



CRRC  
Armenia



Հրանտ Մաթևոսյանի  
Հիմնադրամ  
HRANT MATEVOSSIAN FOUNDATION

# POLICY BRIEF

## ● for Ministry of Health of the Republic of Armenia

### NATIONAL MULTIDIMENSIONAL POVERTY INDEX

National Multidimensional Poverty Index (MPI) is a country-specific poverty measure tailored to each country's unique situation, building upon the methodology of "Oxford Poverty and Human Development Initiative". This index alters the conventional approach of measuring poverty solely through monetary means. Instead, exploring poverty through 5 dimensions, including (1) basic needs, (2) housing, (3) education, (4) labor, and (5) health, allows a more comprehensive and locally context-specific understanding of poverty. This policy brief summarizes some highlights

from the descriptive analysis of indicators where deprivation level of at least 50% was observed in Lori, Shirak, and Tavush marzes. This is then followed by short- & mid-term and long-term policy recommendations.

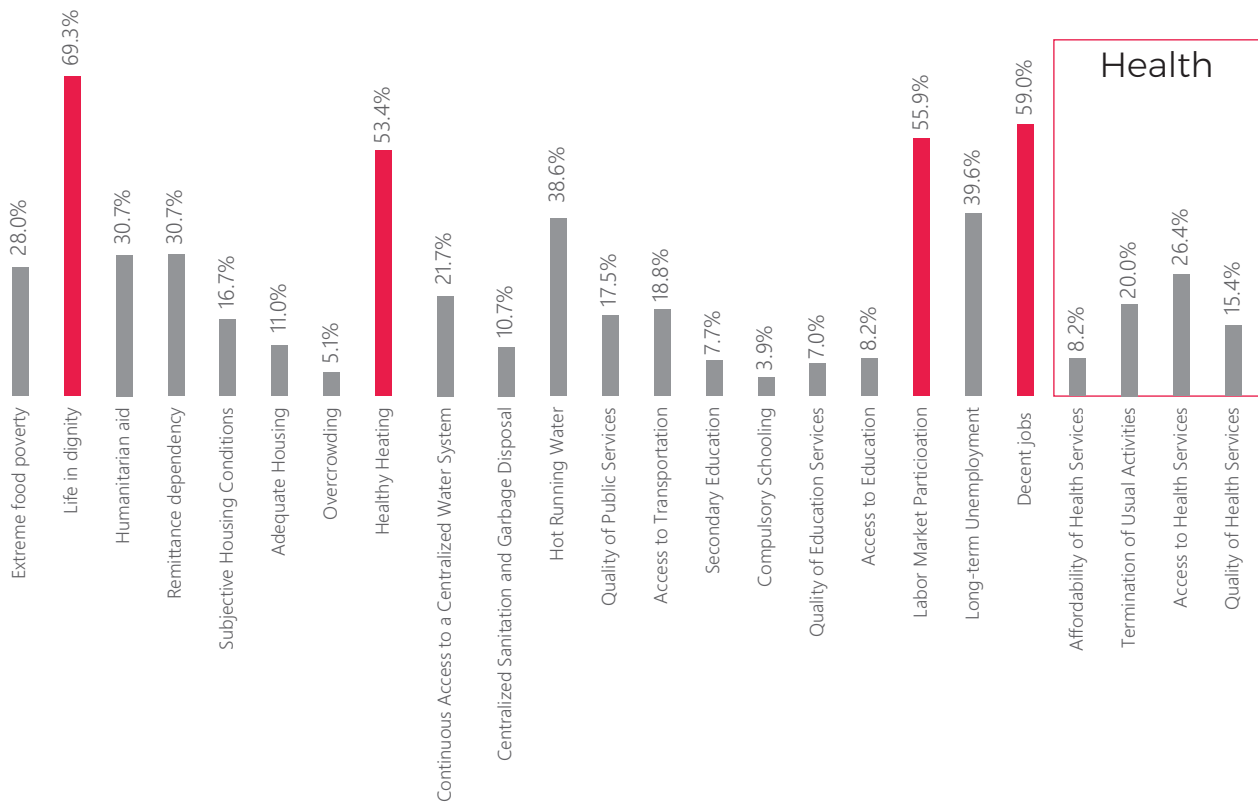
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## KEY RESEARCH INSIGHTS

