Poverty and food security: a snapshot of interlinkages

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Acknowledgements

Affirmation

Except as acknowledged by the references in this document to other authors and publications, the report enclosed herein consists of the work undertaken in compliance with World Food Programme Guidelines and requirements for Food Security and Vulnerability Assessments. The poverty rates measurement was aligned to the World Bank methodology of poverty rates calculation, with a limitation of reporting the household expenditure data based on the recall for 30 days prior to the interview. Data collected throughout the assessment process remains the property of the stakeholders described in this document. Information and data are used with their consent.

1. Executive Summary

The Food Security and Vulnerability Assessments (FSVA) track the food security situation in Armenia and were initiated following the outbreak of the COVID-19 pandemic as well as the Nagorno- Karabakh (NK) conflict. The Fourth Food Security and Vulnerability assessment (FSVA4) was carried out in all regions of Armenia from May to June 2022. The assessment included the measurement of poverty rates in Armenia based on monthly food and non-food expenditures in households. The overall objective of the study was to understand the poverty and food insecurity linkages in Armenia and estimate the possible exclusion of food and nutrition insecure households in the Government's Family Living Standards Enhancement Benefit Programme (FLSEBP) aiming to reduce the inclusion of those who are not food insecure. The assessment was conducted among 4,196 households through face-to-face interviews, out of which 1,300 households (HH) were FLSEBP beneficiaries covering all the regions of Armenia. The sampling size and location is representative at national and regional levels[1].

High unemployment and inactivity rates, combined with increasing inflation rates, fluctuating exchange rates and other factors are already impacting the Armenian economy and population as a "cost-of-living" crisis is affecting basic incomes and wellbeing of households, restricting their access to necessary social services, including those that enable children and other vulnerable groups to live a dignified life in a protective environment. All these put additional pressure on social sectors, creating challenges for growth. Armenia's social protection programmes were leveraged to respond to the increasing needs due to shocks, however, the social assistance transfer values have not been adjusted to the changed situation. Moreover, currently in Armenia, FLSEBP target poor and extremely poor populations, but not specifically food insecure populations in the absence of a national food security definition and absence of its articulation in the Social Protection strategy and as part of targeting criteria.

Thus, FSVA4 had the objective to assess the food security and poverty rates among FLSEBP beneficiary and non-beneficiary HHs, as well as to reveal the FLSEBP inclusion/exclusion from a food security lens. Understanding the degree to which households, that are food insecure, are excluded/included in FLSEBP can enable policy recommendations on how food and nutrition considerations can inform evidence-based recommendations for Social Protection Policy.

The results of the FSVA 4 showed that 23 percent of HHs were food insecure in Armenia with a 2 percentage points increase compared to April 2021. Higher levels of food insecurity were seen among FLSEBP beneficiary HHs (42%) compared to non-beneficiary HHs (15%). About 65 percent of FLSEBP beneficiary HHs reported spending the assistance to cover food expenses, and more than half of them have debts out of which 72 percent borrow money to buy food or purchase food on credit from shops. The number of people within FLSEBP, who are prone to adopt this coping mechanism to bridge the gap of their available resources is very high. An important observation was that a larger proportion of FLSEBP beneficiaries categorized as food insecure were seen among households that have been in the family benefit system for more than 7 years.

According to the FSVA4 assessment, the poverty rates increased in Armenia in 2022. Food/extreme poverty rate comprised 9 percent, showing an increase of 7 percentage points compared to the figure for 2021 presented in Social Snapshot and Poverty report published by

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[1] Interviews with 4196 households, nationally and regionally representative random sample (95 percent confidence interval, 2 percent margin of error for nationally representative and 5 percent margin of error for regionally representative random sample).

the Statistical Committee of Armenia (Armstat)[2]. The average poverty rate constituted 32 percent showing 5 percentage points increase compared to the poverty rate in 2021. Among FLSEBP beneficiary HHs, 20 percent of households were found to be extremely poor compared to 4 percent among non-beneficiaries. Similarly, a very high percent of poor HHs was seen among FLSEBP beneficiaries (60%) compared to non-beneficiaries (17%). Considering that FLSEBP targeting is basically based on poverty this finding shows that the method used to target households in need of support is adequate in terms of inclusion. The crosstabulation of assistance duration and poverty revealed higher proportion of poor households among those receiving assistance for more than 7 years. This can indicate a high level of dependency of beneficiary HHs on the assistance and declining self-reliance abilities after many years of assistance.

Coping strategies are heavily adopted by FLSEBP beneficiaries (28%) compared to non-beneficiaries (10%). About half of FLSEBP beneficiaries reported adopting crisis coping strategies, which means that they had to reduce non-food expenses on health and education, were dependent on food assistance and/or support from neighbors and relatives as only food/income source or sold productive assets (land, livestock etc.) or means of transport (sowing machine, wheelbarrow, car, etc.).

