



MONITORING PUBLIC POLICY AND
PROGRAMS TO PREVENT
GENDER-BIASED SEX SELECTION AND
SEX-SELECTIVE ABORTIONS IN THE
REPUBLIC OF ARMENIA

Պողի սեռի խտրական ընտրության դեմ պայքար
“Combating Gender-Biased Sex Selection in Armenia”



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Եվրոպական միության կողմից
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*Monitoring Public Policy and Programmes
to Prevent Gender-Biased Sex Selection and Sex-
Selective Abortions
in the Republic of Armenia*

Report

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Abbreviations

ADC	Armavir Development Center NGO
MoH	Ministry of Health
MLSA	Ministry of Labour and Social Affairs
NSS	National Statistical Service
RA	Republic of Armenia
UNFPA	United Nations Population Fund
ICHD	International Center for Human Development NGO
MWCC	Martuni Women's Community Council NGO
STC	Save the Children
CoP	Communities of Practice of Local Participation and Non-Discrimination

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1. Introduction

1. In recent decades, the skewed sex ratio at birth and the phenomenon of “missing girls” have posed a serious challenge to a number of countries, including India, Nepal, Pakistan, Bangladesh, China,¹ Vietnam and the South Caucasus countries.
2. These issues exist also in Eastern Europe, namely the Balkan and the South Caucasus countries, including Armenia, where the skewed sex ratio at birth is a big challenge. Specialists unanimously consider that in Armenia this phenomenon is immediately caused by selective abortions, which are preceded by ultrasound scans to determine the sex of the foetus and which, according to experts, result in a situation when each year Armenia loses around 1400 girls.²
3. According to the data provided by the United Nations Population Fund (UNFPA) Armenia and the RA National Statistical Service (NSS), in Armenia, the continuous rise in sex imbalances at birth was registered immediately after independence and such imbalances were huge in the following years: instead of the accepted normal biological ratio of 102-107 male births per 100 female births, in the Armenian marzes (regions), the male births during the past decade ranged from 111 to 124 per 100 female births. Such sex ratio at birth is one of the highest in the world, surpassed only by China (118) and Azerbaijan (116).³
4. The key factor in the prenatal sex selection is probably the considerable

1 Dudwick, Nora. 2015. “Missing Women” in the South Caucasus: Local perceptions and proposed solutions. <http://www.worldbank.org/content/dam/Worldbank/Highlights%20&%20Features/eca/armenia/missing-girls-report-english.pdf>

2 Christophe Z Guilmoto, “Sex Imbalances at Birth in Armenia: Demographic Evidence and Analysis”, Yerevan, 2013, http://www.unfpa.am/sites/default/files/Sex_Imbalance_report_Eng_final-with%20cover-final.pdf

3 Booklet on Skewed SRB (Նորածինների սեռերի անհամամասնությունը Հայաստանում. տեղեկատվական գրքուկ), Yerevan, 2013, <http://www.unfpa.am/sites/default/files/Booklet-on-skewed-SRB-final.pdf>

discrimination against women and attribution of a lower value to girls as compared to boys. The other two factors are access to relevant reproductive and prenatal diagnostic technologies and the low birth rate, which, along with the already mentioned factor, pressure the family when making a decision regarding the sex of the child to be born.

5. According to the estimates of UNFPA Armenia, if the sex ratio at birth remains at the above-mentioned rate, it can lead to a severely distorted picture of age and sex composition of the Armenian population: in 2020, young men might dominate in the age and sex composition of the population and this surplus may rise to 30,000 by 2040.¹ The UNFPA studies also show that sex-selective abortions also lead to demographic imbalances, increased migration, trafficking, sexual abuse and therefore increased crime rate in general.
6. In terms of monitoring the public policy and programmes on preventing gender-biased sex selection and sex-selective abortions, evaluating the dynamics of policy making and changes in recent years in the Republic of Armenia, and finally, in terms of ensuring compatibility of the Armenian policies pursued, study of the dynamics of such policies in different countries is particularly important.
7. Specifically, the practices of a state response to this challenge in a number of countries are of special interest. For instance, the survey conducted in central China in 2000 shows that about 36% of women admitted to having had a sex-selective abortion. Around 25% of pregnancies with a female foetus were aborted, whereas the rate of aborted pregnancies when the foetus was male was only around 2%.² However, for many years the Chinese official circles were reluctant to perceive and to admit to this reality. Till the mid-1990s, the official and quasi-official Chinese circles used to unanimously refuse to link statistical data and evidence to the demographic policy. The Chinese official and quasi-official circles were quite blunt in their response to and assessment of the concerns voiced by local and international experts: they called these concerns a 'false alarm', 'a baseless and malicious criticism'. As for the existence of 'missing women' and the undeniable data, they explained these by deficient statistics: newborns, espe-

1 Ibid.

2 Chu J. Prenatal sex determination and sex-selective abortion in rural central China. *Popul Dev Rev* 2001;27:259-81. <http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4457.2001.00259.x/abstract>

cially girls, are not registered properly.¹ Nevertheless, the official approach changed dramatically in the late 1990s and especially in the early 2000s, when the results of the 2000 national census were published. These results showed an alarmingly skewed sex ratio at birth (100:120 nationwide).² Today, in China people speak openly about the 30-40 million missing females, including via the mass media. Numerous studies were conducted, a large number of papers, books and voluminous articles were published in the past decade, and today extensive literature on the issue is available in Chinese.³

8. According to some experts, almost the same can be said about Armenia. Thus, many participants of the expert interviews conducted for this Monitoring Report note that in the early period of identifying the issue, many professionals, academics and officials tended to deny the very existence of the issue by putting forward different arguments. Even today sceptical arguments, though rare, can still be heard, even from respected, experienced and well-known professionals.
9. To resolve the issue, starting from the 1980s, China has adopted a public policy mostly relying on legal restrictions. Accordingly, both prenatal scans to determine foetal sex without clinical indication and sex-selective abortions without clinical indication have been banned for years. This position is generally in line with the current consensus within the international community: foetal sex selection and particularly sex-selective abortions are morally reprehensible and sometimes legally inadmissible. Such approach builds on two sound arguments: sex-selective abortion is intrinsically unacceptable as open sexism and a shameful manifestation of discrimination against women and girls, and at the same time, it is inadmissible as it leads to disastrous social consequences, including enormously skewed sex ratios at birth.⁴

1 Peng P (ed). Zhongguo Jiefu Shengyu Quanshu (The Complete Book of Family Planning in China). Beijing: China Population Press. 1997,939,959,984 in ICHD Healthcare.

<http://ichd.org/?aid=2&com=module&module=static&id=1104>

2 Nie J.-B. Non-medical sex-selective abortion in China: Ethical and public policy issues in the context of 40 million missing females. (2011) British Medical Bulletin, 98 (1), pp. 7-20. <https://academic.oup.com/bmb/article/98/1/7/468425/Non-medical-sex-selective-abortion-in-China>

<https://academic.oup.com/bmb/article/98/1/7/468425/Non-medical-sex-selective-abortion-in-China>

3 Chen W. Zhongguo de Rengonliuchan (Abortion in China). (Chapter 6) Beijing: Scientific & Technical Documents Publishing House, 2005.

4 International Center for Human Development, *Analysis of healthcare sector policies and practices of preventing sex selection*, 2016. <http://ichd.org/?aid=1&com=module&module=static&id=1104>

10. However, the public policy mostly based on legal restrictions does not seem effective enough. In China, no tangible results to show improvement have been achieved so far, whereas the consequences of the phenomenon have become more severe. In terms of legal regulation and efficiency of restrictions, China's experience is of a great importance, as it demonstrates that despite the strict official policy, restrictions and sanctions prescribed, sex-selective abortions have remained widespread in the past three decades, and China probably faces much more serious consequences, than any other country in the world, including Armenia.
11. China's experience shows that combating against the root causes of the issue, including promotion of gradual increase of women's role and status in the society that will result in attribution of equal value to girls as compared to boys, and respectively, in a reduced rate of sex-selective abortions, is a more effective alternative to restricting abortions, sex selection of the foetus and prenatal sex determination scan, and to combating against various manifestations of gender-biased sex selection.¹
12. As in case of China, discussion of sex selection in Armenia focuses on issues of ethics, morality, values, rights and philosophy, as well as on the social consequences of the problem: the degree of social risk the issue poses and the efficiency of the policy implemented in response to this demographic challenge.
13. The study of international practices of restricting gender-biased sex selection without clinical indications shows that the fact that gender-biased sex selection is deeply rooted in the cultural norms complicates the process of perceiving sex selection as a problem in the professional, academic and official communities and admitting that it is an issue that will have devastating consequences for the state.
14. As to Armenia, admitting that gender-biased sex selection is a national security challenge and declaring it as such by high-ranking officials, professionals and policy makers took around 3 years. The process started in 2011 when UNFPA Armenia voiced the issue and it took a full momentum in 2014, as the RA Prime Minister issued his first recommendation on the need for measures to prevent sex-selective abortions. In the mentioned period, the government agencies, NGOs and international development partners dealing with the issue managed to apply successful and effective

1 *Ibid.*

mechanisms to impact the policy and individual awareness-raising projects about the risks and negative effects of the issue. As a result, the official and public attitudes to the issue have been transformed to some extent.

15. The general analysis of the public policy as well as programmes to prevent gender-biased sex selection carried out by international and non-governmental organizations shows that to resolve the issue, Armenia adopted a comprehensive and complementary policy by combining legislative restrictions and recommendations on legal regulation of the issue with initiatives mostly aimed at raising public awareness, attributing higher value to female children, transforming stereotypes fueling discrimination, and developing the human capital and institutional capacity necessary to achieve such transformations.

2. Theory of change

16. As mentioned above, all the 3 key preconditions for gender-biased sex selection and sex-selective abortions, as proven by the international practices, namely public preference for male children, available and accessible medical technologies making it possible to determine the sex of the foetus and avoid unwanted female births and low birth rate persist in Armenia. As a result, the sex imbalances at birth at the republican level and especially in Aragatsotn and Gegharkunik marzez (regions), where the sex ratio at birth in 2011 reached 124 boys per 100 girls, are considered among the highest levels of birth masculinity in the world.¹
17. The longevity and escalation is mostly brought about by the co-persistence of the 3 factors above, which makes it possible to link the improvement of the situation to elimination of at least one of the causes. The rapid and unstoppable development, accessibility and economic viability of technologies actually undermine any efforts to restrict them and as for preventing further decline in the birth rate and bringing it to a level ensuring simple reproduction, it requires a long and very expensive process.
18. Therefore, the public policy should have applied first the arsenal that might serve at the same time to both prevent any further decline in the birth rate and promote appreciation of female child's role in Armenian families and society. Such an arsenal has proven its effectiveness in a number of countries, including Sweden, Denmark, Norway and Finland, that successfully withstood demographic challenges as serious as this one.
19. Studies show that in case of low birth rates, one way to solve demographic and development challenges is combining the increased level of population welfare with improved involvement of women in the workforce through providing at the same time women with the possibility to combine their

1 Christophe Z Guilmo, "Sex Imbalances at Birth in Armenia: Demographic Evidence and Analysis", Yerevan, 2013, http://www.unfpa.am/sites/default/files/Sex_Imbalance_report_Eng_final-with%20cover-final.pdf

employment and child care. The policy aimed at ensuring such a possibility entails combined application of the tools below: direct cash transfers to families with children, child benefits and subsidies for child care institutions and child-care leave.

20. Also, public awareness campaigns on sex-selective abortions and their negative consequences, legislative prohibition of sex-selective abortions and control over compliance with legislative requirements, controlled application of assisted reproductive technologies as well as ensuring equal rights and opportunities for women and men, gradual improvement of women's and girls' status and their role in the society will result in attaining equal value to female children as compared to male children and therefore reduced gender-biased sex selection rates and higher birth rate.

3. Applied Methodology

21. Monitoring policy development and implementation is an integral component of the policy cycle. It is a central tool to manage interventions, improve practice and ensure accountability. Policy monitoring is a process by which stakeholders follow and assess policies to ensure they are developed, endorsed, enacted, and implemented as intended. It usually involves appraising the policy environment, gauging the level and quality of stakeholder engagement, documenting the progress of policy development and the legislative endorsement of policy, putting policies into practice through financing and implementation planning, and evaluating outcomes of implementation.
22. *Policy change* is a highly complex process shaped by a multitude of interacting forces and actors. Achieving specific, hoped-for changes is rare, and the work that does influence policy is often unique and rarely repeated or replicated, with many incentives working against the sharing of good practice. The production and use of policy information during and after an intervention is generally seen as a central plank in systems for reporting and accountability, in demonstrating performance, and for learning from experience and improving future work.
23. This policy monitoring report strives to provide hands on policy recommendations to the policy makers in the Armenian Government, civil society, human rights defenders and international development community, and could be instrumental in promoting policy dialogue in the area of prevention of gender-biased sex selection in Armenia.
24. Under the current policy monitoring effort, policy analysis and review of national and sectorial public policies, strategy programmes, action plans and regulatory documents have been conducted with specific focus on their impact on prevention of gender-biased sex selection in Armenia.
25. This Report rather than seeing policy as one single, discrete decision,

broadens the view, so that policy is understood as a series of documents and decisions that are best described as a set of processes, activities or actions (Neilson, 2001).

26. The Report focuses on five key dimensions of possible policy impact (Jones and Villar, 2008; Keck and Sikkink, 1998):
 - Framing debates and getting issues on to the political agenda: this is about **attitudinal change**, drawing attention to new issues and affecting the awareness, attitudes or perceptions of key stakeholders.
 - Encouraging **discursive commitments** from the government and other policy actors: affecting language and rhetoric is important to, for example, promote recognition of specific groups or endorsements of international declarations.
 - Securing procedural change at national or international level: changes in the process whereby policy decisions are made, such as opening new spaces for policy dialogue.
 - Affecting **policy content**: while legislative change is not the sum total of policy change, it is an important element.
 - Influencing **behaviour change** in key actors: policy change requires changes in behaviour and implementation at various levels in order to be meaningful and sustainable.
27. There is a very wide variety of activities to influence policy. One way to categorize them is to distinguish between approaches that take the '*inside track*', working closely with decision-makers, versus '*outside track*' approaches that seek to influence change through pressure and confrontation. There is also a distinction between approaches that are led by evidence and research versus those that involve, primarily, values and interests.
28. The approaches and tools used to manage and measure 'outside track' influence are relatively similar to each other, so the Policy Monitoring Report simplifies this to three main types of approaches to influencing policy: *evidence and advice, public campaigns and advocacy, and lobbying and negotiation*.

29. In this Report a number of well-known tools to collect relevant data opportunistically or at periodic intervals throughout the policy influencing work have been utilized. The typology of influencing activities is described below:

Type of influencing	Where? Through what channels?	Outcomes? What to measure?	How? By what means?	Tools
Evidence and advice	National and international policy discourses/ debates Formal and informal meetings	Outputs Uptake and use Influence	Research and analysis, 'good practice' Evidence-based argument Providing advisory support Developing and piloting new policy approaches	Evaluating research reports, policy briefs and websites Logs; new areas for citation analysis; user surveys RAPID outcome assessment; Episode studies; Most Significant Change
Public campaigns and advocacy	Public and political debates in developing countries Public meetings, speeches, presentations Television, newspapers, radio and other media	Target audience attitudes, behaviour, etc. Media attention Media framing and influence	Public communications and campaigns 'Public education' Messaging Advocacy	Surveys, focus groups, direct responses Media tracking logs, media assessment Framing analysis; coverage
Lobbying and negotiation	Formal meetings Semi-formal and informal channels Membership and participation in boards and committees	Actors; relationships; policy process and institutions	Face-to-face meetings and discussions Relationships and trust Direct incentives and diplomacy	Recording meetings; tracking people; interviewing key informants; probing influence

30. *Relevant* policy papers and regulatory documents have been also reviewed in this Report. Furthermore, policy analysis and policy documents prepared and issued by the Gender-Biased Sex Selection Prevention Policy Experts (GIUSSEPPE) operating under the EU financed 'Combating Gender-Biased Sex Selection in Armenia' Project have been extensively utilized.
31. The Report also considers the experiences across Eastern Asia, South Caucasus and Eastern Europe, and builds on the earlier policy research and shall consider policy alternatives recommended by other local and international experts in this area earlier.
32. While preparing this Policy Monitoring Report, the team has closely worked with the Ministry of Labour and Social Issues of the Republic of Armenia, Ministry of Health of the Republic of Armenia, Ministry of Sports and Youth Issues of the Republic of Armenia, other relevant line ministries in the gov-

ernment, as well as with the National Assembly of the Republic of Armenia, Human Rights Defender of the Republic of Armenia, Public Council, Office of the President of the Republic of Armenia, commissions on gender issues in the provinces, civil society and international development partners.