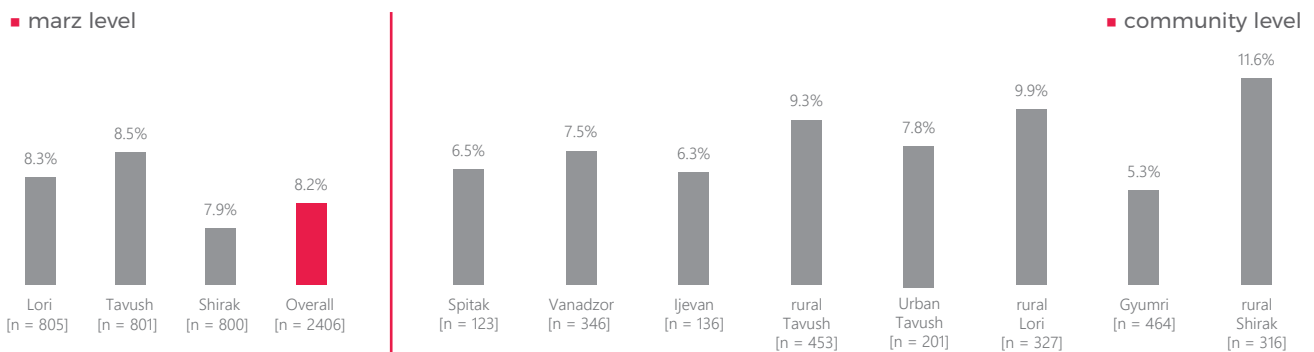
### MPI Dimensions by Indicators

Among the 24 indicators, deprivation is highest in life in dignity, healthy heating, labor market participation and decent jobs. *Share of deprived households on marz level is as follows:*



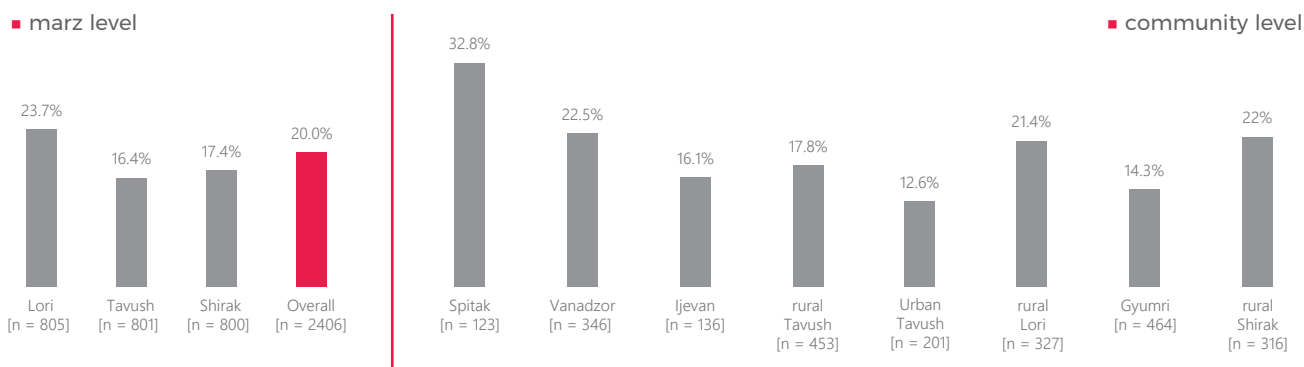
### Affordability of Health Services

The affordability of health services indicator identifies households that lacked the funds to pay for required health services (excluding dentist) in a health care facility, such as tests, examinations, and procedures prescribed by a doctor. Households were deprived if any members were not able to afford such services in the preceding 30 days; those with no member who recently sought medical attention were not considered deprived. *Share of deprived households on marz and community levels is as follows:*



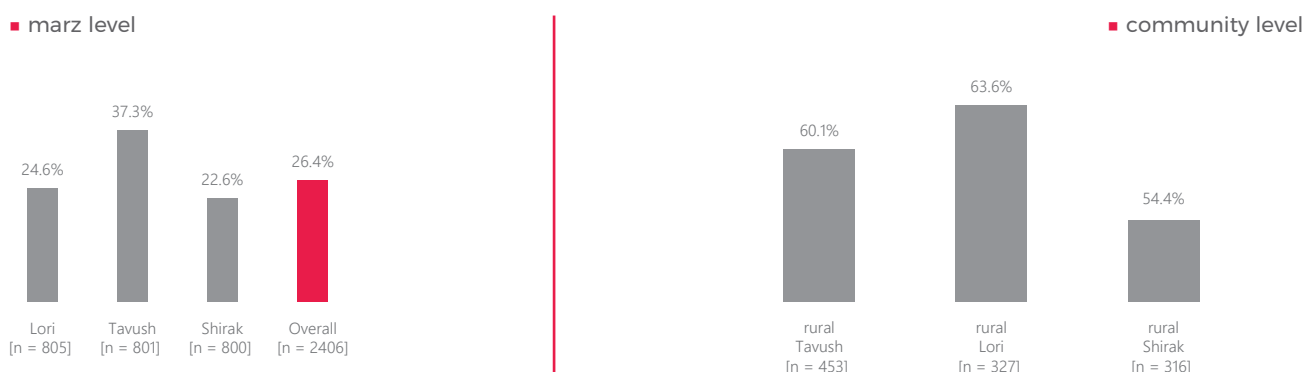
## Termination of Usual Activities

The termination of usual household activities indicator referred to households with at least one member who terminated usual activities due to illness, injury, or bad health. *Share of deprived households on marz and community levels is as follows:*