The assessment also measures inclusion of food secure populations and exclusion of food insecure population by implementation (actual reception of assistance based on interview responses). Using FSVA4 data, the assessment examined how many food insecure households (as well as food insecure households who are eligible to be included in FLSEBP programmes based on the set targeting criteria), are actually included in the FLSEBP programmes.

The exclusion error in terms of food security is 43 percent meaning that people were not assisted through FLSEBP because they might not fit the definition of poor, even if they were food insecure. Overall, FLSEBP is not covering more than four in ten food insecure people in the country. This is an important group to consider for a program that supports food security outcomes.

Meantime, 30 percent of FLSEBP beneficiary HHs were categorized food secure and not poor, and 6 percent of non-beneficiary HHs were found to be both food insecure and poor.

The analysis showed a moderate correlation between food insecurity and poverty with an overlap of 42 percent. Correlations were found between poverty and food security indicator components, such as food consumption score, livelihood coping and reduced/food-based coping strategies.

The socio-demographic characteristics of poor and food insecure households were very similar showing the profile of the vulnerable households. The most vulnerable HHs in terms of food security and poverty were the ones with a female HH head, HHs with 4 and more children, HHs consisting of elderly only, divorced or widowed HH head, HHs with disabled adult or child and big households.

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[2] Poverty_2022_En_2 (armstat.am)

Based on the findings of the FSVA4, the following recommendations are drawn:

Recommendation 1: Inclusion of food security indicators in determining vulnerability for inclusion in FLSEBP

It is recommended to include a food security dimension into the FLSEBP targeting mechanisms. Although poverty and food security correlate, extreme poverty does not necessarily mean food insecurity and vice versa. This means that the FLSEBP targeting only extremely poor households will not address hunger and malnutrition issues, which are intended to have long term impacts on the socio- economic opportunities of households and on the nation.

Recommendation 2: Establish an early warning system for food security

The national governance system across all sectors requires an early warning and early action overarching system to inform response actions. Hence, an early warning system such as food security surveillance system can be fundamental for the national shock responsive social protection system to receive early warning signs and plan accordingly to expand vertically and horizontally at the occurrence of various shocks. The proposed food security surveillance system is one of the enablers for preparedness and early action planning and acts as an automatic stabilizer for the economy.

Recommendation 3: Design and implement food assistance addressing the food needs of the vulnerable population

It is recommended to design and implement assistance projects that would specifically target households experiencing food needs among both FLSEBP beneficiaries and non-beneficiaries. WFP is now piloting the food card project in cooperation with the MLSA and USS, which targets vulnerable households having a food need among FLSEBP beneficiaries and non-beneficiaries. This can serve as a good tool for the Government to institutionalize as part of national social protection schemes and use it as a shock responsive tool as well.

Recommendation 4: Establish Shock responsive Food Security Safety Nets

It is recommended to design safety nets as in a comprehensive package which will include a) nutrition education and awareness on healthy food choices and purchases, b) how to avoid and manage risks, c) apply social behavior change to teach mechanisms on how to cope with shocks, d) educate people about the impacts of coping mechanisms to provide informed choices, e) an opportunity to promote economic multiplier effects and early response to shocks.

2. Background

Armenia is an upper middle-income country but despite macroeconomic progress and structural reforms implemented over the last decade, poverty and food insecurity levels remain high with a poverty rate of 27 percent in 2021, 21 percent of the population food insecure and 54 percent at risk of falling into food insecurity (marginal food security)[3] in case of shocks. Armenia has more than 100 social protection programmes to address poverty alleviation and ensure prevention, divided under four pillars: social insurance (contributory), social assistance (non-contributory) also deemed Social Safety Nets (SSNs), social care services (non-contributory) and active labour market programmes. Armenia also has a comprehensive and multi-faceted legal framework for around social protection programmes while a comprehensive and costed social protection strategy is under development.[4] The current strategy does not encompass food security and nutrition considerations, with a national definition[5] of food security as the Food Security Strategy for the country that was being developed at time of writing.

Armenia's social protection programmes were leveraged to respond to the increasing needs following the outbreak of COVID-19 in March 2020 and the escalation of the conflict in and around Nagorno Karabakh (NK) conflict in September - November 2020. The World Food Programme (WFP) in Armenia assisted and continues to assist affected households and individuals through different programmes involving either cash-or in-kind food distributions and particularly, the information about Family Living Standards Enhancement Benefit Programme (FLSEBP) beneficiaries has been used to target beneficiaries during the in-kind food distribution implemented in Shirak region of Armenia in 2021. Currently in Armenia, FLSEBP target poor and extremely poor populations, but not specifically food insecure populations in the absence of a national food security definition and absence of its articulation in the Social Protection strategy and food security is not part of the targeting criteria's. While previous studies have found important exclusion errors of extreme poor (based on current monetary income poverty-oriented targeting criteria), the FLSEBP may also exclude a large number of food insecure households if these are not considered "poor" as per the targeting criteria's and are therefore not considered within the targeting error parameters. During the recent food distributions, WFP observed indeed that a considerable number of food insecure households were not included in FLSEBP and in SSNs.

