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Capacity and Vulnerability Assessment

September 2021

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1. Executive Summary

On the 27th of September 2020, hostilities broke out in and around Nagorno-Karabakh (NK). Following nearly two months of hostilities, an agreement was signed between Armenia, Azerbaijan, and the Russian Federation on the 9th of November 2020 to cease the hostilities. It resulted in a displacement crisis with an estimated 90,000 people fleeing from NK to the Republic of Armenia (RA). Displaced populations (hereafter referred to as refugee-like populations) experienced major shelter, food, protection, health, education, and livelihood needs of humanitarian nature. This in turn resulted in host communities experiencing significant stress in terms of their ability to provide basic services, in addition to secure provisions of security and maintain social cohesion. The situation of host HHs and refugee-like HHs following the hostilities in and around NK and the subsequent displacement was further exacerbated by the COVID-19 pandemic in Armenia, which was experiencing its second wave during the outbreak of the conflict. The double shock of the wide-scale displacement into the RA and the COVID-19 pandemic challenged the ability of both host communities as well as institutions to address essential needs of both local and refugee-like populations.

Considering the agreement on the cessation of hostilities in and around NK and the subsequent displacement dynamics which unfolded, there was a need to collect data and provide evidence to link relief, recovery, and development efforts, and provide a common framework for sectoral, local, and institutional approaches to early recovery efforts in Armenia. The United Nations Development Programme (UNDP), with the support from IMPACT Initiative's Agora initiative, conducted an Early Recovery Needs Assessment (hereafter referred to as a Capacity and Vulnerability Assessment [CVA]) with the objective of presenting the best paths forward for early recovery projects across sectors and to inform local recovery and development plans in Armenia. Based on the findings and recommendations, the CVA aims to inform cross-sectoral programming led by UNDP, facilitate the early recovery along the humanitarian-development nexus, and synthesise longer-term relationships with decision-makers in Armenia's service provision infrastructure.

The populations assessed in the CVA were the users (households [HHs]) and providers of essential services (service providers). The CVA assessed the following 11 sectors: i) housing; ii) energy and utilities; iii) education; iv) healthcare; v) employment; vi) administrative services; vii) social services; viii) security and justice services; ix) emergency services; x) environment; and xi) social cohesion. A total of 1807 HH surveys (1202 host community HHs and 605 refugee-like HHs) in addition to 318 key informant (hereafter referred to as service provider) interviews were collected between May and June 2021. The geographic scope of the CVA includes Kotayk and Syunik marzes, and Armenia's capital Yerevan, which were selected because of their considerable population of people in a refugee-like situation following the hostilities in and around NK. The HH surveys were pursued through stratified random sampling, and were stratified by urban and rural host communities, as well as refugee-like populations. HH surveys generated findings generalizable with a 95% level of confidence, and a 7% margin of error for Kotayk and Syunik and a 5% margin of error for Yerevan. Findings from refugee-like HHs in Yerevan were maintained at a 95% level of confidence, and a 7% margin of error. The service provider interviews were pursued through a purposive sampling methodology and present indicative findings.

This report presents findings and analyses across the sectors of demographics, the capacity of service providers, and sector-specific findings for housing, energy and utilities, education, healthcare, employment, administrative services, social services, security and justice services,

emergency services, environment, and social cohesion. The following include, but are not limited to, the sector-specific findings of the CVA:

- **Housing:** Housing circumstances for host HHs and refugee-like HHs varied considerably. Most host HHs reported living in a residence that they owned (88%) and that their situation had remained unchanged before, during, and after the COVID-19 pandemic as well as the hostilities in and around NK. Housing conditions for refugee-like HHs, on the other hand, appeared more varied. Nearly half of the HHs in a refugee-like situation (49%) reported residing in rented accommodation, while the other half were either residing with hosting HHs (27%), living in a residence that they own (17%), or residing in a collective centre (7%). Findings from service provider interviews suggest that, while the COVID-19 pandemic did not appear to have affected access to housing, the hostilities in and around NK caused a shortage in temporary shelter due to the influx of refugee-like populations.
- **Utilities:** Throughout the COVID-19 pandemic and the hostilities in and around NK, access to utilities remained mostly unaffected according to both host HHs and refugee-like HHs. Satisfaction rates remained consistently high in the areas of electricity, water, gas, sewerage, and waste management. Interviewed service providers working in the sewerage sector commonly reported clogging in pipes and the need for street network substitution as the most relevant challenges.
- **Education:** Among the 48% of host HHs who were actively gaining education during the COVID-19 pandemic, 25% reported that their access to education had been impacted during the COVID-19 pandemic. HHs in Syunik (both urban and rural) particularly commonly reported not being able to use distance learning tools due to either a lack of skills or a lack of internet access. Of the 25% of HHs whose access to education was impacted by the COVID-19 pandemic, 87% shared that the switch to online education had negatively impacted the learning process. Of the 23% of refugee-like HHs who reported facing challenges in accessing education upon their arrival to the RA, those in Kotayk and Yerevan commonly reported having experienced enrolment challenges. The most common challenge faced by refugee-like HHs in Syunik on the other hand, was the lack of access to distance learning equipment. Service providers across the three regions identified their top three needs for educational facilities as follows: libraries, computers, and improved amenities for students with disabilities. Overall, the main challenges identified in the field of education were the limited availability of technological equipment; a lack of qualified staff; and a limited quantity of pupils/students attending educational facilities. The most commonly reported issues that were causing challenges to education facilities during the COVID-19 pandemic were the lack of distance learning capacities and lack of attendance by students. On the other hand, among education service providers interviewed, 72% were hosting refugee-like populations in their facilities, among whom 88% reported not experiencing additional pressure due to the influx of refugee-like populations.
- **Healthcare:** The top three medical services used by both host HHs and refugee-like HHs were pharmacies, primary care, and basic laboratory services. While 48% of host HHs reported that their circumstances were unaffected during the COVID-19 pandemic, 39% reported that they did not access healthcare services during this period. During the hostilities in and around NK, a considerable portion of host HHs (51%) and refugee-like HHs (40%) reported not having accessed healthcare services, and 43% of host HHs and

42% of refugee-like HHs reported that their access to healthcare services went unaffected during this period. Service providers throughout the three regions identified that medical supplies and qualified staff were the top two resources lacking. Interviewed service providers in Kotayk and Yerevan reported the need to enhance basic laboratory services, whereas in Syunik the need for improved dental care services was reported.

- **Employment:** Employment status varied between host HHs and refugee-like HHs. The majority of host HHs reported that both the COVID-19 pandemic (89%) and the hostilities in and around NK (97%) had not particularly affected their employment status. While for refugee-like HH, the hostilities in and around NK had reportedly affected the employment status of over half of HHs (53%), the majority of whom reported having lost their job due to their displacement (79%). Interviewed service providers reported that the COVID-19 pandemic and the hostilities in and around NK had led to partner employers downsizing or going out of business; a decrease in financial resources; as well as the demand for employees having decreased.
- **Administrative Services:** The majority of host HHs (98%) reported perceiving that the COVID-19 pandemic had not impacted their ability to access administrative services.¹ Similarly, almost all host HHs (99%) and refugee-like HHs (92%) reported that the hostilities in and around NK had not affected their access to administrative services. Less than a third of overall service providers (27%) reported having faced challenges in providing services during the COVID-19 pandemic. Among these service providers, the specific challenges reported include the lack of mobility for beneficiaries to access services and a lack of institutional guidelines to deal with remote service provision. Regarding the hostilities in and around NK, 36% of service providers stated having been affected and specifically noted their inability to meet the higher demands following the influx of refugee-like populations, as well as the limited mobility of beneficiaries.
- **Social Services:** Almost all host HHs (97%) reported that the COVID-19 pandemic had not affected their access to social services. The majority of both host HHs (97%) and refugee-like HHs (94%) reported that the hostilities in and around NK had not affected their access to social services. In Kotayk and Yerevan specifically, the lack of existing technology/infrastructure as well as the lack of financial resources was noted by interviewed service providers as the leading resources that facilities cannot deliver, whereas most service providers in Syunik (96%) reported that they do not lack resources in delivering services.
- **Security and Justice Services:** According to 98% of the host HHs, the COVID-19 pandemic did not affect their ability to access security and justice services. In addition, for both 99% of host HHs and refugee-like HHs, the hostilities in and around NK had reportedly not affected their access to services. Interviewed service providers reported that while the COVID-19 pandemic did not affect their ability to provide services, the hostilities in and around NK created challenges due to the lack of institutional frameworks to deal with service provision during the conflict. The interviewed service providers also noted the delay of legal proceedings because of the hostilities in and around NK.

¹ Questions relevant to the COVID-19 pandemic were solely asked to host HHs.

- **Emergency Services:** Both host HHs and refugee-like HHs commonly identified the following three risks as threats to their families and livelihoods: natural hazards, COVID-19, and conflict escalation. Interviewed service providers, on the other hand, most commonly identified their top three risks as anthropogenic hazards, natural hazards, and climate change. In terms of risk management plans, compared to other assessed regions, service providers in Yerevan demonstrated the highest level of preparedness, whereas those in Syunik and Kotayk less commonly reported being aware of risk management plans.
- **Social Cohesion:** The majority of host HHs (68%) and refugee-like HHs (76%) reported not engaging in the decision-making processes of their communities. When asked if men and women participate equally in decision-making on a community level, in Syunik specifically 56% of rural HHs and 34% of urban HHs stated that men participate more than women, whereas in Kotayk, 23% of rural HHs and 34% of urban HHs answered similarly. An overall 74% of host HHs reported that women have the same ability as men to make decisions on a HH level. For refugee-like populations, 23% of HHs reported that men and women participate equally while 14% stated that men participate more than women. An overall 72% of refugee-like HHs noted that women can equally engage in decision-making on a HH level. Further, in terms of the consideration for the gender dimension during decision-making, 71% of interviewed service providers in Yerevan noted that they “always” consider this factor, whereas 31% of interviewed service providers noted “frequently” considering gender dimensions. Over half of service providers in Syunik (54%) noted that men participate in decision-making more frequently than women, whereas service providers in Kotayk (56%) and Yerevan (71%) stated that women and men participate equally. Lastly, while both host HHs and refugee-like HHs reported not facing integrations challenges following the hostilities in and around NK, 35% of host HHs reported being “relatively concerned” and 24% reported being “very concerned” about their security condition in the three months following data collection. Refugee-like HHs also voiced concerns over their security situation in the three months following data collection, in which 47% reported being “very concerned” and 27% reported being “relatively concerned”.

2. Introduction

Clashes between Armenia and Azerbaijan over NK erupted on 27 September 2020. After nearly two months of hostilities, a ceasefire was signed on 9 November 2020 following a tripartite agreement between the Russian Federation, Azerbaijan, and Armenia. The conflict resulted in the forced displacement of 90,000 people fleeing to the RA, of which an estimated 36,989 remain in a refugee-like situation as of May 2021.² Host communities experienced significant stress in their ability to provide basic services, cover energy and other needs of the displaced, including the provision of security and the maintenance of social cohesion.³ Displaced populations equally experienced major shelter, food, protection, health, education, and livelihood needs.⁴ This situation is further exacerbated by the COVID-19 pandemic, in which Armenia had one of the highest rates of confirmed COVID-19 cases per 100,000 persons in the world as of January 2021, a significant rate for an overall population of nearly 3,000,000.

To provide evidence to better target the recovery efforts led by the UNDP in Armenia, IMPACT Initiatives, through its Agora Initiative, has implemented a CVA with the objective of providing a common analysis and understanding of existing and emerging early recovery needs in Armenia and evidence for stronger early recovery and COVID-19 integration in programming, re-programming and response as well as informing the programming of the UNDP-chaired Early Recovery Working Group. As the initial shock of the displacement crisis reaches equilibrium, the assessment intends to inform the integration of the humanitarian-development nexus in addressing the aftermath of the 2020 shocks. The CVA gathers information on HHs' access to services as well as the needs and capacities of service providers to provide these services, in order to enable context-relevant programming in the regions that experienced the heaviest influx of people in refugee-like situations.

In total, the CVA covers 1,807 HH interviews with host (1,202) and refugee-like (605) households in urban and rural areas, as well as 318 key informant interviews with service providers in Kotayk and Syunik marzes as well as Yerevan. HH-level findings are representative of HHs at the regional level, while findings from service providers should be considered indicative only.

