard to physically go the polyclinic for the examinations. Older people are not always aware of their rights. Often, they don't know whom to address in order to receive care or what kind of benefits they can claim. As a vulnerable group older people can easily become victim to a fraud or rights abuse.

In 2019, around 1,390 people were residing in 12 institutions (including 180 in four state ones) – retirement home, care center, nursing home – providing 24-hour care services for older people and people with limited abilities and mental health problems in Armenia. More than 3,800 people received home-based care services and some 2,000 people attended day care centers.

In recent years, the Ministry of Labor & Social Affairs has been delegating social services in the form of grants to certified NGOs for provision of home-based care, day care in social centers and residential care. The number of such grants doubled from five in 2019 to ten in 2020. Among key non-governmental service providers, the ARCS since 2016 has provided integrated home-based care, humanitarian aid, food packages and support with the organization of social and entertainment events for older people. The ARCS promotes the concept of Healthy Active Ageing.

Official statistics show that the HIV epidemic in Armenia (with 6.73% HIV prevalence in 2020) as in other countries of the Former Soviet Union, is driven mostly by injection drug use (54.5% of all registered cases). In recent years, a significant increase in the number of cases of infection resulting from the injection of drugs has been observed. So far, all of the individuals infected via IDU in Armenia have been men, the majority of whom were living temporarily in Russian and

Ukraine. Studies have demonstrated that when an HIV epidemic is driven by IDU, early intervention becomes critical. According to UNAIDS database, the estimated number of IDUs in Armenia in 2020 was 9,000 with a HIV prevalence of 1.9%; the HIV testing & status awareness was 58.3% and a 41.4% of this population uses condoms in their sexual relations. The rate of Hepatitis C and coinfection with HIV was 66.7% among these IDUs.

Armenia has been hit hard by the COVID-19 pandemic and its economic progress was derailed in 2020. It suffered a severe COVID-19 outbreak, with a new surge in the first quarter of 2021, ranking 33rd globally in recorded cases per million population.

The economic, social and psychological situation of vulnerable people and communities worsened due to COVID19 situation. There are many vulnerable communities and population who used to live on daily earnings, earnings from households, agricultural work, small entrepreneurship, businesses who due to the restrictions, emerged into socially and economically vulnerable situation. The psychosocial aspect is another priority to consider, due to the difficult context, harsh conditions, risk, fear and uncertainty towards the pandemic made the vulnerable population even more socially and psychologically sensitive.

Many of clinics changed profiles and started treatment of COVID19 infected patients. Thousands of health sector representatives were trained in COVID-19 to start provision of care to the patients. People with chronic diseases faced challenges due to limited movement and difficulties to reach policlinics for medical checking. Population in general was affected psychologically, economically, in particular those who were in difficult socio-economic status.

There were/are also difficulties when it comes to the education, especially to the schoolchildren/students and teachers, as many of them had/have no computers, electronic devices, high quality internet, enough computer skills, etc. to connect to remote education. This has a psychological impact on the children, their families and the teachers, who also had/have to cope with the new realities of remote/distance education.

STRATEGIC GOAL 2

“Armenian people lead safe, healthy and dignified lives and have opportunities to thrive”.

The ARCS recognises that to achieve sustainable development, it needs to work in much more systemic ways so that it can facilitate opportunities for social inclusion, to enhance people's resilience and their ability to thrive. Key to this approach is to ensure that people can access good quality health care and mitigate vulnerabilities to health resilience. The ARCS will use its expertise to encourage well-being at all levels, including positive social, mental and physical health, and livelihoods.

STRATEGIC OBJECTIVE 1: IMPROVING ARCS HEALTH & SOCIAL SERVICES.

1. Healthcare and social services are improved in Armenia

In order to achieve this strategic objective, the ARCS will ensure the achievement of the following

EXPECTED OUTCOMES

1.1 ARCS targeted older people and people with disabilities (PWDs) in regions have a better access to proper health and care services.

Lines of intervention

The ARCS will implement a program in selected regions to provide older people and PWDs qualified care services at their homes.

In addition, the ARCS will implement a program to further institutionalize care services for older people and PWD.

Indicator

1.1.1 Number of older people and PWDs who have access to appropriate care services in the targeted regions (disaggregated by sex and age) is increased by 15 %.

1.2 Increased levels of participation of targeted older people and PWDs in their community and social life.

Line of intervention

The ARCS will implement a program promoting the concept of active ageing at all levels.

Indicator

1.2.1 Number of older people and PWDs who reported on active participation in community life in the targeted regions (disaggregated by gender and age) is increased by 20%

1.3 Improved knowledge and awareness of people with NCDs on disease management.

Line of intervention

The ARCS will implement a program focused on improving its capacity to provide qualified social and health care services to targeted population affected by NCDs.

Indicators

1.3.1 Number of people with NCDs who have access to health and social services in targeted regions is increased by 10%.

1.3.2 Number of people with NCDs who have improved their awareness on disease management in targeted regions is increased by 10%.

1.4 MHPS services are further institutionalized and accessible to targeted people.

Line of intervention

The ARCS will implement a program to provide better and accessible MHPS services to targeted vulnerable population groups.

Indicators

1.4.1 ARCS MHPSS Services are fully institutionalized and operational.

1.4.2 Number of people reached with ARCS provided MHPSS services is increased by 15%.

1.5 ARCS targeted communities are better informed on epidemic, pandemic preparedness and response.

Line of intervention

The ARCS will implement a program aimed to strengthen the resilience of targeted local communities in case of Health emergencies.

Indicator

1.5.1 Number of people reached with ARCS provided trainings, campaigns, info-sessions, workshops etc. on the community level is increased by 15 %.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
1.1.1 # of older people and PWDs who have access to appropriate care services in the targeted regions (disaggregated by sex and age) is increased by 15 % 1.2.1 # of older people and PWDs who report on active participation in community life in the targeted regions(disaggregated by gender and age) is increased by 20% 1.3.1 # of people with NCDs who have access to health and social services is increased by 10% 1.3.2 # of people NCDs who have improved their awareness on disease management in targeted regions in increased by 10% 1.4.1 MHPSS Services are institutionalized and operational 1.4.2 # of people reached with MHPSS services is increased by 15% 1.5.1 # of people reached with trainings, campaigns, info-sessions, workshops etc. on the community level is increased by 15 %	1.1.1 Documentation packages & satisfaction surveys. 1.2.1 Documentation packages, available reports & surveys 1.3.1 &2 Documentation packages, available reports & surveys 1.4.1 SOPs, strategic documents, other relevant documentation. 1.4.2 Phone hotline database and related documentation. 1.5.1 Training attendant lists, info session logs &IEMs distribution lists.	Annual Review of ARCS' and other stakeholders reports and conducting survey.	Health/FA/ MHPSS focal points

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of Health and Social welfare in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to

facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: the Ministry of Emergency Situations, Ministry of Labor and Social Affairs, Ministry of Health and regional authorities – from the governmental side-. The UN agencies: UNFPA, WHO, UNECE, UNAIDS, CCM; The International Movement partners, the Gyumri Care center, other NGOs and targeted groups.

ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

- 1.Availability of necessary material and HR resources to implement the planned programs.
- 2.Strong and sustainable ARCS internal and external cooperation.
- 3.Experience available and ARCS good reputation among stakeholders.
- 4.A Movement Contingency Plan in place.

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. The country geopolitical situation instability and potential worsening.
3. New Emergency situations occur during implementation of the programs making difficult to continue or demanding to change the focus.