Taking into consideration the findings and lessons learnt from the distribution, the fourth Food Security and Vulnerability Assessment (FSVA4) was centred around FLSEBP inclusion/exclusion from a food security lens. Understanding the degree to which households, that are food insecure, are excluded/included in FLSEBP can enable policy recommendations on how food and nutrition considerations can inform evidence-based recommendations for Social Protection policy thinking. Moreover, the timing of this assessment will also allow MLSA to take the findings into consideration in forthcoming update of the eligibility criteria used for targeting for the Family Benefit Programme in Armenia.

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[3] WFP: Food Security and Vulnerability Assessment Round 3, December 2021.
[4] MLSA, World Bank, UNICEF: Core Diagnostic of the Social Protection System in Armenia, 2019.
[5] Noting that the World Food Summit (Rome, 1996) states that "food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life".

3. Methodology

3.1. Research objective and questions

The overall objective of the study is to understand the poverty and food insecurity linkages in Armenia and estimate the possible exclusion and inclusion of food and nutrition insecure households in the FLSEBP in Armenia. Based on the assessment results, a component of food security criteria will be developed having the aim to complement the poverty focused eligibility criteria currently used for FLSEBP program beneficiary identification and registration.

Structure and research questions

The assessment will be structured around three overall research questions[6]: (i) what is the association between poverty and food insecurity in Armenia? (ii) what is the inclusion and exclusion of food insecure households in FLSEBPs by design and implementation? and (iii) what is the beneficiary and non-beneficiary perception of targeting of social assistance programmes?

Questions of the assessment will aim to answer:

- Which population groups are food and nutrition insecure and which groups are poor (the share of affected population, geolocation, profiles of households affected)?
- What is the share of food and nutrition insecure population that are also considered to be poor and the other way around following the same methodology that the Statistical Committee does on poverty measurement (geolocation, profiles of households, livelihoods of households, share of households double affected), the WFP Consolidated Approach for Reporting Indicators of Food Security (CARI) to measure food security and dietary diversity score to measure nutrition security?
- Who are receiving assistance from the government and/or others? What kind(s) of assistance are they receiving? For how long have they received assistance?
- Which population groups are food insecure / poor and included into one or more social support programs (profiles of the households, the share of households, what type of program(s) households receive assistance from, comparison with the actual shares per geolocation) by design (based on the targeting criteria) and implementation (based on reported reception of social assistance), respectively?
- Which population groups are food insecure and not included into social support programs (profiles of the households, the share of households, differences among the ones included and excluded) by design (based on the targeting criteria) due to implementation (based on reported reception of social assistance), respectively?
- Perception of fairness and inclusiveness among beneficiaries and non-beneficiaries (for themselves and in the community in general) in who receives benefits?
- Do people, who think they should be included, know how they can request to be included?
- What, if any, are the barriers to receive assistance for food insecure households?

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[6] The research questions will be answered in the assessment but are not to be confused with the actual interview questions. For example, whether additional assistance is needed will be deducted from other questions.

Inclusion/exclusion by design and implementation

The FLSEBP that this assessment focuses on, targets based on poverty criteria not taking food and nutrition security into consideration. The assessment therefore does not refer to inclusion and exclusion errors but rather inclusion of food in/secure populations as defined by WFP indicators and exclusion of food insecure population into the FLSEP programmes. In particular, this assessment suggests identifying inclusion and exclusion of food insecure populations by design and implementation, respectively. Below are illustrations of what is meant by exclusion (inclusion) of food insecure (secure) populations by design and implementation.

For example, the inclusion of non-food insecure populations by design is the number of households eligible to assistance according to the targeting criteria despite not being food insecure (B) divided by the total number of eligible (according to the targeting criteria) households (A + B). While the exclusion of food insecure populations by design is the number of food insecure not receiving assistance (C) divided by the number of food insecure households (A + C). The exclusion of food insecure population by implementation is calculated using the same logic; coverage is the number of food insecure households eligible for assistance (A) divided by the total number of households receiving assistance (A+C)[7].
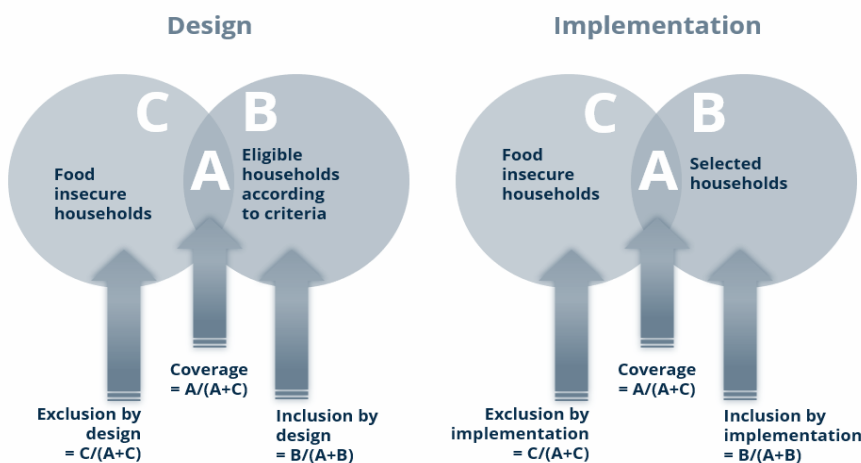
FLSEBP is the second largest budget programme in the state social protection sector and the only one using poverty as a vulnerability framework, on which to define eligibility criteria. The FLSEP includes the following main components: (i) the Family Benefits, (ii) the Social Benefits and (iii) the Quarterly Emergency Assistance.