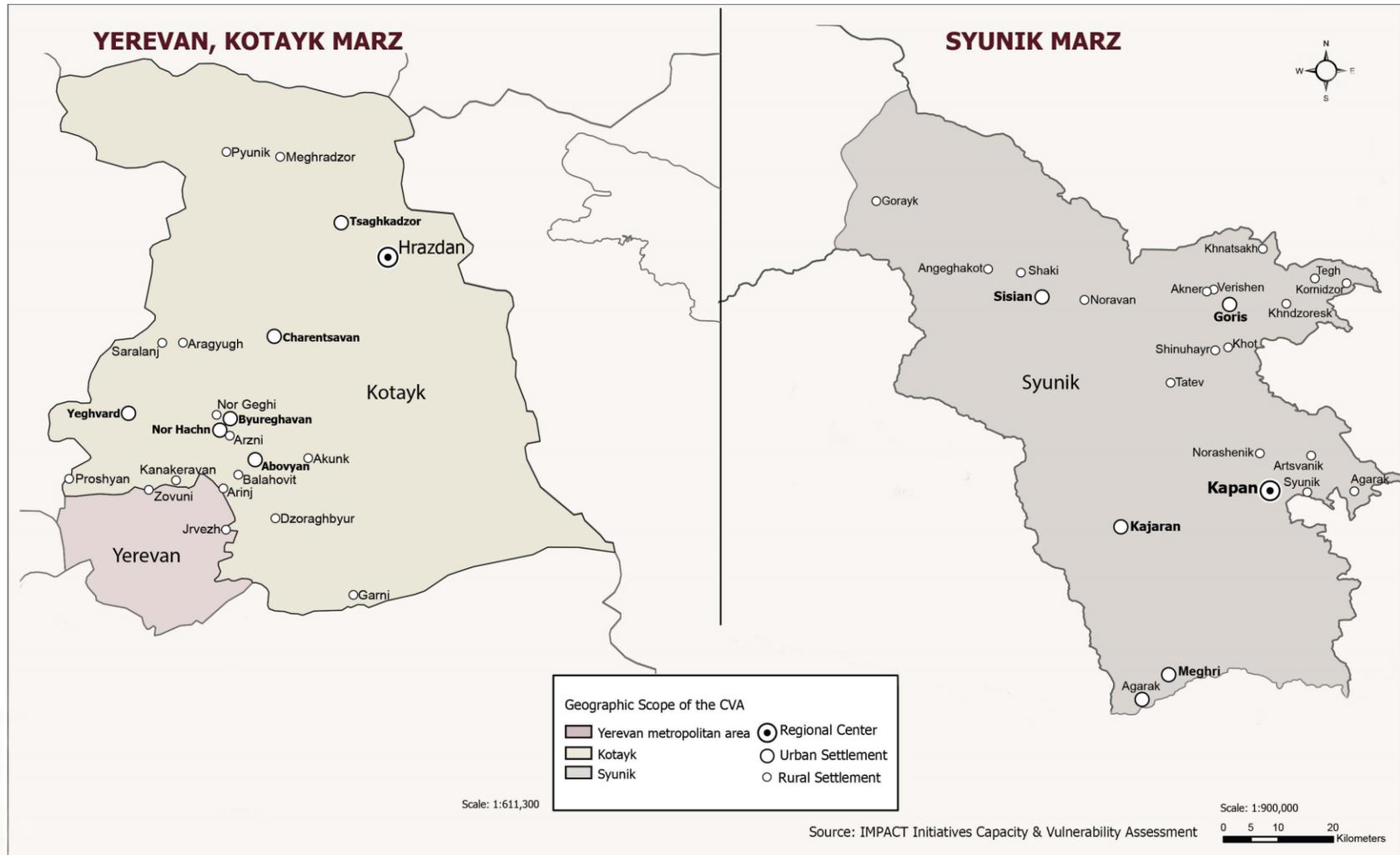
The first part of the CVA provides a detailed overview of the methodological approach designed and used by IMPACT, including the challenges and limitations that the team encountered over the course of the research period. The second part of the assessment presents the demographic overview of the populations included in the data collection, followed by the sector-specific findings, including housing, energy and utilities, education, healthcare, employment, administrative services, social services, security and justice services, emergency services, environment, and social cohesion. The last part of the report concludes the report with a summary of the main findings and provides recommendations to inform early recovery programming in Armenia.

² UNHCR Operational Data Portal. (2021). People in a Refugee-like Situation.

³ REACH (2021). Armenia 2021 Multi-Sectoral Needs Assessment (MSNA). Yerevan.

⁴ Ibid.

Map 1: Geographic Coverage of CVA



3. Methodology

3.1 Objectives & Research Questions

The overarching objective of the CVA was to understand the best paths forward for early recovery projects across sectors and to inform local recovery and development plans in Armenia. The aim of the assessment is to inform cross-sectoral programming, facilitate recovery along the humanitarian-development nexus in line with recovery needs, and synthesise longer-term relationships with decision-makers in Armenia's service provision infrastructure. The specific objectives of the CVA, along with their respective research questions are as follows:

Objective 1. To identify capacity gaps in the provision of public services in the following 11 sectors: i) housing ii) energy and utilities iii) education iv) healthcare v) employment vi) administrative services vii) social services viii) security and justice services ix) emergency services x) environment and xi) social cohesion

Q1. What are the gaps and challenges in service delivery capacities in terms of meetings the needs of populations in the identified 11 sectors?

Objective 2. To understand service provider challenges in delivering services in the assessed geographic areas

Q2. To what extent are service providers satisfied with the resources available to them to deliver quality services?

Objective 3. To understand service provider satisfaction in delivering services in the assessed geographic areas

Q3. To what extent has institutional capacity for service provision changed since the shocks of 2020?

Objective 4. To understand the coping strategies service providers undertook to deliver services in the assessed geographic areas following the shocks of 2020

Q4. What strategies are service providers using to cope with changing demand?

Objective 5. To identify host and refugee-like HH vulnerabilities in accessing public services following the double shock of the COVID-19 pandemic and war

Q5. What challenges do host and refugee-like HHs face in accessing public services across the eleven sectors?

Objective 6. To understand HH satisfaction with, access to, and availability of public services in the assessed geographic areas and among host HHs and refugee-like populations

Q6. To what extent are host and refugee-like HHs satisfied with the quality of services they receive?

Objective 7. To understand the extent to which HH satisfaction to services in the eleven sectors has changes since the shocks of 2020

Q7. To what extent has access to services changed across sectors since the shocks of 2020?

3.2 Secondary Data Review

The first step of the CVA began with a secondary data review (SDR) to outline the national context prior to the shocks of 2020 and support the development of the CVA's methodology. The two documents used to inform the analysis of the SDR were the REACH Multi-sector Needs Assessment (MSNA) of December 2020⁵ and UNDP in Armenia's Socio-Economic Impact Assessment⁶ (SEIA) which was conducted during the COVID-19 outbreak. These two documents served as the key sources to frame the picture of pre-conflict Armenia by foreshadowing some of the major service stressors and socio-economic shocks that the population underwent in 2020. In terms of a baseline socio-economic and infrastructural profile of the geographic areas of interest and Armenia as a whole, the Armenian statistical service (ArmStat) provided information to paint a portrait of the pre-conflict Armenian context.

3.3 Population of Interest

The population to be assessed are users (both host HHs and HHs in a refugee-like situation) and providers of essential services. This was done through a HH survey paired with a smaller service providers survey, by sector. The three geographic areas (Kotayk, Syunik, and Yerevan) were selected based on their large populations of people in refugee-like situations in the early days after the hostilities. A key consideration was that, while people fleeing the conflict initially stayed in border cities, as the conflict wore on and territorial re-organization became clear, they gradually moved to the capital where there are more prospects for work. To that end, the administrative region of the capital city of Yerevan was one of the three regions surveyed. The two remaining regions are the marzes of Kotayk, which borders Yerevan, and Syunik, which makes up most of the border with NK, through which all people fleeing to Armenia passed. Because of the large differential in service access between rural and urban communities, the assessment divided Kotayk and Syunik marzes by urban and rural areas. Yerevan, on the other hand, does not have a rural population and the assessment therefore only considered its urban population.

3.4 Sampling Strategy

Upon thorough consultation with UNDP and Early Recovery Working Group partners, two quantitative surveys (the HH survey and the service provider survey) were developed. The HH data collection was stratified by rural, urban, and refugee-like populations. For host and refugee-like populations, stratified random sampling was undertaken to facilitate the data collection across the three geographic areas, of which random groupings of urban and rural communities were selected. The known population size per location was used to determine how many surveys should be conducted per location. The HH surveys conducted in Kotayk and Syunik marzes generated findings generalizable with a 95% level of confidence and a 7% margin of error. HH surveys conducted in Yerevan, however, generated findings generalizable with a 95% level of confidence and a 5% margin of error, while refugee-like populations in Yerevan maintained the 95% level of confidence, and a 7% margin of error.

The second tool was the service provider survey. The survey presented a generalised set of questions on capacity and demand from the perspective of the service provider, as well as sector-specific questions to account for the peculiarities for each sector. It was based on a stakeholder mapping exercise which was conducted across the 11 sectors, of which service providers and organizations were pre-selected for interviews in Kotayk, Syunik, and Yerevan. The predetermined categories of interview participants included a list of service providers from secondary schools, colleges, universities, polyclinics, hospitals, integrated social assistance services, emergency

⁵ REACH (2021). Armenia 2021 Multi-Sectoral Needs Assessment (MSNA). Yerevan.

⁶ UNDP (2020). Socio-Economic Impact Assessment of the COVID-19 Outbreak in Armenian Communities. Yerevan.

services, law enforcement units (e.g., road police, community police, police departments), public defenders, community-based waste management organizations, cadastres, and gas, water, electricity suppliers, among other public service providers and public organizations. Purposive sampling was used to achieve the objective of the interviews. Findings from service provider interviews should be considered indicative, rather than representative, of the perspectives of service providers in the assessed locations.

For both HH and service providers, surveys were designed to measure the supply and demand barriers faced through four periods of time: prior to the COVID-19 pandemic (February 2020); during the COVID-19 lockdown in Armenia (March-June 2020); the hostilities in and around NK (September-December 2020); and during the last 30 days leading up to data collection.

3.5 Primary Data Collection

Primary data collection was conducted between May and June 2021, during which a total of 1,807 HH surveys and 318 key informant interviews were collected. For HH surveys, a total of 18 enumerators were tasked with data collection: 5 enumerators across the 3 regions (15 total), and 3 team leaders (1 per region) who were overseeing and ensuring the quality of the data collection. For service providers, three enumerators were assigned (one enumerator per region). Data collection was overseen by a roving field coordinator and monitored from IMPACT's Yerevan field office through the KOBO server. The survey content was subjected to daily data cleaning and logic checks. Enumerators were briefed and debriefed by team leaders alongside the field coordinator in order to gather feedback on the data collection process and address any concerns from the field. Additionally, weekly field visits were scheduled by the CVA team to ensure data collection protocols and standards.

3.6 Analysis

Data analysis was conducted by producing frequency tables based on the strata chosen at the sampling stage. The analysis of HH level data was reviewed and compared across the strata and was complemented by the service provider survey. The HH surveys produced generalizable data in line with the stratification plan.

Service provider surveys were aggregated based on the cross-sectoral questions which were presented to all interview participants across sectors, as well as the sector-specific questions. Cross-sectoral questions were numerically quantifiable in order to provide descriptions of the trends, behaviours, experiences/ opinions of the respective service providers, whereas the sector-specific data was indicative and summarized the findings per sector in order provide more context. All personally identifiable information was removed during data cleaning stage.

3.7 Challenges and Limitations

In reading this report, it should be kept in mind that for each sector, an uneven number of service providers were interviewed. In some instances during the data collection process, certain service providers refused to participate, while more generally, the number of relevant key informants varied per sector. Therefore, while the HH surveys are generalizable, key informant interviews were aggregated based on cross-sectoral questions which were asked to all research participants across sectors, as well as the sector-specific questions. Further, an additional limitation to consider is the fact that some survey questions rely on extended recall times, which require HHs to recall events prior to the COVID-19 pandemic and the hostilities in and around NK, which might negatively affect the accuracy of the related findings.

