

**United Nations Development Programme**

**Country: Armenia**  
**Initiation Plan**

**Project Title:** BarevBalik: Enhancing access to maternal and child health services in Armenia

**Expected UNDAF/CP Outcome(s):** UNDAF Outcome 1. /CPD Outcome 1 (10). By 2020, Competitiveness is improved and population, including vulnerable groups, have greater access to sustainable economic opportunities.

**Expected CPD Output(s):** Output 1.3. Capacities of national and local institutions enhanced to collect, update, analyse and manage disaggregated socioeconomic data for evidence -based policy making (SP/GES 1d)

**Initiation Plan Start/End Dates:** 28 August 2020 / 31 December 2021

**Implementing Partner:** UNDP

**Brief Description**

The overarching goal of this short-term project is to catalyse the modernization of maternal and child health services as well as to bring data, evidence and citizen-centric approaches into policymaking in maternal and child healthcare. BarevBalik project will be implemented in conjunction with the Government of Armenia, particularly with the Ministry of Health. The project emphasizes on the creation of an information portal that provides up-to-date scientific information on pregnant women's and children's health and development, along with maternal and child services available in Armenia. The project target audience are couples involved in family planning, pregnant women, people with infertility issues, and parents of children of up to 6 years old. The he project will create a system rather than just tools that will enable the government to develop sustainable healthcare data for its citizens and policymakers.

Programme Period: 2016-2020; 2021-2025

Atlas Project Number: 00109316

Atlas Output ID: 00123970

Gender Marker: GEN2

SDGs

- (i) SDG5: Achieve Gender Equality and empower all women and girls;
- (ii) SDG3: Ensure healthy lives and promote well-being for all at all ages.

Total resources required USD 100,000

Total allocated resources: USD 100,000

- Regular \_\_\_\_\_

- Other: \_\_\_\_\_

- Donor VivaCell MTS

Unfunded Budget: \_\_\_\_\_

In-kind Contributions \_\_\_\_\_

Agreed by UNDP: \_\_\_\_\_

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## I. PURPOSE AND EXPECTED OUTPUT

Ensuring access to reproductive health and rights is an important SDG target that falls under SDG 5: Achieve Gender Equality and empower all women and girls. Moreover, SDG 3 delineates the importance of ensuring healthy lives and promote the well-being for all at all ages. Armenia with its most recent Government Plan relates to the specific indicators that fall under SDG 5 and SDG 3 to improve the quality of maternal and child healthcare in Armenia. The Government's focus on improving maternal as well as reproductive health comes as no surprise since fertility in Armenia is below replacement level. The Government of Armenia has recently increased the amount of one-off allowance for the second child in Armenia by 3 times (from 50 to 150 thousand drams), has expanded the prenatal program to include an additional screening for girls (ages 14-19) to identify health problems related to infertility, and medical check-ups for couples who have registered their marriage in the Civil Status Acts Registration Agency has become mandatory. These demographic reforms promote fertility. The existing literature on this issue reflects that increased level of awareness among the population, equal access to healthcare services, government support and quality healthcare services are important factors in increasing fertility rate in a country.

The Government Plan of Armenia, which pays a renewed attention to the health sector, underlines the importance of addressing the above-mentioned health issues. Many of the stated objectives fall under the cluster of maternal and child wellbeing, such as decreasing under 1-year-old child mortality rate, decreasing maternity mortality rate, improving reproductive health, increasing fertility rate, advancing prevention and early detection of communicable and non-communicable diseases, etc. This comes as no surprise, since the current maternal mortality ratio in Armenia is around 1.6 times higher than the European average (WHO, 2019), although it has decreased from 58 per 100,000 in 1990 to 25 per 100,000 in 2017. Parallel to maternal mortality rate, child mortality ratio has also declined during the past decade. As of today, under-five mortality rate is 12.4 per 1000, which is still 3.5 times higher than the child mortality ratio in Europe (3.6 per 1000 children). The decline of under-five morbidity from 21.6 in 2007 to 12.4 in 2018 coincides with the spread of immunization thanks to the implementation of the National Program of Immunization. However, these numbers are not close to being satisfactory and therefore, the underlying issues are considered to be Government Priorities. Given the complexity of health issues and the multifaceted nature of the healthcare challenges in Armenia, the situation requires a holistic approach and a systemic intervention that not only improves the situation but also ensures its sustainability. The government has been expending its efforts to digitalize many of the services that lie within the sphere of maternal and child health care. However, these services need to be available and accessible on a user-friendly portal that also empowers users through providing reliable information, and awareness on their rights and benefits.

With the aim to modernize and improve maternal and child healthcare system in Armenia and support digitalization of maternal and child healthcare services through synchronization of data from several available databases and use of Mobile ID technology for personalized service provision, this project will also empower the Government to correct and prevent flaws in data collection, ensure better delivery of healthcare services, and encourage better healthcare system management. Evidence-based policymaking in the healthcare sector will be possible in the future thanks to patterns, effective trends and positive trajectories that can be extracted from the data. Moreover, citizens will easily gain access to information regarding health in general and their health status in particular and will receive personalized nudges to be more proactive in practicing preventive healthcare.