The assessment does not consider the FLSEBP impact on poverty nor food security as an indicator for targeting precision nor does it assess the targeting costs (proportion of budget) to assess the cost-effectiveness of targeting. The study also does not examine inclusion/exclusion error of poor populations by design nor implementation. This means that no conclusions on the performance of the Proxy Means Test (PMT)[8] to target poor households will be presented.

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[7] It will also be interesting to look at how many food insecure households, who are eligible to receive assistance, are receiving assistance.

[8] The Proxy Means Test is used to describe a situation where information on household or individual characteristics correlated with welfare levels is used in a formal algorithm to proxy household income, welfare or need.

3.2 Data collection method and tool

The assessment was conducted through face-to-face household interviewing, using computer-assisted personal interviewing (CAPI) for harvesting data. Benefits of this system involved:

1. Designing/programming the questionnaire online by eliminating logical errors and data entry errors and cutting costs on data entry exercises.
2. Audio recording of 100 percent of the interviews (with respondents' prior consent) to enable total quality checks of interviews.
3. Generating a database of questionnaires in a real-time mode, i.e., each filled-in questionnaire is placed in a unified database on a central server immediately after competing for each interview.
4. Possibility to track interviewers in the field, tracking duration of interviews, executing online follow up to interview process etc.

The Fourth Food Security and Vulnerability assessment (FSVA4)[9] was conducted among households in Armenia from May through June 2022, interviewing the member of the household who could best answer household food consumption and expenditure related questions.

Research tool: the questionnaire, consisted of ten sections: demographic information, household assets and housing conditions, food insecurity level, food consumption and food sources, livelihood coping strategies, food and market accessibility, income sources and expenditures, perception of targeting criteria of state social support provision among FLSEBP and non-FLSEBP beneficiaries, main concerns of respondents, and child nutrition-related questions (6-23 months old). Data collection was carried out by AM Partners Consulting Company with the technical support of WFP while the data has been analyzed by WFP VAM Unit.

3.3 Sample

The target group of the assessment was the adult population residing in Armenia for at least 10 months during the previous year.

The survey used a nationally and regionally representative random sample (95 percent confidence interval, 2 percent margin of error for nationally representative and 5 percent margin of error for regionally representative random sample). Additionally, pre-condition of the sample implied at least 100 FLSEBP beneficiaries interviewed in each region. The sample structure implied the following strata: capital city, other urban and rural settlements in regions. The sample size was 4,189 (see ANNEX 2). The data were weighted using regional and settlement type (urban/rural) proportions in the country. For poverty calculations the data were weighted using number of people, as the poverty is calculated per person. Important to mention that a nationally representative number of households of benefiting from FLSEBP was interviewed (around 1300) at least 100 households in each region.

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[9] Food Security and Vulnerability assessment round 1 (FSVA 1) was conducted from June to July 2020

4. Key findings

4.1. Household Profile

The survey was conducted among adult residents of the Republic of Armenia, who had resided in the country for more than 10 months during the previous 12 months. The average number of households interviewed in each region was 380, including Yerevan, which assures the representativeness of the data at the regional level. The data in this analysis was weighted to gain regional and national level representativeness. This analysis is based on the results of weighted data. After the weighting of the data, the proportion of households from urban settlements was 65.1 percent.

Figure 1. Distribution of Households by settlement type among FLSEBP beneficiaries, %
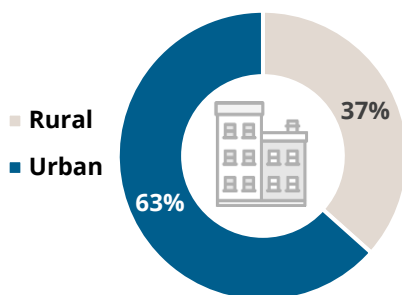
As the focus of this analysis are FLESBP beneficiaries, the demographic characteristics of this group were analyzed. Analysis of the geographical dispersion of the FLSEBP beneficiaries revealed that 36.6 percent of them were located in rural areas in contrast to 63.4 percent of urban dwellers meaning that more than the half of the FLSEBP beneficiaries were identified in urban areas and the proportion of rural beneficiaries was twice as little as urban one.