33. Policy experts and practitioners in this area including practitioners engaged in the Communities of Practice of Local Participation and Non-Discrimination (CoP) have been interviewed to capture both the national and local context of the situation and the trends on the ground.
34. The inputs provided by the Project partners: SC, ADC and MWCC, related to the result of the ongoing awareness raising campaign have been extremely valuable for preparation of this Report.
35. In addition, CoP members have been particularly interviewed to capture the local context of the situation and the trends on the ground.

3.1. Key challenges and methodological outline

36. Firstly, it can be very difficult to determine the **links between policy influencing activities and outputs**, and any change (or stasis) in policy. Policy change is highly complex and proceeds in anything but a 'linear' or 'rational' fashion, with policy processes shaped by a multitude of interacting forces and actors. This makes it almost impossible to predict with confidence the likely consequences of a set of activities on policy, and extremely difficult to pin down the full effect of actions even after the event. This is about a difficulty in establishing causality, and is known as the 'attribution problem', which has a long history in the field of evaluation (Iverson, 2003). Methodologies such as experimental and quasi-experimental impact evaluation that can function to analyse attribution in other circumstances are unsuitable for policy influencing work because it is difficult to establish a plausible counterfactual. Some have argued that there are additional problems in measuring both inputs and outputs of many influencing activities, such as research communication (Ekboir, 2003).
37. Second, the **nature of policy influencing work** presents further challenges to more traditional monitoring approaches. 'Outright success' in terms

of achieving the specific changes that were sought is rare, with some objectives modified or jettisoned along the way. There is an element of subjectivity in whether gains were significant, consistent with the wider goals of an organization or campaign, or co-opted. In other words, the policy context is likely to change of its own accord, and influencing objectives may need to be altered in reaction to this or to other external forces. This means that objectives formulated at the outset of influencing work may not be the best yardstick against which to judge its progress. Policy changes tend to occur over long timeframes that may not be suitable to measurement in the usual rhythms of projects and evaluations in aid agencies. In addition, much influencing work and advocacy is most effective when carried out in alliances, coalitions and networks, which presents difficulties in judging the specific contribution of one organization to a change (even after some kind of judgment about contribution or attribution has been made).

38. Third, there are further **practical problems that constrain the production and use of knowledge** about influencing activities. While no essential constraints of monitoring capacity at the institutional level exist in ICHD, the monitoring team had limited time and resources to conduct robust monitoring. This can also result in objectives and goals that are not clearly defined or communicated from the outset. Policy influencing involves political and sometimes highly conflicting processes, leading to difficulties in determining how best to solicit or interpret the accounts of different actors. Influencing work is often unique, rarely repeated or replicated and, even worse, there are incentives against the sharing of ‘good practice’, as mentioned above. Equally, policy-makers are unlikely to be happy with claims that their decisions can be attributed to the influence of another actor.
39. *A theory of change* is an essential tool for the monitoring of policy influence, not only for improving policy influencing and enhancing decision-making, but also for accountability and reporting to stakeholders external to the programme. Theory of change approach has been used while preparing this Policy Monitoring Report to address the policy monitoring challenges mentioned above. There are three common types of theory of change:
40. *Causal chain*: is perhaps the best-known kind of theory of change, which describes a succession or ‘chain’ of elements and the logical or causal connections between them. This usually involves a set of inputs, activities, outputs, outcomes and impact, with each element causing or leading to

the next one, depending on certain assumptions. The downside is that the actual theoretical content and hypotheses about causal links can remain implicit, rather than explicit.

41. *Dimensions of influence*: looks at the different dimensions of change. This involves a set of areas of outcomes, each of which is presumed to be important in contributing towards policy influence. These represent various changes that, taken together, help create the conditions for policy change. They highlight areas that can be monitored.
42. *Actor-centered theories*: Some frameworks focus on the behaviour change of different actors. Actors are seen as the key driving force for change, with policy-making largely dependent on policy actors and networks, their behaviour, relationships, perspectives and political interests. Gearing a theory of change around actors provides a clear, concrete focus for monitoring activities, namely the behaviour changes of those actors.
43. There are various ways to combine different ideas about theory of change. The straightforward 'causal chain' model may be too linear or simplistic for understanding policy influence, and may force monitoring into a straight-jacket that does not reflect the dynamics of the specific context.
44. Additionally, the interaction with various different contexts is inevitable when reviewing interventions to combat gender-biased sex selection. Thus, the monitoring must consider how policies may function by various different causal mechanisms which would interact with various potential contexts in order to produce an outcome. For example, the literature shows that the influence of research on policy will play out in very different ways depending on whether the government happens to have an interest in the issue, or capacity to respond (Carden, 2009). The emphasis should not be on making things highly intricate, but on trying to provide a realistic and intuitive model that clearly sets out the monitors' assumptions and ideas about change.
45. This Policy Monitoring Report starts with a picture of what drives change in the 'target', prevention of gender-biased sex selection. The theory of change draws on a realistic understanding of what forces tend to affect the desired target audience or outcome. This provides an opportunity to incorporate social science theory into the monitoring of policy influencing, but also crucial to establish realistic expectations about what can be achieved,

and what degree of influence a particular policy may have exerted.

46. In this Policy Monitoring Report an appropriate mix of the following theories of policy change proposed by Stachowiak (2007) has been considered:
- ‘Large Leaps’ or Punctuated Equilibrium Theory, like seismic evolutionary shifts, significant changes in policy and institutions can occur when the right conditions are in place.
 - ‘Coalition’ Theory or Advocacy Coalition Framework, where policy change happens through coordinated activity among a range of individuals with the same core policy beliefs.
 - ‘Policy Windows’ or Agenda Setting, where policy can be changed during a window of opportunity when advocates successfully connect two or more components of the policy process: the way a problem is defined, the policy solution to the problem or the political climate surrounding their issue.
 - ‘Messaging and Frameworks’ or Prospect Theory, where individuals’ policy preferences or willingness to accept them will vary, depending on how options are framed or presented.
 - ‘Power Politics’ or Power Elites Theory, where policy change is made by working directly with those with power to make decisions or influence decision making, and
 - ‘Grassroots’ or Community Organizing Theory, where policy change is made through collective action by members of the community who work to change the problems affecting their lives.
47. This Report also considered the ways that the policies aim to influence the target. Thus, a causal chain, or ‘pathway’ can then be linked into the model of what affects the target audience or outcome, to specify how the policy hopes to influence it. This could flow from the policy outputs, to a chain of intermediate outcomes, to the wider and longer-term outcomes. Alternatively, coming to a case ex-post, the process would try to trace the key chains of events that lead towards final decisions or outcomes. It is likely that certain outcomes required for success are beyond the direct control of the individual policy or programme.

48. While the government and other key stakeholders are in charge of the inputs and resources, local actors will often become involved in activities and outputs, and any policy influencing activity is likely to be only one of a multitude of factors that influence outcomes and impact (Smutylo, 2001). It is also desirable for policies to gradually reduce their control over changes as the causal chain progresses, as change needs to be owned locally, rather than externally, to be sustainable, especially if these are questions of politics and policy.
49. For each approach to influencing, this Report sets out:
- the typical sorts of activity involved, and
 - typical theories of change, along with associated intermediate outcomes to assess, and an overview of tools and methods to collect information on these outcomes.

3.2. Evidence and advice

50. **Typical activities:** In some situations, policy influencing activities are led by evidence and analysis, by principles of evidence-informed policy-making and providing knowledge-based inputs. UNFPA Armenia’s interventions in the earlier stage, since 2010-2011 is an indicative example. UNFPA took the lead to provide research and advisory support to Armenian government, civil society and development community. Influencing work might proceed by commissioning or carrying out research, communicating the results of research through policy communication (e.g. UNFPA and ICHD since 2011), policy briefs and seminars (e.g. ICHD since 2015), sharing research with decision-makers in face to face meetings and involving them in the design and execution of the work (e.g. UNFPA and ICHD). For this type of influencing, this Policy Monitoring Report draws upon the substantial literature about the non-academic impact of science and research and monitoring of research communication.
51. **Theory of change, outcomes and tools:** One important perspective on how research and evidence influences policy uses a ‘causal chain’-type theory of change. Here, research activities lead to outputs (tangible goods

and services, e.g. briefs, interviews, events), which lead to ‘uptake’, direct responses to the research (such as using it or quoting it), and then, further down the line, influence in terms of outcomes or impact – in other words, changes in behaviour and in people’s lives.

52. Working around a ‘causal chain’ theory of change, this Report uses various methods to evaluate outputs, uptake and use. Evaluating outputs involves looking at the tangible products that are produced by policy/programme or institution to judge their quality, credibility, relevance, accessibility, and other factors that are associated with evidence that is influential.
 - *Evaluating outputs* can include looking at academic articles, research reports, policy briefs, or web-sites. Various sets of criteria are available against which they can be judged (Hovland, 2007). The monitoring team also interviewed people who are part of, or who represent the ‘target audience’.
 - *Evaluating uptake and use* involves looking at the extent to which research or advice is visibly ‘picked up’ and used by others, such as being cited in a government policy paper or mentioned in a newspaper. In this effort, this Report utilizes the interim results of the Media Monitoring Research implemented under the Project. The interviews with relevant experts or focus groups can be also used to ascertain how much, and in what way, target audiences use and value the outputs provided.
53. While these tools can provide useful indications of the influence of evidence and advice, they will not always be reliable. First, analysing outputs may not always be the most useful way forward, because the quality and presentation of evidence may be only one small factor in determining its influence. Second, relying on indicators such as citations and references presents two problems. On the one hand, research will rarely be used directly, but often influences policy-makers more gradually and in an amorphous way through ‘enlightenment’, by providing concepts and ideas. On the other hand, where research is quoted this may be tactical, to justify a political decision that has already been made and over which the actual research, in fact, had no actual influence.
54. For this reason, the Monitoring Team carried out more in-depth studies, using frameworks built around a more suitable framework for understand-

ing the messy, political interactions that influence the use of knowledge in the policy process. These would generally involve carrying out interviews and participatory exercises with a variety of stakeholders, drawing on available grey and published literature, and carrying out a significant level of analysis on this 'raw data':

- *RAPID Outcome Assessment*: drawing on the outcome mapping tool and the framework for understanding the influence of research on policy, this tool helps assess the contribution of a project's research and other activities on a policy or the policy environment. This is done by: describing the context, the project, the key actors and their behaviour; how this changed over time; and what influence the project had over key behaviour changes. It requires an intensive workshop with team members and, ideally, project partners, as well as analysis and write-up.
- *Episode studies*: these involve 'tracking back' from a policy change, understanding the multitude of forces, events, documents and decisions involved in producing that change. This requires constructing a narrative about what led to the policy change in question, before assessing the relative role of research in that narrative.
- *Most significant change (MSC)*: this involves the collection of significant change stories from a variety of stakeholders, and the systematic selection of the most significant stories by panels of designated stakeholders or staff. This encourages a form of ongoing and indirect monitoring of the work carried out. MSC also gives a policy, programme or institution a better understanding of whether and how it is achieving its purposes.

3.3. Public campaigns and advocacy

55. **Typical activities**: Some approaches to policy influencing target large numbers of individuals, or the political debate on an issue, through public messaging and campaigning. They might try to build up public support for a new policy, using public meetings and speeches to communicate the rationale for a proposed reform, or using television and radio to raise pub-

lic awareness of an issue. This is about trying to influence change from the 'outside' track, rather than in closed meetings with decision-makers. An institution might work through messaging in the media, public events, speeches and meetings and building national and sub-national coalitions. Such approaches often mobilize a number of initiatives at the same time.

56. This type of approach to policy influence has been undertaken by civil society groups worldwide for decades, working to influence national policy debates and public will. It has been also implemented in Armenia to address gender-biased sex selection in Armenia in past years. There is also a wealth of experience in public communication campaigns aimed at individual behaviour change and 'public education'. There are many ways to solicit relevant information for the running of these campaigns, but it is not easy to ascertain the precise amount of influence that a particular programme has had. With factors as multifaceted as the public dialogue on an issue, and for outcomes such as 'public attitudes and beliefs', which are affected by so many factors, distinguishing the effects of one single campaign is still extremely difficult, and there are few rigorous methods for this.
57. **Theory of change, outcomes and tools:** In general, public campaigns hope to achieve influence either through delivering messages directly to an audience, or through placement in the media.
58. Based on various models of behaviour change and public interest in political issues, a number of outcomes may be of relevance: awareness of an issue or campaign, perception of saliency or importance of an issue, attitudes, norms and standards of behaviour, and actual behaviour. There are a number of ways to ascertain this information:
 - *Surveys* can be used to gauge attitudes of particular audiences, and to make judgments about how these change over time and the influence of a policy over them. Because of the large number of people targeted by campaigns, quasi-experimental methods can sometimes be used, given the large number of people targeted by campaigns. This would include, for example, cases where the same people are targeted a number of times, where a campaign has a staged implementation or roll-out, or where there is a clear way to determine the exposure of segments of the population (e.g. the number of people who have televisions, in the case of a television broadcast). Rolling sample surveys, where a random selection of people in the target audience are sur-

veyed at regular intervals, are another way to keep track of changes over time (although less useful for determining attribution). A Survey on Prevalence and Reasons for Sex-selective Abortions in Armenia will be implemented in the framework of the Project later in 2017 to consolidate the evaluation of the policy change in 2011-2017. The Survey will utilize techniques described above drawing on the methodologies used in the baseline survey in 2011 conducted by the National Statistics Service of RA, Ministry of Health of RA, the Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology and sponsored by UNFPA Armenia. In the framework of the current Policy Monitoring this tool has not been utilized, while the results of the Survey will be juxtaposed with the outcomes of the current Policy Monitoring.

- *Focus group discussions* are a key tool for understanding the perspectives of a target audience on an issue, idea or event, and what drives that audience. If facilitated effectively, they can provide richer and deeper information than surveys, although with less information about ‘coverage’. While there are less sophisticated methods to determine influence or attribution, attitudes can be assessed at different points in time, or groups could be asked for their specific opinions about a campaign. The Monitoring Team have utilized this tool with relevant target groups.
- *Direct responses and informants* represent a ‘light touch’ way to track influence on a target audience. One method is to track the number of enquiries received from the audience, or the number attending public meetings. Another could be to interview individuals who are judged to be ‘well placed’ to assess a particular target audience.
- It is often crucial to *monitor the media*. Increased coverage in the media is likely to help messages to get through to the target audience more consistently or more frequently, and there are a number of ways to measure this. In addition, the way in which the media presents or discusses certain issues can be crucial, as this is thought to be a strong determinant of the public attitudes on the issue. The Monitoring Team extensively utilized the interim results of the Media Monitoring as mentioned earlier. Media tracking logs, recording how campaigns or issues are covered in the media have been specifically used. This included quotes, information about date and time of reference

combined with additional information to get a richer understanding of the influence on the media. Understanding the link between the information presented in the media and the effect on the target audience is an extremely difficult area. This is about understanding how people receive information in their everyday lives or in their jobs, and what determines how it affects them. It is difficult to test causal links and processes robustly. The possible approaches include *measuring exposure* means looking at the degree to which the target audience has encountered a campaign, how many times they were exposed, and whether they paid attention. The Media Monitoring under the Project will further provide answers to some of these questions. The Policy Monitoring Team have complimented these interim results with interviews to see whether people recall a particular message or campaign, and simple figures about readership of papers, and ownership of televisions/radios can be a useful guide. Meanwhile, the Media Monitoring will deliver *framing analysis*, as it will look at how issues are presented or discussed, by reviewing the key themes, metaphors, arguments and descriptions in a given media (web-based news platforms). This is based on framing theory, which indicates that these issues are a key component of the way in which people are influenced by the media. This can then be compared to the campaign's take on an issue, and the language it uses, and the change in framing over time can give important monitoring information. Aside from exposure and framing analyses, there are very few tools that can give information about the link between media coverage and public attitudes.