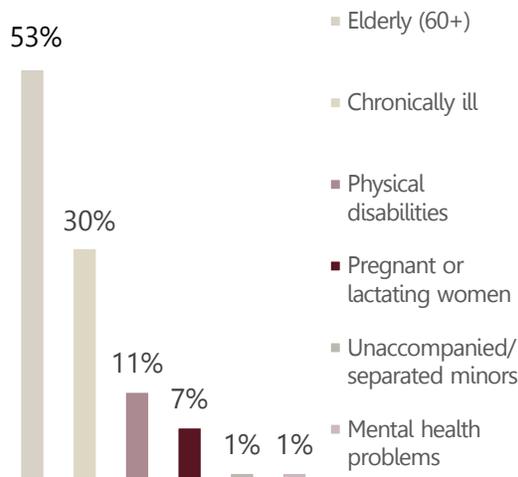
4. Findings

4.1 Demographic Overview

Host Community

A mere 2% of overall HHs interviewed for the CVA were hosting refugee-like HHs at the time of interview. While 51% of heads of household (HoHH) in Yerevan were women, most HoHHs in both urban and rural Kotayk and Syunik were men: Kotayk rural (67%), Kotayk urban (62%), Syunik rural (74%) and Syunik urban (67%). The majority of overall survey respondents (93%) were female.⁷ Overall, 34% of HHs reported not having any vulnerable groups in their HH, while 53% reported having at least one elderly person above the age of 60, and 30% of HHs reported that at least one HH member was chronically ill. Figure 1 demonstrates the overall breakdown of vulnerabilities identified by HHs. Regarding the highest education level reported, most of the HoHHs had reportedly received either a university (45%) or technical tertiary (38%) degree. Furthermore, during the time of data collection, an overall 53% of HoHHs were not employed, with the highest unemployment rate among HoHH being reported in rural Kotayk (61%). When asked if either the COVID-19 pandemic or the hostilities in and around NK resulted in the job loss of the HoHH, 91% of overall respondents answered

Figure 1: % of host HHs reporting having at least one member with a vulnerability, per vulnerability type



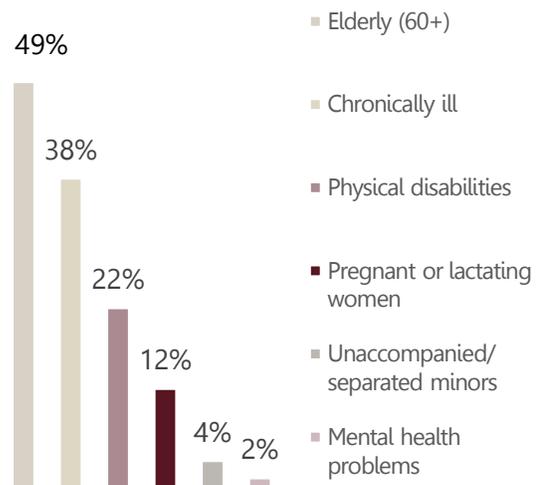
believing that their HoHH had not been affected by either shock.

Refugee-like Populations

Among refugee-like populations, the gender of the HoHH varied by region, but across regions, the majority of HoHHs were reported to be men (64% in Kotayk, 81% in Syunik, and 60% in Yerevan).

While 25% of HHs reported not having HH members of any vulnerable groups, almost half (49%) reported having at least one older HH member (above the age of 60) and 22% reported having at least one HH member with a physical disability. Like host communities, the two most commonly reported levels of education completed by HoHHs were technical tertiary education (36%) and university-level education (34%). Overall, 73% of HoHH were reportedly unemployed at the time of data collection, and 56% had reportedly lost their job due to the hostilities in and around NK.

Figure 2: % of refugee-like HH reporting having at least one member with a vulnerability, per vulnerability type



⁷ Further analysis on CVA gender dynamics can be referenced in UNDP's Multidimensional Vulnerability Indices

4.2 Capacity of Service Providers

A total of 318 service providers were interviewed across the 11 thematic sectors. Table 1 provides an overview of the service providers who participated in the CVA. While the survey captured a set of sector-specific questions, there were also a series of cross-sectoral questions that were asked

Table 1. List of the interviewed service providers

Administrative District Centres of Yerevan
Agency for State Register of Legal Entities (Ministry of Justice)
Agricultural Support Centres
Cadastre Service Centres
Community Administrative Centre
Community Non-Commercial Organization for Waste Management
Educational Facilities
Gazprom
Healthcare Facilities
Medical and Social Examination Commission
Ministry of Emergency Situations – Rescue Service Centres
Non-Government Organization for Recycling Services
Passport and Visa Department
Private Waste Disposal Firm
Public Defender Office
Regional Centre for Integrated Social Services
Regional Social Assistance Agency
State Non-Commercial Organization
Territorial Centre of the State Employment Service Agency (Ministry of Labour and Social Affairs)
Territorial Department of Social Assistance (Ministry of Labour and Social Affairs)
Territorial Department of State Social Security Service (Ministry of Labour and Social Affairs)
Veolia Jur

to all service providers across sectors. This section provides an overview of the cross-sectoral questions.

When asked to what extent service providers were satisfied with the resources available to them to deliver quality services to their constituents in 2020, most service providers across Kotayk, Syunik, and Yerevan reported that they were overall ‘satisfied’ (64%), while 17% reported that they were neither satisfied nor unsatisfied. In measuring the extent to which their ability to provide services had changed since the COVID-19 pandemic, interviewed service providers in Yerevan reported that their capacity changed ‘significantly’ (43%), in addition to service providers in Syunik who noted ‘significantly’ (34%). Service providers in Kotayk, on the other hand, noted that the extent to provide services has changed ‘insignificantly’ since the COVID-19 pandemic (28%).

The overall top three most commonly reported coping mechanisms used to deal with the challenges posed by COVID-19 include: changing the human resources (HR) strategy to introduce flexible working hours, working from home modalities and rotational schemes (72%); initiating the scale-up of remote service delivery either online or over the phone (64%); and provided training to their staff on how to optimize and use digital tools for service delivery (35%). In the case of Kotayk and Yerevan, service providers also mentioned that they received government assistance to deal with the COVID-

19 challenges (reported by 48% and 32% of service providers, respectively). In terms of working remotely, an overall 57% of interviewed service providers noted that the COVID-19 lockdown did not result in them working remotely, while 43% did work remotely. While those who reported working remotely noted that they did not experience any challenges, the lack of internet and/or computers was a key challenge identified across the three regions, with challenges being particularly reported in Syunik, where 51% of service providers reported having faced challenges working remotely. In Kotayk and Yerevan, 14% and 25% of service providers also identified a lack of childcare as a key challenge they experienced in working remotely.

Regarding the hostilities in and around NK, interviewed service providers in Syunik (45%) and Yerevan (41%) most commonly reported that service provision has changed “significantly”, while, in Kotayk, interviewed providers most commonly reported that service provision had changed

“very insignificantly” (39%). The most reported coping mechanism service providers used to deal with challenges related to the hostilities in and around NK were a change in their HR strategy through the introduction of flexible work hours (62%), and the mobilization and engagement of informal volunteer groups (29%). Respondents in Kotayk also mentioned that they received government assistance (27%) and pursued partnerships with either non-governmental organisations (NGOs), international NGOs (INGOs) or community-based organisations (CBOs) (21%).

4.3 Housing

Host communities

In the housing sector, findings suggest that the impact of COVID-19 and the hostilities in and around NK generally had a marginal effect on host HH’s ability to access housing services. Overall, at the time of data collection, 88% of host HHs in the three regions were living in a house or apartment that they owned, while 10% reported living in a house or apartment that they rented.

When asked if COVID-19 affected their access to housing, an overall 94% of HHs noted that their housing circumstances were unaffected. Similarly, when asked if the hostilities in and around NK affected their housing circumstances 95% noted that their circumstances had gone unaffected.

Figure 3: % of host HHs by reported housing situation at the time of assessment

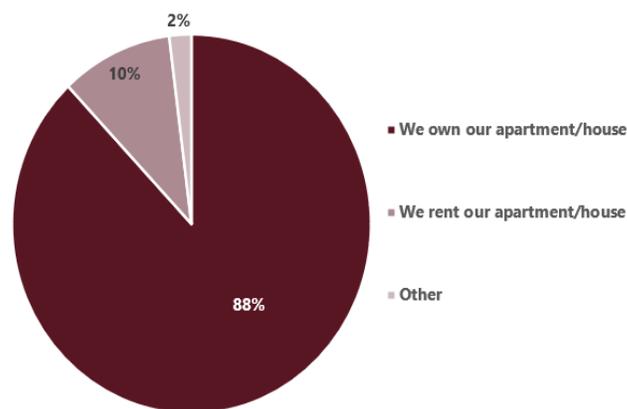
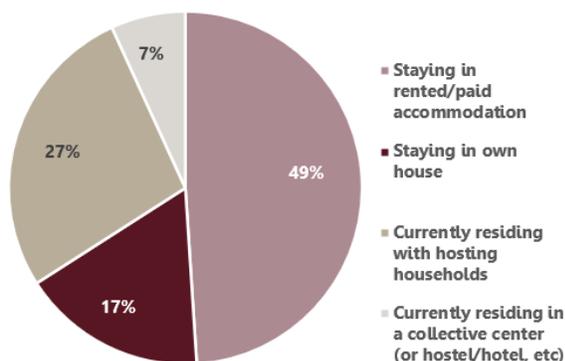


Figure 4: % of refugee-like HHs by reported housing situation at the time of assessment



Refugee-like populations

While refugee-like HHs were not presented with questions relevant to the impact of COVID-19 on any of the sectors in this assessment, findings demonstrate that their access to housing differs considerably from that of host HHs. At the time of data collection, an overall 49% were residing in rented or paid accommodation, while 27% reported residing with hosting HHs, 7% were currently residing in collective centres (and/or hostels/hotels), and 17% were living in a residence that they owned.

Service Providers

A total of 26 service providers working in the housing sector, specifically providing temporary shelter and renovation support, were interviewed. Of the 26 service providers interviewed, 17 mentioned that the lack of financial resources was the leading challenge in providing housing services, whereas 10 service providers also mentioned that they lacked mechanisms to mitigate and deal with problems effectively. When asked if there are provisions that service providers cannot provide, 15 answered “no” whereas 11 answered “yes”. Of the 11 which answered “yes”, 8 responded that access to a temporary shelter was a demand that they fell short in providing, and 7 responded that access to a permanent shelter was a demand they could not meet.

Regarding the effect of the COVID-19 pandemic on access to housing, 19 out of 26 service providers reported perceiving that the pandemic did not affect access to housing, while the remaining 7 answered that it did. Interviewed service providers commonly perceived that the influx of refugee-like populations created a higher demand for temporary shelter, as reported by 18 service providers, respectively.

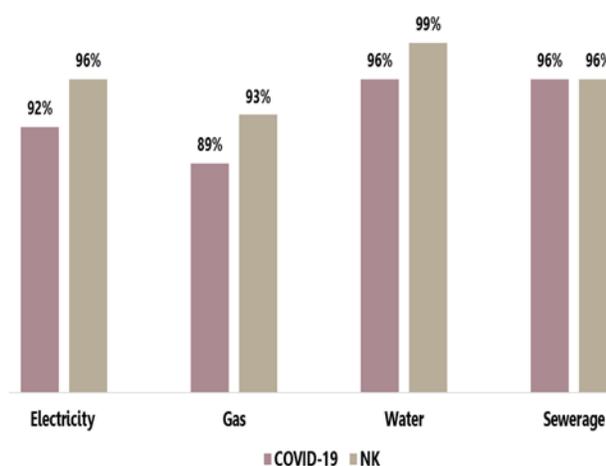
4.4 Energy & Utilities

Host Communities

Findings suggest that satisfaction with electricity, gas, water, and sewerage services was generally relatively high among host HHs prior to the COVID-19 pandemic. When asked if they were satisfied with services prior to the COVID-19 pandemic, HHs commonly reported being entirely satisfied with electricity (84%), gas (87%), water (83%) and sewerage (80%). According to the majority of HHs, the COVID-19 had minimal effect on their access to utilities as HHs reported not having any interruptions at the following rates: electricity (96%), gas (89%), water (96%), and sewerage (96%) services. Similarly, the majority of HHs reported that the hostilities in and around NK had not impacted their access to electricity (96%), gas (93%), water (99%), and sewerage (96%).

The majority of HHs from rural communities (93%) and urban communities (97%) in Syunik reported being satisfied with the supply of electricity in the 30 days prior to data collection. In Yerevan, on the other hand, 54% of HHs were satisfied with the supply of electricity 30 days prior to data collection. Of those reporting being unsatisfied, 64% reported monthly interruptions as the main factor driving dissatisfaction with services. In Kotayk 78% of HHs in rural communities, and 76% of HHs in urban communities, reported being satisfied. In terms of the level of satisfaction with gas, an overall 78% of HHs noted being satisfied. For water services, while communities in rural and urban Kotayk and Syunik alike reported similar levels of satisfaction, 59% of HHs in Yerevan reported being unsatisfied, reportedly due to daily (32%) and monthly (55%) interruptions. The overall level of satisfaction with sewerage services varied, with 47% of HHs reporting being strongly satisfied and 33% reporting being only partly satisfied. The leading reasons for partial satisfaction was due to clogging in pipes, reported by 68% of HHs who were partly unsatisfied.