STRATEGIC OBJECTIVE 2: IMPROVING HEALTH AWARENESS.

- 2. The ARCS targeted people improved their knowledge and awareness about health issues.**

EXPECTED OUTCOMES

2.1 General population increased its knowledge about First Aid (FA) and Psychological First Aid (PFA).

Line of intervention

The ARCS will implement a reinforced and customized training program on First Aid and on Psychological First Aid targeting all sectors of the population.

Indicator

- 2.1.1 Number of people who passed an ARCS Training course on FA and PFA increased by 30%.

2.2 ARCS targeted communities are better informed about TB and other communicable diseases.

Line of intervention

The ARCS will implement a program with different dissemination projects and activities aimed at decreasing stigma and discrimination towards people affected by TB and other communicable diseases.

Indicator

2.2.1 Number of people from targeted communities reached by ARCS awareness raising activities about TB and other communicable diseases is increased by 20%.

2.3 ARCS care staff and volunteers improved their knowledge and skills for better provision of care services.

Line of intervention

The ARCS will implement a reinforced Care provision training program to develop and enhance the knowledge and skills of its care staff and volunteers working in the targeted regions.

Indicator

2.3.1 Number of ARCS staff and volunteers in the targeted regions trained as care providers is increased by 60%.

2.4 ARCS targeted communities improved their knowledge about public health and healthy lifestyle.

Line of intervention

The ARCS will implement a program in targeted communities with different dissemination projects and activities to promote healthy lifestyle habits among the population.

Indicator

2.4.1 Number of people from targeted communities who passed an ARCS Training course on Community based health and healthy lifestyle is increased by 25%.

2.5 ARCS and PNSs are better informed about existing community awareness raising best practices.

Line of intervention

The ARCS will implement an Experience exchange program promoting sharing community awareness raising practices among national societies and other International Movement partners.

Indicator

2.5.1 Number of experiences sharing events about community awareness raising with the ARCS, PNSs and other Movement partners participation increased by 30%.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
2.1.1 Number of people who passed an ARCS Training course on FA and PFA increased by 30%. 2.2.1 Number of people from targeted communities reached by ARCS awareness raising activities about TB and other communicable diseases is increased by 20%. 2.3.1 Number of ARCS staff and volunteers in the targeted regions trained as care providers is increased by 60%. 2.4.1 Number of people from targeted communities who passed an ARCS Training course on public health and healthy lifestyle is increased by 25%. 2.5.1 Number of experiences sharing events about community awareness raising with the ARCS, PNSs and other Movement partners participation increased by 30%.	2.1.1 Available documentation and reports 2.2.1 Available photos, events documentation and reports 2.3.1 knowledge increase assessments, training exam results 2.4.1 knowledge increase assessments, training exam results 2.5.1 Available field reports	Annual review of ARCS' and other stakeholders reports. conducting annual survey	Health/FA/ MHPSS focal points

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of Health Care in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: the Ministry of Emergency Situations, Ministry of Labor and Social Affairs, Ministry of Health and regional authorities – from the governmental side-. The UN agencies: UNFPA, WHO, UNECE, UNAIDS, CCM; the USAID and the International Movement partners.

ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

- 1.Availability of necessary material and HR resources to implement the planned programs.
- 2.Strong and sustainable ARCS internal and external cooperation.
- 3.Experience available and ARCS good reputation among stakeholders.
- 4.A Movement Contingency Plan in place.

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. The country geopolitical situation instability and potential worsening.
3. New Emergency situations occur during implementation of the programs making difficult to continue or demanding to change the focus.

STRATEGIC OBJECTIVE 3: IMPROVING PUBLIC HEALTH INFRASTRUCTURE.

3. Improved infrastructure and management of healthcare and social services in Armenia

EXPECTED OUTCOMES

3.1 Improved Armenian legislation and policies in health and social fields.

Line of intervention

The ARCS implement an Advocacy Program to produce policies and recommendation to promote an improvement of Armenian minimum standards for Health and Social care services.

Indicator

3.1.1 ARCS passed to the government (Ministry of Health/Ministry of Labour and Social Affairs) Policy recommendations to improve the existing legislation and policies in health and social fields.

3.2 The Armenian Health education standards are improved.

Line of intervention

The ARCS implement an Advocacy Program to produce policies and recommendation to promote a revision and improvement of Armenian Health Education standards.

Indicator

3.2.1 ARCS passed to the government (Ministry of Education) Recommendations to improve the existing health educational standards.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
3.1.1.ARCs passed to the government (Ministry of Health) Policy recommendations to improve the existing legislation and policies in health and social fields. 3.2.1 ARCS passed to the government (Ministry of Education) Recommendations to improve the existing health educational standards.	3.1.1 & 3.2.1 Policy recommendations documentation.	Annual Review of ARCS' and other stakeholders reports and production of the policies and standards recommendation.	Health/FA/ MHPSS focal points

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of Public Health in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: the Ministry of Emergency Situations, Ministry of Labor and Social Affairs, Ministry of Health and regional authorities – from the governmental side-. The UN agencies: UNFPA, WHO,

UNECE, UNAIDS, CCM; The International Movement partners, the Gyumri Care center, other NGOs and targeted groups.

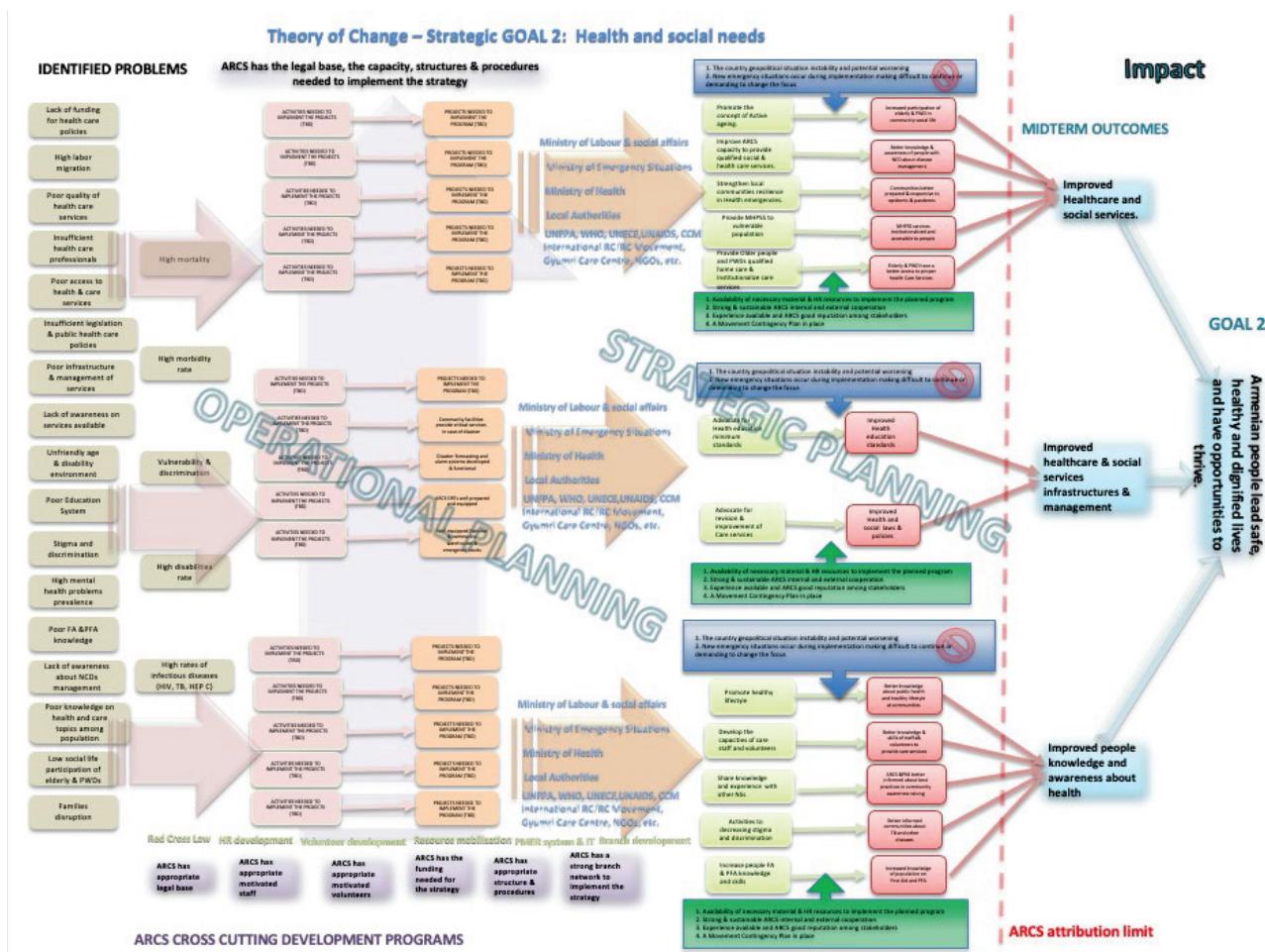
ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