The project is GEN2, since it contributes to two SDGs (5 and 3) with the following relevant targets:

- Target 5.6: ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International

Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

- Target 5.B: enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.
- Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

The main target group for the proposed initiative are women, parents and indirect beneficiaries are children and families at large. The project will be implemented with consideration of gender-differentiated approaches (in nudges and other activities). Sex-disaggregated data on users will be collected and analysed, based on which features of the portal may be adapted. Communication strategy on the project activities will be designed with consideration of gender-differentiated needs and context. The citizen-driven and co-design processes will be ensured with participation of women, men and representatives of vulnerable groups.

The project entails the following components:

## **Component 1. Quality and accessibility of maternal and child health services is enhanced through the creation of a unified portal.**

### **1.1 Maternal and child health information, including information on available healthcare services and assistance programs are easily accessible online**

A unified information portal and mobile apps will be created that comprises reliable health information pertaining the status of people with infertility issues, pregnant women, parents of newborns and children, also information on healthcare services available and provided to these groups, as well as information on assistance programs including financial benefits. The BarevBalik website and applications will serve as a unified outlet that will enable pregnant women, parents of children up to age 6, and those who want to become parents to plan their healthcare journey and seek the right healthcare intervention at the right time. The portal will be designed around the needs of the target groups so they can navigate easily through the application and website. Online information that is not scattered across several websites will minimize the time users spend on fetching information and will increase trust towards the provided information.

### **1.2 Users nudged to benefit from the available maternal and child health services**

The BarevBalik portal is considered to be a means that facilitates access to maternal and child healthcare services and relevant support tools. Awareness of the available services alone does not necessarily assume the behavioural change required to increase the uptake of maternal and child healthcare services in Armenia. Behavioural interventions such as, nudging, have proved to be extremely successful in influencing the behaviour of people when implemented in the healthcare sector. In this project, nudging of pregnant women and parents will ensure their active engagement with the BarevBalik portal, which is an essential factor in encouraging and prompting people to proactively benefit from the right services and support programs when they are needed.

### **1.3 Business processes of maternal and child healthcare providers optimized**

The target groups of the BarevBalik portal are pregnant women, people with reproductive health issues and parents of children up to age 6. However, healthcare providers, such as polyclinics, private and public maternity hospitals, have an important role in engaging their patients with BarevBalik. This assumes, on one hand, digitalization of healthcare services, such as online scheduling, online access to medical test results, by healthcare providers, and on the other hand, optimization of business processes of healthcare institutions. Reengineering of business processes of maternal and child healthcare providers will also contribute to redesigning these services with a citizen-centric approach that encourages the equal contribution of women and men, such that bottlenecks are eliminated and the processes, including the regulations, are simplified.

## **Component 2. Evidence based and human-centred approaches support policymaking for maternal and child healthcare**

### **2.1. Integrated maternal and child healthcare databases created with accurate and timely data**

Gathering accurate data and regularly updating databases are the basic building blocks of evidence-based policymaking. Currently there are several databases created for the purposes of gathering data in the sphere of maternal and child health in Armenia, however integration of these databases remains a major challenge which hinders the process of extracting patterns and diagnosing problems in that sphere. The potential of the current databases to serving as a foundation to evidence-based policy making can be realized through improving their accuracy and integrating all relevant maternal and child health databases into one another as well as application of data analytic tools to elicit important insights for re-visiting the policies.

### **2.2 Authentication of users of BarevBalik portal is strengthened through Mobile ID technology**

The current databases where maternal and child healthcare data are gathered and stored struggle with not only accuracy but also authentication issues. While a few years ago date of birth authentication system was used, today the authentication is slightly strengthened considering other details as well. But strong authentication is yet to be achieved in healthcare databases. BarevBalik project provides the opportunity of further strengthening the authentication system through integrating Mobile ID technology into the BarevBalik and the e-health systems that will allow making the services personalized and tailor-made.

### **2.3 Enhanced awareness on the importance of evidence-based policymaking for policymakers and citizens**

Generation of data which would translate into evidence in policymaking assumes regular engagement of BarevBalik users with the online portal. Engagement is ensured through communicating the advantages of a unified digital portal for maternal and child health to healthcare providers, to the public and potential users. Moreover, advocacy is central to ensuring long-term changes on the policy level and improving the quality of digital services provided in maternal and child healthcare system. Advocacy has a major role in cultivating the culture of evidence-based policy making and communicating the potential of BarevBalik project in generating useful and essential data to this end. In this context, policy discussions and regular meetings will be organized with stakeholders and policy briefs will be disseminated at the end of the project.