3.4. Lobbying approaches

59. **Typical activities:** The primary means of influencing policy is often direct interaction with decision-makers, allies and other key players. This might include participation in negotiations or meetings, direct communications with government ministers, or informal discussions with partners and other contacts. Extensive efforts have been mobilized to influence policies to address gender-biased sex selection in Armenia through persuasion, negotiation and lobbying. In more formal spaces this has been conducted through evidence-based dialogue, while in other channels this have required more informal discussions and debate. The current Report draws

on the relationships actors have with various contacts, and used budget support and other material incentives to influence proceedings directly or, more often, indirectly.

60. It has long been recognized that this sort of activity is crucial to shape the course of policy. Some research has found that face-to-face personal interaction is the strongest factor in facilitating the use of particular policy ideas or evidence (Innvaer et al., 2002). However, there is little literature on monitoring for this interaction. There are, in general, strong incentives against the sharing of good practice in this area, as well as obstacles to recording related knowledge and information. However, some guidance can be drawn from professional lobbyists and negotiators, and 'good practice' for systematically managing work and reporting to clients in these fields. While the current policy monitoring tends to be carried out informally, if at all, this work relies on seeking out and reacting to information on some key factors.
61. **Theory of change, outcomes and tools** for this kind of influencing activity are based on actors, the relationships between them, and the institutions within which they work. One review of successful lobbying has found that, in addition to clear and focused policy goals, the key strategic capacities required are identifying natural allies, developing relationships and credibility with policy actors, and understanding the nature of the policy process and institutional access (Coen, 2002). McGrath, however, argues that the lobbyist's key working tools are: the monitoring of key players and decision-makers, including their personal history, perspectives and interests; and building coalitions and alliances, often quite temporary, around particular policy goals (McGrath, 2002).
62. Another example comes from Gladwell, who argues that the spread of influence relies on three types of people: *connectors* - networkers who know who to pass information to and who are respected enough to influence key players; *mavens* - information specialists, who acquire information and educate others; and *salespeople* - powerful, charismatic and persuasive individuals who are trusted, believed and listened to (Gladwell, 2000).
63. Therefore, keeping systematic track of the various actors, their interests, ideologies, capacities, their alignment with policy and programme goals, and their relationships with other players, and how all of these change, is central to managing this type of influencing, and should be the basis for

measuring and understanding one's influence. And understanding the key institutions and spaces, and how they affect decision-making is also crucial - different spaces may shape what kind of policy outcome will occur, based on the structure and rules of dialogue and decision-making. It should be mentioned, though, that this work takes place in highly fluid contexts, based very much on tacit knowledge and experience, and split-second subjective judgments about, and reactions to, people's attitudes, emotions, positions and perspectives.

64. Expectations about how formalized and standardized monitoring can be shall be duly adjusted, and determining attribution is simply not feasible in the context of policies and programmes addressing gender-biased sex selection. Yet, there are some tools and approaches that the could be utilized:
- *Reviewing records* of observations from meetings and negotiations is a useful and low-cost activity. This could be done simply by reviewing communication, meeting minutes or back-to-office reports, discussion reports, or using meeting observation checklists to record how particular issues are covered, or how different actors enrolled/behaved.
 - *Tracking people and relationships and the interactions* amongst them is another key instrument. Literature on policy networks shows the importance of 'policy champions' and 'opinion leaders' who can facilitate the uptake of certain policies (Greenhalgh et al., 2004). Simple tracking forms could be used to record what actions have been taken with them and when. Tracking the quality of relationships and access to such people provides important information for managing influencing work as well as indications about the credibility and influence of the intervention. The Monitoring Team has developed a database on various key actors (including more than just champions), including political intelligence information about their job, their position in decision-making processes, and their perspectives and interests, as well as recording interactions with them, whenever possible.
 - *Interviewing informants*. Building up an 'information network' is seen as essential to effective lobbying (Lehmann, 2003), and is a useful avenue for understanding actors' influence on policy. Interviewing people with knowledge about the institutions and processes, or particular actors can provide invaluable guidance. These could be people with technical expertise in the area of gender, population and develop-

ment, social assistance, health care, who have years of experience with engaged institutions, or who are well-placed in terms of their role in decision-making processes. Identifying who may be able to provide relevant information has been done by the Monitoring Group in the beginning of the effort in close consultation with ICHD leadership, and relationships have been built up as the information is quite politicized.

- *In-depth analysis*: a variety of tools could provide richer information about the influence of lobbying efforts: the alignment-interests-influence matrix (AIIM) synthesizes perspectives and evidence on different actors' relationship to policy targets (and how this changes over time). Social network analysis could function as a way of measuring and understanding actors' relationships with each other and how they share information or resources. Power analysis or political economy analysis provides tools to look into the workings of decision-making institutions. Three promising tools that have been used in the EU context could provide interesting avenues here: *process tracing*, which attempts to uncover the steps through which meetings and other events led to, and caused, outcomes; *attributed influence*, where observers of key spaces in the policy process are surveyed on their judgment of the influence of a particular actor or action; and *preference attainment*, where the influence of actors is judged by the extent to which final policy outcomes reflect their 'ideal' positions (Duer, 2008).

4. Evidence Base and Research

4.1. Research on prevalence of sex-selective abortions in Armenia their causes and relevant demographic data

65. In September, 2011, the Committee on Equal Opportunities for Women and Men of the Parliamentary Assembly of the Council of Europe (PACE) released a report on Prenatal Sex Selection in Albania, Armenia, Azerbaijan and Georgia. According to the report, in Armenia, Albania and Azerbaijan, the sex ratio at birth was 112 boys per 100 girls and in Georgia it was 111 boys per 100 girls, whereas the natural average sex ratio at birth is 105 boys per 100 girls.
66. The report methodology included analysis of the relevant literature and secondary data, as well as the analysis of primary data collected through questionnaires addressed to the parliamentary delegations of the Council of Europe member states with the most skewed sex ratios at birth (Albania, Armenia, Azerbaijan and Georgia) and finally, a study of the results of the fact-finding visits to Armenia and Georgia in June 2011.
67. The report reads that at the discussions with parliamentarians, doctors, researchers, international organizations and government officials during the fact-finding visit to Armenia, sex selection was acknowledged as a challenge dating back to the 1990s and reaching a peak in 2000 with a sex ratio at birth of 118/100 showing a clear preference for boys in the Armenian society. The report also emphasizes the lack of an ethics committee of gynaecologists and obstetricians in Armenia, negative attitudes of some doctors and radiologists when announcing the sex of female foetus, free sale of abortion pills, prevalence of social and family pressure on Armenian women giving birth only to daughters and the passive role of the Armenian

civil society organizations in awareness-raising activities on the adverse effects of gender-biased sex selection.

68. Based on the findings of the report, PACE condemned the prenatal sex selection as a phenomenon which finds its roots in a culture of gender inequality and reinforces a climate of violence against women. It called on the national governments to step up their efforts to ensure gender equality and non-discrimination; to elaborate guidelines with the medical community in order to prevent gender-biased sex selection, unless justified for prevention of serious sex-linked genetic diseases; to carry out in-depth research of the root causes of the issue; and to organize large-scale public awareness-raising initiatives and campaigns on the adverse effects of the phenomenon, involving relevant international organizations.¹
69. In parallel, in 2011 the United Nations Population Fund which had been addressing the issue of sex imbalances at birth in Armenia since 2007, conducted a study on prevalence of and reasons for sex selective abortions in Armenia, jointly with the RA Ministry of Health (MoH), the Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynaecology and the RA NSS. The study aimed at revealing the prevalence of sex-selective abortions in Armenia, the main reasons behind sex selection and public perceptions of the issue.²
70. One of the findings of the study is that according to the official statistical data on civic status registration in the Republic of Armenia, from 1993 on, the sex ratio at birth has been significantly higher (viz. 110-120 boys per 100 girls) than the average seen as a biological norm. Like the RA NSS data, the UNFPA Armenia study also revealed a specific sex-ratio imbalance in case of third and particularly fourth births, thereby giving grounds to assume that sex-selective abortions are used in planning a child's gender and in securing the desired gender. The UNFPA Armenia report identified the reasons for sex imbalances by exploring the range of reasons behind son or daughter preference, pregnancy histories and outcomes, and prenatal sex determination tests and their outcomes.

1 Stump, Doris. 2011. Prenatal sex selection. Report to the PACE Committee on Equal Opportunities for Women and Men.

2 RA Ministry of Health, the Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology, and the UNFPA Armenia Country Office, *Report on Prevalence of and Reasons for Sex Selective Abortions in Armenia, Strengthening Sexual and Reproductive Health Services Project, 2011*, http://www.unfpa.am/sites/default/files/Sex-selective_abortions_report_Eng.pdf

71. The findings of the study suggest that the number of families with son preference is about six times greater than that of families with a daughter preference. The sex ratio among the first and second children did not differ from the natural sex ratio among new-borns, while among the third and especially the fourth children it differed considerably from the natural sex ratio at birth (1.5 and 1.7, respectively).
72. The findings also show that women's awareness of the legal regulations of induced abortions in Armenia was at quite a low level. The in-depth analysis of the qualitative and quantitative data gives grounds to conclude that, for the most part, son preference can be accounted for by the necessity to ensure the continuity of the family lineage, by a position of influence that men enjoy in families, by boys' greater social mobility and more active roles in society, by the fact of them being inheritors of property, as well as by the complicated prospect for women's subsequent self-realization and their more vulnerable status in society.¹
73. In 2012-2013, UNFPA Armenia conducted the study "Sex Imbalances at Birth in Armenia: Demographic Evidence and Analysis". The goal of the study was to analyse the available statistical data to identify the implications of skewed sex ratio at birth in Armenia, demographic and socio-economic determinants behind the issue and its potential impact on the dynamics of Armenia's population.
74. In-depth analysis of the 2001 census data was carried out, including data on 478.000 children under the age of 10, and 386.000 individual births registered in the country in 2001-2010.
75. According to the findings of the study, higher order births in Armenia were determined by the absence of a male child in the family, and prenatal sex selection within the reproductive behaviour is a key gender preference factor affecting the family strategy. In Armenia, the sex imbalances appeared in mid-1990s and as of 2011, the male births reached 114 per 100 female births. Family composition is the first factor affecting the sex ratio at births in Armenia, and the sex ratio of third births reached a record level of 173 in 2001-2010. This is more pronounced in RA marzes (regions) and there is no recorded equivalent of a similarly high sex ratio at birth in other countries.

1 Ibid.

76. The study also documents potentially risky demographic consequences of high sex ratio at birth in the future, since a gender gap is foreseen if such sex imbalance at birth persists. As a result, by 2060, the number of missing female births will reach around 93.000. The study forecasts that massive male out-migration as the only factor likely to alleviate the sex imbalance among adults.¹
77. In 2012 UNFPA Armenia conducted research to identify the best international practices for prevention of prenatal sex selection and provided recommendations for effective prevention actions in Armenia, thus further contributing to the existing evidence base. The analysis was carried out by Laura Rahm, an independent researcher, who analysed the data from fieldwork, reviewed academic papers on sex-selective abortions and international best practices for preventing prenatal sex selection, sex-selective abortions and tools to normalize the skewed sex ratio at birth.²
78. In 2011, UNFPA Armenia organized a conference on the issue of sex imbalances at birth in Armenia. The participants discussed the sex imbalance at birth in Armenia based on demographic indicators, skewed sex ratios at birth from the global perspective, issues related to birth rate and population in Armenia and migration of men, findings on pregnancy histories and outcomes from the 2011 study, the socio-psychological factors underlying son preference in the Armenian society and the social and gender norms.³
79. To ascertain the conclusions and preliminary observations in the research studies on sex imbalances at birth, to outline the directions of further studies and to achieve a deeper and more comprehensive understanding of the challenge and its solutions, in 2012-2013, UNFPA Armenia initiated two expert meetings with public health professionals, ethnographers, gender experts, anthropologists, sociologists and other related professionals.⁴ Also, in 2015, UNFPA Armenia and the RA Ministry of Labour and Social Affairs (MLSA) carried out a survey to identify issues of the elderly in nurs-

1 Christophe Z Guilmoto, *“Sex Imbalances at Birth in Armenia: Demographic Evidence and Analysis”*, Yerevan, 2013.

2 Rahm, Laura. 2012. International Best Practices for the Prevention of Prenatal Sex Selection: Recommendations for Action for Armenia. Presented to Garik Hayrapetyan, UNFPA Armenia Assistant Representative.

3 Interview: Tsovinar Harutyunyan, Programme Officer; Mher Manukyan, Communication Assistant; UNFPA Armenia Country Office, September 13, 2016.

4 Interview: Tsovinar Harutyunyan, Programme Officer; Mher Manukyan, Communication Assistant; UNFPA Armenia Country Office, September 13, 2016.

ing homes in Armenia. The findings of the survey showed that the elderly people who end up in nursing homes, do so regardless of whether they have a male or female child.

4.2. Evidence-based public policy and programmes

80. The findings and conclusions of the UNFPA Armenia research studies on sex imbalances at birth in Armenia and the awareness-raising and advocacy initiatives relying on these findings came to be the first significant steps in making the issue of prenatal sex-selection public and promoting a public debate on sexual discrimination. These were the first steps in Armenia and the whole South Caucasus region to have clearly shown that because of sex-selective abortions, each year Armenia was losing around 1400 girls - a severe blow to already challenged demographic situation in Armenia.
81. According to the participants of the expert interviews for this Monitoring Report, the findings of the research studies and the obtained evidence base on sex imbalances at birth in Armenia had a considerable impact on the public policy, and initiated a process of legal regulations of the issue. The demographic projections in the research study “Sex Imbalances at Birth in Armenia: Demographic Evidence and Analysis”, specifically the one about 93.000 missing females in Armenia by 2060 if a similar dynamics of sex imbalances at birth persists, and the extremely alarming social consequences of such a projection became the main argument that proved helpful in persuading the responsible policy makers to declare the sex imbalances at birth in Armenia a national security challenge, and to target an issue under the public policy on mother and child health. Such projections also highlighted the issue of developing necessary mechanisms to prevent the phenomenon, including raising public awareness on the harmful effects of sex-selective abortions, causes and manifestations of the phenomenon, in parallel with the legal regulation of the issue. Moreover, these projections necessitated development and implementation of systematic preventive measures, as well as complex measures to enhance the role of women in the society and to attribute equal value to women and men.¹

¹ Interviews: Tsovinar Harutyunyan, Programme Officer; Mher Manukyan, Communication Assistant; UNFPA Armenia Country Office, September 13, 2016; Karine Saribekyan, Head of Mother and Child Health Department, RA Ministry of Health, September

82. Thus, on May 20, 2014, the RA NA Standing Committee on Healthcare, Maternity and Childhood Issues held a workshop on prevalence of and reasons for sex selective abortions in Armenia, attended by RA NA deputies and representatives of international and non-governmental organizations. The workshop participants emphasized the importance of the evidence base, and study of relevant facts and international practices in the course of finding effective ways to settle the issue.¹
83. The findings of the UNFPA Armenia research studies and the evidence-based joint efforts of stakeholder organizations and representatives of legislative and executive bodies resulted in legislative regulation of sex-selective abortions in Armenia, and inclusion of actions aimed at raising awareness on the issue in the Action Plan of the National Strategy on Human Rights Protection adopted by the RA Government on February 27, 2014.² Also, with the efforts of UNFPA Armenia, International Center for Human Development (ICHHD) and MLSA policy-makers, prevention of sex-selective abortions was included in the RA Gender Policy Strategic Programme 2011-2015.³
84. Based on the data of the UNFPA Armenia study “Sex Imbalances at Birth in Armenia: Demographic Evidence and Analysis”, which revealed the significantly skewed sex ratio at birth in Armenia, and the study of international practices in addressing the issue, also guided by the requirements of Clause 5 on legislative regulation of prevention of sex-selective abortions of the Action Plan of the National Strategy on Human Rights Protection approved by the RA Government Decree № 303-N of February 27, 2014, in 2014 the RA MoH developed and presented two bills on making amendments to the RA Law on Human Reproductive Health and Reproductive Rights and to the RA Code on Administrative Offences. The recommended amendments aimed at preventing sex-selective abortions by compelling medical staff to withhold information about the sex of the foetus during 30 weeks of pregnancy from pregnant women, their family members and third persons, the

23, 2016; Anush Sukiasyan, Expert at the National Assembly Standing Committee on Healthcare, Maternity and Childhood Issues, September 23, 2016, etc.