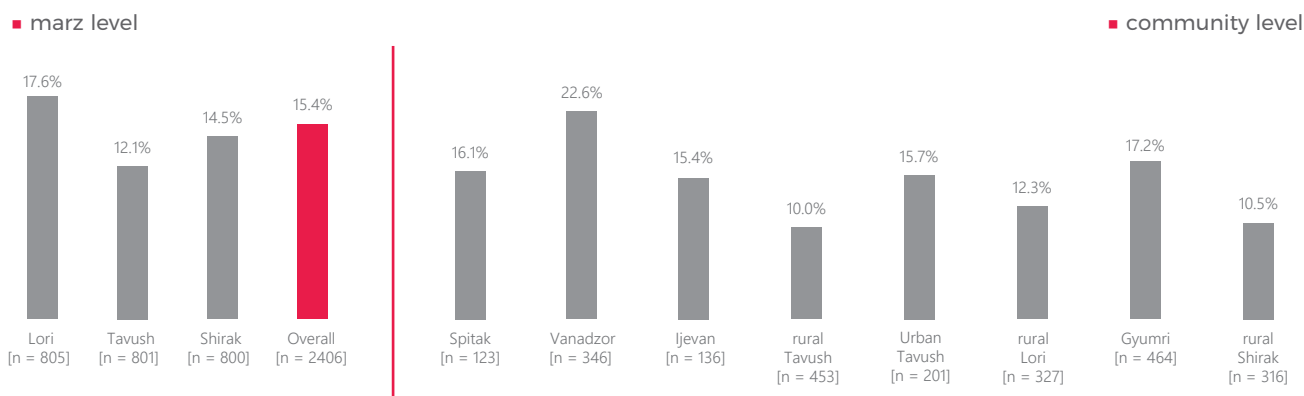
## Access to Health Services

The access to health services indicator referred to households in rural areas that had no access to health care facilities, emergency ambulance services, or pharmacies in their neighborhoods. Households that cannot reach the closest of these within 20 minutes or less by any available means of transportation were considered deprived. Urban households were not considered deprived. *Share of deprived households on marz and community levels is as follows:*



## Quality of Health Services

This indicator measured households that were not satisfied with health services. *Share of deprived households on marz and community levels is as follows:*



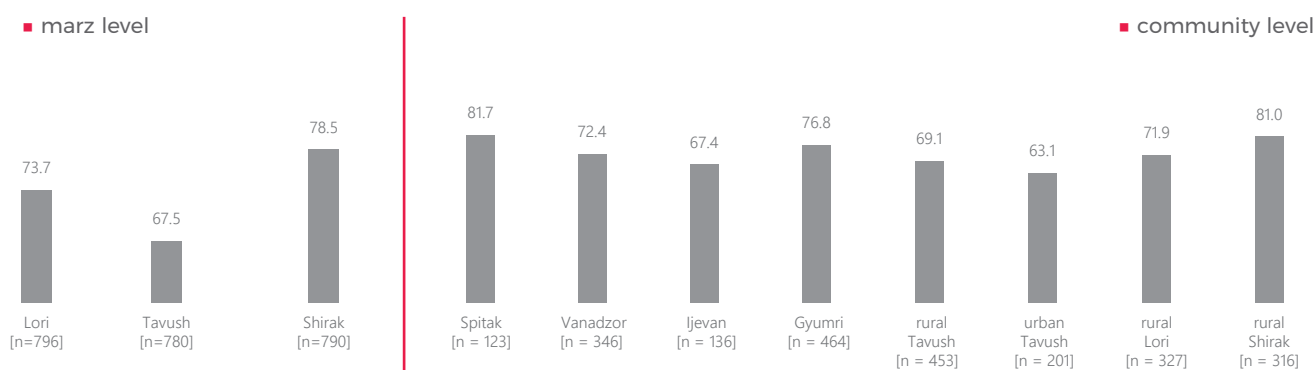
## RECOMMENDATIONS

Deprivation in respect to access to health services is bolded within rural areas (60.1% for rural Tavush, 63.6% for rural Lori and 54.4% for rural Shirak). Interestingly, rural Lori, Shirak and Tavush were the most vulnerable in terms of the CVI (Covid-19 Vulnerability index). There are three directions the Ministry should direct its resources and programming towards. These directions are presented in short below followed by recommended actions towards addressing those.