1. Availability of necessary material and HR resources to implement the planned programs.
2. Strong and sustainable ARCS internal and external cooperation.
3. Experience available and ARCS good reputation among stakeholders.
4. A Movement Contingency Plan in place.

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. The country geopolitical situation instability and potential worsening.
2. New Emergency situations occur during implementation of the programs making difficult to continue or demanding to change the focus.



3.- COUNTRY CONTEXT: MIGRANTS INCLUSION CHALLENGES

According to most estimates, because of the 20th-century emigration waves, at least 5,000,000 Armenians now live abroad, with a plurality living in the states of the former Soviet Union and more than 1,000,000 living in the United States.

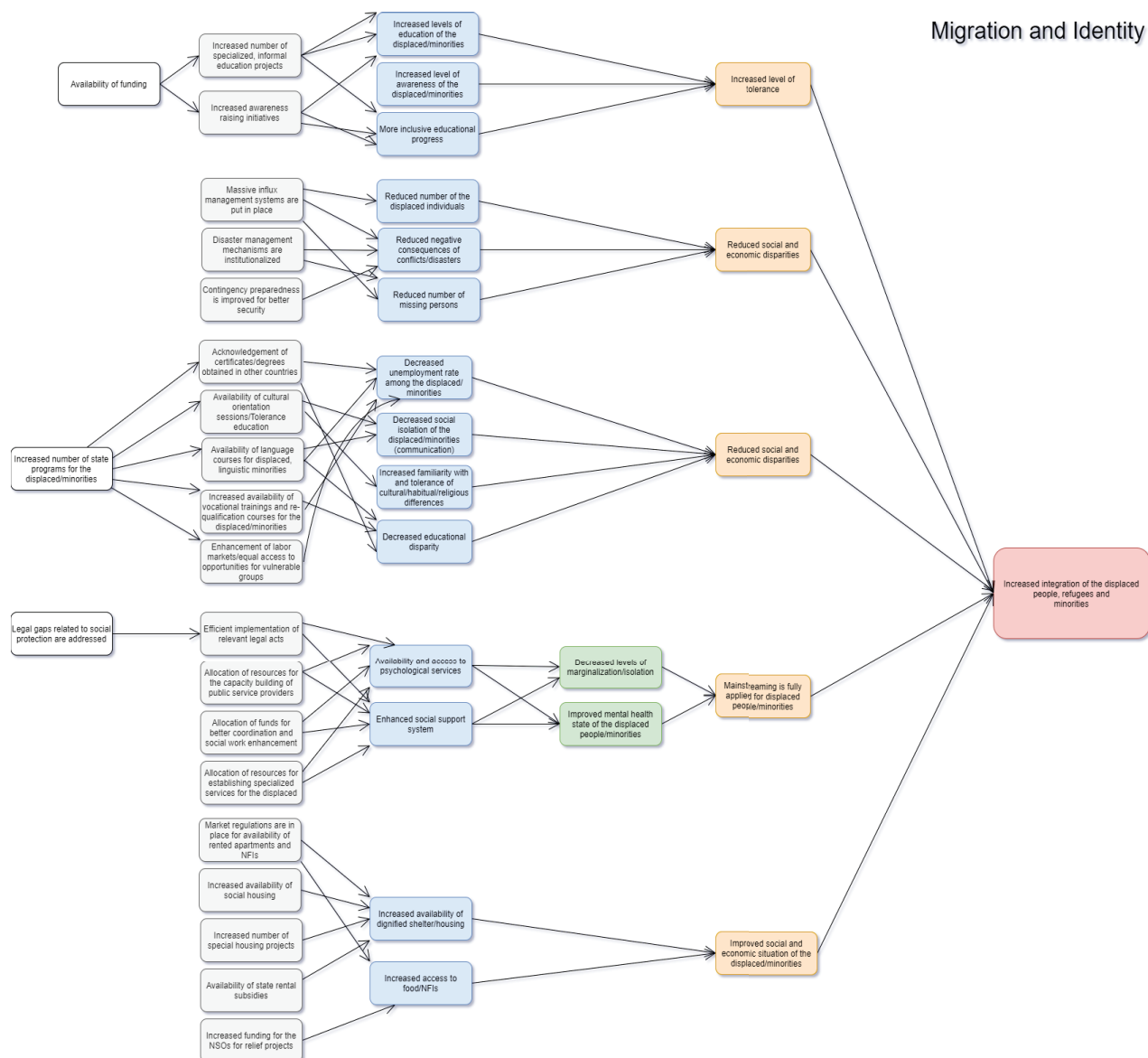
On 27 September 2020, the conflict over Nagorno Karabakh (NK) (population of 150,000) escalated. In October and November 2020, shelling in the main cities of NK displaced NK residents to Armenian cities bordering NK and larger cities, including the capital Yerevan.

During and after the conflict escalation some 90,000 persons were displaced to Yerevan and ten regions of Armenia. The vast majority among them (around 88%) were women and children, while 22% were elderly. Various reports indicate that between 20,000 to 50,000 individuals have returned to Nagorno-Karabakh since mid-November, but the nature and sustainability of these returns are yet to be determined. A large part of the displaced people from Nagorno-Karabakh to Armenia are likely to opt to remain in Armenia for the coming months. The assessments of a number of agencies have estimated the number of people that remain in Armenia is between 35,000 and 40,000. The majority of the displaced population is sheltering in Yerevan and surrounding areas with relatives, host families and makeshift collective centres that include, hotels, hostels, boarding houses, old sanatoriums, kindergartens, and communal buildings with poor or non-existent heating, water, and sanitation facilities.