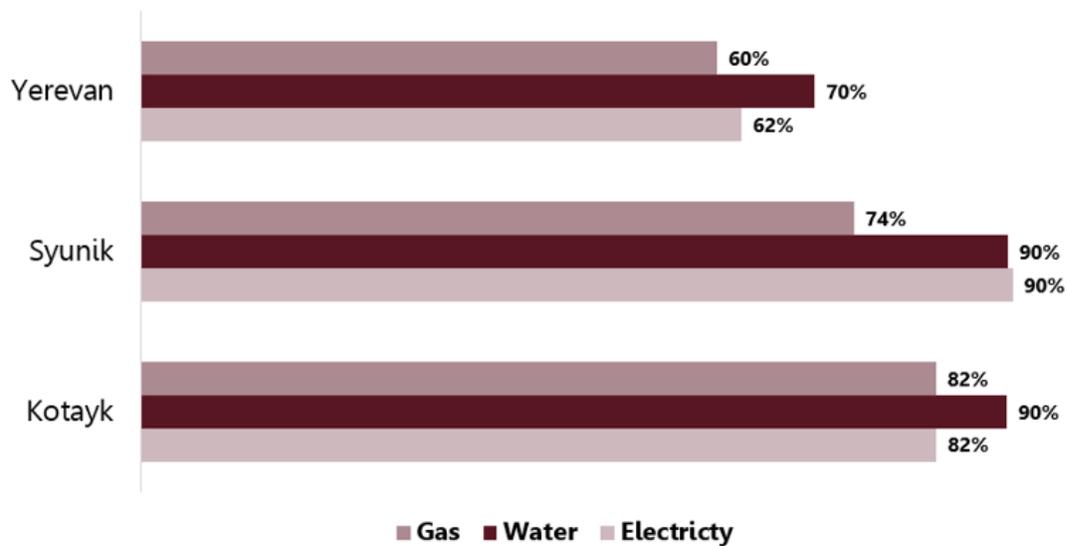
Figure 5: % of HHs reporting COVID-19 & NK did not affect access to utilities



Refugee-Like Populations

The majority of refugee-like HHs reported not having experienced problems in accessing electricity (71%), gas (67%), and water (78%) since their arrival in the RA. In the 30 days prior to data collection, the majority did not have issues in accessing utility services and reported high levels of satisfaction with electricity (74% of HHs were strongly satisfied), gas (82%), and water (77%). In terms of sewerage services, an overall 60% reported that they were strongly satisfied while 26% reported that they were partly satisfied mainly due to clogging in pipes (73%).

Figure 6: % of refugee-like HHs reporting having had access to utilities since arriving in the RA



Service Providers

A total of 51 services providers were interviewed in the utility sector, comprising electricity (3 service providers); gas (14 service providers); water (17 service providers); and sewerage (17 service providers). In the gas sector, the most relevant challenges identified were irregular payments by HHs (10/14 service providers) as well as irregular payments by business entities (9/14 service providers). Irregular payments by HHs were also identified by service providers in the water sector (12/17 service providers). When asked if their facility has needs for service provisions that it cannot provide, 14 interviewed service providers in the gas and water sectors responded 'no'. Overall, service providers in all four sectors stated that both COVID-19 and the hostilities in and around NK had not affected their ability to deliver services. In the sewerage sector specifically, the most relevant challenges identified were clogging in pipes (11/17 service providers) and the need for street network substitution (14/17).

4.5 Waste Management

Host Communities

Except for Kotayk's rural HHs, the majority of HHs (Kotayk urban 60%), (Syunik rural 71%), (Syunik urban 91%), (Yerevan 65%) reported having used waste removal bins prior to COVID-19 as their primary source of waste removal. In rural Kotayk on the other hand, 74% reportedly used a garbage truck. An overall 80% of HHs reported that having been satisfied with waste removal service during this period.

Apart from Syunik's urban HHs, most HHs (Kotayk rural 79%), (Kotayk urban 60%), (Syunik rural 70%), (Yerevan, 71%) reported not having access to recycling services. Among Syunik's urban HHs, 58% were reportedly using recycling services. An overall 20% of HHs were unaware if there were recycling services in their locality. Throughout all three regions overall, 87% of HHs were not using recycling services, among whom 40% reported wanting to use them but there being no services available in their neighbourhood, while 22% reported that they do not use them because they are not in the habit.

Ninety-nine percent of HHs (99%) reported that the COVID-19 pandemic did not affect their waste removal services, while the hostilities in and around NK had no affect according to all the HHs. In the 30 days prior to data collection, 66% of HHs noted having been strongly satisfied with their waste removal services, while 19% were satisfied.

Refugee-like Populations

Like host HHs, 97% of overall refugee-like HHs reported that the hostilities in and around NK did not affect their access to waste removal services. In the 30 days prior to data collection, 71% of HHs were reportedly using waste removal bins. The majority of HHs (83%) were strongly satisfied with waste removal services.

Figure 7: Reported reasons for not using waste sorting bins among host HHs

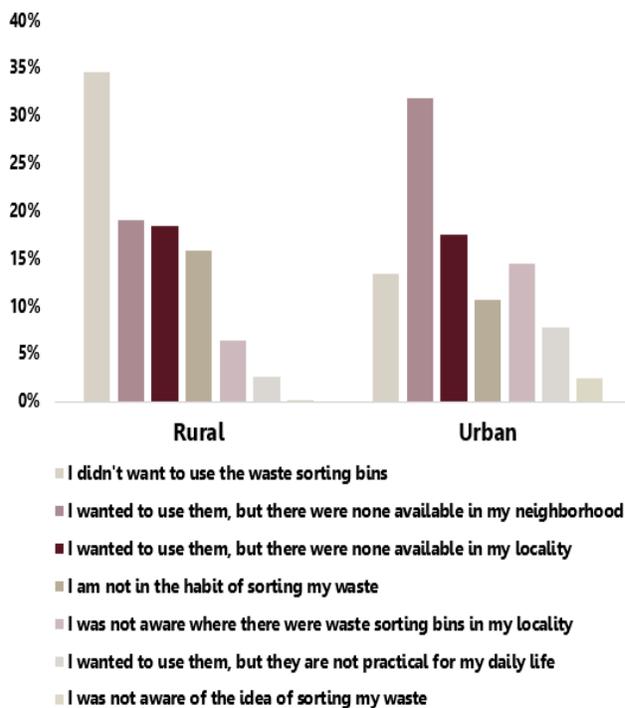
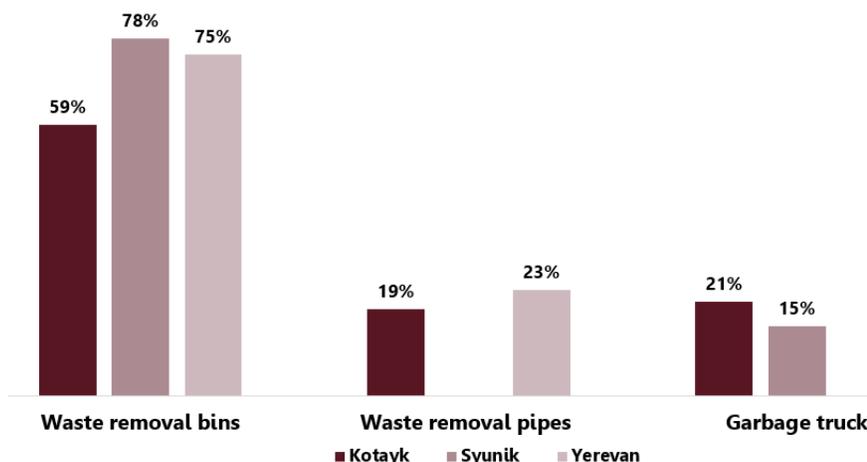


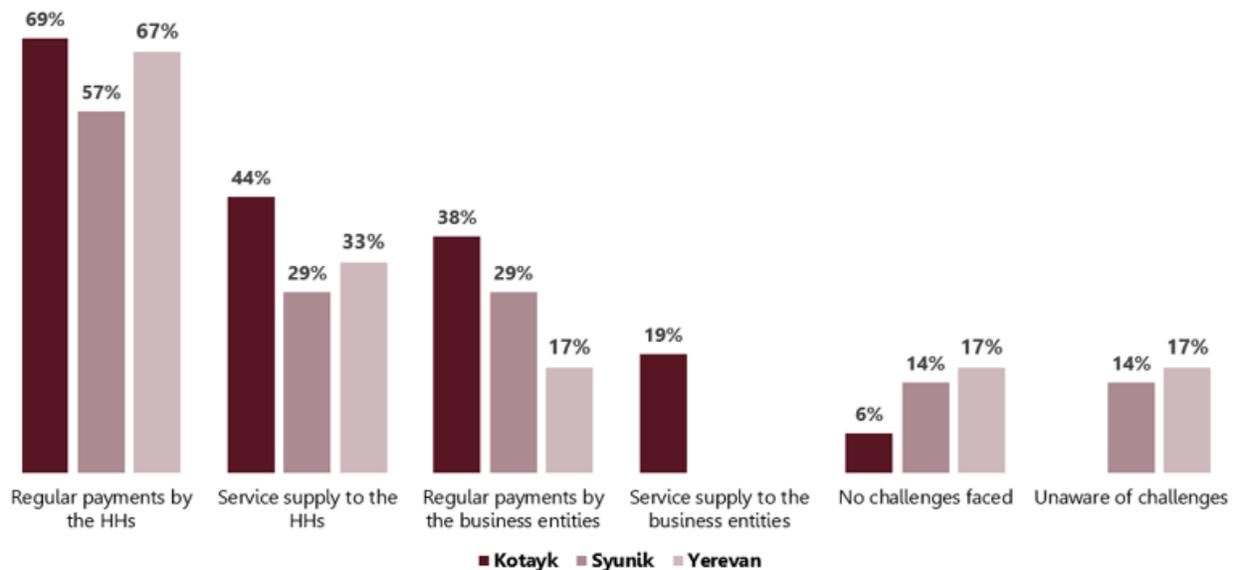
Figure 8: Type of waste removal services used by refugee-like HHs in last 30 days



Service Providers

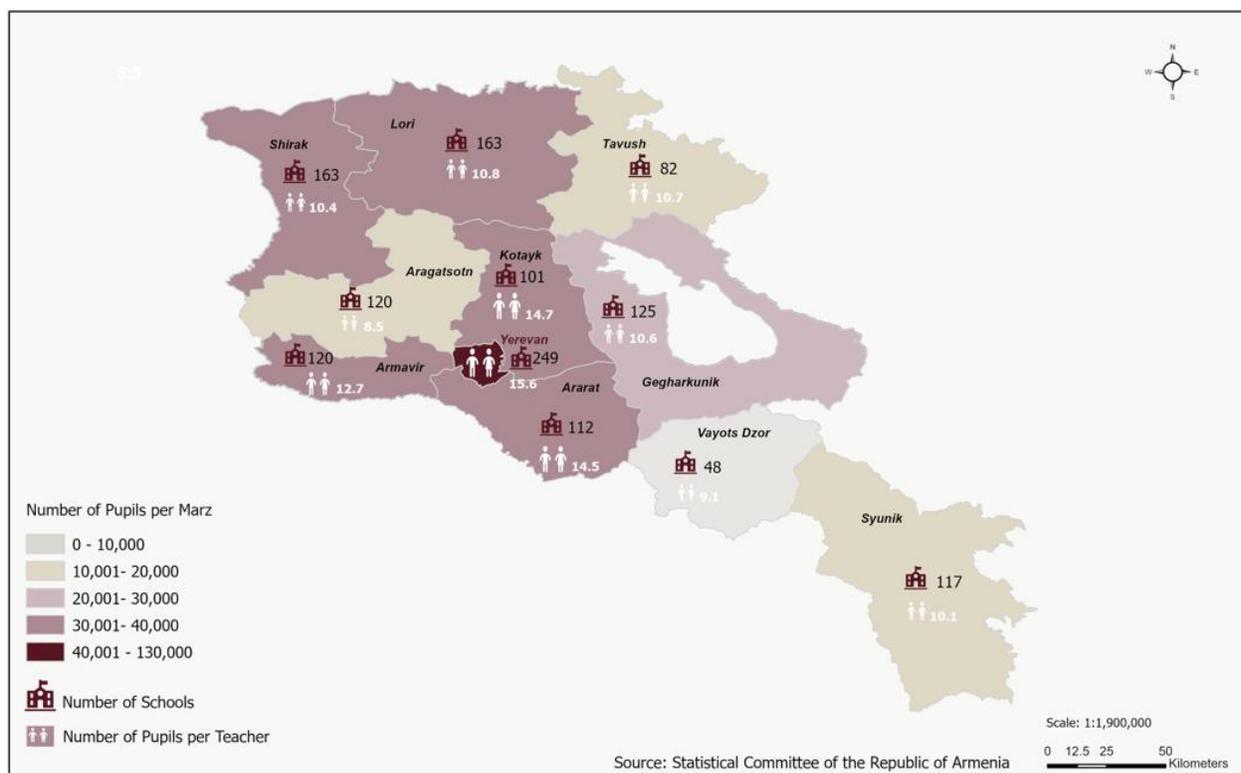
In total, 30 service providers working in waste management services were interviewed. The most commonly reported challenges identified to the provisions of waste management were irregular payments by HHs (66%) and the service supply to HHs (38%).