### 1. Healthy Food Consumption

Following our analysis of poverty in Lori, Shirak, and Tavush marzes, we noted a deprivation in terms of healthy food consumption exceeding 50%. Surveyed respondents were asked "In the past 12 months, was there a time when you or others in your household experienced any of the following due to lack of money or other resources?". If a person answered **YES** to at least one of the items ("worried about not having enough food to eat", "were unable to eat healthy and nutritious food", "ate only a few kinds of foods", "had to skip a meal", "ate less than you wanted", "ran out of food", "were hungry but did not eat", "went without eating for a whole day"), then the household was considered deprived.

The highest level of deprivation in terms of healthy eating is observed in Shirak at marz level, as well as Spitak and rural Shirak at community level.



### Recommended actions towards addressing the problem of healthy food consumption

#### Where:

Rural Shirak, Rural Lori, Urban Tavush, Rural Tavush, Gyumri, Vanadzor, Spitak, Ijevan

#### What (short- & mid-term):

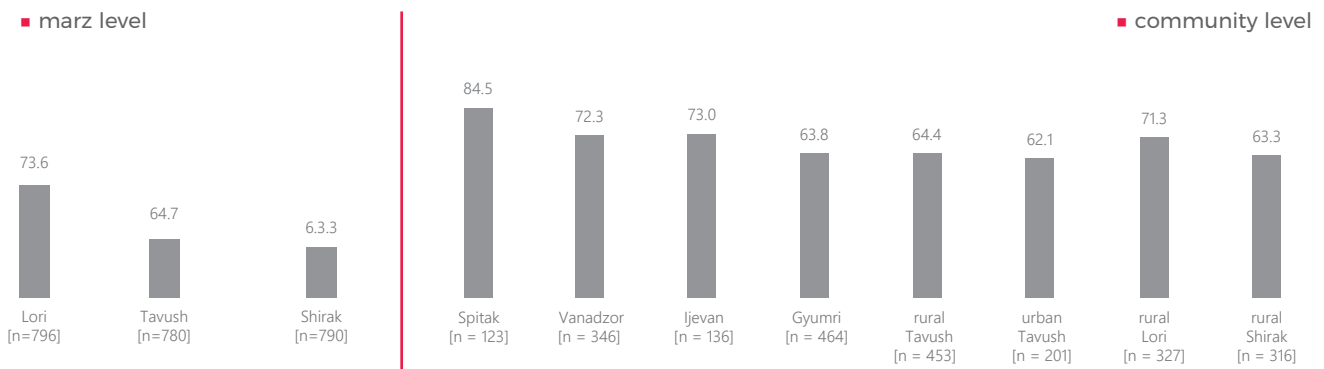
Subsidize food access at kindergartens and provide a budget for schools to ensure that children are receiving nutritious food. This also allows communities to be aware of healthy eating habits.

#### What (long-term):

Educate communities on healthy eating habits through strengthening and expanding on already existing healthy eating programs.

### 2. Affordability of Food

A specific issue is the affordability of food. More than 50% of respondents could not afford having a meal with meat, chicken, fish (or vegetarian equivalent) every second day in all communities surveyed. The highest percentage of such people is observed in Lori. The community with the highest level of deprived people in this regard is Spitak. *Share of deprived households on marz and community levels is as follows:*



### Recommended actions towards addressing the problem of affordability of food

#### Where:

Rural Shirak, Rural Lori, Urban Tavush, Rural Tavush, Gyumri, Vanadzor, Spitak, Ijevan

#### What (short- & mid-term):

Information campaign on Nutrient healthy lifestyle for ensuring that nutrition food can be achieved most affordably with small quantities of animal source foods, including dairy, eggs, and small fish that complement nutrient-rich plant-based foods.

### 3. Access to health services

If the time necessary to reach a health post, hospital (emergency), or pharmacy exceeded 20 minutes by any mode of transportation, the household was considered deprived. In urban areas, households were not asked this question, and were not considered deprived. The highest deprivation rate is observed in rural Lori. *Share of deprived households on marz and community levels is as follows:*

### Recommended actions towards addressing the problem of access to health services

#### Where:

Rural Shirak, Rural Lori, Rural Tavush

#### What (short- & mid-term):

Create a system of mobile clinics in rural areas to deliver services in geographically isolated areas or small towns that may lack access to healthcare providers (UNDP is known for such experience in some marzes).

#### What (long-term):

Make sure there is at least one aid station in each community to provide immediate access to health services to citizens.