1 Discussion at RA NA Standing Committee on Healthcare, Maternity and Childhood Issues, *official website of RA NA*, http://www.parliament.am/news.php?do=view&cat_id=2&day=20&month=05&year=2014&NewsID=6612&lang=arm

2 RA Government Decree № 303-N on Approving the Action Plan of the National Strategy on Human Rights Protection, adopted on February 27, 2014, effective since April 12, 2014.

3 RA Government Protocol Decree № 19 on Approving Gender Policy Strategic Programme 2011-2015 and Gender Policy Action Plan 2011 of May 20, 2011.

violation of which implies administrative liability.¹

85. However, the proposed amendments received a negative feedback from the Staff of the RA Human Rights Defender's Office, the World Health Organization and other experts and representatives of NGOs addressing the problem, including ICHD experts, due to potentially high risks of corruption, implications of violating the parents' right to be informed and the lack of any effective enforcement and control mechanisms. Thus, the bills were not submitted to the RA National Assembly.²
86. By declaring sex-selective abortions and their consequences a national security issue through his recommendation 01/29.7/[217064]-14 N 46 of November 6, 2014, the RA Prime Minister assigned the RA Ministers of Health and Labour and Social Affairs to develop a comprehensive action plan to prevent sex-selective abortions. The main priorities of the Action Plan were developed with the joint efforts of professionals from ICHD, UNFPA and governmental agencies and organizations.
87. Accordingly, to prevent sex-selective abortions and in pursuance of the RA Prime Minister's recommendation № 02/14.7/5916-15 of April 11, 2015, the RA Minister of Health and the RA Minister of Labour and Social Affairs by their Joint Order № 1129-Ս of May 8, 2015 and № 75-Ս/1 of May 13, 2015, respectively, approved the State Programme 2015-2017 on Preventing Sex-Selective Abortions and its Action Plan. The State Programme mostly included the actions of the project 'Combating Gender-Biased Sex Selection in Armenia', funded by the European Union and implemented since May 1, 2015 by ICHD, Stitching Save the Children Netherland, Save the Children International (STC), Armavir Development Center NGO (ADC), and Martuni Women's Community Council NGO (MWCC).³
88. Such an approach was adopted, because the RA budget lacks sufficient funds to address the actions of the State Programme, whereas the project 'Combating Gender-Biased Sex Selection in Armenia' is characterized with comprehensive project approaches and its actions, which have the necessary financial and other resources ensured, are compatible with the na-

1 Interview: Karine Saribekyan, Head of Mother and Child Health Department, RA Ministry of Health, September 23, 2016.

2 Interviews: Staff of RA Human Rights Defender's Office, RA Ministry of Justice, OSCE Office in Yerevan, United Nations Population Fund, representatives of RA NA.

3 Along with EU funding, partner organizations provide around 5% of the Project funds.

tional Action Plan.

89. In line with the Joint Order mentioned above the composition of the working group was approved, which was set up to carry out the Programme 2015-2017 on Prevention of Sex-Selective Abortions.
90. The key components of the Programme include analysis of the policy to prevent prenatal sex selection and sex-selective abortions; development of new tools; raising public awareness of the harmful consequences of the issue; raising legal awareness; capacity building of healthcare, social and educational service providers and organizations to prevent sex-selective abortions; and implementation of activities aimed at appreciation of female children. These components heavily rely on the UNFPA research findings, recommendations of ICHD experts, as well as outcomes of formal and informal counselling meetings with experts.¹
91. Based on the UNFPA research data on sex-selective abortions, the outcomes of counselling meetings with healthcare, demographic, social, legal and other related professionals and representatives of international organizations, particularly UNFPA Armenia and non-governmental organizations, in June 2015 the RA MoH recommended amendments to the RA Law on Human Reproductive Health and Reproductive Rights, adopted in June 2016. The recommendation was elaborated with the involving of the expert group under the project “Combating Gender-Biased Sex Selection in Armenia”, funded by the European Union and implemented by ICHD and partner organizations. According to the amendment, sex-selective abortions in the 2nd trimester of pregnancy are legally banned, which was not directly reflected in the legislation before.²
92. The Law stipulates that within 12-22 weeks of pregnancy, abortions are performed exclusively on clinical (including the likelihood of sex-linked genetic diseases) or social indications, upon the women’s written consent. Abortions due to reasons other than on the list of clinical or social indications, including sex-selective abortions within 12-22 weeks of pregnancy, are banned.

1 Interviews: representatives of the RA Ministry of Health and United Nations Population Fund.

2 Interviews: Karine Saribekyan, Head of Mother and Child Health Department; Gayane Avagyan, Head of Maternal and Reproductive Health Division, Mother and Child Health Department, RA Ministry of Health, September 23, 2016 and September 26, 2016.

93. Abortions may be performed only at inpatient healthcare facilities holding a license permitting provision of obstetrics and gynaecological medical aid and services. Immediately before the medical intervention of abortion, the doctor is obliged to provide the woman with free counselling on the possible negative effects of the abortion. Immediately after the medical intervention they should provide the woman with free medical and social counselling on selecting contraceptives to prevent unwanted pregnancy. The doctor should record the intervention in the patient's medical history, and this is to be confirmed with the woman's signature.
94. The RA Minister of Health is vested with the power to approve the list of clinical and social indications and contra-indications to abortions, the lists of necessary medical examinations and the templates of documents required for performing abortions.
95. Also, a relevant amendment was made to the Code of the Republic of Armenia on Administrative Offences to entail administrative liability for violations of the requirements set for abortions permitted by the draft.¹
96. In addition, given the pharmacological indications, contra-indications, prescription, sale and substitution features of Misoprostol (sold under trade names Cytotec and Mirolyut), as well as the complications caused by the medicine if used during pregnancy, starting from August 1, 2014 it has been sold only as a prescription drug. Misoprostol (Cytotec, Mirolyut) is included in the 'List of Prescription Medicines' prescribed for outpatients, using Form № 3 for conventional medicines approved by the RA Government Decree № 759 of August 14, 2001.
97. The opinions on the recent legislative regulation of abortions expressed during the interviews for this Monitoring Report are quite ambiguous. Despite the positive feedback on the initiative, which is regarded as the government's clear position and message that gender-biased sex selection and particularly sex-selective abortions are morally reprehensible and legally unacceptable, solely legislative regulation of the issue would prove ineffective in securing the expected outcomes, as the issue of sex selection is multi-layered and is rooted in the gender stereotypes of the society.

1 RA Law on Making Amendments to the RA Law on Human Reproductive Health and Reproductive Rights, HO-134-N, adopted on June 29, 2016, effective since August 6, 2016. RA Law on Making Amendments to the Code of the Republic of Armenia on Administrative Offences, HO-135-N, adopted on June 29, 2016, effective since August 6, 2016.

98. Most experts are sure that combating such practices should mostly target their root causes. Particularly, the solutions should target the gradual improvement of women's status and role in the society, which will promote attaining equal value to female children as compared to male and therefore eliminate the reasons for gender-biased sex selection. At the same time, the new draft may prove highly efficient only if proper enforcement and control mechanisms are in place. In this regard, effective control over performance of abortions exclusively in compliance with clinical and social indications is especially highlighted. Such control should exclude, as much as possible, any attempt to substantiate the real intention of sex-selective abortion by clinical and social indications.¹
99. Experts state that the recent draft may improve the control over abortions to some extent, as it requires a written procedure for performing abortions, and administrative liability for the persons who violate the procedural requirements or perform abortions in cases not prescribed by law and without the decision of the medical commission. In addition, the term of three calendar days to make a final decision before the decision on aborting 12 weeks' pregnancy may contribute to reduction of the general rate of abortions.² At the same time, criminalization of such practices makes it quite difficult to monitor and explore it and collect the necessary data.
100. The project "Combating Gender-Biased Sex Selection in Armenia" funded by the European Union and implemented by ICHD and partner organizations is essentially the first large-scale and comprehensive project in the country, which relies on the findings of the UNFPA research studies on sex imbalances at birth in Armenia and relevant recommendations. Meanwhile, the identified evidence and public discussion of this evidence, increasing publicity and realization of emergency of the issue, mobilization of the international development partners' resources made it possible for a number of international and non-governmental organizations to develop and carry out programmes and actions to prevent prenatal sex selection and sex-selective abortions.
101. Hence, World Vision Armenia implements the "Caring for Equality" project in 2016-2019, funded by World Vision International. The project aims at

1 Interview: Lusine Sargsyan, Head of Legal Analysis Department, Human Rights Defender's Staff.

2 Interviews: Karine Saribekyan, Head of Mother and Child Health Department; Gayane Avagyan, Head of Maternal and Reproductive Health Division, Mother and Child Health Department, RA Ministry of Health, September 23, 2016 and September 26, 2016.

“changing harmful stereotypical attitudes on gender and prevent behaviours and practices with adverse impact on women and girls and seek an environment where girls and boys are born and valued equally.”¹ World Vision Armenia will try to eliminate the motivation behind prenatal sex selection throughout Armenian communities, by intentionally engaging men, women and youth in creating respectful and healthy family relationships, and raising awareness of and appreciating the roles women and girls play in the society.”² The project is implemented in Gegharkunik, Aragatsotn, Tavush, Shirak marzes (regions) and Kanaker-Zeytun administrative district of capital Yerevan. It rolls out to 510 couples/1020 persons and 1050 youth; about 600 families are involved in the ‘Celebrating Families’ model.³

102. In 2012-2013, the United Nations Children’s Fund and UNFPA Armenia carried out activities in preparation to address the issue of gender-biased sex selection, which were followed by development of a framework for a research project on gender-biased prenatal sex selection in Armenia, to be implemented by the UNICEF Swiss National Committee and the University of Zurich with the Women’s Resource Center NGO. The main research activities were launched in April 2016 and will last till October 2017. The research aims at revealing the root causes underlying prenatal sex selection in Armenia and analysing the social norms of such practices. The findings of the research may promote advocacy and awareness-raising campaigns and activities to develop proposals on public policy and regulation. The research methodology is based on vignette studies and Implicit Association Test, to be followed by quantitative methods. Vignette studies will be applied in three marzes (regions) with the highest, medium and lowest prenatal sex selection coefficients and will target 300 households. The vignettes will allow the research team to measure the practices of sex-selective abortions from two perspectives: appreciation of female children and decision-making capacity of the family. The Implicit Association Test will help to reveal the implicit discrimination against female children among the wives, husbands and husbands’ mothers sharing households.⁴

103. Sex imbalance at birth in Armenia and its prevalence and causes revealed by the UNFPA research studies in 2011, as well as the submitted recom-

1 See <http://www.wvi.org/armenia/caring-equality>

2 Ibid,

3 Ibid. Also: Interview: Sevan Petrosyan, Project Manager for Caring for Equality Project, World Vision Armenia, September 20, 2016.

4 Interview: Lusine Yeremyan, Head of Child Rights Monitoring and Evaluation Unit, United Nations Children’s Fund in Armenia.

mentations also served as a basis for the Staff of the RA President's Office to provide funding for grant projects under a call for proposals for reproductive health and prevention of sex-selective abortions, launched by the Youth Foundation of Armenia in 2013-2015.

104. Within the above-mentioned period, 'Haghartsin' Youth NGO, 'Student Center of Non-State Higher Educational Institutions' NGO, 'Agate' Center for Women with Special Needs NGO, 'Disability Info' information NGO, 'Socio-psychological and Statistical Research Center' NGO, 'Lusine' Women's NGO, 'Huysi Metsamor' NGO, 'Paros' Center Development of Education and Culture for Persons with Disabilities NGO, 'Social and Youth Workers' NGO, 'With a Right of Choice' health NGO, 'Ekho' disability rights NGO, 'Lori Development Center' NGO, 'Vostayn Hayots' Educational and Cultural NGO, 'Youth Republic' social NGO and 'Adult Education and Lifelong Learning' NGO implemented public-awareness raising and educational projects on reproductive and sexual health, infertility, safe motherhood, as well as prenatal sex selection and the adverse effects of sex-selective abortions in Yerevan and a number of RA marzes.¹

¹ Interview: Arusyak Poghosyan, Head of Project Implementation Service, Youth Foundation of Armenia, September 24, 2016. YFA's Programmes on Reproductive Health and Prevention of Sex-Selective Abortions Factsheet.

5. Consolidating Public Effort within Public Policies and Programmes

5.1. Public awareness campaigns and advocacy

105. The public policy on prevention of gender-biased sex selection attaches a great importance to public awareness campaigns on consequences, manifestations and causes of prenatal sex selection and sex-selective abortions as well as steps taken to eliminate such practices.

106. Hence, along with the need for legal regulation of sex-selective abortions, the Action Plan of the National Strategy for Protection of Human Rights adopted by the RA Government in February 2014 also highlights the necessity of developing campaigns to raise general awareness of this topic.¹

107. Public awareness campaigns and advocacy efforts range among the key actions of the State Programme to Prevent Sex-Selective Abortions approved by the RA MoH and RA MLSA in May 2015.² In particular, Para. 2 and 3 of the Programme refer to the following actions for 2015-2016: raising public awareness of harmful effects of sex-selective abortions, legal awareness and implementation of systematic preventive measures, as well as capacity building of healthcare, social, educational service providers and organiza-

1 RA Government Decree N° 303-N on Approving the Action Plan of the National Strategy on Human Rights Protection, adopted on February 27, 2014, effective since April 12, 2014.

2 Programme 2015-2017 on Preventing Sex-Selective Abortions and its Action Plan Timetable approved by the Joint Order N° 1129-U and N° 75-W/1 of the the RA Minister of Health and the RA Minnister of Labor and Social Affairs of May 2015; the Action Plan included the actions found in the EU-funded 'Combating Gender-Biased Sex Selection in Armenia' Project implemented since May 1, 2015 by International Center for Human Development NGO, Stitching Save the Children Netherlands, Armavir Development Center NGO, Martuni Women's Community Council NGO and Save the Children International.

tions to prevent sex-selective abortions.

108. Subparagraph 2.1.1 of the State Programme refers to developing various tools for the public campaign to prevent sex-selective abortion, which should be based on specific regional features and capacities. The Community of Practice of Local Participation and Non-Discrimination (CoP) created by ICHD brings together over 400 trained members, who developed public awareness campaign tools to prevent gender-biased sex selection on the causes and effects of son preference, adverse consequences of sex-selective abortions, non-discrimination against women and girls, low birth rate issues and other related topics.
109. According to subparagraph 2.1.2 of the State Programme, it is expected to organize public awareness campaigns to prevent sex-selective abortions in marzes and Yerevan. The activities include setting up advisory working groups in the marzes and community active groups (CAG) in 25 communities; providing training for their member of these groups; organizing 50 meetings with community residents; developing and disseminating informative, educational and communication materials; broadcasting 48 radio and TV programmes on the issue via regional radio and television companies, and initiating discussions in social networks.
110. Under the State Programme, the members of CoPs both in the regions and capital received relevant trainings. In addition, community active groups were created which carried out public awareness campaigns and educational activities on gender-biased sex selection locally.
111. Particularly, during the first year of the project CAGs led by the project partner organizations, STC, ADC and MWCC held over 140 public events for around 3.560 community residents, targeting the root causes and effects of the gender-biased sex selection.
112. In addition, information, educational and communication leaflets were developed, printed and distributed among target population groups to prevent gender-biased sex selection. These materials aimed at change the current stereotypical approaches and attitudes to girls and women. The information leaflets emphasize the ideas of attaining equal value and equal rights for male and female children and are targeted at women, men and their parents, as the latter often play influential roles in the reproductive decisions of the couples. Overall, 200,000 leaflets and 250 posters were

printed with most of them distributed among the population during the first year of the project. The posters were mostly distributed to the medical facilities throughout the country.¹

113. In addition, during the first year of the project, STC coordinated the preparation and broadcast of 17 programmes and interviews via a number of national, regional and local TV and radio channels. ADC and MWCC also developed a series of programmes on the issue and broadcast them on regional and local TV and radio channels under the project.