With a part of the displaced population expected to stay in Armenia for the longer term, it gains greater importance to understand residual humanitarian and early recovery needs of the refugee-like population and their intentions to develop a clear and consistent understanding of the risks, constraints, existing challenges and future opportunities that households (HHs) in a refugee-like situation are facing and to better program interventions to support the affected population:

- **Shelter and Non-Food Items (NFI)** Shelter emerged as the most prioritized need for the population in a refugee-like situation; the most occurring issue was a lack of space and the need to improve privacy and dignity. In terms of missing NFIs, up to 50% of the HHs reported missing bedding items.
- **Water, Sanitation, and Hygiene (WASH):** Most of the HHs in a refugee-like situation reported having enough water for cooking, drinking, and personal hygiene. The most commonly reported WASH needs were: washing powder for clothes, soap and toilet paper, cleaning liquid for the house, and detergent for dishes.
- **Health:** Findings suggested persistent specialised health care needs among HHs since December 2020. The major problem in terms of accessing healthcare was reportedly the high cost of services and/or medicine. Also not knowing about mental health services available nearby.
- **Livelihoods:** Findings suggested a continuingly insecure employment situation for HHs as only 23% mentioned that any of their HH members undertook an income-generating activity since arrival to their current location.
- **Food Security:** Over 90% of HHs reported that store/bought food was one of their main sources of food, while food distributions also constituted a commonly reported source among HHs. Most of the assessed HHs reported reduced ability to purchase food as compared to a year ago.

- **COVID-19:** Most of the assessed HHs reported that all or some of the HH members took necessary action to prevent themselves from getting COVID-19. The most-reported difficulty was in accessing face masks and HH hygiene products. If offered a vaccine against COVID-19, over 90% of population groups reported that they either would not take it or were unsure to take it.



STRATEGIC GOAL 3

“Armenian people mobilize for inclusive and supportive communities”.

Across its local branches network the ARCS will promote and support more inclusive, equitable and cohesive communities. The ARCS contributes for a country where all people are socially

included,. The ARCS does this by promoting positive humanitarian values and embodying its humanitarian values in all that it does.

The ARCS recognises that it plays a part in helping to achieve this and that it must work effectively as part of a broader network to influence people's lives for the better. The ARCS will work with partners and people of all ages, aligning its humanitarian approaches to address the problems that concern us all, and supporting transformative action.

STRATEGIC OBJECTIVE 1: IMPROVING LIVELIHOOD.

1. Improved social and economic situation of the displaced people, asylum seekers and persons living in a refugee-like situation in Armenia.

EXPECTED OUTCOMES

1.1 ARCS targeted displaced, asylum seekers and persons in a refugee-like situation improved their access to shelter/housing.

Line of interventions

The ARCS will implement a program to:

- facilitate targeted displaced, asylum seekers and persons in a refugee-like situation access to private accommodation/renting.
- Increase and improve the availability of temporary and social housing/ accommodation
- Improve the available social housing stock and infrastructure

Indicator

1.1.1 20% of the targeted displaced persons, asylum seekers and people in a refugee-like situation are provided with access to shelter/housing by end of 2026.

1.2 ARCS targeted displaced, asylum seekers and persons in a refugee-like situation had access to available jobs/employment opportunities.

Line of intervention

The ARCS will implement a program to enhance the income generation efforts of the targeted asylum seekers, migrants and people in a refugee-like situation through job placement, self-reliance support and labor market enhancement.

Indicator

1.2.1 Unemployment rate among the ARCS targeted displaced people, asylum seekers and persons in a refugee-like situation is decreased by 30% by end of 2026.

1.3. ARCS targeted displaced, asylum seekers and persons in a refugee-like situation had access to food and Non-food items (NFI).

Line of intervention

The ARCS will implement a program to provide humanitarian support in emergencies by distributing food and Non-food items to targeted displaced, asylum seekers and persons in a refugee-like situation.

Indicator

1.3.1 At least 9,000 displaced people, asylum seekers and persons in a refugee-like situation receive food and NFI from ARCS at least once every 2 years.

1.4 ARCS targeted displaced, asylum seekers and persons in a refugee-like situation improved their economic situation and became self-reliant.

Line of intervention

The ARCS will implement a program to provide humanitarian support in emergencies by distributing food and Non-food items and Cash Voucher assistance to targeted displaced, asylum seekers and persons in a refugee-like situation.

Indicator

14.1 At least 5000 families have received from ARCS food and NFI and Cash Voucher Assistance (CVA) by end of 2026.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
1.1.1 20% of the targeted displaced persons, asylum seekers and people in a refugee-like situation are provided with access to shelter/housing by end of 2026. 1.2.1 Unemployment rate among the ARCS targeted displaced people, asylum seekers and persons in a refugee-like situation is decreased by 30% by end of 2026. 1.3.1 At least 9,000 displaced people, asylum seekers and persons in a refugee-like situation receive food and NFI from ARCS at least once every 2 years. 14.1 At least 5000 families have received from ARCS food and NFI and Cash Voucher Assistance (CVA) by end of 2026.	1.1.1 Available Statistics; ARCS, Government, UN and NGO reports; participatory assessment results. 1.2.1 Available Statistics; ARCS, Government, UN and NGO reports; participatory assessment results. 1.3.1 Beneficiaries data and ARCS reports 1.4.1 Beneficiaries data -and ARCS Project monitoring reports.	1.1.1 Annual report 1.2.1 Quarterly and annual reports 1.3.1 Monthly reports 1.4.1 Monthly reports	Head of ARCS Population Movement

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of wellbeing and livelihood in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: Different ministries from Armenian Government and local authorities; the UN agencies and EU office in country; they are also some other NGOs as Armenian Caritas; Mission Armenia and Housing consortium that could be considered direct ARCS

competitors as they also concur for the same sources of funding and they could share the same potential beneficiaries for their programs.

ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

1. An improved business environment during the strategy implementation period.

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. Lack of necessary funding to implement the planned programs.

2. Real Estate market crisis (lack of accommodation, high prices, deregulated market)

3. The country geopolitical and economic situation instability and potential worsening causing inflation, market instability, lack of stakeholders' motivation and shortage of food and goods.

STRATEGIC OBJECTIVE 2: IMPROVING INTEGRATION.

2. Increased level of integration of the displaced persons, asylum seekers and people living in a refugee-like situation in Armenia.

EXPECTED OUTCOMES

2.1 The targeted displaced persons, asylum seekers and people in a refugee-like situation improved their language and communication skills.

Line of intervention

The ARCS will implement a program including cultural orientation sessions/events and language training for the displaced people, asylum seekers and persons in a refugee-like situation to foster their integration in their communities.

Indicator

2.1.1 5000 targeted displaced persons, asylum seekers and persons in a refugee-like situation participated in cultural orientations/language sessions by end of 2026.

2.2 The level of cultural tolerance towards the displaced persons, asylum seekers and persons in a refugee-like situation in the targeted communities is increased.

Line of intervention

The ARCS will implement a program including projects and thematic activities promoting tolerance for the displaced persons, asylum seekers and persons in a refugee-like situation and the local population from communities they live.

Indicators

2.2.1 At least 10,000 people participated in the ARCS tolerance promotion campaigns.

2.2.2 An ARCS promoted Tolerance education program is included in the public-school curricula.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
2.1.1 5000 targeted displaced persons, asylum seekers and persons in a refugee-like situation participated in cultural orientations/language sessions by end of 2026. 2.2.1 At least 10,000 people participated in the ARCS tolerance promotion campaigns. 2.2.2 An ARCS promoted Tolerance education program is included in the public-school curricula.	2.1.1 Beneficiary data and ARCS Project monitoring reports 2.2.1 Beneficiary data and ARCS Project monitoring reports 2.2.2 Government educational programs and curricula - RA Ministry of Education	2.1.1 Monthly reports 2.2.1 Monthly reports 2.2.2 Once the ARCS program is included in Education Curricula.	ARCS Population Movement Department related staff Head of ARCS Youth and Volunteering department.