Figure 9: Existing challenges in waste management service provisions, by % of service providers



Service providers in the waste management sector reported that the main challenges they face in delivering services were the lack of financial resources by clients to pay bills (79%) and outdated equipment (i.e., bins and collection vehicles) (38%). When asked if there were needs for service provisions that cannot be met, 72% of interviewed service providers responded “no” while 28% responded “yes”. Of the 28% who responded yes, the main need that was identified was the need for improvements in the existing collection and disposal technologies (88%). In terms of the resources waste management facilities lack to continue delivering ongoing services, two main factors were identified: financial resources (52%) and human resources (45%). The COVID-19 pandemic did not affect waste management-related services according to 87% of service providers. Lastly, the majority of respondents (90%) reported that the hostilities in and around NK did not affect service provision.

4.6 Education



Map 2: Education Overview of RA according to ArmStat

Host Communities

Over half of HHs were not accessing education at the time of the interview (62%). Of those who reported that at least one HH member was accessing educational services (38%), an overall 81% noted that there were no challenges experienced in access education prior to the COVID-19 pandemic (February 2020), and 89% responded that they were satisfied with educational services during this period. During the COVID-19 pandemic (March-June 2020), 52% of HHs reported that they were not actively gaining education. While 23% of HHs reported that their access to education had not been affected, 25% of HHs reported that their access to education was impacted by the COVID-19 pandemic. Of the 25% of HHs reporting their access to education was affected, HHs in rural (22%) and urban (32%) Syunik noted that they could not use distance learning tools due to a lack of skills and an overall 87% across the three regions reported that the switch to online education decreased the effectiveness of the learning process.

Regarding the hostilities in and around NK, 45% of HHs noted that their access to education was not affected. When asked to measure their level of satisfaction with educational services in the 30 days prior to data collection, of those receiving educational services, 39% stated that they were satisfied and 34% of HHs stated that they are strongly satisfied. Of the mere 10% who said they are unsatisfied, 38% noted a lack of qualified staff.

Refugee-like populations

Following the hostilities in and around NK and their arrival to the RA (September-December 2020) 33% of refugee-like HHs reported actively accessing education, 44% did not have an issue accessing education upon their arrival, and 23% reported facing challenges in their access to educational services. Of HHs reporting facing challenges, enrolment was the leading issue for HHs

in Kotayk (42%) and Yerevan (29%). In Syunik, of the HHs reporting facing challenges in accessing education, 24% reported that they did not have access to distance learning equipment. Among those HHs who had reportedly been attaining education in the 30 days prior to data collection (55%), 57% of HHs reported not having faced any challenges to accessing education, reporting which was consistent throughout the assessed marzes. Of those HHs who did face challenges (43%), the interruption to the educational process they experienced following their displacement from NK was one of the leading issues, reported by 20% of HHs, while 14% noted that they could not afford to pay tuition fees. In rating their level of satisfaction with educational services in the 30 days prior to data collection, an overall 62% of HHs reported being “very satisfied”, and 23% reported being “satisfied”.

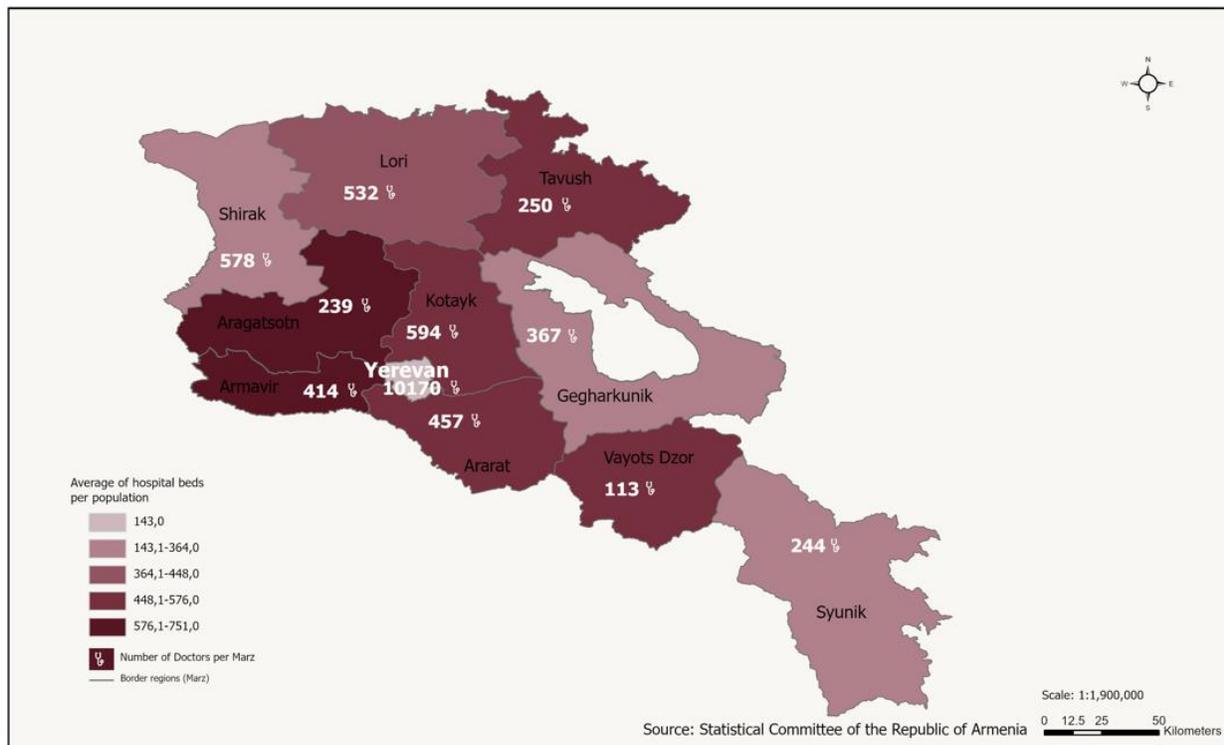
Service Providers

A total of 47 service providers working in the education sector were interviewed for this assessment. Interviewed service providers mentioned several resources that were lacking in their facilities; the most commonly reported were libraries (57%), the lack of amenities for students with disabilities (57%), and computers for pedagogical purposes (55%).

The main challenges identified by interviewed service providers in the field of education were the limited availability of technological equipment (66%); a lack of qualified staff (43%); and a limited quantity of pupils/students attending educational facilities (43%). In addition, interviewed education service providers commonly reported that the COVID-19 pandemic had affected their ability to deliver education (83%). Of the 83% who reported that the COVID-19 pandemic impacted education, the leading issue that was reportedly putting pressure on the educational facilities was the lack of distance learning capacities (e.g., access to the internet, access to computers), which was commonly reported by interviewed providers in Kotayk (74%), Syunik (53%), and Yerevan (80%). In addition, service providers commonly mentioned that COVID-19 led to a lack of attendance by students, which reportedly hindered the learning process (reported by 68% of service providers in Kotayk, 67% in Syunik, and 60% in Yerevan).

Overall, 72% of interviewed service providers reported that their education facilities hosted refugee-like populations, the majority (88%) of whom noted that their facility had not experienced additional pressure due to the influx of refugee-like populations.

4.7 Healthcare



Map 3: RA Healthcare Infrastructure Overview according to ArmStat

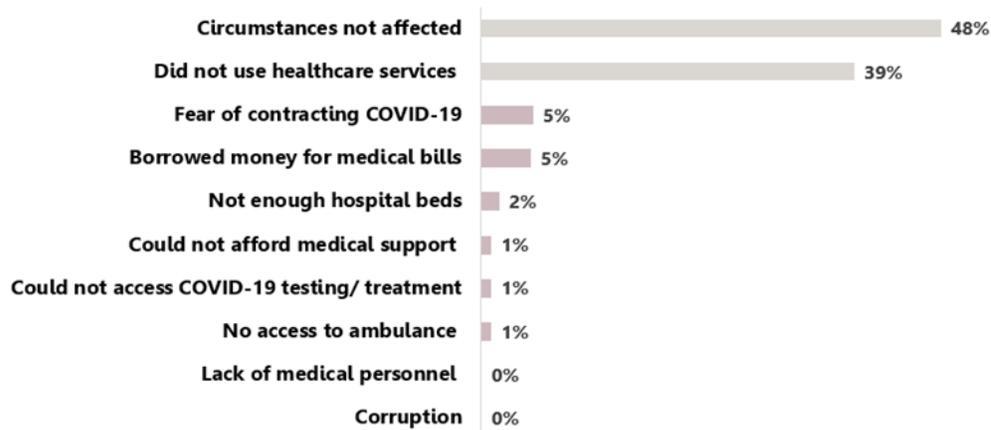
Host Communities

Prior to the COVID-19 pandemic, the top three healthcare services accessed by host HHs were pharmacies for essential drugs (50%); primary care (37%); and basic laboratory services (21%). When asked about their difficulties in accessing healthcare services prior to the pandemic, 69% of host HHs mentioned not having experienced any challenges, while 23% reported non-affordability of services as a challenge. Of those who accessed healthcare facilities prior to the pandemic (76%), 90% reported they were satisfied with the services they received.

During the COVID-19 pandemic (March-June 2020), 39% of HHs did not access healthcare services during this period and 48% reported that their access to healthcare services was not affected. Of the remaining 13% of HHs who noted that they experienced difficulties in accessing services, 5% reported that they did not access healthcare service out of fear of contracting COVID-19. Similarly, in response to their access to healthcare services during the hostilities in and around NK, 43% of HHs responded that their circumstances went unaffected, while 51% did not use any healthcare facilities during this period.

In the 30 days prior to data collection, the majority of HHs reported having been either very satisfied (44%) or satisfied (33%) with the provision of healthcare services in their location in the 30 days prior to data collection.

Figure 10: % of HHs reporting effects of COVID-19 on access to healthcare



Refugee-like Populations

Similar to host HHs, 42% of overall refugee-like HHs reported that their ability to access services was not affected by the hostilities in and around NK, while 40% reported that they did not access healthcare services during this period. Among the refugee-like HHs, the most commonly reported healthcare services that were used in the 30 days prior to data collection were pharmacies for essential drugs (reported by 46% of HHs), primary care (27%), basic laboratory services (25%), and dental care (18%). Among those HHs who had reportedly used healthcare services (72%), 60% reported that they had not faced any challenges, while 32% highlighted the non-affordability of healthcare services. In terms of the level of satisfaction with healthcare services in the 30 days prior to data collection among those HHs who had accessed healthcare, 55% of HHs reported being strongly satisfied, while 26% were reportedly satisfied.

Service Providers

A total of 37 service providers in the healthcare sector were interviewed. According to them, the main resources lacking in the healthcare sector are medical supplies: Kotayk (65%), Syunik (42%), Yerevan (80%). The lack of qualified staff was the second resource identified as lacking: Kotayk (20%), Syunik (58%), Yerevan (80%). When asked if there are service provisions healthcare facilities cannot provide, an over 59% of service providers answered "no". In Kotayk, 35% of service providers reported there were shortcomings in service provisions, and 50% in Syunik and 40% in Yerevan responded "yes" accordingly. Of those service providers in Kotayk and Yerevan who reported needs for service provisions in healthcare facilities, 43% and 50%, respectively, noted a need for basic laboratory services, whereas 50% of service providers in Syunik who were reportedly unable provide particular services noted the need for enhanced dental care services. Moreover, in Kotayk and Syunik the need for mental health support was also highlighted by 14% and 33% of interviewed healthcare service providers, respectively. Moreover, among the service providers who reported gaps in service provisions, the most commonly reported shortcomings in the ability to provide the resources were a lack of medical equipment (40%) and a lack of financial resources (53%). In Kotayk especially, limited infrastructure was also noted by 57% of service providers who had reported service gaps.