114. These programmes were rebroadcast at a later stage as well, and all these efforts ensured an indirect audience of more than 330.000 people country-wide only during the first year of the project, which makes up 10% of national television and radio audience. Thus, during the first year of implementation of the State Programme, the partner organizations broadcast 27 of the overall 48 programmes, with the financial support of the EU. During this time two public service announcements (PSA) on the causes, ways and effects of the gender-biased sex selection were prepared and broadcast via social networks and a number of TV channels. The PSAs had more than 14.000 views.²

115. Along with the actions mentioned above, a month-long campaign for combating gender-biased sex selection was carried out within the 'Mothers' Club' TV show on the Public TV of Armenia, which addressed the issue of sex-selective abortions, showed videos and held interviews with relevant experts 3-4 times a week.³

116. To ensure discussions in social networks as provided under the State Programme, the project participants and partners regularly post on social media platforms and websites thematic materials, videos, articles and programmes on the causes, consequences and ways of prevention of gender-biased sex selection. In August 2015, under the EU-funded project the partners set up a group on Facebook. It opens up an opportunity for the stakeholders addressing the issue to exchange knowledge and experience and hold discussions in a secure environment. During the first year of the

1 International Center for Human Development, 'Combating Gender-Biased Sex Selection in Armenia' Project, interim report May 1, 2015 - April 30, 2016.

2 <https://www.youtube.com/watch?v=eSSJkVxKmk>, <https://www.youtube.com/watch?v=IQakxxc3Usg>

3 Interview: Mery Nersisyan, 'Family Academy' NGO, September 22, 2016.

project the Facebook group had 900 members.¹

117. Under the State Programme, public awareness actions were carried out by 20 regional and capital-based NGOs that received sub-grants under the EU funded project “Combating Gender-Biased Sex Selection in Armenia”. The public awareness campaigns included screening short documentaries about sex selection without clinical indications, community meetings, capacity-building trainings, film screenings and discussions, flash mobs, interactive stage presentations and publication of a comics.²
118. The strategic direction ‘Ensuring Lifelong Learning for Reproductive Health Professionals and Increased Public Awareness’ of the Strategy on Reproductive Health Improvement and its Action Plan for 2016-2020 approved by the RA Government in June 2016 includes the following actions for 2016-2018: organization of public awareness campaigns addressing the issue of equal appreciation of female children and prevention of gender-biased sex selection, and development and introduction of guidelines to prevent sex-selective abortions for the public.³
119. The new strategy on ensuring equal rights and equal opportunities to women and men in RA and its action plan, which currently are being developed by the RA Government, also address the need for public awareness raising campaigns and actions to prevent sex-selective abortions.⁴
120. Public awareness and advocacy campaigns played a central role in a number of projects on prenatal sex selection implemented by UNFPA Armenia in 2011-2016. The public awareness, education and advocacy campaigns targeted both specific groups and the public at large with a view to change the perceptions and ideas underlying son preference and to develop a social milieu where prenatal sex selection without any medical indications is considered morally reprehensible and unacceptable.

1 <https://www.facebook.com/groups/409020602617094/>

2 International Center for Human Development, ‘Combating Gender-Biased Sex Selection in Armenia’ Project, interim report May 1, 2015 – April 30, 2016. Interviews: Project participants, September 13, 2016-September 22, 2016 /references/.

3 RA Government Protocol Decree № 24 on Approving the Strategy on Reproductive Health Improvement and Action Plan 2016-2020 of June 23, 2016.

4 Interview: Armenuhi Tanashyan, Deputy Head of Department for Family, Women’s and Children’s Issues, Head of Division for Women’s Issues, RA Ministry of Labor and Social Affairs, September 26, 2016.

121. The advocacy campaigns aimed at overcoming the resistance and sceptical arguments and making the mass media, the public, professional, academic and official circles, civil society, donor and faith-based organizations aware of the issue of sex-selective abortions in Armenia. Another goal was to bring about a change in perceptions regarding the issue by emphasizing its negative impact in terms of long-term development and stability of the people and the state. The awareness-raising campaigns aimed also at promoting research on further identification of the reasons for sex-selective abortions, and study of ethical and social policy issues. Another component was to bring together the stakeholders to develop and put into practice a comprehensive and coherent action plan to prevent gender-biased prenatal sex selection.¹

122. The focus of the discussions on capacity-building among opinion leaders and decision makers, and on the effective ways to raise public awareness gradually shifted from manifestations of gender-biased sex selection and causes of sex-selective abortions to one of the preconditions of sex-selective abortions, namely son preference. The key actors clearly saw that in this case, as the popular wisdom goes, 'it is easy to scratch one's eye out instead of straightening their brow', (mess up things instead of improving them) and were mostly guided by the principle 'Do no harm!'. In this regard, the contents of public campaign messages in most cases underwent a thorough peer review that prevented (as far as possible) any unwanted shift of the discussion on sex selective abortions to the general topic of abortions and 'pro-life vs. pro-choice' confrontation. In Armenia the rate of using contraceptives, and especially modern means and methods of contraception, was too low both during the Soviet times and in the two and half decades of independence. Therefore, abortion served as the main means to avoid unwanted pregnancies. In this sense, the Armenian society showed a predominantly pro-choice behaviour, which was however in some cases also accompanied by mostly demonstrative, emotional and irrational manifestations of pro-life system of values in the society.²

123. The UNFPA Armenia initiatives included awareness-raising campaigns with the involvement of the mass media; distribution of leaflets; film screenings and forum theatres; educational activities with young people; and photo

1 Interview: Tsovinar Harutyunyan, Programme Officer; Mher Manukyan, Communication Assistant; UNFPA Armenia Country Office, September 13, 2016.

2 Such combination of pragmatic and value contrasts is reminiscent of the combination of *honne-tatemae* system well-known in the Japan society; Interview with ICHD staff.

exhibitions among others. These activities were intended to promote equal value of female and male children, to present the reasons and effects of sex selection for non-medical indications, the problems caused by sex selection and sex-selective abortions and the ethical subtleties of the issue.¹

124. Mass media played a significant role in the campaigns. Experts unanimously hold to the view that in this respect numerous individual journalists had a positive role in the awareness raising activities due to their non-partisan and concerned engagement, and their willingness to make a personal contribution to combating gender-biased sex selection. However, the preliminary findings of the mass media monitoring, conducted by ICHD, come to show that the mass media may play both positive and somewhat negative roles in shaping the public opinion on equal rights and opportunities for women and men. The mass media publications still reproduce a number of stereotypes serving as a basis for son preference. The current mass media practices and rules of the game in the information field, issues of professional ethics and capacities, and the lack of journalistic and editorial ‘filters’ in this area make it possible for actors, who pretend to be conservative but in fact are quite obviously radical, to fight against gender equality, preach discrimination, promulgate and demonstrate intolerance and serve foreign interests. Thus they challenge the values of non-discrimination, mechanisms and actors of protecting human rights, and therefore, they jeopardize the security of the Republic of Armenia, and all these under the disguise of protecting the Armenian traditional values.

125. All the UNFPA Armenia research studies on sex imbalances at birth and sex-selective abortions in the country were widely covered by the mass media and presented to the general public, including government agencies, academic circles, health providers, civil society, representatives of donor and faith-based organizations. Overall, in 2011-2016 the UNFPA Armenia Country Office representatives took part in more than 330 television and radio broadcasts on the issue, ensured its extensive coverage by local and international media and presented the current state of affairs in a series of press conferences and publications.²

1 Interview: Tsovinar Harutyunyan, Programme Officer; Mher Manukyan, Communication Assistant; UNFPA Armenia Country Office, September 13, 2016; UNFPA Factsheet on Actions Taken under Combating Gender-Biased Sex Selection.

2 Interview: Tsovinar Harutyunyan, Programme Officer; Mher Manukyan, Communication Assistant; UNFPA Armenia Country Office, September 13, 2016; UNFPA Factsheet on Actions Taken under Combating Gender-Biased Sex Selection.

126. In 2013, UNFPA Armenia presented a documentary on sex imbalances at birth in Armenia screened both for the general public and health providers, decision makers, public and political actors. Also, upon the request of the RA MoH, UNFPA developed leaflets on the adverse effects of sex-selective abortions for young parents and other target population groups. The leaflets were printed in 10,000 copies and distributed among people in Yerevan and all the RA marzes. Besides, in 2015, UNFPA published a manual for healthcare providers to help them identify and prevent potential cases of gender-biased sex selection.
127. In 2012, the UNFPA Armenia Country Office awarded special prizes to the authors of the best coverage on sex-selective abortions in Armenia under 'Na/Ne' annual media competition, and the contest of TV and radio coverage of women's issues announced by the Institute for War and Peace Reporting Armenia Branch. Also, to ensure a comprehensive understanding and proper coverage of the issue, in 2013 UNFPA Armenia Country Office held a meeting for journalists with Dr Christophe Guilmoto, a renowned expert on prenatal sex selection.¹
128. Among the UNFPA awareness raising campaigns, the book "*Lost Balance: Son Preference in Armenia*" published in 2012 is also noteworthy. Its short stories and photos voice the issue of disproportionate son preference in Armenia. Also, in 2013, the play "*Unprecedented Interactive Hearing of Case of the Stolen Rainbow*" was written and staged in all the marzes by the 'Theatre for Changes' Interactive Forum Theatre, with the support of UNFPA Armenia. The play targets the issues of son preference and sex-selective abortions in Armenia.
129. In 2013, 'Ne' symbol of girl child was created and widely disseminated. In 2014-2015, World Vision Armenia, United Nations Children's Fund and STC organized the performance of the play 'Ne's Journey' in a number of communities in Yerevan and marzes. Also, in 2015, UNFPA Armenia and Mediamax Media Company jointly announced the essay contest 'My Daughter'. Its aim was to highlight the value and importance of a girl child in the family and society, and to contribute to strengthening the principle of gender equality and to reduce prenatal sex selection.
130. Also, at the initiative of the RA MoH and UNFPA Armenia, the RA MoH National Institute of Health named after academician S. Avdalbekyan hosted

1 Ibid.

the event “What about you? Do you have a daughter?”. In parallel, a Facebook flash mob was launched with the same title, showcasing photography about fathers and daughters. Together with these events, a short documentary broadcast by ArmNews TV Company once again attracted the public attention to the issue of sex-selective abortions in Armenia.¹

131. The project mentioned earlier, “Caring for Equality Project” by World Vision Armenia, includes public campaigns and advocacy actions promoting transformation of gender norms. Public awareness and educational campaigns are implemented in Gegharkunik, Aragatsotn, Tavush and Shirak, and Kanaker-Zeytun administrative district of Yerevan. These campaigns aim at promoting the active involvement of families in transformation of harmful social norms and at involving teenagers, young people, active community groups and priests in actions to promote gender equality.²
132. The projects on preventing prenatal sex selection carried out in 2013-2015 and funded by the grants of the Staff of the RA President’s Office were mostly aimed at public awareness, educational and advocacy campaigns and behaviour change communication.³ For instance, under the project “I Want to Live”, the students of higher educational institutions held month-long awareness raising campaigns to prevent sex-selective abortions.
133. In 2013, filmmaker Adrineh Grigoryan presented the documentary ‘Bavakan’ (‘Enough’), which once again touched on the issue of abortions and appreciation of female children in Armenia.⁴
134. Generally, the findings of the expert interviews and review of various project reports show that the extensive and consistent awareness raising cam-

1 Interview: Tsovinar Harutyunyan, Programme Officer; Mher Manukyan, Communication Assistant; UNFPA Armenia Country Office, September 13, 2016; UNFPA Factsheet on Actions Taken under Combating Gender-Biased Sex Selection.

2 Interview: Sevan Petrosyan, Project Manager, Caring for Equality Project, World Vision Armenia, September 20, 2016. Caring for Equality Project Factsheet.

3 Interview: Arusyak Poghosyan, Head of Project Implementation Service, Youth Foundation of Armenia, September 24, 2016. YFA’s Programmes on Reproductive Health and Prevention of Sex-Selective Abortions Factsheet.

4 Interviews: Arusyak Poghosyan, Head of Project Implementation Service, Youth Foundation of Armenia, September 24, 2016. YFA’s Programmes on Reproductive Health and Prevention of Sex-Selective Abortions Factsheet; Sevan Petrosyan, Project Manager, Caring for Equality Project, World Vision Armenia, September 20, 2016,

<http://www.yerkir.am/news/view/53175.html>:

paigns carried out within the frameworks of various projects, have mostly ensured that the relevant indicator in the State Programme is achieved, i.e. implementation of public awareness raising actions, actions aimed at enhanced legal awareness and systematic preventive measures. In some cases the implemented activities have even exceeded the number and coverage of the actions mentioned in the Action Plan.¹ According to the participants of expert interviews, the high efficiency and intensity of large-scale public awareness and educational campaigns are the key factors underlying the positive changes in perceptions, attitudes and, in many cases, behaviours related to gender-biased sex selection among target and beneficiary groups.²

135. The analysis of the key components and actions of the State Programme, study of the actions taken by partner organizations with the support of EU, and the findings of the review of the programmes of international and non-governmental organizations and expert interviews suggest that the public policy to prevent gender-biased sex selection and particularly its educational and awareness-raising campaigns gradually shift the focus of their messages from sex-selective abortions to appreciation of female children in the society, gender non-discrimination, and change in perceptions among families about bringing-up girls as a 'burden'. As a result, it is expected to achieve an equal appraisal of female children, which may contribute to reduced gender-biased sex selection for non-medical indications.

5.2. Institutional Cooperation

136. The section reviews the various formats of institutional cooperation between the agencies and organizations involved in combating gender-biased sex selection, coordination of their activities and the existing relations.

137. In June 2015 the RA MoH, RA MLSA and ICHD signed a Memorandum of Cooperation, the goal of which was to contribute to the implementation of several key policies: (a) the actions under the *National Programme against*

1 Karine Saribekyan, Head of Mother and Child Health Department, RA Ministry of Health, September 23, 2016.

2 Interviews: project participants, September 13, 2016-September 22, 2016 /references/.

Gender-Based Violence approved by the RA Government Protocol Decree № 23 of June 17, 2011; (b) the actions and measures under the *Strategic Program 2011-2015 against Gender-Based Violence* approved by the RA Government Protocol Decree № 23 of June 17, 2011; (c) *Annual Action Plan for 2015 on Prevention of Gender-Based Violence* approved by the RA Government Protocol Decree № 13 of March 26, 2015; (d) the RA Prime-Minister's Recommendation № 02/14.7/5916-15 on Implementing Comprehensive Actions to Address the Issue of Sex-Selective Abortions of April 11, 2015; and (e) State Programme 2015-2017 on Preventing Sex-Selective Abortions approved by the joint Order №1129-A of the RA Minister of Health of May 8, 2015 and №75-Ս/1 of the RA Minister of Labour and Social Affairs of May 13, 2015.

138. By signing the document, the parties also expressed their willingness to cooperate under the EU-funded project “Combating Gender-Biased Sex Selection in Armenia”¹, as the actions of the project were mostly included in the State Programme 2015-2017 on Preventing Sex-Selective Abortions. The EU-funded project generally aims at contributing to reduced gender-biased sex selection rates in Armenia. The project is expected to result in at least 10% reduction in the sex-selective abortion rate and at least 15% positive change in the knowledge, attitudes and perceptions among RA population on gender-biased sex selection.²

139. To ensure concerted action during the implementation of the project, in May, 2015-October, 2016, the project partners, led by ICHD, held 15 coordination meetings attended by representatives of governmental, non-governmental and international stakeholder organizations. In addition, to discuss the project's strategic management issues, in July 2015 a Project Steering Committee was set up, comprising more than 20 members of stakeholder organizations that represent legislative and executive powers, most active civil society organizations and international development partners, including the RA National Assembly Standing Committees, RA MLSA, RA MoH, RA Ministry of Education and Science (MES), RA Ministry of Territorial Administration, RA Ministry of Justice, RA Police, Human

1 The Project has been implemented since May 1, 2015 by International Center for Human Development NGO jointly with Stitching Save the Children Netherlands (Save the Children Netherlands), Armavir Development Center NGO, Martuni Women's Community Council NGO and Save the Children International, with the financial support of the European Union,

2 Combating Gender-Biased Sex Selection in Armenia, <http://ichd.org/?laid=1&com=module&module=static&id=1089>.

Rights Defender of the Republic of Armenia, Public Council of the Republic of Armenia, RA NSS, UNFPA, OSCE, and the Armenian Apostolic Church.¹

140. One of the key project tools is the Community of Practice of Local Participation and Non-Discrimination (CoP) functioning in all marzes and in Yerevan. It has more than 400 members: representatives of regional administrations, standing committees on gender issues at regional governor's offices (marzpetarans), as well as representatives of civil society organizations, human rights activists, representatives of local higher educational institutions, mass media and faith-based organizations, service providers, including healthcare providers at obstetrics facilities, social workers, police officers, development experts and community leaders.² Each of the CoP working groups includes an average of about 37 members, which exceeds the intended target of 20 .
141. The CoP was set up based on the opinions and observations of all the stakeholders: STC, ADC, MWCC, RA MoH, RA MLSA, RA Ministry of Justice, RA Ministry of Territorial Administration, local government, regional commissions on gender issues and other concerned government agencies, NGOs and development organizations.
142. The CoP is critical for advocacy and awareness raising campaigns on sex-selective abortions since it serves as the primary means to involve local communities in an effective dialogue on gender-biased sex selection issues.³
143. During the implementation of the project, the CoP expanded to include active civic groups, active community groups and representatives of civil society organizations engaged in awareness and capacity-building activities through the sub-grant funds provided under the project.
144. To avoid possible overlaps, ICHD coordinates the project actions with other organizations dealing with the issue.
145. While implementing their project activities, UNFPA Armenia and World

1 International Center for Human Development, 'Combating Gender-Biased Sex Selection in Armenia' Project, interim report May 1, 2015 - April 30, 2016.