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## **II. MANAGEMENT ARRANGEMENTS**

The Project will be implemented in Direct Implementation Modality (DIM), with the UNDP Country Office responsible for the project implementation. The project will be managed by a full-time project coordinator, supported by a part-time assistant, and a team of local and international experts on data analytics, behavioral science and maternal and child healthcare.

In accordance with corporate regulations UNDP will be responsible for: (i) identification and/or recruitment of project personnel; (ii) procurement of goods and services; and (iii) financial services, for which the Project will incur Direct Project Costs as per UNDP 2020 UPL.

DIM modality will also include controlling the expenditure and ensuring adequate financial management of resources provided for the project, undertaking all necessary financial arrangements and payments with a view to ensure financial accountability.

The procurement of goods and services and the selection of project experts and consultants will be carried out by the UNDP country office in accordance with the UNDP regulations, rules, policies and procedures.

The Project Management Board will be the high-level decision-making body, comprised of representatives from the project executive - UNDP and the National SDG Innovation Lab, key beneficiary - the Ministry of Health, and the project donor – VivaCell MTS. The project Board will convene at least once a year and be responsible for strategic decision making on project implementation and management.

**III. MONITORING****Monitoring Plan**

<b>Monitoring Activity</b>	<b>Purpose</b>	<b>Frequen cy</b>	<b>Expected Action</b>	<b>Responsible</b>	<b>Cost (if any)</b>
<b>Track results progress</b>	Progress data against the results indicators in the Work Plan will be collected and analysed based on CO Monitoring and Standard Progress Report Tool to assess the progress of the project.	Annually	Slower than expected progress will be addressed by project management.	Project Coordinator/Project Manager	Staff time
<b>Monitor and Manage Risk</b>	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Annually	Risks are identified by project management and actions are taken to manage risk. The risk log is maintained to keep track of identified risks and actions taken.	Project Coordinator/Project Manager	Staff time
<b>Learn</b>	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	Annually	Relevant lessons are captured by the project team and used to inform management decisions.	Project Coordinator/Project Manager	Staff time
<b>Annual Project Quality Assurance</b>	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	UNDP	Staff time
<b>Review and Make Course Corrections</b>	Internal review of data and evidence from all monitoring actions to inform decision making.	Annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	Project Coordinator/Project Manager, Project Board	Staff time

<b>Project Report</b>	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk log with mitigation measures, and any evaluation or review reports prepared over the period.	Quarterly and Final Report at the end of the project		Project Coordinator/Project Manager, Project Board	Staff time
<b>Project Review/Project Board</b>	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	At least annually	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	Project Coordinator/Project Manager, Project Board	Staff time

#### IV. WORK PLAN

Period: August 2020 / December 2021

EXPECTED OUTPUTS/ PROJECT COMPONENTS	Indicators	Baseline		Targets		TIMEFRAME					RESPONSIBLE PARTY	PLANNED BUDGET		
						2020	2021							
		Value	Year	Year 1 2020	Year 2 2021	Q4	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount In USD
1.1. Maternal and child health information, including information on available healthcare services and assistance programs made easily accessible online	# of online tools developed to provide access to maternal and child healthcare information and services	0	2020	0	2						UNDP Project / VivaCell MTS	Engaging data scientists, researchers and developers	44,712	
1.2. Users nudged to benefit from the available maternal and child health services	# of users of BarevBalik website and application	0	2020	0	1000						UNDP Project / VivaCell MTS	Engaging behavioural scientists and researchers  purchasing necessary resources/material	8,424	



	# of users of BarevBalik website and mobile application as a result of the behavioural intervention	0	2020	0	1500							s for the implementation of experiments	
	Ratio of women registered on BarevBalik after the behavioural intervention	0	2020	0	7/10 of the total registered users								
1.3. Optimization of business processes of maternal and child healthcare providers designed	# of recommendation on the optimization of processes of maternal and child healthcare providers	0	2020	0	2					UNDP / Project	VivaCell MTS	Engaging experts and researchers	4,644
2.1. Integrated maternal and child healthcare databases created with	# of integrated child and maternal health databases	0	2020	0	1					UNDP / Project	VivaCell MTS	Engaging developers, web designers and researchers	4,320

accurate and timely data	# of healthcare institutions benefiting from the database				2									
2.2. Authentication of users of BarevBalik portal is strengthened through electronic authentication, including Mobile ID technology	% of users registering on BarevBalik with electronic authentication, including Mobile ID	0	2020	0	5% users registered with Mobile ID						UNDP / Project	VivaCell MTS	Engaging behavioural scientist and researchers,	1,180
2.3. Enhanced awareness on the importance of evidence-based policymaking for policymakers and citizens	# of promotional activities	0	2020	1	2						UNDP / Project	VivaCell MTS	Publications, printing materials, TV, radio, SMM	3,780
	# of promotional materials printed	0	2020	0	10,000									
3.1. Project Management, M&E											UNDP / Project	VivaCell MTS		32,940
<b>TOTAL</b>														100,000