- Rural
- Urban

37%
63%

As the questions were answered by the household member who was best aware of household food consumption, diet decision-making and expenditure related questions thus the proportion of female respondents exclusively prevails comprising 95.7 percent. On the other hand, almost the half of the respondents, estimated to be 50.1 percent, mentioned that the head of the household is female.

Figure 2. Gender of the respondent. %

- Male
- Female

4.3%
95.7%
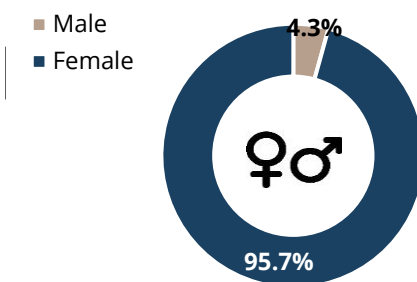
According to data, 36.4 percent of the households were comprised of 5 or more members whereas 10.2 percent of just 1 member. The average number of household members participating in this research was 3.9. On average, a rural household size is larger compared to an urban one by 0.9.

Gender disaggregation of the FLSEBP beneficiary households' heads demonstrated that the majority of them were female-headed (66.6 percent) while only 33.4 percent were male-headed.

Figure 3. Average number of household members among general population and FLSEBP beneficiaries

Both among general population and FLSEBP households, the average number of household members is 4. However, among FLSEBP beneficiaries the number of HH member in rural areas is higher.

Among the general population in around 52.9 percent of the households there was at least one child. Almost half of the households (51 percent) had 1-3 children and 5.3 percent reported having 4 and more children. 16.5 percent of the households were comprised of elderly members only.
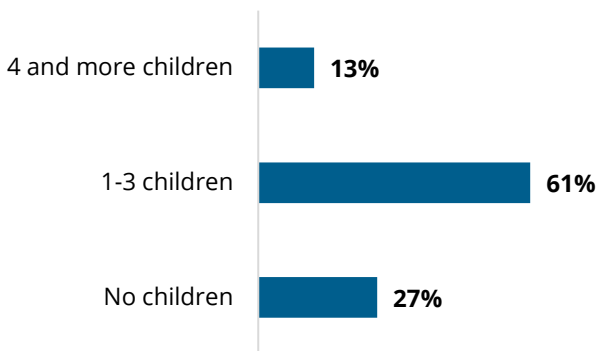
Figure 4. Household composition among FLSEBP beneficiaries

The analysis of the household composition among FLSEBP beneficiaries the following picture emerged demonstrating that the majority which counted to be 73.4 percent had children while 20.8 percent were elderly only FLSEBP beneficiary households comprising of only an elderly member. Among the FLSEBP beneficiary households, 61 percent had 1-3 children while 13 percent had 4 and more children.

Among the households included in the assessment 59.8 percent reported having a member with chronic illness. While 39.4 percent of the households has a member who is a pensioner aged 63-74, the proportion of households with a pensioner member above 75 years old comprised 16.4 percent. The proportions of households having a member of 3rd, 2nd and 1st group disability[10] comprise respectively 15.1, 10 and 1.5 percent. Additionally, HHs with 3 or more children under 18 amounts to 11.2%, meanwhile single parent households and those considered to be divorced families with a child are estimated to be respectively 4.2 and 3.7 percent respectively. What's more, share of households having a student up to 23 years old is comparatively big counting 11.9 percent.

Analysis of the educational background of the family head revealed that 43 percent had completed secondary education, almost one fourth (24.1 percent) managed to accomplish secondary vocational education (technical school, college, etc.) and 18.5 percent had primary

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[10] In Armenia the health system currently categorizes disabled people according to one of three ranks based on its severity. Category one is the most serious, category three the least; and this determines the level of disability benefits that the state pays out to each person.

level of education. Yet only 10 percent of the heads of the FLSEBP beneficiary households had bachelor's degree.

Analysis of the data related to the household's profile of the interviewed FLSEBP beneficiaries showed that the majority of the families had a member with chronic illness affecting the quality of life (60.1 percent). Additionally, families with 1-3 and more children under 18 years old was 60 percent while the proportion of the families having 63-74 years old pensioners was 30 percent and pensioners above 75 years old was 15 percent. On the other hand, families having a member with the 1st, 2nd and 3rd groups of disability was 27 percent and single parent and single unemployed pensioner families had the share of 16 percent respectively.