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of migrants' inclusion in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: The Ministry of Education and local authorities; the UN agencies and EU office in country; ICRC and IFRC; they are also some other NGOs as World Vision and Save the Children that also concur for the same sources of funding and they could share the same potential beneficiaries for their programs.

ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

1. The State strategy and Plan of Action for integration is being implemented.

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. Lack of necessary funding to implement the planned programs.

2. Lack of motivation among the displaced persons, asylum seekers and persons in a refugee-like situation *towards the intended programs*.

STRATEGIC OBJECTIVE 3: MAINSTREAMING.

3. Mainstreaming is fully applied for the displaced persons, asylum seekers, and persons living in a refugee-like situation.

EXPECTED OUTCOMES

3.1 The capacities of state to provide services to the displaced persons, asylum seekers, and persons living in a refugee-like situation is improved.

Line of intervention

The ARCS will implement a program on advocacy and capacity building activities to improve the state services and enhance social protection system for the displaced persons, asylum seekers, and persons living in a refugee-like situation.

Indicators

3.1.1 Displaced persons, asylum seekers, and persons living in a refugee-like situation referrals are functional and followed up for 50% of registered cases by the end of 2026.

3.1.2 500 staff from state services are trained by ARCS by end of 2026.

3.2 The Armenian Social protection system for displaced persons, asylum seekers, and persons living in a refugee-like situation is enhanced.

Line of intervention

The ARCS will implement a program to provide high quality specialized services to the vulnerable groups and displaced persons, asylum seekers, and persons living in a refugee-like situation.

Indicator

3.2.1 Displaced persons, asylum seekers, and persons living in a refugee-like situation referrals system is functional by the end of 2026.

3.3 There are a sufficient number of specialized services available for displaced persons, asylum seekers, and persons living in a refugee-like situation.

Line of intervention

The ARCS will implement a program to ensure the capacity building of staff from professional service to displaced persons, asylum seekers, and persons living in a refugee-like situation.

Indicator

3.3.1 A comprehensive package of State social protection services is available for displaced persons, asylum seekers, and persons living in a refugee-like situation by end of 2026.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
<p>3.1.1 Displaced persons, asylum seekers, and persons living in a refugee-like situation referrals are functional and followed up for 50% of registered cases by the end Of 2026.</p> <p>3.1.2 500 staff from state services are trained by ARCS by end of 2026.</p> <p>3.2.1 Displaced persons, asylum seekers, and persons living in a refugee-like situation referrals system is functional by the end Of 2026.</p> <p>3.3.1 A comprehensive package of State social protection services is available for displaced persons, asylum seekers, and persons living in a refugee-like situation by end of 2026.</p>	<p>3.1.1. Beneficiary data -and ARCS Case management intervention PoAs</p> <p>3.1.2 .Lists of participants and ARCS project monitoring reports</p> <p>3.2.1 Legal acts/ number and list of services from RA Ministry of Labor and Social Affairs.</p> <p>3.3.1 Number and list of services from RA Ministry of Labor and Social Affairs.</p>	<p>3.1.1 Quarterly reports</p> <p>3.1.2 Report Twice a year</p> <p>3.2.1 "arlis.am", Annual report and/or ad-hoc reports</p> <p>3.3.1 Regularly at MLSA website, working groups reports.</p>	Head of ARCS Population Movement

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of displace people mainstreaming in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: The Ministry of Labor and Social Affairs, Unified Social Service and local authorities; they are also some other NGOs.

ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

1. Availability of political will among relevant government bodies.
2. Good cooperation between the ARCS and involved NGOs.
3. Availability of necessary platforms to implement the intended programs.
4. Memorandum of Understanding between ARCS and the Unified Social Service (USS)

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

- 1.Lack of necessary funding to implement the planned programs.

STRATEGIC OBJECTIVE 4: IMPROVING TOLERANCE.

4. Increased level of tolerance within communities towards the displaced persons, asylum seekers, and persons living in a refugee-like situation in Armenia.

EXPECTED OUTCOMES

4.1 Increased level of education of the displaced persons, asylum seekers, and persons living in a refugee-like situation.

Line of intervention

The ARCS will implement a program to provide to adults and children, displaced, asylum seekers, and living in a refugee-like situation access to formal and non-formal education.

Indicator

4.1.1 Displaced persons, asylum seekers, and persons living in a refugee-like situation Education is a Strategic Direction for ARCS.

4.1.2 An ARCS comprehensive educational package is developed and approved by relevant government bodies.

4.2 Equal access to various programs is ensured for migrants and local population.

Line of interventions

The ARCS will implement a program including cultural and civic orientation sessions/events for the displaced people, asylum seekers and persons in a refugee-like situation to foster their integration in their communities.

The ARCS will implement a program including projects on education aimed to increase the levels of tolerance towards the displaced persons, asylum seekers and persons in a refugee-like situation and the local population among children and youth.

Indicator

4.2.1 An ARCS promoted Tolerance education package is included in the public-school curricula.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
4.1.1 Displaced persons, asylum seekers, and persons living in a refugee-like situation Education is a Strategic Direction for ARCS. 4.1.2 An ARCS comprehensive educational package is developed and approved by relevant government bodies. 4.2.1 An ARCS promoted Tolerance education package is included in the public-school curricula.	4.1.1 ARCS Presidium Decision/Department/staff/projects 4.1.2. Relevant documents/approval by the relevant government body 4.2.1 Available public school curricula.	4.1.1 Final evaluation (strategic direction approved) at the end of 2026 4.1.2 Final evaluation (document approved) at the end of 2026 4.2.1 Final evaluation (inclusion in curricula) at the end of 2026	ARCS Population Movement Department related staff Head of ARCS Youth and Volunteering department.

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of promotion of tolerance in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society

should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: The Ministry of Education and local authorities.

ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

1. Availability of political will among relevant government bodies: Tolerance education is introduced by the government as a compulsory part in educational programmes and curricula.

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. Lack of necessary funding to implement the planned programs.

2. Change in state strategies on Education and Integration/Re-integration during implementation of programs.

STRATEGIC OBJECTIVE 5: IMPROVING PSYCHOLOGICAL AND SOCIAL WELL-BEING.

- 1. Ensured a better psychological and social well-being of the displaced persons, asylum seekers and persons living in a refugee-like situation in Armenia.**

EXPECTED OUTCOMES

5.1. The rates of population displacement are reduced.

Line of intervention

The ARCS will implement a program to promote awareness raising of the population on Disaster Resilience and Response (DRR) and Safe behavior during emergency situations.

Indicator

5.1.1 The ARCS organize an at least an annual awareness raising public event for displaced population in Armenia.

5.2 The displacement negative effects caused by conflicts/disasters are reduced.

Line of intervention

The ARCS will implement a program to support the Armenian government in case of a massive influx of displaced people due to conflict and disasters.

Indicator

5.2.1 Massive influx management guidelines are developed by ARCS and acknowledged by the public authorities.

5.3 Families of the missing (FoM) live in better socio-economic conditions due to the programs implemented by ARCS.

Line of intervention

The ARCS will implement a program to support the Armenian government to improve its DRR technical capacities.

The ARCS will implement a program to support the improvement of the socio-economic conditions of the families of missing people.

Indicator

5.3.1 Living conditions of families of missing persons from conflict and disasters is improved by end of 2026.

5.4 Sufficient and quality Mental Health and Psychological Support Services are available to people affected by conflict and disasters.

Line of intervention

The ARCS will implement a program to provide the population affected by conflict and disaster sufficient and high-quality services through its Mental Health and Psychological Support Services center.