2 Ibid.

3 International Center for Human Development, 'Combating Gender-Biased Sex Selection in Armenia' Project, interim report May 1, 2015 - April 30, 2016. Interview with Project participants.

Vision Armenia cooperate closely with the RA Government, regional and local governments, international and local organizations, the Armenian Apostolic Church, educational and health institutions, local and regional women and child protection agencies and networks.¹

5.3. Building capacity for public awareness and advocacy

146. In its actions to reduce sex imbalances at birth and prevent sex-selective abortions without clinical indications, the government highlighted the need for capacity building of the government agencies, civil society organizations, doctors and community and faith-based organizations. In particular, the 3rd component of the State Programme addresses the capacity-building of health, social and educational service providers and organizations on prevention of sex-selective abortions so that further awareness and advocacy campaigns are carried out.
147. Also, the strategic direction ‘Ensuring Lifelong Learning for Reproductive Health Professionals and Increased Public Awareness’ of the Strategy on Reproductive Health Improvement and its Action Plan for 2016-2020 approved by the RA Government in June 2016 aims at improving the knowledge and counselling skills of health providers to prevent sex-selective abortions in 2016-2017.²
148. As mentioned earlier, capacity building for civil society organizations, human rights activists, regional offices of government agencies, local governments and community leaders to prevent sex selection without clinical indications are among the key actions implemented under the Programme.
149. Particularly, to provide the local civil society organizations, community leaders and authorities with the necessary knowledge and skills to ensure awareness raising and consistent advocacy at the local level, ICHD developed training modules to ensure capacity building of the CoP members

¹ Interview: Sevan Petrosyan, Project Manager, Caring for Equality Project, World Vision Armenia, September 20, 2016.

² RA Government Decree N° 24 on Approving the Strategy on Reproductive Health Improvement and its Action Plan for 2016-202 dated June 23, 2016.

within the framework of the project “Combating Gender-Based Sex Selection in Armenia”. These modules include tools to prevent gender-biased sex selection, gender discrimination, gender-based violence and other practices; and to promote reproductive rights. In addition, there are components on effective communication, leadership and advocacy skills. In May 2015-April 2016, more than 270 CoP members attended 2-day trainings held in all the marzes of Armenia and Yerevan.¹

150. The assessment following the trainings offered in the first year of the project shows that the CoP members who attended the trainings noticed significant changes in their knowledge, approaches and perceptions. In particular, the training evaluation data show that the knowledge of the target group improved by 50% instead of the projected 15%. According to the evaluation data, the most significant improvement in effective communication, negotiation and advocacy skills was identified in Tavush (74%) and the least in Yerevan and Aragatsotn (38%). The highest level of knowledge increase on themes of reproduction, reproductive health and rights, sex ratio at birth, gender stereotypes and gender-biased sex selection without clinical indications was identified in Vayots Dzor (69%) and the lowest level was identified in Syunik (23%).²
151. The evaluation of the above-mentioned trainings shows that each 3rd participant has reported 30-40% knowledge increase. Around 12% of the participants believe that after the trainings their awareness of the topics improved by 20-30% and as many participants reported a 40-50% increase in their knowledge and skills. Each 4th participant stated that their knowledge level had risen by 50-100%. Only 1.8% of participants rate their change in relevant knowledge below 20%.
152. Within the project ICHD has also assisted the CoP members and a number of sub-grantees, local NGOs, in developing campaign tools based on local needs and features. Thus, ICHD assisted all actors in developing and distributing information materials on the causes and consequences of son preference, low birth rate, sex-selective abortions and related topics. Also, to develop comprehensive campaign tools for preventing gender-biased sex selection, ICHD held trainings and online counselling on masculinity

1 International Center for Human Development, ‘Combating Gender-Biased Sex Selection in Armenia’ Project, interim report May 1, 2015 - April 30, 2016. Interviews with Project participants.

2 Ibid.

and femininity stereotypes, gender roles and expectations, adverse social consequences of gender-biased sex selection, as well as effective communication aimed at behaviour change.¹

153. These capacity building were also attended by the members of civic active groups (CAG) set up under the project in the marzes and Yerevan, with the goal of holding awareness raising, educational and advocacy events. The groups comprise representatives of the regional offices of governmental agencies, police officers, local civil society organizations, civil acts registration office staff members, community leaders, healthcare providers, journalists and members of faith-based organizations. Within the first year of the project, 25 active civic groups were set up with 680 members in 22 communities in 10 marzes and three administrative districts of Yerevan. The CAG facilitators were selected from the CoP members²
154. The capacity building trainings organized by STC for the CAGs addressed topics such as reproductive health and gender-biased sex selection, communication principles aimed at behavioural change, and community mobilization techniques.
155. In the first year of the project, STC held 46 capacity-building and counseling meetings. ADC held 36 meetings in six communities of Ararat, Aragatsotn and Armavir, which is more than half of the 66 meetings scheduled under the whole project. MWCC held 45 meetings in nine communities of Kotayk, Gegharkunik, Lori and Tavush and intends to hold 44 more meetings during the second year of the project. The subsequent meetings covered topics such as enhancing women's role in the society, identical treatment towards male and female children, positive parenting, developing skills for collaborating with communities, event planning, implementation and evaluation principles and approaches.³
156. Along with the above-mentioned actions, in October 2015 jointly with the RA MoH, STC organized 11 seminars for 125 health providers in Martuni, Gavar, Sevan, Stepanavan, Vanadzor, Artik, Gyumri, Yeghegnadzor, Vayk,

1 International Center for Human Development, 'Combating Gender-Biased Sex Selection in Armenia' Project, interim report May 1, 2015 – April 30, 2016. Interviews with Project participants.

2 Ibid.

3 International Center for Human Development, 'Combating Gender-Biased Sex Selection in Armenia' Project, interim report May 1, 2015 – April 30, 2016. Interviews with Project participants.

Abovyan and Hrazdan. The target groups of the trainings included health-care providers at prenatal care and obstetrics facilities, who are the primary medical contacts with pregnant women, ultrasound scanning specialists and gynaecologists. This training focused on ethical use of medical technologies for determination of foetal sex and improvement of counselling skills. The trainers used the UNFPA clinical guidelines for healthcare providers. The information, educational and communication materials used at the trainings were approved by the RA MoH.¹

157. Capacity building trainings for doctors and educators were also held by a number of CoP NGOs, which were funded by the sub-grants provided under the EU-supported project.²

158. While no comprehensive and systemic assessment of the structure, implementation and identified outcomes of the EU-funded project has been made yet, most of the participants of expert interview conducted for this Monitoring Report highlighted its effectiveness and recent positive changes in the knowledge, perceptions, attitudes and in some cases even behaviour among its target beneficiary groups towards gender-biased sex selection. As a result, in many cases, decisions on sex-selective abortions were reverted.³

159. Along with the increase in the knowledge and skills as identified by the interim evaluations of the above-mentioned capacity building actions, the interviewed CoP members, CAG facilitators and representatives of grantee NGOs mention of positive changes in their own 'son-cantered' stereotypic thinking and their attitudes towards the issue.⁴

160. The interviewees particularly highlighted the significance of capacity building and awareness raising activities targeting doctors, teachers, young couples and priests. They believe that such activities result in positive transformations regarding the role of women in the society, gender equality and gender-biased sex selection. According to them, the society has recently started to view gender-biased sex selection as unacceptable.⁵

1 Ibid.

2 Interviews with Project participants, September 13, 2016-September 22, 2016 /references/.

3 Ibid.

4 Ibid.

5 Interviews: Project participants, /references/. Karine Saribekyan, Head of Mother and Child Health Department, September 23, 2016; Gayane Avagyan, Head of Maternal

161. Nevertheless, the interviewees emphasize the need for ensuring the sustainability of capacity building and awareness raising actions, given the still persistent public demand for gender-biased sex selection driven by the socio-cultural perceptions of son preference, access to technologies and the possibility of determining the sex of the foetus, and the continuing tendency of low birth rates in the country. The interviewees particularly highlighted the actions aimed at training and capacity building of doctors, as some of them are still sceptical and refuse to acknowledge a sex selective abortions in Armenia as a problem.¹
162. During the UNFPA activities to identify and address the issue of sex-selective abortions in Armenia, capacity building actions on gender-biased sex selection, gender equality, women's empowerment and combating gender-based violence were carried out for the RA Government, RA NA, the Armenian Apostolic Church, faith-based organizations, social sector representatives, healthcare providers and students²
163. Likewise, the project "Caring for Equality" implemented by World Vision Armenia in Gegharkunik, Aragatsotn, Tavush and Shirak and in Kanaker-Zeytun administrative district of Yerevan, aiming to transform the harmful stereotypical attitudes and behaviours towards girls and women in the Armenian society and to contribute to equal appreciation of girls and boys, targets men, women and young people in its community activities. The project and particularly highlights the role of community social workers in early identification and prevention of gender-based violence and sex selection practices in families. To this end, along with the explanatory activities for couples and families, the project includes capacity building and training activities for 40 social workers on early identification, prevention and addressing incidents of gender-based violence.³
164. The analysis of the expert interviews and relevant reports shows that

and Reproductive Health Division, Mother and Child Health Department, RA Ministry of Health, September 23, 2016 and September 26, 2016; Tsovinar Harutyunyan, Programme Officer; Mher Manukyan, Communication Assistant; UNFPA Armenia Country Office, September 13, 2016.

1 Interviews: Save the Children International, September 14, 2016. Armenian Association of Young Doctors; Presentation of actions taken under the Project, October 7, 2016.

2 Interview: Tsovinar Harutyunyan, Programme Officer; Mher Manukyan, Communication Assistant; UNFPA Armenia Country Office, September 13, 2016.

3 Interview: Sevan Petrosyan, Project Manager, Caring for Equality Project, World Vision Armenia, September 20, 2016. Caring for Equality Project Factsheet.

the capacity building actions for healthcare, social and education service providers and organizations, as set out under Component 3 of the State Programme, generally comply with the commitments of the government and the partners implementing the EU-funded project “Combating Gender-Biased Sex Selection in Armenia”. The measures taken by the government and non-governmental partners in the first year of the mentioned project have created the necessary basis for shaping a proactive environment conducive for the implementation of targeted sectorial policies.

6. Influencing Public Policy to Prevent Gender-Biased Sex Selection¹

6.1. Policy research, analysis and recommendations

165. The first component of the State Programme 2015-2017 on Preventing Sex-Selective Abortions focuses on the analysis of the policy to prevent prenatal sex selection and sex-selective abortions and development of a series of recommendations on policies, legal regulations and institutional reforms.¹
166. In particular, Subparagraph 1.1 of the State Programme prescribes research of RA policies to prevent sex-selective abortions. To this effect, two comprehensive research studies on the policies in healthcare and social sectors to prevent gender-biased sex selection were conducted under the State Programme in the monitoring period.
167. Particularly, in 2016 ICHD analysed healthcare policies and practices of preventing sex selection.² To assess the impact of the Republic of Armenia's healthcare public policy to prevent gender-biased sex selection and to provide feasible and valid policy recommendations, the relevant international practices, including those of professional ethics of restricting sex-selection

¹ Programme 2015-2017 on Preventing Sex-Selective Abortions and its Action Plan Timetable approved by the Joint Order № 1129-Ս and № 75-Ս/1 of the RA Minister of Health and the RA Minister of Labour and Social Affairs of May 2015; the Action Plan included the actions as found in 'Combating Gender-Biased Sex Selection in Armenia' Project funded by the European Union and implemented since May 1, 2015 by International Center for Human Development NGO, Stitching Save the Children Netherlands, Armavir Development Center NGO, Martuni Women's Community Council NGO and Save the Children International.

² <http://ichd.org/?laid=2&com=module&module=static&id=1104>

without clinical indication, were analysed, as well as the legal regulations, public policies and programmes in the healthcare sector.

168. To assess the impact of the Republic of Armenia's public policy in the social sector to prevent gender-biased sex selection, social policies and practices of preventing sex selection were analysed. The study included an analysis of the social sector legal acts, strategic policy papers and national programmes, of women's involvement in the labour force and the international practices of expanding women's opportunities to combine their employment and childcare, and a desk review of relevant research reports and other publications in order to provide an overview of the current situation and identify relevant. The analysis include a list of recommendations as well.¹
169. The conclusions and recommendations resulting from ICHD's two extensive research studies on relevant policies in healthcare and social sectors were later used by the relevant agencies of the RA MoH and RA MLSA to develop policies to prevent gender-biased sex selection.²
170. In particular, the RA MLSA submitted a series of recommendations resulting from ICHD's analysis of social affairs policies and practices of preventing sex selection to be included in the new Strategy on Equal Rights and Equal Opportunities for Women and Men in RA and its Action Plan.³
171. This Monitoring Report is also one of the actions aimed at researching policies to prevent gender-biased sex selection in RA, as set out under Component 1 of the EU-funded project. In addition, within the framework of the EU-funded Project, a research study will be conducted in in 2016-2017 on women's reproductive behaviour, sex-selective abortions and their underlying causes and specifics.
172. Along with the research mentioned above, in August 2015 the RA MoH approved a research study on women's reproductive behaviour, abortions

1 <http://ichd.org/?laid=2&com=module&module=static&id=1095>

2 Interviews: Karine Saribekyan, Head of Mother and Child Health Department, RA Ministry of Health, September 23, 2016; Armenuhi Tanashyan, Deputy Head of Department for Family, Women's and Children's Issues, Head of Division for Women's Issues, RA Ministry of Labor and Social Affairs, September 26, 2016.

3 Interview: Armenuhi Tanashyan, Deputy Head of Department for Family, Women's and Children's Issues, Head of Division for Women's Issues, RA Ministry of Labor and Social Affairs, September 26, 2016.

and causes of giving birth to a small number of children implemented in pursuance of the RA Government Protocol Decree № 29 on Approving the National Programme 2007-2015 on Reproductive Health Improvement and its Action Plan dated July 26, 2007 and Para 1.4 of the joint Order №1129-A on Approving State Programme 2015-2017 on Preventing Sex-Selective Abortions and its Action Plan of the RA Minister of Health of May 8, 2015 and №75-Ս/1 of the RA Minister of Labour and Social Affairs of May 13, 2015.¹

173. The regional research project ““Missing girls” in the South Caucasus Countries: Trends, Possible Causes, and Policy Options” by Monica Das Gupta published in 2015 is another study of policy and legal regulations that offers recommendations for institutional reform. The research addresses the skewed sex ratios in the South Caucasus, their underlying causes, including social and economic, migration, geopolitical/war determinants and provides policy and institutional reform options.²
174. Another research on policies to prevent gender-biased sex selection is Nora Dudwick’s research ““Missing Women” in the South Caucasus: Local Perceptions and Proposed Solutions” (2015), which is a qualitative study of the issue. It looks at the factors that encourage sex selection in Armenia, Azerbaijan and Georgia, the tendencies of change, public approaches and perceptions regarding skewed sex ratios and provides policy recommendations to prevent sex selection.³
175. Component 1.2 of the State Programme on Preventing Sex-Selective Abortions provides for holding six round tables on preventing sex-selective abortions with representatives of stakeholder agencies, non-governmental and international organizations, and relevant experts, based on which policy briefs are to be developed.
176. In the first year of the project, ICHD held four round tables on the causes

1 RA Health Minister’s Order №2138-Ս on Approving Research Programme on Women’s Reproductive Behavior, Abortions and Causes of Giving Birth to a Small Number of Children issued on August 10, 2015.