Figure 5: FLSEBP household profiles
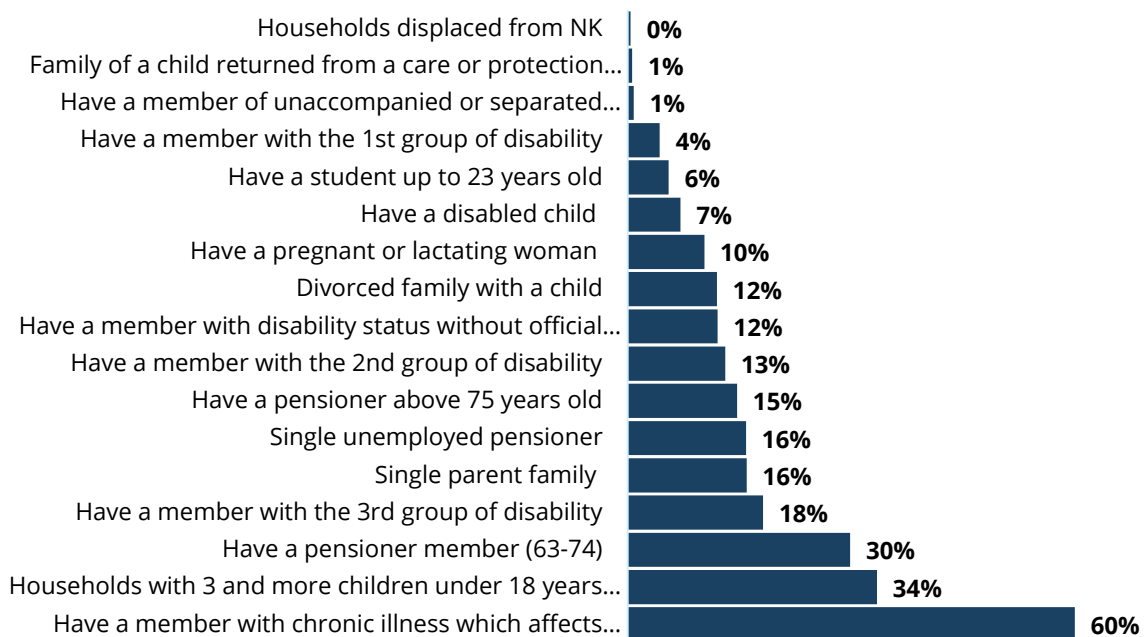
The majority of the respondents (54 percent) indicated that they live in an apartment while 37 percent mentioned living in their own separate house. On the other hand, the proportion of households living in the 3rd or 4th emergency level accommodation constitutes 5 percent. Similarly, the percentage of households living in a temporary building/cabin, or a lodge/cabin provided due to a disaster is comparatively low: 0.5 and 0.3 percent respectively.

The housing situation data analysis uncovered that 43 percent of FLSEBP beneficiaries live in an apartment and 38 percent live in their own houses. Additionally, 78 percent of FLSEBP beneficiaries live in their own separated houses, while 13 percent rent their living spaces.

Figure 6: Per capita income of FLESBP beneficiary households
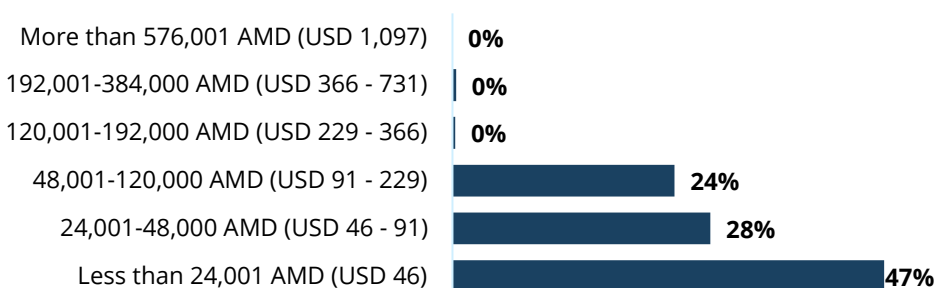
Consideration of per capita income of FLSEBP beneficiary households displayed that the majority received less than 24,000 AMD per person per month. This is far less than the

average poverty line in the country defined by the National Statistical Committee of the Republic of Armenia (RA) (44,482 AMD per person per month) based on which poverty rate is calculated. Similarly, 28 percent of FLSEBP beneficiary households fell into 24,001-48,000 AMD per person per month income range where only the upper threshold is slightly higher than the average poverty line, and per capita monthly income of almost one fourth (24.1 percent) of the interviewed FLSEBP households corresponded to the group of 48,001-120,000 AMD.

Disaggregation of primary income sources of FLSEBP beneficiary households communicated the following picture: regular state social support program is considered a primary income source for 28.1 percent of FLSEBP beneficiaries, pension is a primary source for 27.7 percent of households and salaried work is the main source of income for 11.4 percent of FLSEBP beneficiaries who participated in the survey. However, informal daily labour was a primary income source for almost 10 percent and disability support for 4.3 percent of FLSEBP beneficiary households. Other types of primary income sources that were comparatively common were remittances received from a family member working abroad (4.3 percent) and cattle breeding (3.7 percent). The proportion of other primary income source groups was infinitesimal.