Indicator

5.4.1 the ARCS MHPSS Center has increased its capacities and recruited 15 additional specialists in HQ and the regions by end of 2026.

5.5 Levels of marginalization/isolation of the displaced persons, asylum seekers and persons living in a refugee-like situation are decreased.

Line of intervention

The ARCS will implement a program to reduce marginalization/isolation among the displaced persons, asylum seekers and persons living in a refugee-like situation.

Indicator

5.5.1 Number of marginalized/isolated displaced persons, asylum seekers and persons living in a refugee-like situation is decreased by 30% by end of 2026.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
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<p>5.1.1 The ARCS organize at least an annual awareness raising public event for displaced population in Armenia.</p> <p>5.2.1 Massive influx management guidelines are developed by ARCS and acknowledged by the public authorities.</p> <p>5.3.1 Living conditions of families of missing persons form conflict and disasters is improved by end of 2026.</p> <p>5.4.1 The ARCS MHPSS Center has increased its capacities and recruited 15 additional specialists in HQ and the regions by end of 2026.</p> <p>5.5.1 Number of marginalized / isolated displaced persons, asylum seekers and persons living in a refugee-like situation is decreased by 30% by end of 2026.</p>	<p>5.1.1 Available ARCS reports.</p> <p>5.2.1 Guidelines and Government communications, Government guidelines / other documents, BCP reports.</p> <p>5.3.1 Available data and reports.</p> <p>5.4.1 ARCS reports / job descriptions / agreements</p> <p>5.5.1 Available data and reports, survey.</p>	<p>5.1.1 Quarterly Reports.</p> <p>5.2.1 Government Decree and guidelines produced.</p> <p>5.3.1 Annual report.</p> <p>5.4.1 Database (salesforce), reports, sign-up sheets, regular monitoring, annual</p> <p>5.5.1 Annual report.</p>	<p>Head of Population Movement Department and MHPSS coordinator.</p>

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders in the area of psychological support and wellbeing in Armenia who share similar interest, activities and even potential targeted groups with ARCS. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: The Ministry of Emergencies Situations and Yerevan SU chair of Psychology.

ENABLERS AND CONSTRAINTS

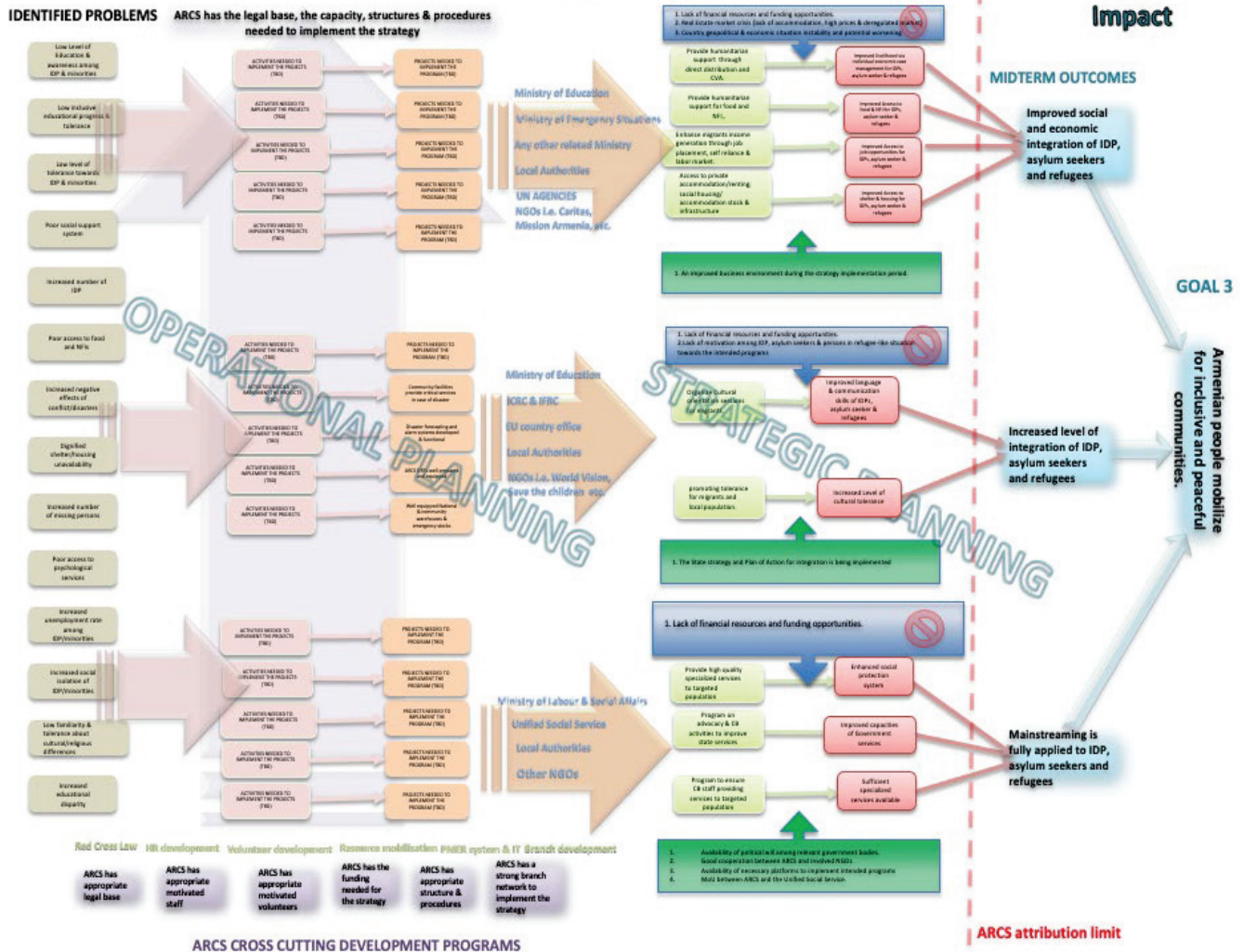
There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goal; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

- 1.The existing MoU between ARCS and the Ministry of Emergency Situations.
- 2.The Acknowledgement/ certification of ARCS psychological services.