Overall, 65% of service providers noted that the COVID-19 pandemic had affected their healthcare facility, citing that the demand for doctors per patient increased (Kotayk 55%; Syunik 22%, and Yerevan 50%) as well as more general medical personnel per patient increased in Kotayk (45%) and Syunik (50%). Furthermore, 46% of service providers noted that the hostilities in and around NK had affected service delivery. The impact of the NK conflict resulted in an overall increase in

the need for doctors per patient (54%) as well as the demand for medical personnel per patient (35%).

4.8 Employment

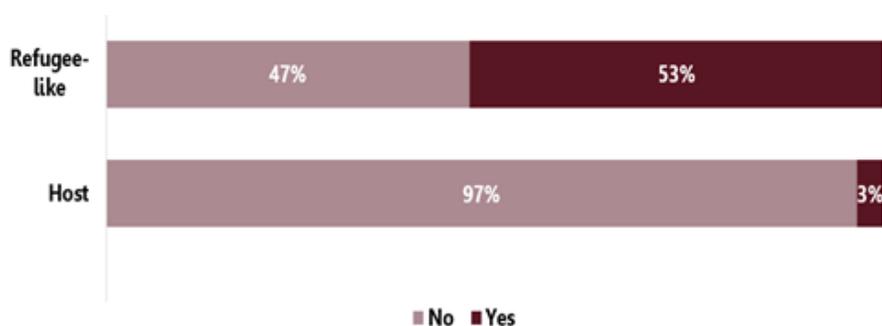
Host Communities

Almost half (51%) of host HHs reported being unemployed and not looking for a job, 38% were employed, and 11% were reportedly unemployed and looking for a job. According to the majority of host HHs (89%), the COVID-19 circumstances had not affected their employment status. Similarly, almost all HHs (97%) reported that the hostilities in and around NK had not affected their employment status.

Refugee-like Populations

Only 13% of refugee-like HHs reported being employed at the time of data collection, whereas 44% were looking for a job and 43% were unemployed and not looking for work. Half of the refugee-like HHs (53%) reported that the hostilities in and around NK had affected their employment status, the majority of whom reported having lost their job due to displacement (79%). Among the refugee-like HHs in Syunik (39%) and Kotayk (47%) who reported the hostilities in and around NK had affected their employment status, 44% and 16%, respectively, reported having lost livestock. At the time of interview, 62% of HHs reported at least one HH member was actively seeking employment opportunities; according to those HHs, the two main areas of support for job seekers included information about platforms to learn about new job openings (60%) and the acquisition of new skills (43%).

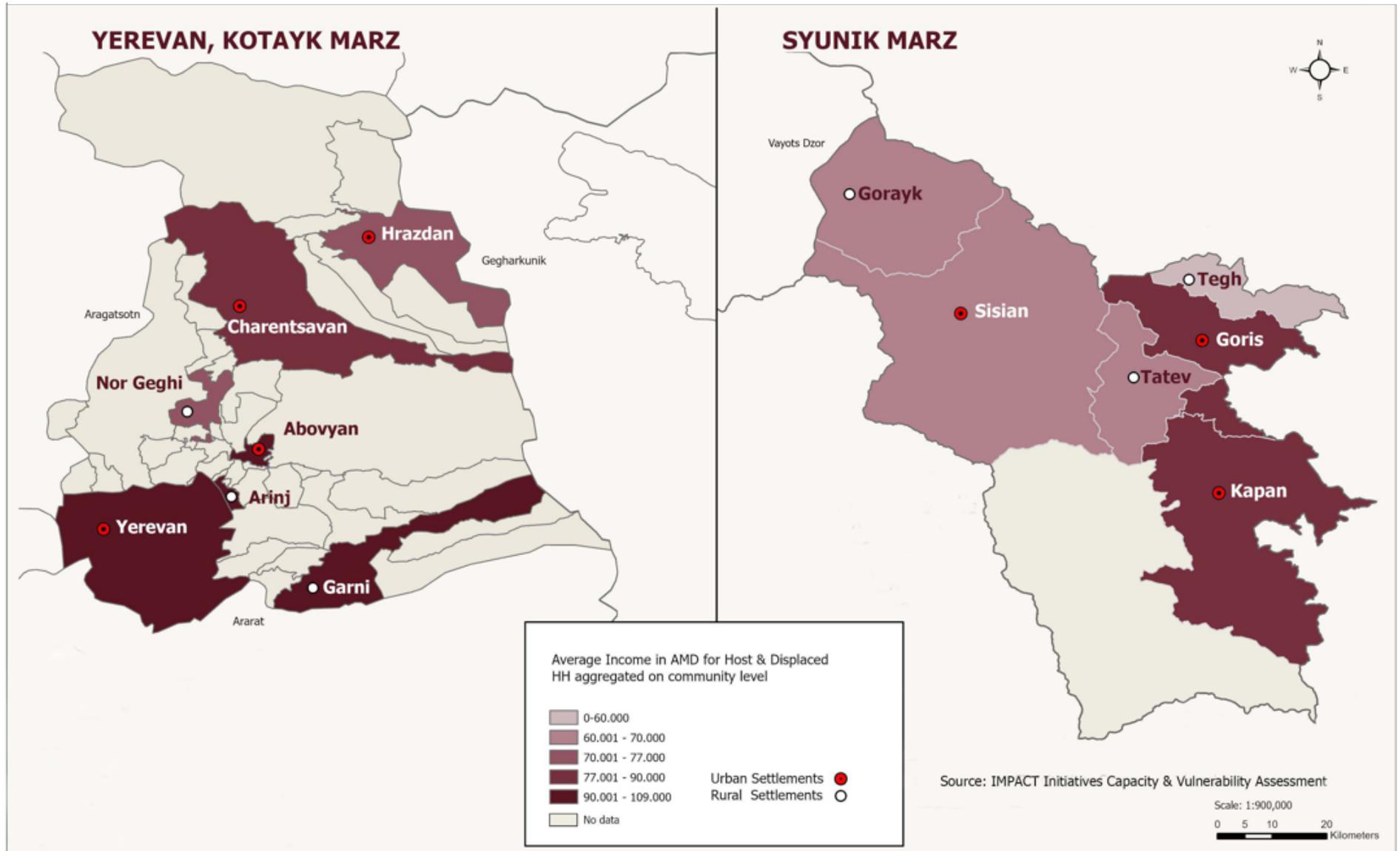
Figure 11: % of host & refugee-like HHs reporting that NK has impacted their employment status



Service Providers

In total, 11 service providers working in the employment sector were interviewed. The service providers worked in employment agencies, of facilities providing employment benefits, vocational training, or career development guidance. Of the 11 service providers, 9 stated that that COVID-19 pandemic had affected employment-related services, among whom the most commonly reported reasons were that partner employers either downsized or went out of business (7 service providers), there was a decrease in financial resources (6 service providers), the demand for employees had decreased in general (5 service providers), and the employment opportunities had decreased (5 service providers). The majority of interviewed service providers (9 out of 11) also reported that the hostilities in and around NK had affected employment-related services for similar reasons listed in the effect of COVID-19. The main challenges identified in the field of employment include two key factors: low salaries (10 service providers) and lack of skills or work experience for the unemployed (9 service providers).

Map 4: Average Income of host and refugee-like HHs according to CVA findings

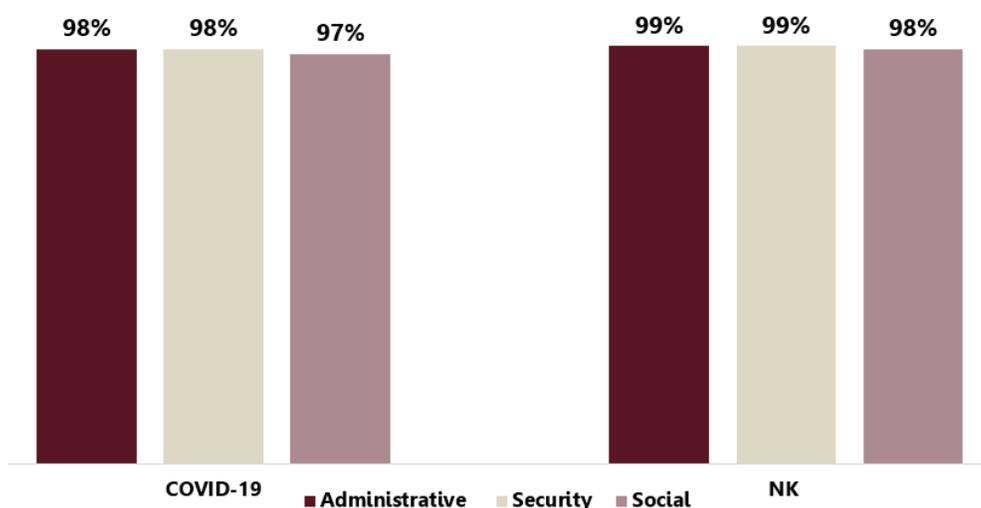


4.9 Administrative Services

Host Communities

Prior to the COVID-19 pandemic, utility payments were the leading administrative service used by host HHs (42% overall), while 44% had reportedly not accessed any type of administrative service. Most HHs (98% overall) reported not having been affected by COVID-19 circumstances in their ability to access administrative services. Equally, 99% of host HHs stated that the hostilities in and around NK had not affected their access to such services. Figure 12 demonstrates that the majority of host HHs reported not having been impacted by either the COVID-19 pandemic or the hostilities in and around NK in their ability to access administrative, social, or security and justice services, which is further elaborated on in sections 4.10 and 4.11, respectively.

Figure 12: % of host HHs reporting COVID-19 and the hostilities in and around NK did not impact access to administrative, social, and security services



Refugee-like Populations

Overall, 92% of refugee-like HHs reported that the hostilities in and around NK had not affected their access to administrative services. While most HHs (44%) reported that they did not need administrative services in the 30 days prior to data collection, 36% reported using utility payments and 17% used passport services. Of those who sought services, 77% did not experience any challenges. In terms of the level of satisfaction, 62% stated that they were strongly satisfied while 22% stated they were partly satisfied.

Service Providers

There were 81 service providers interviewed who provided administrative services. When asked if there were provisions that the facilities were unable to provide, an overall 89% stated 'no'. While 27% of service providers informed that they faced challenges in providing services during the COVID-19 pandemic, 73% stated that they did not. Among those service providers who did reportedly face challenges, the lack of mobility for beneficiaries to access services (77%) and a lack of institutional guidelines/ frameworks to deal with service provision remotely (23%) were the most commonly reported reasons.

In terms of the hostilities in and around NK, the majority of service providers (64%) reported not having been impacted, while 36% reported that they had been impacted; they most commonly

reported an inability to meet the higher demand of services due to the influx of displaced populations (27%) and the limited mobility among beneficiaries to access services (52%) as the main challenges.

4.10 Social Services

Host Communities

The majority of host HHs (78%) reported not having used social services prior to the COVID-19 pandemic, while 15% had reportedly used state benefits. When asked which social services they had challenges accessing, most HHs (80%) stated “none”. Findings suggest that the COVID-19 pandemic had marginal effect on access to social services; 97% of HHs reported perceiving that their access to social services had not been affected. Similarly, 98% of HHs reported that the hostilities in and around NK did not affect access to social service provisions.

Refugee-like Populations

Similar to host community HHs, the majority of refugee-like HHs (94%) reported that the hostilities in and around NK had not affected their access to social services.

While 52% of refugee-like HHs had not accessed social services in the 30 days prior to data collection, the following three services were reported by refugee-like HHs who had used such services during this period: 24% reported having accessed state benefits; 14% accessed medical assistance; and 11% reportedly accessed job placement services. Overall, almost three-quarters of HHs reported not having faced any challenges in accessing social services in the 30 days prior to data collection. For those who did access social services, 43% were strongly satisfied, 36% were satisfied, and 12% were neither satisfied nor unsatisfied.