The analysis of all the possible income sources discovered a very similar picture: for 98.6 percent the regular state social support is considered an income source and for 46.3 percent pensions are one of the income sources. In case of primary income sources these two groups were leading as well. Informal daily labour and disability support were the next groups of income mentioned by the interviewed FLSEBP beneficiary households (40.5 and 27.9 percent accordingly). Salaried work with regular income as well as horticulture/cattle breeding were the next comparatively prevalent groups of income for the interviewed households (17.2 and 14.6 percent respectively). This analysis brought up the heavy dependence of the households on different types of state social assistances as a primary source of income meaning that they were not capable of generating income for themselves. However salaried work with regular income and daily/casual labour were the second largest group for these households to receive income from.

Figure 7: The proportion of state social assistance in the household's income
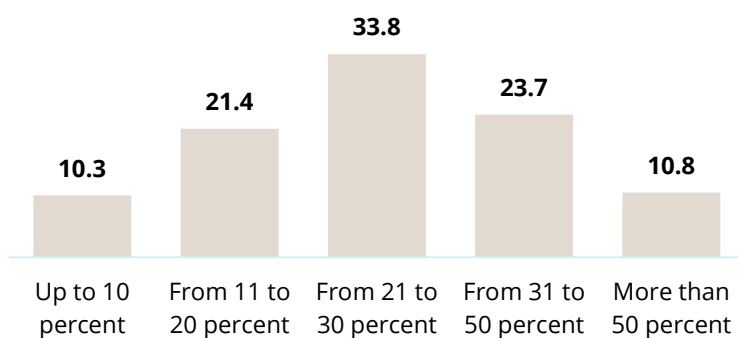
The derived data about the proportion of state social assistance in the total income of the households pinpointed that for 10.8 percent of the FLSEBP beneficiary households the state social assistance constituted to be more than 50 percent of their income. Interestingly, the share of state social assistance was up to 10 percent in the income of 10.3 percent of households. For the biggest share of households (33.8 percent) state social assistance comprised 21-30 percent of their income.

Moreover, the majority of the households with more than 50 percent of state social assistance share in their income were the beneficiaries of family benefits – which provides a larger benefit amount – and here the biggest share belonged to the households with 3 and more children (51.1 percent) followed by the households having a member with chronic illness (40 percent) and single

parent households (22 percent). What's more, the households with more than 50 percent of state social assistance in their income predominantly fell into the income group of less than 24,000 AMD per capita per month (90.1 percent) and 31.7 percent mentioned FLSEBP assistance as their primary source of income.

Among those mentioning less than 10 percent share of FLSEBP assistance in their income the majority (18.8 percent) reported salaried work with regular income as their primary income source followed by 17.1 percent who mentioned informal daily/casual labor as a primary income source. Yet, in this case only 35.8 percent of households fell into the income group less than 24,000 AMD per person per month. 32.8 percent of them reported having 24,001-48,000 AMD per person per month income followed by 25.4 percent of households with less than 10 percent of FLSEBP assistance in their income having 48,001-120,000 AMD monthly per capita income.

Among the HHs indicating 21-30 percent of FLSEBP assistance in their income, which was the biggest share among all the FLSEBP beneficiary HHs (33.8 percent), the highest proportion was those receiving less than 24,000 AMD monthly per capita income (40.3 percent), followed by 32.1 percent of HHs with 24,001-48,000 AMD monthly per person income and 27.3 percent of HHs with 48,001-120,000 AMD monthly per capita income. Additionally, for this category HHs the majority mentioned (36.2 percent) pensions as their primary source of income followed by 21.8 percent of HHs with FLSEBP assistance as a primary source of income. However, the proportion of HHs with salaried work and disability support as a primary source of income was relatively considerable as well comprising 10.8 and 9.3 percent respectively.

Assistance type, duration and spendings

The majority of the interviewed FLSEBP beneficiaries (72.7 percent) reported receiving Family benefit (the base of 18.000 AMD and additional amount per number of children under 18). On the other hand, 26.5 percent were beneficiaries of social assistance (18 000 AMD for HHs without children). Finally, tiny 0.9 percent of the interviewed beneficiaries were receiving emergency assistance within the Family Living Standard Enhancement Beneficiary Program.