2 Das Gupta, Monica. 2015. *“Missing girls” in the South Caucasus countries: trends, possible causes, and policy options*. Policy Research working paper; no. WPS 7236. Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/233691467992010518/Missing-girls-in-the-south-Caucasus-countries-trends-possible-causes-and-policy-options>

3 Dudwick, Nora. 2015. “Missing Women” in the South Caucasus: Local perceptions and proposed solutions.

and effects of prenatal sex selection and sex-selective abortions, ways to prevent such phenomenon and the best international and Armenian non-discrimination practices and policy initiatives. The discussions were attended by independent analysts and representatives of government agencies vested with powers and functions to ensure reproductive healthcare services and protection of reproductive rights, and interested NGOs and international development partners.

177. The initial discussion particularly addressed the bill in making amendments to the RA Law on Human Reproductive Health and Reproductive Rights and another similar bill on making changes and amendments to the Republic of Armenia Code on Administrative Offences. Based on the discussion ICHD developed and disseminated policy recommendations, namely policy briefs covering issues of legal regulation of sex selection, of developing a toolkit within the healthcare system to prevent gender-biased sex selection, of harmonization of public policy components and development of new tools, and finally, of ethical issues related to sex selection without clinical indications.
178. The 2nd roundtable focused on key tools of the RA social sector policy aimed at boosting the birth rate and enhancing opportunities for women to combine employment and childcare. These tools include alternative public programmes to boost the birth rate, possible policy tools to mitigate unfavourable tendencies of reduced involvement of individual age groups in child birth, as well as practical problems with subsidizing and refinancing of loans allocated to target groups of special social programmes and their insufficient impact on birth rate growth. In this sense, the discussion contributed to revision of the public policy to boost the birth rate, its targets and tools, based on the root causes of gender-biased sex selection¹
179. The 3rd roundtable held by ICHD focused on policy components aimed at mitigating the tendencies of declining birth rate; the imperative of providing enhanced opportunities for women's involvement in labour market and combination of their employment and childcare; issues concerning regular financial aid for employed women with a child under three; the components of the state benefit system aimed at improving the demographic situation; and finally the competitive nature of the policies enacted in various fields and the need for their coordination.

1 International Center for Human Development, 'Combating Gender-Biased Sex Selection in Armenia' Project, interim report May 1, 2015 - April 30, 2016.

180. The 4th roundtable initiated by ICHD focused on the key role of the church and its impact on finding comprehensive approaches to address the issue of gender-biased sex selection. In particular, the discussion evolved around involving priests in the issues related to appreciation of female children in communities; in guardianship, trusteeship and child protection community units, in advocacy for gender equality, complementarity and equal preference, consistent work with couples, issues of ongoing care and development of practical guidelines to prevent gender-biased sex selection.¹
181. The outcomes of the above-mentioned round tables were summed up in five briefs drafted by ICHD and distributed among target audiences, and publicized through social media: (a) Legal Regulation of Sex-Selection: Pros and Cons, (b) Ethical Issues of Non-medical Sex-Selection, (c) Instruments in Healthcare Sector for Preventing Gender-Biased Sex Selection: Evidence-Based Awareness Raising and Counselling, (d) Harmonizing Dimensions of Public Policy on Combating Gender-biased Sex-selection, (e) A New Set of Policy Tools for Preventing Gender-Biased Sex-Selection: 2-in-1.²
182. In this regard, the State Programme on Preventing Gender-Biased Sex Selection, implemented with the EU support and efforts of the partner organizations, has contributed to promoting a policy dialogue among the government agencies, NGOs and international development organizations on preventing gender-biased sex selection. This dialogue made it possible to reveal the current gaps in policy regulations aimed at prevention of such practices and use the conclusions and recommendations based on the study of the local and international practices to influence the relevant policy elements and to multiply their impact.
183. Some of the recommendations in the policy briefs were approved by the RA Government and included in a number of public policy tools. In particular, the RA Government approved the recommendation on paying to employed mothers with a child under 2 a benefit in size of the minimum monthly salary once the child is 6-month-old. This recommendation aimed at expanding women's opportunities to combine employment and childcare and was included in the 2016-2018 National Programme on RA Demographic Situation Improvement and its Action Plan.³ Another recommendation ap-

1 Ibid.

2 <http://ichd.org/?Iaid=1&com=module&module=menu&id=21>

3 Draft RA Government Protocol Decree on Approving the 2016-2018 National

proved by the RA Government concerns the need to review the clauses of the programme to provide young families with affordable apartments and improve the criteria for selection of the beneficiaries.¹

6.2. Institutional Cooperation

184. The findings of the expert interviews for this Monitoring Report suggest that the basic platform for partnership and coordination of the programmes and policies to prevent prenatal sex selection are the working meetings and workshops initiated by ICHD and the meetings of the Project Steering Committee set up by ICHD to discuss the general management issues of the EU-funded project. The Project Steering Committee alone involves 21 representatives of stakeholders from the RA Government, civil society and international development organizations, including RA MLSA, RA MoH, RA Ministry of Territorial Administration, NSS and UNFPA.
185. To implement the State Programme approved by the joint order of the RA MoH and RA MLSA in May 2015, a working group was set up; however, according to the interviewees, its meetings were not regular and there are no protocols or reports of such meetings.
186. To develop and analyse the policy to prevent prenatal sex selection, in 2015 ICHD set up a policy analysis and consulting group, comprising prenatal sex selection policy experts and analysts. The main function of the group is to develop and present policy proposals and initiatives aimed at appreciation of female children in the society. In the first year of the EU-funded project, the expert group, led by ICHD, carried out two comprehensive research studies on the health and social sector policies to prevent gender-biased sex selection.²
187. Also, according to the findings of expert interviews, ICHD was the main source of information on the implementation, of the State Programme on Preventing Sex-Selective Abortions, its achievements and challenges. To

Programme on RA Demographic Situation Improvement and its Action Plan, http://www.mlsa.am/forum/forum.php?sec=conference&forum_id=-2&topic_id=828

1 International Center for Human Development, 'Combating Gender-Biased Sex Selection in Armenia' Project, interim report May 1, 2015 - April 30, 2016.

2 Ibid.

avoid overlaps in effort, it regularly provided the other organizations engaged in preventing gender-biased sex selection with information on the actions performed.

188. The actions were regularly coordinated with the main stakeholder agencies, including UNFPA, World Vision Armenia and UNICEF. Particularly, collaboration with UNFPA resulted in an arrangement to use the 'Ne' girl child symbol created by UNFPA in public-awareness campaigns under both the state programme and the EU-funded project. Another example of effective coordination is the use of UNFPA training materials for gynaecologists and obstetricians in capacity-building actions within the framework of the EU-funded project.¹

6.3. Public policy awareness raising activities

189. Under the State Programme 2015-2017 on Preventing Sex-Selective Abortions, it is intended to prepare and broadcast (including on social media) four videos on prenatal sex selection and the relevant RA policies.

190. In the first year of the EU-supported project, ICHD prepared two videos on legal regulation of the issue, key project actions, achievements and further actions.

191. The videos particularly sum up the observations of the EU-funded project participants and public and non-governmental partners on the year-long implementation of the project in communities. These observations reflect their experiences, successes, obstacles and attempts to overcome the latter within the year of project implementation, and serve as 'bottom up' advocacy tool for promoting civil society involvement in decision-making on policies to prevent gender-biased sex selection.

192. The study of the State Programme 2015-2017 on Preventing Sex-Selective Abortions and its Action Plan, the implementation of which is largely ensured by the EU-funded project, and particularly the analysis of the policy to prevent prenatal sex selection and sex-selective abortions as set out under Component 1, and of the actions taken for legal regulation and devel-

¹ Ibid.

opment of institutional reform packages and their outcomes suggest that the public policy on addressing the issue emphasizes the need for actions to prevent and influence the causes of sex selection.

193. Thus, two of the three objectives in the State Programme are about the need to promote appreciation of female children in the society, enhance the role of women and equally appreciate women and men.¹

194. Accordingly, the capacity building, awareness raising and policy analysis actions under the EU-funded project primarily aim at achieving appreciation of female children and enhanced role of women in the society, at transforming the stereotypes feeding discrimination and developing the necessary human capital and institutional capacities to achieve such transformations and deeper knowledge of the phenomenon of gender-biased sex selection and its causes.²

195. As for policy analysis and recommendations, the recommendations in ICHD research studies and policy briefs mostly focus on enhancing women's role in the society; promoting women's involvement in the workforce; helping them contribute to the welfare of their communities; improving public knowledge of medical hygiene; raising public awareness of the adverse effects of sex-selective abortions; developing and introducing mechanisms for reducing gender-biased sex selection within medical procedures that grant permission for and control practices of abortion; developing and introducing new tools of non-discrimination policy and ensuring consistent application of such tools; and finally, supervising fulfilment of the legislative requirements.³

196. Also, in the context of preventing gender-biased sex selection, the RA Gov-

1 Programme 2015-2017 on Preventing Sex-Selective Abortions and its Action Plan Timetable approved by the Joint Order № 1129-Ս and № 75-Ս/1 of the RA Minister of Health and the RA Minister of Labor and Social Affairs of May 2015; the Action Plan included the actions found in EU-funded 'Combating Gender-Biased Sex Selection in Armenia' Project implemented since May 1, 2015 by International Center for Human Development NGO, Stitching Save the Children Netherlands, Armavir Development Center NGO, Martuni Women's Community Council NGO and Save the Children International.

2 Interviews: Project participants, September 13, 2016-September 22, 2016 /references/, International Center for Human Development, 'Combating Gender-Biased Sex Selection in Armenia' Project, interim report May 1, 2015 - April 30, 2016. ICHD research and recommendations on the policy to prevent gender-biased sex selection, <http://ichd.org/?laid=1&com=module&module=menu&id=8>

3 <http://ichd.org/?laid=1&com=module&module=menu&id=8>

ernment Strategy on Reproductive Health Improvement and its Action Plan for 2016-2020 include actions to promote appreciation of female children and improve knowledge and counselling skills of healthcare providers.¹

197. Along with the legislative regulations, the Action Plan of the National Strategy on Human Rights Protection approved by the RA Prime Minister in February 2014 also addresses the need for public awareness and educational actions on the adverse effects of sex-selective abortions.² Provisions in a number of legislative acts also aim to overcome challenges caused by low birth rate.³
198. In order to promote higher birth rates, in December 2014 the RA authorities adopted the system of social benefits for around 30.000 unemployed mothers (a maternity allowance), which was introduced as of January 1, 2016.⁴
199. Nevertheless, according to ICHD experts, while this initiative is a step forward on the way to social assistance to families and mothers, its positive impact on birth rates or women's role is not obvious. Moreover, experts say that to some extent birth rates depend on the family welfare, its expectations for providing children with education, healthcare, upbringing, leisure

1 RA Government Protocol Decree № 24 on Approving the Strategy on Reproductive Health Improvement and its Action Plan 2016-2020 dated June 23, 2016.

2 RA Government Decree № 303-N on Approving the Action Plan of the National Strategy on Human Rights Protection, adopted on February 27, 2014, effective since April 12, 2014.

3 For instance, along with the policies, projects and recommendations to prevent gender-biases sex selection, the RA Law on State Benefits adopted by the RA NA in December 2013 aims to raise to some extent the low birthrate serving as a precondition for sex-selective abortions. The Law stipulates material incentives for births, including a differentiated approach to material incentives for the third and each subsequent child in the form of lump-sum birth allowance. Also, if a third and each subsequent child are born to the family, it acquires through the lump-sum birth allowance a right to state support in form of family capital that is given to the family in non-cash form and may be used to pay interests or principal sum of mortgage-secured loans for purchase or construction of an apartment, pay for paid educational services, tuition fees, health insurance, agricultural loans as well as purchase an apartment or any other real estate in remote or border rural areas (the Republic of Armenia Law on State Benefits was adopted on December 12, 2013 and became effective on January 1, 2014).

4 RA Law on Making Changes and Amendments to the RA Law on State Benefits, adopted on December 1, 2014, became effective on January 1, 2015. The Law provisions on assigning and paying maternity benefits to unemployed persons cover the cases when the period of entitlement to pregnancy and maternity leave starts on January 1, 2016 and later.

and other life and development conditions to the highest possible level, and the family's opportunities to provide such conditions. Therefore, to boost birth rate (or at least to prevent its further decline) and to promote equal appreciation of female children, it is necessary to increase the level of family welfare, i.e. provide enhanced opportunities for ensuring the expected standard of living for children, and involve women in both family income generation and childcare. This may be possible if the economic, social and public policies encourage women's employment and provide possibilities for combining employment and childcare.

200. Likewise, the 2016-2018 National Programme on RA Demographic Situation Improvement and its Action Plan developed and circulated in 2015-2016 aims at creating the necessary prerequisites for mitigating the effects of negative demographic developments, ensuring stability and improving the current socio-economic situation, and respectively preventing gender-biased sex selection. The National Programme is intended to ensure growth in birth rate through socio-economic promotion and health dimension.¹

201. The key directions of the 3-year Programme are the following: birth rate growth through material incentives for birth; implementation of the birth rate growth programme based on the health dimension and enhanced opportunities of combining parenting and working activities; mortality reduction, including through reducing maternal and child mortality rates and further improved legal framework for demographic development. The latter includes improving the current mechanisms for providing housing for young families; providing support to pregnant women or young mothers under 22 receiving higher vocational education through subsidized tuition fees; expanding opportunities of vocational training for young women; enlarging possibilities for parents on childcare leave to return to the labour market through combining their working activities and parental responsibilities; introducing alternative approaches towards and options of support and development of young families and families with many children through setting up a national foundation for demographic development.

1 Draft RA Government Protocol Decree on Approving the 2016-2018 National Programme on RA Demographic Situation Improvement and its Action Plan, http://www.mlsa.am/forum/forum.php?sec=conference&forum_id=-2&topic_id=828:

7. Conclusions

202. The actions carried out under the State Programme 2015-2017 on Preventing Sex-Selective Abortions were primarily aimed at fulfilment by the Republic of Armenia of its commitments undertaken in this field.
203. As compared to early 2016 when the sex ratio at birth was 113 boys per 100 girls, by the end of the 1st half of 2016 the RA NSS identified a significant decline in the sex imbalances at birth, the sex ration comprising 108 boys per 100 girls.¹ This change is indicative of the **impact** of the actions carried out in 2011-2015 by the key actors, including UNFPA, EU-funded project partner organizations, authorized governmental agencies and other stakeholders. This is an unprecedented and highly **efficient** achievement globally, and this great change was made possible with limited financial resources in a rather short time. It was possible due to the active and courageous intervention of all the stakeholders.²
204. The Republic of Armenia adopted a **comprehensive** policy to prevent gender-biased sex selection and sex-selective abortions by combining legal regulation tools and actions aimed at public awareness, appreciation of female children, transformation of discriminatory stereotypes and creation of the necessary human capital and institutional capacities to achieve such transformations.
205. In the first year of implementation of the State Programme and the EU-funded project, the actions performed by the competent public authorities, partner organizations, as well as other non-governmental stakeholder organizations and international development partners resulted in developing relevant **capacities** in RA marzes and urban communities, enhanced **public awareness** and a **favourable policy environment**. Such a

¹ Birthrates declined in Gegharkunik, Tavush and Syunik marzes (regions) (video), A1+, July 29, 2016, <http://www.a1plus.am/1476930.html>

² Data source: RA National Statistics Service. Karine Kuyumjyan, Head of Demography Division, RA NSS, interview of September 22, 2016.

balanced combination of measures and actions, selection of an extensive toolkit and the sequence of their application became the main key to the achievements.