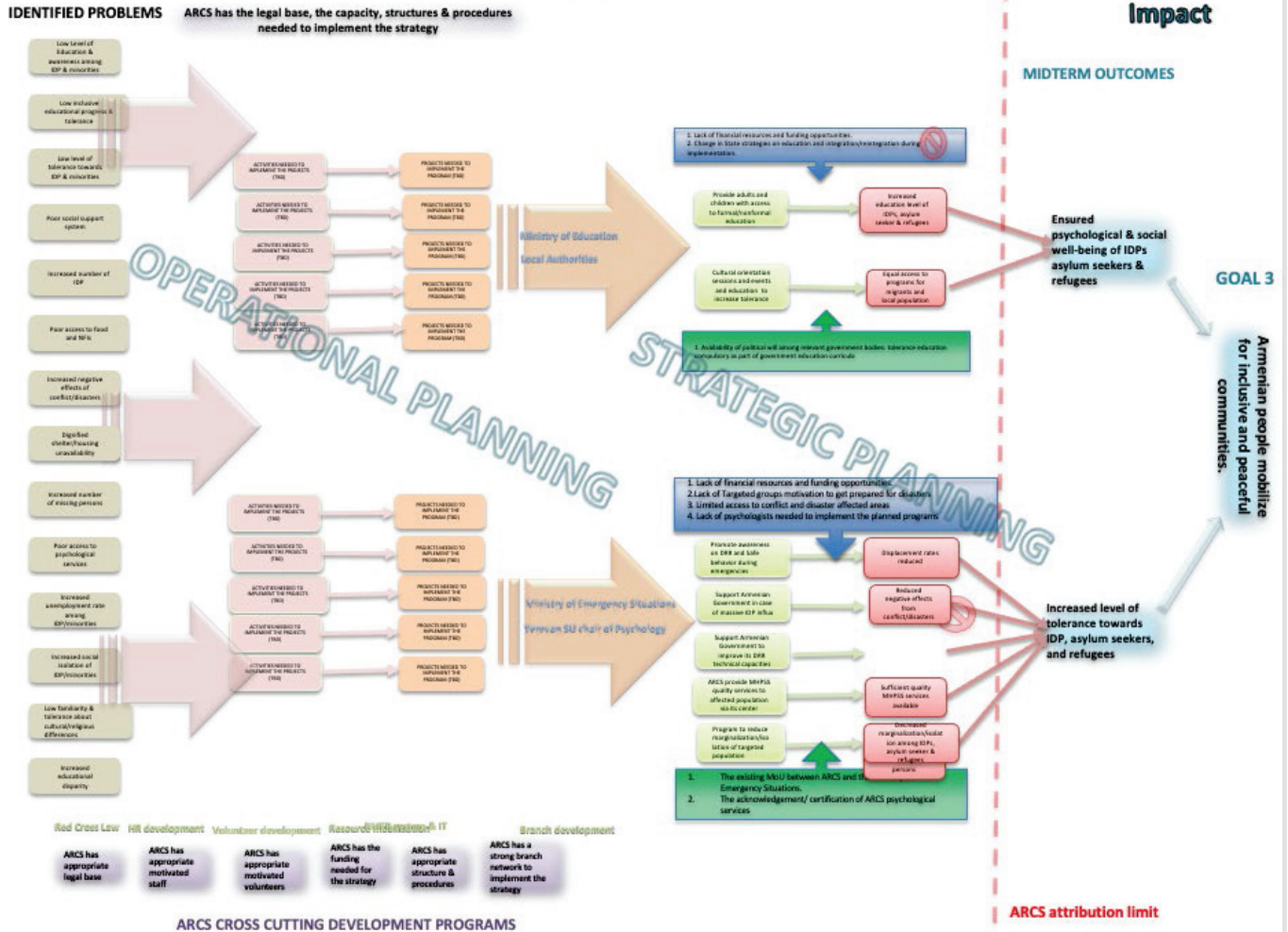
At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

- 1.Lack of necessary funding to implement the planned programs.
2. Lack of targeted groups' motivation to get prepared for disasters.
- 3.Limited access to conflict and disaster prone/affected areas.
- 4.Lack of specialists (psychologists) needed to implement the planned programs.

Theory of Change – Strategic GOAL 3: Migrants community inclusion



Theory of Change – Strategic GOAL 3: Migrants community inclusion



A TRANSVERSAL STRATEGIC OBJECTIVE: THE ARCS DEVELOPMENT

In order to contribute to the achievement of the Strategic goal 1, 2 & 3, the ARCS will also work towards

- 1. The ARCS has the legal base, the capacity (human and material resources, funding), the structures and procedures needed to implement the strategy and achieve its outcomes.**

In order to achieve this strategic all the strategic objectives, the ARCS will ensure the achievement of the following

EXPECTED OUTCOMES

- 1.1 The ARCS has a strong network of branches with the capacity to implement the strategy and ensuring the achievement of its outcomes.**

Line of intervention

The ARCS will implement a Branch Development stream activities based on the Branches' commitment and ownership of the development process and focused on an equal and a better distribution of resources, improvement of their facilities and sustainability; their staff and volunteers' capacity and their funding to ensure they are able to effectively address their local community's needs. ARCS Branches sustain regular growth in membership, and Branches' staff and volunteers including Youth are supported by the empowered and engaged governing boards.

Indicator

1.1.1 The programs, respective projects and activities were appropriately funded and directly implemented by ARCS branches by end of 2026

- 1.2 The ARCS has the funding needed to implement the strategy and ensuring the achievement of its outcomes.**

Line of intervention

The ARCS implement a Resource mobilization and fund-raising program focused on ensuring the national society financial independence to implement successfully the strategy; increasing involvement of private and corporate sector and promoting social responsibility.

Indicator

1.2.1 90% of programs, respective projects and activities were appropriately funded through diversified sources and implemented as planned by the end of 2026.

1.3 The ARCS has appropriate (number, required skills) trained motivated volunteers to implement the strategy and ensuring the achievement of its outcomes.

Line of intervention

The ARCS implement a volunteers development program to improve its volunteer management system and all related policies and procedures i.e., revision of recruitment and placement; volunteers' certification, motivation and promotion; development of capacity and training; the volunteer security/safety system; feedback mechanisms, etc.

Indicator

1.3.1 Concrete volunteer policies and procedures revised and implemented by end of 2026

1.3.2 80% of ARCS volunteers expressed to be highly motivated and satisfied with its working conditions and environment and motivation.

1.3.3 Engagement of trained volunteers in ARCS core services countrywide increased a 40% by the end of 2026.

1.4 The ARCS has appropriate structure and procedures to implement the strategy and ensuring the achievement of its outcomes.

Line of intervention

The ARCS implement a program to ensure the national society has the support services; internal structure and functioning needed to implement successfully the strategy. Especial attention to be paid to reinforcement of PMER systems and IT components.

Indicator

1.4.1 internal procedures revised, reorganization and new PMER and IT system implemented at ARCS by end of 2026.

1.5 The ARCS has appropriate (number, skills) motivated paid staff to implement the strategy and ensuring the achievement of its outcomes.

Line of intervention

The ARCS implement a human resources development program to improve its staff management and all related policies and procedures i.e., revision of salary scales; recruitment procedures, promotion, etc.

Indicator

1.5.1 Concrete Staff policies and procedures revised and implemented by end of 2026

1.5.2 80% of ARCS staff at HQ and branch level expressed to be highly motivated and satisfied with its working conditions and environment and motivation.

1.6 The ARCS has appropriate legal base recognizing its unique humanitarian auxiliary role to implement the strategy and ensuring the achievement of its outcomes.

Line of intervention

The ARCS initiate a process to reactivate the drafting and approval by the government of a Red Cross Law which meets minimum requirements: defining the NS auxiliary role; establishing the framework of the NS relations with the government and also providing some potential benefits i.e. a permanent government budget line, tax exemption, etc.