Service Providers

In total, 83 service providers were interviewed for the CVA. While the majority of interviewed social service providers reported not having any needs that could not be met, considerable proportions of service providers in Kotayk (41%) and Yerevan (35%) reported having needs that could not be provided for. In Syunik, on the other hand, almost all service providers (96%) reported not having such needs. Of those who reported challenges in service provisions, the lack of existing technological infrastructure (Kotayk 33% and Yerevan 43%) as well as the lack of financial resources (Kotayk 27% and Yerevan 71%) were noted as the leading hindrances to facilities in delivering services. Regarding the COVID-19 pandemic, 40% of overall service providers noted that they were affected in their ability to deliver services (Kotayk 32%, Syunik 46%, Yerevan 45%). In this same regard, 40% of overall service providers noted that the hostilities in and around NK impacted their service delivery mechanisms (Kotayk 22%, Syunik 62%, and Yerevan 45%).

4.11 Security and Justice Services

Host Communities

Overall, 93% of host HHs reported not having used security and justice services prior to the COVID-19 pandemic. Almost all HHs (98%) reported that the COVID-19 pandemic had not affected their access to services. Similarly, for 99% of HHs the hostilities in and around NK did not affect their access to services.

Refugee-like Populations

Overall, 99% of refugee-like HHs reported that the hostilities in and around NK did not affect their access to security and justice services. In the 30 days prior to data collection, 95% of HHs did not access services.

Service Providers

In total, eight service providers working in the security and justice sector were interviewed. When asked if there were service provisions they could not provide, seven out of eight answered 'no'. Six service providers acknowledged that they had not faced any challenges during the COVID-19 pandemic. Regarding the hostilities in and around NK, four service providers noted that their ability to provide service was not affected, and four respondents noted that it was. Among the four providers who noted that their ability to provide services had been affected, the reported reasons included that the hostilities in and around NK created delays in legal proceedings and a lack of institutional guidelines/ frameworks to deal with service provisions.

4.12 Emergency Services

Armenia is classified as having a high risk of disasters, ranking 45 out of 191 countries by the 2021 Inform Risk Index.⁸ Armenia's vulnerability is due to i) significant exposure to hazards including earthquakes, floods, and drought, ii) a lack of institutional capacity to manage disaster risks, and iii) uprooted vulnerable groups, exacerbated by the COVID-19 pandemic and the 2020 NK conflict.

From 1994–2014, the country lost over \$1.5 billion to natural hazards like floods, drought, earthquakes, and is one of the most seismically active regions in the world.⁹ Additionally, around 15% of the total population is exposed to landslide hazard, primarily in foothill and mountain areas, causing an average annual damage of \$10 million.¹⁰ The risk of disasters in Armenia is expected to rise in the near future, especially due to: i) an increase in extreme natural disasters, primarily due to climatic change and unsustainable land management practices such as deforestation and improper application of fertilizers, and ii) an increased vulnerability of population to these natural events.¹¹

Text box 1: Armenia's risk characteristics

Host Communities

Host HHs commonly reported not having accessed emergency services prior to the COVID-19 pandemic (81%). The majority of those who had (97%) reported not having faced any difficulties in accessing the respective services.

Almost all HHs (99%) reported that their access to services was not affected by the COVID-19 circumstances. Similarly, 98% of host HHs reported that their access to emergency services had not been affected by the hostilities in and around NK.

More recently, 85% of overall HHs had reportedly not needed emergency services in the 30 days prior to data collection, and among those who did access services, 92% did not have any difficulty in accessing services. In terms of the level of satisfaction of emergency services in the 30 days

⁸ European Commission (2021). INFORM Risk Index 2021 - Armenia.

⁹ GFDRR (2018). Armenia Takes Important Steps Towards a Disaster Resilient Future.

¹⁰ UNDP (2019). Disaster Risk Reduction in Armenia.

¹¹ Climate Risk Country Profile: Armenia (2021): The World Bank Group and the Asian Development Bank.

prior to data collection, 66% were strongly satisfied, 15% were satisfied, and 14% were neither satisfied nor unsatisfied.

Regarding the disasters which host HHs view as a risk to their families and livelihoods, the top three risks reported were natural hazards (82%), COVID-19 (71%), and conflict escalation (49%). An overall 78% of service providers reported that they have practical measures in place to deal with the identified risks. In rating the awareness and preparedness of HHs to operate during and after disasters, 47% of HHs stated they were aware of the required actions but do not have resources, while 43% stated they were aware and had resources.

Refugee-like Populations

Findings suggest that the hostilities in and around NK had a minimal effect on refugee-like HHs' ability to access emergency services, as 99% of HHs reported that their access had not been affected.

The top three risks perceived by refugee-like HHs were the following: natural hazards (74%), COVID-19 (69%), and conflict escalation (56%). In terms of the practical measures and plans to act during the identified risks, 77% of HHs reported that they did have practical measures, whereas 23% of overall HHs noted that they did not. Not having the practical measures to mitigate identified risks was particularly commonly reported in Syunik, where 45% of refugee-like HHs reported this.

Service Providers

In total, 11 service providers working in the emergency services sector were interviewed during the CVA. When asked if there were emergency services that community members have challenges accessing, 8 service providers responded perceiving that there were no challenges. The top three disasters that interviewed service providers considered to be a risk to the community are anthropogenic hazards (9 service providers), natural hazards (8 service providers), and climate change-related hazards (8 service providers). In terms of contingency planning, service providers in Yerevan most commonly reported being aware of risk management plans for anthropogenic hazards (6 service providers), natural hazards (5 service providers), and climate-related hazards (5 service providers), while service providers in Syunik and Kotayk less commonly reported being aware of such plans.

Similarly, service providers in Yerevan commonly reported having received training to deal with the risks of anthropogenic, natural, and climate-related hazards in the five years prior to data collection, whereas most service providers in Kotayk and Syunik had reportedly not received such trainings.

According to 10 out of the 11 interviewed service providers, the COVID-19 pandemic did not affect their ability to provide emergency services, and 8 service providers reported that the hostilities in and around NK had not affected their abilities to provide services.

4.13 Social Cohesion

Host Communities

The majority of HHs reported not having engaged in decision-making processes in their community (68%) in 2021, while 16% noted they were slightly engaged. Among those HHs who had not participated in decision-making processes, 83% mentioned they were not interested in participating. When asked if men and women participate equally in decision-making on a community level, half of HHs (50%) reported not knowing whether this was the case. In Syunik, 56% of rural HHs and 34% of urban HHs stated that men participate more than women, whereas in Kotayk, 23% of rural HHs and 34% of urban HHs answered similarly. On the other hand, on a HH level, an overall 74% reported that women have the same ability as men to make decisions.

Almost all HHs (96%) reported not having experienced any type of conflict in the 30 days prior to data collection. Moreover, 78% of HHs reported not having faced any challenges related to the integration of refugee-like populations among host communities, and 98% of HHs reported that the hostilities in and around NK did not affect HHs' ability to live and work together. However, 35% of HHs reported being "relatively concerned" and 24% were reportedly "very concerned" about the security situation for the three months following data collection, while 26% stated they were not concerned.

Refugee-like Populations

An overall 76% of refugee-like HHs reported that they have not been engaged in the decision-making processes of their communities in 2021, among whom 56% reported not being interested and 34% reported not engaging because they are new in their community. While 59% reported being unaware if men and women participate equally in decision-making processes on a community level, 23% perceived that men and women participate equally, while 14% stated that men participate more than women. On a HH level, 72% of refugee-like populations noted that women and men can equally engage in decision-making.

Similar to host HHs, the vast majority (95%) of refugee-like HHs reported not having experienced conflict of any type in the 30 days prior to data collection, and 91% stated that they have not experienced challenges in their integration into host communities following their displacement from NK. However, when asked about their level of concern over security conditions in the three months following data collection, HHs commonly voiced being "very concerned": Kotayk (25%), Syunik (55%), and Yerevan (56%).

Service Providers

In total, 38 service providers working in the realm of social cohesion were interviewed. The interviewed service providers identified several key issues that were causing social tensions in communities. In Syunik, a lack of trust for authorities was particularly commonly reported (54%), followed by political disputes (46%) and competition over socioeconomic opportunities (46%). In Kotayk, 56% of service providers noted that there were no social tensions among community members, which was also reported by 43% of service providers in Yerevan. Moreover, while an overall 61% noted that refugee-like populations have had an opportunity to integrate, 39% remarked that this was the case only partly. According to the majority of those who noted there being integration challenges between host communities and refugee-like populations, the overall leading issue is the competition over socioeconomic opportunities (37%).

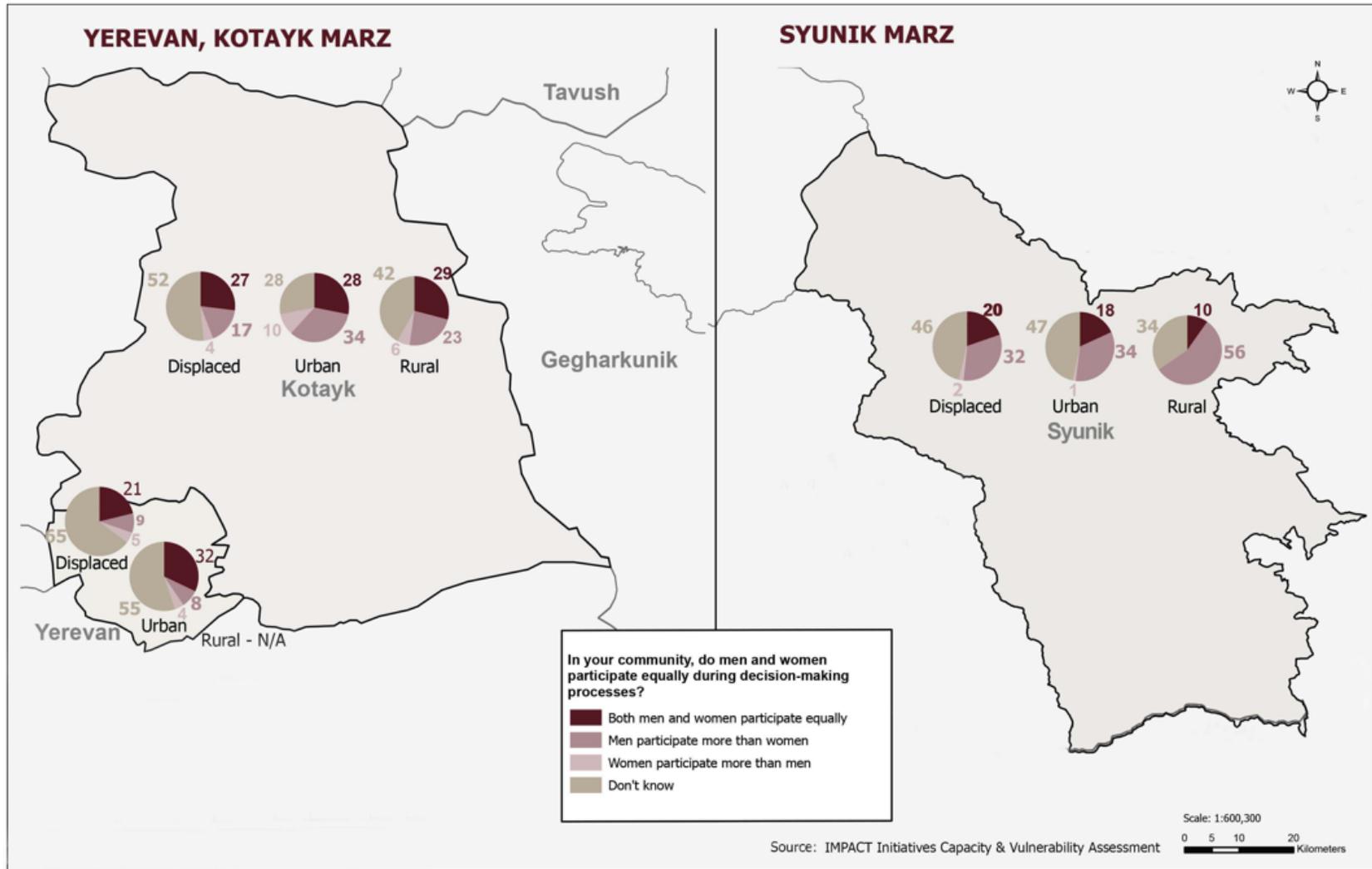
An overall 79% of service providers stated that COVID-19 did not cause challenges between service providers and constituents. Similarly, 79% of service providers noted that the hostilities in and around NK did not pose challenges, and 84% reported perceiving that the conflict did not

cause intercommunal tensions among community members. The most commonly reported mechanisms deployed to resolve tensions in communities, if they were to occur, were one-on-one discussions with constituents (83%), community-based discussions (67%), and town-hall meetings (50%). Similarly, to promote inclusive decision-making processes in the community, service providers commonly reported using one-on-one discussion with community members (71%), public meetings/forums (61%), and online platforms (37%).