206. If consolidated, improved and consistently applied at the next stages of the State Programme and the EU-funded project, such actions and measures may ensure effective prevention of gender-biased sex selection and sex-selective abortions, favourable social changes and **long-term sustainability of the efforts**. At the same time, it is only through consolidating the medium-term results, reinforcing the achievements and ensuring continuity of a number of projects that the stakeholders may ensure in the long term a sustainable change in the perceptions and stereotypes which underlie the prenatal sex selection practices.
207. The public policy to prevent gender-biased sex selection and sex-selective abortions, as well as the projects of a number of NGOs and international partners mostly rely on **relevant data** and **scientific evidence** of the prevalence, manifestations and causes of sex selection, and target its consequences, public perceptions and the root causes. In particular, the said policies and projects highlight the change in the negative and sceptical approach to the issue noticed at the initial stage, and recognition in the professional, academic and official circles of the significance of the research data, findings and projections.
208. The **efficiency** of the steps taken by all the actors in combating gender-biased sex selection and sex-selective abortions is also evidenced by the **straightforward attitude** of the government agencies, professional and academic communities and the public, as well as by their **recognition of the perils** of the phenomenon and **the need to combat** it, the civil society members' **willingness to act** and the government agencies' **willingness to collaborate**. This conclusion is supported by significant changes in the **knowledge** and **approaches** to the issue among the target audience of the EU-funded project, unprecedented involvement of civil society members and changes in **perceptions, approaches** and, in many cases, **behaviour** of the beneficiaries.
209. As a result of the long-term consistent activities with opinion leaders, the large-scale capacity building actions for the key actors and public awareness campaigns throughout the country, discussions and public discourse on sex selection among the general public on gender-biased sex selection

have gradually shifted from **sex-selective abortions** to the main cause underlying the vicious practices, namely **son preference**, and to the need to confront this challenge by **appreciating female children**. To ensure that this shift is maintained, the contents of the public campaign **messages** were continuously in the focus of thorough **professional attention and supervision**. Unlike the public debates on the issue early in the 2nd decade of the 2000s, which primarily emphasized its **manifestations and consequences**, the efforts of the key actors in the 2nd half of the decade helped to gradually shift the focus of the debates towards the root **causes** of the phenomenon.

210. A substantial contribution to the achievements was ensured by providing an opportunity for the **local civil society organizations** to get involved in awareness raising campaigns in RA marzes and communities and to promote use of both **innovative** and **traditional** formats in their initiatives.
211. The public policy, projects and actions by the key actors to prevent gender-biased sex selection and sex-selective abortions were **participatory** for the most part. They definitely contributed to decision-making on the issue at the national level and to initiating a **public policy dialogue** among the government agencies, NGOs and international development organizations.
212. The extended scope and content of the dialogue were maintained by regular **debates** and subsequent **policy briefs**, which summarized the results. The key roles in this dialogue and public awareness raising activities were taken on by the CoP members and working groups in all the marzes. The active involvement and interaction of the CoP members made it possible to implement various consequent and parallel measures in a relatively short time. In many cases, the civic active groups and community members joined the CoP which multiplied the synergistic impact of the actions, onsite interaction and coordination.
213. Under the public policy and the EU-funded project, a series of public policy recommendations to appreciate female children and prevent further low birth rates were developed, discussed and agreed. Several critical recommendations were included in public policy **strategic papers** and **legal regulations**. Relevant **legal acts** were adopted. Overall, the policy dialogue involving various actors proved continuous and consistent.
214. As a result of the continuous dialogue, the Republic of Armenia managed to

evade unduly strict legislative restrictions and increasing the burden of responsibility for the vicious practices of sex-selective abortions on certain social groups, including pregnant women, their family members and relatives, and doctors. At the same time, the large-scale awareness campaigns resulted in setting in the public perception the need for social changes, **collective social responsibility** and each person's **individual role** in preventing sex selection. In this regard, it is essential to continue careful application of legal regulation tools and to avoid unnecessary restrictions.

215. Despite certain positive impact (particularly, indication of the state's determination and consistency in combating such practices), the initiatives to **criminalize** gender-biased sex selection and the current legislative changes have already **limited** the possibilities of **primary data collection**, selection of research methods and therefore, diagnostics of the causes and manifestations of such phenomenon and developing evidence-based policy initiatives.
216. At the same time, a number of other essential public policy recommendations, including those on certain mechanisms to support **employed mothers with a child under three**, are still under **discussion** due to the lack of sufficient financial resources.
217. A great importance was given to **awareness raising** campaigns for **doctors**, discussion of medical ethics issues, as well as limited sale of abortifacient medicines and assigning control over their circulation. Tightening such control in the middle term will also remain on the agenda.
218. Given the development of medical **technologies** (assisted reproductive technologies, pre-implantation genetic diagnosis, new technologies to determine foetal sex at early stages of pregnancy, etc.), ongoing discussions in professional circles of the gender-biased sex selection without medical indications and the medical **professional ethics** of such practices are prioritized.
219. The Steering Committee of the EU-funded project served as a critical platform for **institutional coordination and cooperation** of the stakeholder organizations. Semi-annual sessions initiated by the civil society organizations constitute its main operation mechanism.
220. Formalization of the institutional multi-actor coordination and cooperation

tion, including cooperation between the government agencies and ICHD on the State Programme and the EU-funded project, and the **Memorandum signed between these actors** have contributed greatly to fostering mutual trust between the government and non-governmental actors, assignment of roles and clarifications of complementarity and expectations.

221. At the same time, the sustainability of the institutional coordination and cooperation mechanism after the completion of the EU-funded project raises concerns. Currently, the monitoring group is aware of no other specialized, multi-actor and consistent alternative mechanism like the Steering Committee of the EU-funded project. The projects carried out by the other stakeholders lack a relevant mechanism or platform for multi-actor coordination and consulting, or are currently limited to a narrow range of actors.

222. A major component in the key actor's activities with opinion leaders includes cooperation with faith-based organizations, particularly the **Armenian Apostolic Church (AAC)**. The cooperation with AAC predominantly evolved towards gender equality and appreciation of female children. The church representatives, leaders and community pastors assumed crucial roles and took an active part in development of conceptual discussion and campaign messages, and in policy initiatives, on-site capacity building and public awareness campaigns. The cooperation mostly evolved around common values, approaches and actions.

223. The **mass media**, journalists and editors played a crucial and largely positive role in enacting public policy, delivering policy messages and engaging in campaigns. At the same time, the preliminary findings of the ICHD's mass media monitoring show that the currently positive role of the mass media in long-term formation of public opinion on equal rights and opportunities for women and men may be obstructed by the inadequate level of its capacities to report on the issue and ambiguity regarding certain issues in professional ethics.

224. Another issue of concern is ensuring **continued** funding for the implementation of the public policy, state programmes and other relevant efforts after the EU-funded project ends in April 2017. For instance, the RA State Budget 2017 provides no **funds** to ensure relevant actions. It follows that at least in the 2nd half of 2017 the implementation of the actions will be segmented and will be carried out within the relevant projects by individu-

al stakeholder organizations and within the **financial resources of these projects. Thus, the long-term** sustainability of a comprehensive public policy in this field raises concerns.

8. Recommendations

225. Below are recommendations on the policies and programmes to prevent gender-biased sex selection and sex-selective abortions and to address cross-cutting gender issues, intended for a broad group of stakeholders, including government agencies, civil society organizations and international development partners.

8.1. Develop, monitor and evaluate public policies

226. To prevent gender-biased sex selection and sex-selective abortions and to guarantee **sustainable results**, the **continuity of comprehensive public policies and programmes** should be ensured.

227. It is necessary to use a comprehensive toolkit in a rather balanced manner for the development of public policies and programmes. In this regard, it is important to:

- Set up an evidence base for identifying prevalence and causes of sex selection (research studies); develop policies, programmes, actions and measures exclusively based on the evidence and their analyses;
- Ensure **capacity building** for opinion leaders, decision makers and key actors, including **communication skills** required to develop and conduct campaigns and **knowledge** of prenatal sex selection and its root causes: birth rate decline, son preference and availability and accessibility of medical technologies;
- Develop and introduce sectorial policies on influencing the preconditions of gender-biased sex selection;

- Develop and carry out **initiatives** and **campaigns** to raise public awareness, including through ensuring active involvement of local civil society organizations;
- Ensure **institutional cooperation** among the stakeholders and key actors and **coordination** of their actions;
- Ensure proper sequencing and/or parallel implementation of complementary actions and the necessary financial resources in the medium term;
- Ensure tangible and measurable results of public policies and programmes and mechanisms of programme monitoring and regular (annual) evaluation of results;
- Ensure large-scale effective involvement of the civil society in the development and implementation of public policies to prevent gender-biased sex selection and sex-selective abortions;
- Initiate a public policy dialogue among government agencies, NGOs and international development organizations in the process of decision-making on public policies and programmes.

228. In policy documents, including policies on gender equality, combating gender-based violence, confronting demographic challenges, ensuring employment, reproductive health and other **public policies in related sectors**, identify how various forms of **discrimination**, including gender-biased sex selection, impact the challenges in those sectors, explicitly prioritize prevention of discrimination and specify relevant measures.

8.2. Ensuring evidence base and conducting research

229. It is necessary to **monitor tendencies in the natural sex ratio at birth** in Armenia, including through obtaining and regularly publishing relevant statistics.

230. Also, **regular research and analysis** of the following issues should be ensured: manifestations and perceptions of gender-biased sex selection practices; causes and specific factors underlying such practices; dynamics of their change; links between sex-selective abortions and domestic violence; son preference and regional peculiarities of sex-selective abortions; social consequences of such practices for individuals, family, community and the government. These research activities should be carried out through a regular review of the research rationale and framework, data comparability, validity and reliability, and provision of adequate financial resources.

8.3. Capacity building and awareness raising

231. Develop and introduce **training modules** on prevention of gender-biased sex selection, including professional ethics issues related to application of reproductive health medical technologies in the pre- and post-qualification educational programmes and professional trainings of the students at **specialized medical institutions**, resident students and obstetrician-gynaecologists, midwives, radiologists, family doctors and nurses responsible for prenatal care and surveillance. Ensure that training courses are offered and relevant target groups attend them throughout the country.

232. Ensure **capacity building** on gender equality, discrimination, reproductive rights and gender-biased sex selection issues, as well as effective communication, behaviour change and other related topics with the widest possible roll-out among the local civil society organizations, human rights activists, staff of the regional offices of governmental agencies, local governments, health and education providers, social workers, divisions of the civil acts registration office, priests and community leaders in marzes and Yerevan.

233. Assist in the initiatives to develop and carry out **campaigns, public awareness raising actions** and programmes on prevention of gender-biased sex selection, reproductive health and reproductive health rights and family health to appreciate **female children**, transformation of **gender stereotypes, non-discrimination** and harmful consequences of discrimination, necessity and benefits of ensuring **equal rights** and **opportunities** and prevention of **gender-based violence**. Promote awareness raising cam-

paign initiatives of the **active local** civil society **organizations** in marzes and communities, and encourage combined use of **innovative** and **traditional** approaches in such initiatives.

234. Raise the awareness of the issue among public **opinion leaders, cultural organizations and media** representatives. Assist the media and cultural organizations in their initiatives on appreciating female children, enhancing women's role in the society, economy and politics, and transforming gender stereotypes. Support the initiatives on clarifying specific issues regarding professional ethics on presenting women and men in the mass media. When planning campaigns, take into account the findings and recommendations of the media monitoring report.
235. Carry on cooperating with the **Armenian Apostolic Church** on equality and female child appreciation issues. Assist faith-based organizations in holding conceptual discussions on prevention of gender-biased sex selection, securing gender equality and appreciation of female children, developing campaigns messages and involvement in public awareness campaigns and policy initiative development and capacity building. Assist in application of guidelines for priests on preventing gender-biased sex selection and building relevant capacities.

8.4. Legal regulation and policy directions

236. Ensure the continuity and efficiency of the actions aimed at creating a **favourable policy environment** to combat gender-biased sex selection, including through policy analysis, policy making and communication.
237. Promote initiatives to enhance women's involvement in the **labour market**, non-discrimination in the labour market and expanded entrepreneurship opportunities for women, including initiatives to improve access to financial resources for female entrepreneurs. At the same time expand opportunities, mechanisms and infrastructures for women to **combine their employment and childcare**.
238. Develop and introduce effective childcare assistance mechanisms, models and infrastructure for employed mothers with a child under three.

239. Assist in introducing an effective and efficient pension system as a guarantee for solution of social problems of the **elderly**.
240. Ensure consistent application of the tools developed and introduced for the policy to prevent gender-biased sex selection without medical indications and **supervise** compliance with legislative requirements, including control over abortions of pregnancy of 12-22 weeks exclusively for medical and social determinants and tightened control over registered and unregistered and expired abortifacient drugs.
241. Enhance policy dialogue on programmes developed and implemented in various fields, including through holding policy debates and developing and disseminating policy briefs.
242. Apply legal regulation tools carefully and evade any unnecessary legal restrictions on reproductive rights, especially those placing the burden of responsibility on women.

8.5. Institutional cooperation

243. Ensure introduction and discussion of the public policy and programme to prevent gender-biased sex selection on various **platforms for institutional cooperation**, including the Gender Thematic Group.
244. Contribute to establishment of a **multi-actor institutional coordination and cooperation practice** on prevention of gender-biased sex selection, including through further fostering of mutual trust among government agencies, civil society organizations and international development partners, formal distribution of their roles and clarification of expectations.
245. Ensure efficiency of the activities of the government's Working Group coordinating the implementation of the State Programme on combating gender-biased sex selection, including frequency of its meetings and regular protocols and reports summarizing these activities.

Annex

List of interviewees

(September 13, 2016-September 26, 2016)

Name surname	Title
Ms Anahit Gevorgyan	Chairperson, Martuni Women's Community Council (MWCC) NGO
Ms Ani Tovmasyan	Assistant Programme Manager, Armavir Development Center (ADC) NGO
Ms Anush Sukiasyan	Expert, RA NA Standing Committee on Healthcare, Maternity and Childhood Issues
Ms Armenuhi Tanashyan	Deputy Head of Department for Family, Women's and Children's Issues, Head of Division for Women's Issues, RA MLSA
Ms Armine Hovakimyan	Sub-grant Project Coordinator, Goris 'New Generation' NGO
Ms Arusyak Poghosyan	Head of Project Implementation Service, Youth Foundation of Armenia
Ms Gayane Avagyan	Head of Maternal and Reproductive Health Division, Mother and Child Health Department, RA MoH
Ms Lia Mkhitaryan	Founding Director, Eiva Arts Foundation
Ms Liana Aghabekyan	Officer for Gender Programmes at OSCE Office in Yerevan
Ms Liana Asoyan	Chairperson, Blejan NGO

Ms Lusine Yeremyan	Head of Child Rights Monitoring and Evaluation Unit, UNICEF
Ms Lusine Sargsyan	Head of Legal Analysis Department, Human Rights Defender's Staff
Ms Tsovinar Harutyunyan	Programme Officer, United Nations Population Fund (UNFPA) Armenia Country Office
Ms Karine Kuyumjyan	Head of Demography Division, RA National Statistical Service
Ms Karine Saribekyan	Head of Mother and Child Health Department, RA MoH
Ms Margarit Sedrakyan	Chairperson, 'Huysi Metsamor' NGO
Ms Meri Nersisyan	Chairperson, 'Family Academy' NGO
Mr. Mher Manukyan	Communication Assistant. United Nations Population Fund (UNFPA) Armenia Country Office
Ms Naira Arakelyan	Chairperson, Armavir Development Center NGO (ADC)
Ms Rima Nersisyan	Sub-grant Project Coordinator, 'Kenats Tsar' NGO
Ms Ruzanna Melyan	Project Manager, Save the Children International (STC)
Ms Satik Isahakyan	Journalist, Public Radio
Ms Susanna Mkrtchyan	Responsible for Trainings and Development, STC
Ms Susanna Shahnazaryan	Chairperson, Goris Press Club
Ms Sofik Minasyan	Responsible for Community Consolidation,

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The overall objective of the project is to contribute to reduction of gender-biased sex selection in Armenia.



“The European Union is made up of 28 Member States who have decided to gradually link together their know-how, resources and destinies. Together, during a period of enlargement of 50 years, they have built a zone of stability, democracy and sustainable development whilst maintaining cultural diversity, tolerance and individual freedoms. The European Union is committed to sharing its achievements and its values with countries and peoples beyond its borders”.

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