Indicator

1.6.1 The government approved a Red Cross Law by the end of 2026.

OUTCOMES MONITORING AND EVALUATION SYSTEM

INDICATORS	INFORMATION & SOURCES OF VERIFICATION	COLLECTION METHODS AND FREQUENCY	PEOPLE INVOLVED / RESPONSIBLE
<p>1.1.1 80% of programs, respective projects and activities were appropriately funded and directly implemented by ARCS branches by end of 2026.</p> <p>1.2.1 Concrete internal procedures revised, reorganization and new PMER and IT system implemented at ARCS by end of 2026.</p> <p>1.3.1 90% of programs, respective projects and activities were appropriately funded and implemented as planned by the end of 2026.</p> <p>1.4.1 The number of new recruited and retained active volunteers increased at 40% by the end of 2026.</p> <p>1.4.2 80% of ARCS volunteers expressed to be highly motivated and satisfied with its working conditions and environment and motivation.</p> <p>1.4.3 Concrete volunteer policies and procedures revised and implemented by end of 2026.</p> <p>1.5.1 80% of ARCS staff at HQ and branch level expressed to be highly motivated and satisfied with its working conditions.</p> <p>1.5.2 Concrete Staff policies and procedures revised and implemented by end of 2026.</p> <p>1.6.1 The government approved a Red Cross Law by the end of 2026.</p>	<p>1.1.1 Branch annual development and activity plans</p> <p>1.1.2 Branch model</p> <p>1.2.1 Digitalized communication</p> <p>1.2.2 PMER regulations</p> <p>1.3.1 ARCS website</p> <p>1.3.2 IFR regulations</p> <p>1.3.3 RM strategy</p> <p>1.4.1 Volunteering policy</p> <p>1.4.2 Encouragement system</p> <p>1.4.3 Management system</p> <p>1.5.1 Salary scale</p> <p>1.5.2 Appraisal system</p> <p>1.5.3 HR policies and regulations</p> <p>1.6.1 Law about the ARCS</p>	<p>1.1 RB reports</p> <p>1.1 Annual reports</p> <p>1.1 Quarterly reports</p> <p>1.2 Annual reports</p> <p>1.2 Quarterly reports</p> <p>1.3 Annual reports</p> <p>1.3 Quarterly reports</p> <p>1.4 Annual reports</p> <p>1.4 Quarterly reports</p> <p>1.5 Annual reports</p> <p>1.5 Quarterly reports</p> <p>1.5 Appraisal and satisfactory forms</p> <p>1.6 Arlis.am (state directory/library)</p>	<p>1.1 ARCS management</p> <p>1.1 OD head</p> <p>1.1 BD officer</p> <p>1.2 ARCS management</p> <p>1.2 OD head</p> <p>1.3 ARCS management</p> <p>1.3 RM officer</p> <p>1.3 RB management</p> <p>1.4 ARCS management</p> <p>1.4 Youth, Volunteering and Membership department</p> <p>1.4 National volunteer coordinator</p> <p>1.4 RB management</p> <p>1.4 Regional volunteer coordinator</p> <p>1.5 ARCS management</p> <p>1.5 HR officer</p> <p>1.5 OD head</p> <p>1.6 ARCS management</p> <p>1.6 ARCS lawyer</p>

KEY STAKEHOLDERS INVOLVED

There are some relevant stakeholders related to the development of ARCS institutional capacity. The national society should pay attention to keep and/or develop its relationship and collaboration with each of them in order to avoid duplication of efforts and overlapping, maximizing the synergies to facilitate an effective achievement of the outcomes and the intended change. The identified stakeholders around this objective are: The Ministry of Territorial administration, The ministry of Labor and Social Affairs, Regional administrations, Municipalities; supporting sister national societies as Swiss Red Cross, Italian Red Cross; IFRC and ICRC, other National and Local Mass Media.

ENABLERS AND CONSTRAINTS

There are several factors that can enable ARCS to achieve the above-described outcomes and contribute to the achievement of the strategic objective and goals; the national society should put in place measures to facilitate that these factors occur enabling the strategic change happening. It is important that there is:

1. Increased level of humanitarian diplomacy; visibility and acknowledgement of the auxiliary role of the ARCS to the government
2. Increased communication capacities: both external and internal;
3. Regular presence in the national and local media
4. Strengthened IT equipment and knowledge on its use
5. Funds to ensure service provision in the regions through RBs including staffing costs
6. Mentorship, facilitation, and consultancy for regional branches
7. development and piloting of the new forms of volunteering
8. RM plan focused on diversified sources and with clear distinction of the FR directions; corporate funding, digital fundraising, and income generating activities and commercialization of services
9. Motivated and satisfied staff and volunteers

At the same time, ARCS should be aware and take preventive measures to reduce likelihood of some identified risks and constraints happening making more difficult or impossible to achieve the outcomes:

1. Internal communication failures leading to integrity issues and external communication failure leading to reputation related issues.
2. Not sufficient financial means to support the core services countrywide.
3. Turnover of the skilled staff members and no system of efficient handover or institutional memory.

ARCS DEVELOPMENT

Red Cross Law

ARCS has appropriate legal base

HR development

ARCS has appropriate motivated staff

Volunteer development

ARCS has appropriate motivated volunteers

Resource mobilisation

ARCS has the funding needed for the strategy

PMER system & IT

ARCS has appropriate structure & procedures

Branch development

ARCS has a strong branch network to implement the strategy

ARCS has the legal base, the capacity, structures & procedures needed to implement the strategy

LINES OF INTERVENTION

DISASTER PREPAREDNESS & RESPONSE

- Implement RESB (Risk Education and Safe Behavior) Education program.
- Developing the capacities of the Emergency Operational Center.
- Develop the capacities of the ARCS DRT member volunteers-instructors.
- Enhance the capabilities of the ARCS Resilience Center.
- Establish partnerships and enhance resource mobilization for Emergency Stocks.
- Carry out vulnerability & capacity assessment in affected communities.
- Develop ARCS' branches disaster response capacity.
- ARCS Tracing Dept capacity & resources development program
- ARCS DRT capacity & equipment development program
- ARCS MHPSS capacity & resources development program
- Foster target population self-reliance, income generation efforts & job placements.

HEALTH AND SOCIAL NEEDS

- Provide Older people and PWDs qualified home care.
- Promote the concept of Active ageing.
- Institutionalize care services for elderly & PWD
- Improve ARCS capacity to provide qualified social & health care services.
- Provide MHPSS to vulnerable population.
- Strengthen local communities resilience in Health emergencies.
- Increase people FA & PFA knowledge and skills.
- Activities to decreasing stigma and discrimination towards the people with TB and other communicable diseases
- Develop the capacities of care staff and volunteers
- Promote healthy lifestyle
- Share knowledge and experience with other NGOs.
- Advocate for revision & improvement of Care services and Health education minimum standards.

MIGRANTS COMMUNITY INCLUSION

- Provide access to private accommodation/hosting, temporary social housing/ accommodation stock and infrastructure
- Enhance migrants income generation through job placement, self-reliance & labor market.
- Provide humanitarian support for food and NR, through direct distribution and CVA.
- Organize Cultural orientation sessions for migrants.
- Program promoting tolerance for migrants and local population.
- ARCS advocacy & CB to improve state services & social protection system.
- Provide high quality specialized services to the vulnerable groups
- Ensure professional service staff CB
- Provide migrants access to formal & non-formal education and cultural and civic orientation sessions.
- Conduct Tolerance Education sessions among children and youth
- Awareness raising on DRR and Safe behavior.
- Support government in case of a massive influx
- Support government to improve DRR capacities
- Provide high quality services through MHPSS center

MIDTERM OUTCOMES

GOALS

Communities highly resilient and well prepared to disasters

Population better access to critical services through resilient infrastructure
Well prepared local and national structures effectively responding to disasters

Armenian people anticipate, respond to and quickly recover from crises.

Improved Healthcare and social services.

Improved people knowledge and awareness about health
Improved healthcare & social services infrastructures & management

Armenian people lead safe, healthy and dignified lives and have opportunities to thrive.

Improved social and economic integration of IDP, asylum seekers and refugees

Increased level of integration of IDP, asylum seekers and refugees
Mainstreaming is fully applied to IDP, asylum seekers and refugees

Armenian people mobilize for inclusive and peaceful communities.

Ensured psychological & social well-being of IDPs asylum seekers & refugees
Increased level of tolerance towards IDP, asylum seekers, and refugees