In Kotayk and Yerevan, the majority of service providers (56% and 71% respectively) reported perceiving that men and women participate equally in decision-making processes, while service providers in Syunik most commonly reported that men participate more than women (54%).

Regarding the level of satisfaction service providers feel in their ability to address issues related to peaceful coexistence among their community members, 61% reported being satisfied, while 29% reported neither being satisfied nor unsatisfied. The types of resources that were most commonly identified to improve community engagement included trainings on civic engagement mechanisms (42%), support to develop or improve upon interactive communication tools (29%); trainings on conflict resolution and peacebuilding (24%); as well as trainings for efficient public expenditure/budgeting (21%).

Map 5: Male & female participation in rural community-based decision-making processes



5. Conclusion

The CVA aimed to present cross-sectoral findings to support early recovery projects and inform local development plans along the humanitarian-development nexus in Armenia. The findings of the CVA across Kotayk, Syunik, and Yerevan regions highlighted the impact of the COVID-19 pandemic and the hostilities in and around NK on service provisions across the 11 sectors, the ability of host HHs and refugee-like HHs to access services, and the capacity of service providers to meet the respective services. Overall, the CVA's findings suggest that Armenian service infrastructure, despite having been challenged by the double shocks of 2020, has largely remained resilient; host and refugee-like HHs commonly reported having experienced continued access to utilities and services throughout the double shocks. The administrative, social, and security and justice sectors appeared to have experienced the lowest impact on HHs' ability to access services, with almost all HHs reported that their access to such services had not been affected, whereas service providers in these sectors did highlight a need to enhance remote service delivery.

Nonetheless, findings indicate that the shocks drove some particular challenges in the education and healthcare sectors. In the education sector, the COVID-19 pandemic negatively impacted the learning process of host HHs, while refugee-like HHs reported enrolment challenges upon their arrival to the RA. In the healthcare sector, the double shock of COVID-19 pandemic and the hostilities in and around NK notably affected services across the three regions, with service providers reporting their main challenges being a lack of doctors and medical personnel. Furthermore, in the employment sector, both host and refugee-like HHs reported high unemployment rates among HoHHs, and refugee-like HHs particularly reported that their employment access was negatively impacted by the hostilities in and around NK.

Natural hazards emerged as the top disaster risk to families and livelihoods reported by host and refugee-like HHs, followed by COVID-19 and conflict escalation. For service providers on the other hand, the top three risks identified were anthropogenic hazards, natural hazards, and climate change, with the most notable degree of preparedness among service providers found in Yerevan.

In the social cohesion sector, for both the host HHs and refugee-like HHs, as well as the interviewed service providers, the need to enhance participatory planning and community engagement mechanisms emerged as a key finding in the CVA. Host HHs and refugee-like HHs also commonly reported feeling either "very concerned" or "relatively concerned" about their security situation, which suggests the need to support local communities in developing a sense of safety both on a household and community-level.

Based on the information generated, the final chapter of this report presents a set of recommendation for overarching early recovery strategies in Armenia with aim of addressing the priority needs reported by refugee-like HHs and conflict-affected host communities while supporting the capacity of national and local service providers to address the long-term needs of these vulnerable groups.

6. Recommendations

While this report has highlighted the priorities reported by host HHs, refugee-like HHs, and service providers individually by all sectors assessed by the CVA, there are both sectors and areas where these priorities converge. Through the choice of sectors, geographies, and modalities, development actors, in close cooperation with national and local state authorities, should design early recovery programmes that maximise utility and benefits for all conflict-affected groups in Armenia simultaneously. This will ensure a smooth transition between the delivery of humanitarian assistance and the provision of long-term development assistance.

➤ **Employment Opportunities for Conflict-Affected People**

Findings suggest that employment remains a priority concern for host and refugee-like HHs alike, with relatively high unemployment rates among HoHHs, and refugee-like HHs particularly commonly reporting their access to employment was negatively impacted by the conflict.

Early recovery interventions in livelihoods should consider this uneven impact on host and refugee-like HHs as well as their potential differences in job skills. A gender lens should also be applied to livelihood interventions, to ensure that the unique needs and opportunities of women and men are accounted for. Most refugee-like HHs were employed in the agriculture sector prior to their displacement,¹² and it is recommended that **livelihoods solutions for the displaced should be designed in view of their existing skills and capacities**. The employment sectors host HHs are commonly employed in, which vary widely by region, should also be considered and early recovery solutions must aim to **benefit both hosting and refugee-like populations to avoid exacerbating tensions** between the two groups. Among service providers interviewed on social cohesion, those who reported integration challenges between host communities and refugee-like populations cited competition over socioeconomic opportunities (37%) as the leading issue. In-depth data on the confluence of the job market and refugee and hosting HHs job skills, barriers to employment, coping mechanisms, and tensions over job opportunities would be useful to target interventions that result in dividends for both refugee-like and hosting HHs and aim improve social cohesion between the groups.

Among service providers, the main challenges reported were **low salaries**, followed by the **lack of skills or work experience**. Agriculture is the single largest sector of employment in Armenia,¹³ and the predominant job type lost by refugee-like HHs, yet it is the industry that provides the lowest earnings in the country.¹⁴ This confirms the timeliness and relevance of the country's efforts to transfer to modern and greener agricultural practises where employment would be more rewarding, especially for rural youth populations. Taking into consideration that modern business services, which employ very few people, provide the highest earnings,¹⁵ medium-longer term livelihoods interventions should also focus on non-agricultural employment opportunities in higher paying sectors, with focus on skills development.

¹² REACH (2020). Armenia 2020 Multi-Sectoral Needs Assessment (MSNA). Yerevan.

¹³ The World Bank (2019). Maddalena Honorati, Sara Johansson de Silva, Natalia Millan, Florentin Kerschbaumer. Work For a Better Future in Armenia: An Analysis of Job Dynamics.

¹⁴ REACH Armenia. (2021). Economic Resilience Assessment (ERA) Factsheet Ararat, Kotayk, Lori, Syunik Marzes and Yerevan Armenia. Yerevan.

¹⁵ The World Bank (2019). Maddalena Honorati, Sara Johansson de Silva, Natalia Millan, Florentin Kerschbaumer. Work For a Better Future in Armenia: An Analysis of Job Dynamics.

➤ Inclusive Basic Services during the COVID-19 Pandemic

Access to Education

While the conflict and subsequent influx of refugee-like populations seems not to have put additional pressure on education service providers, **the impact of the COVID-19 pandemic on access to education appears substantial.**

The CVA reveals that host HHs and service providers all reported considerable challenges with the transition to online learning necessitated by the COVID-19 pandemic. The **lack of computers specifically, emerged among the top three priority needs for educational service providers.** In Syunik marz, both refugee-like HHs and host HHs particularly commonly reported experiencing difficulty in accessing **remote learning equipment and securing internet connections.** This is corroborated by the second round of the MSNA,¹⁶ which found that a considerable proportion of HHs in a refugee-like situation with school aged children (40%) did not have the school supplies needed for education. While this percentage is noticeably lower among hosting HHs (17%), it indicates that significant proportions of both groups lack the basic equipment needed to access education. The SEIA findings further support the need to bridge the digital divide between urban and rural communities, as the report recommends accelerating access to internet in educational facilities and developing accessible learning options by providing both computer equipment and internet access.¹⁷

Early recovery interventions in education should **prioritize creative technological solutions aiming to bridge the digital divide** that exacerbates unequal learning outcomes for students without the means to access remote learning. Programming to improve access to remote learning will need to address both HHs' lack of internet connections and school supplies as well as education service providers' lack of modern educational facilities and equipment.

In addition, 42% of refugee-like HHs in Kotayk marz and 29% of refugee-like HHs in Yerevan reportedly experienced challenges in the enrolment processes during the hostilities in and around NK. School enrolment policies should be reviewed and amended to remove any enduring barriers to accessing education that refugee-like students face.

Healthcare Capacity

Findings suggested that the **double shock of the COVID-19 pandemic and the conflict in 2020 markedly affected healthcare services across the three regions assessed.** Most health service providers interviewed (65%) reported that the COVID-19 pandemic affected their healthcare facility and almost half (46%) reported that the hostilities in and around NK affected service delivery. Despite the number of doctors and paramedical personnel having increased in the 2017-2019 period,¹⁸ the CVA found that the double shocks increased the demand for doctors and medical personnel per patient beyond capacity of many interviewed healthcare facilities. This finding is aligned with the SEIA recommendation on healthcare, which suggests the creation of a database of health reserve human resources in order to tackle the issue of human resources deficit caused by the COVID-19 health care response.¹⁹

¹⁶ REACH (2021). Armenia 2021 Multi-Sectoral Needs Assessment (MSNA). Yerevan.

¹⁷ UNDP (2020). Socio-Economic Impact Assessment of the COVID-19 Outbreak in Armenian Communities. Yerevan.

¹⁸ IMPACT Armenia (2021). Capacity and Vulnerability Assessment Secondary Data Review. Yerevan.

¹⁹ UNDP (2020). Socio-Economic Impact Assessment of the COVID-19 Outbreak in Armenian Communities. Yerevan.

Early recovery efforts should prioritize **(basic) healthcare resources and capacity**. Among interviewed service providers, the top two identified needs were fundamental and immediate in nature: **medical supplies**, followed by **qualified staff**. Other reported needs included basic laboratory services (in Kotayk and Yerevan) and improved dental care services (Syunik).

➤ **Inclusive and Resilient Communities**

Emergency Services

Notably, **natural hazards emerged as the top perceived disaster risk** to families and livelihoods reported by host and refugee-like HHs, **followed by COVID-19 and conflict escalation**. HHs commonly reported that, although they are aware of the actions required to mitigate risks, they lack the resources and know-how in terms of what actions to undertake in case of crisis. Early recovery efforts should **build the capacity of local communities and service providers to prepare, protect, and prevent against climate-change driven hazards, other natural hazards specific to their region, as well as pandemics and anthropogenic risks**. Given that service providers in Kotayk and Syunik reported not having received adequate resources in the five years prior to data collection, **disaster risk preparedness and management efforts should ensure area-based, locally tailored assistance beyond Yerevan**.

Social Cohesion

Early recovery measures should aim to **enhance existing community engagement mechanisms for both host and refugee-like HHs while equally encouraging a gender/age-balanced approach**. For both the host HHs and refugee-like HHs, as well as the interviewed service providers, the need to enhance participatory planning and community engagement mechanisms was a key finding in the CVA. The CVA found that 68% of host HHs did not engage in community-based decision-making processes because they were not interested in the process. For refugee-like HHs, on the other hand, 76% reported non-engagement on a community level, 56% of whom reported being uninterested, while 34% reported not engaging because they are new to their community. This broad lack of engagement presents an opportunity for early recovery programming that encourages both groups to engage jointly on matters of shared importance in the community. **Social cohesion should be a cross-cutting element in all early recovery programming** to foster mutual understanding, empathy and greater community understanding and support for refugee-like populations. It should also support both host and refugee-like HHs develop a sense of security and foster sentiments of safety in their futures both on a household and community-level.

While **COVID-19 lockdown measures pose challenges** to traditional meetings and in-person community gatherings, the priority requested resource from interviewed service providers, "trainings on civic engagement mechanisms" (42%) followed by "interactive communication tools (29%)" indicate **a strong willingness to adapt and try new community engagement approaches**. While online mechanisms are limited in reach and accessibility, particularly when considering the urban/rural digital divide, which limits access and quality for those living outside major cities, building on existing online engagement tools may be a useful approach where appropriate.

Promoting gender and age inclusive community engagement mechanisms is another critical aspect that early recovery efforts should consider. While 74% of the host HHs and 72% of the refugee-like HHs reported the equal participation of men and women in a decision-making

process on a household level, this figure is **far lower when it comes to decision-making on a community level**, with only 30% of the host HHs and 23% of the refugee-like HHs reporting equal participation of men and women. A **notable regional variance can be seen**; in Syunik region only 8% of service providers reported that men and women can equally participate in community-level decision-making processes, compared to 71% in Yerevan and 56% in Kotayk region. **This finding indicates that Syunik may be a priority geographic region to target for gender-inclusive social cohesion interventions.** As outlined in the SEIA, it will moreover be important to elevate the role of young people and grassroots organisations in the socio-economic recovery and resilience building of communities,²⁰ not least from the perspective of building a cohesive society.

²⁰ UNDP (2020). Socio-Economic Impact Assessment of the COVID-19 Outbreak in Armenian Communities. Yerevan.