Figure 8: Geographical distribution of FLSEBP assistance
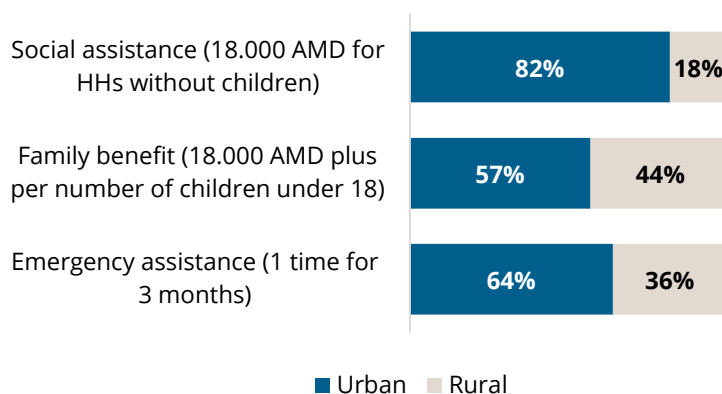
Analysis of urban-rural dispersion of 3 assistance types revealed that all 3 types of state social assistances were prevailing in urban areas. In urban areas, although there are more diversified livelihood sources, the cost of living is more expensive.

Meanwhile, among the beneficiaries of social assistance the biggest share belonged to the families having a member with chronic illness (75.8 percent) followed by single unemployed pensioner households (57.1 percent). As for family benefit recipients, the households having a member with chronic illness had the biggest proportion calculated to be 54.1 percent followed by households having a member with the 3rd group of disability.

Figure 8: The duration of receiving FLSEBP assistance, %
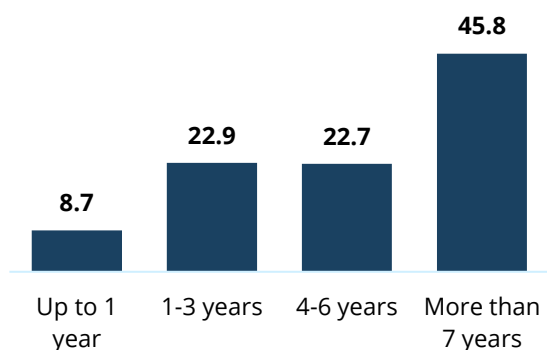
Considering the duration of receiving state social assistance, 45.8 percent of FLSEBP beneficiary households mentioned that they had been receiving the assistance for more than 7 years. The proportion of households receiving state social assistance for 1-3 years and 4-6 years was almost identical with a minor difference (22.9 and 22.7 percent respectively). Thus, having about the half of FLSEBP beneficiary respondents reporting such a long period of being assisted, indicates their dependency on the assistance. This needs to be explored to understand the vulnerabilities of the households and the behavioural patterns.

Figure 9: FLSEBP assistance spent to cover the needs, %
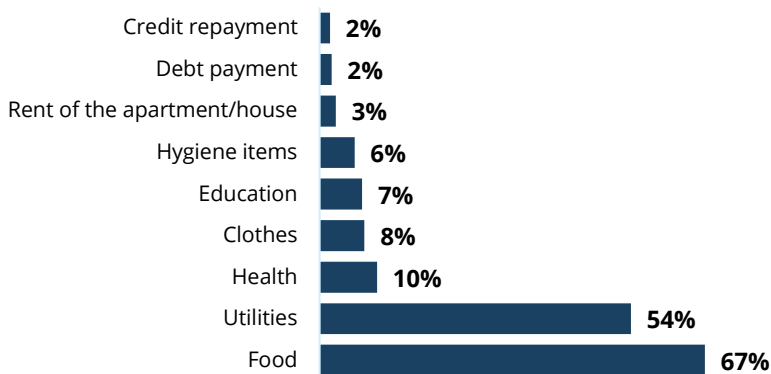
The analysis of the needs that FLSEBP beneficiary households spent the assistance on showed that food need was highly prioritized among 67.2 percent of households. Yet, utilities were the second expenditure group the FLSEBP beneficiaries spent the received assistance on (54.3 percent) followed by health-related needs (10 percent). However, when looking at the diagram a huge gap can be detected between the first two and the third groups of needs met by the resources of state social assistance.

Figure 10: Primary advantages of FLSEBP for beneficiary households, %
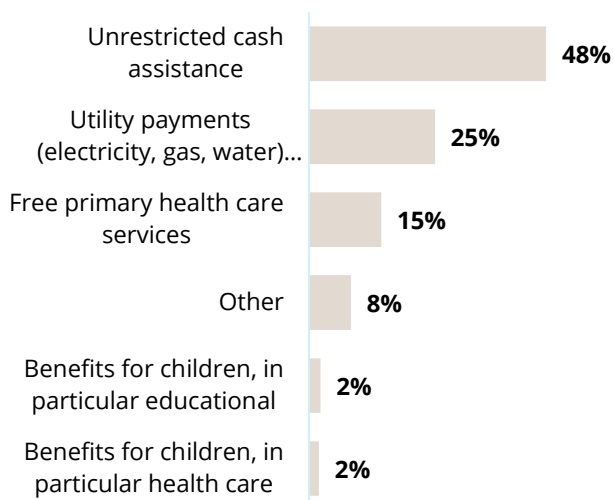
It was important to understand the primary advantages of FLSEBP for the beneficiary households. The data analysis showed the following dynamics: unrestricted cash predominated over other advantages having 47.6 percent of answers. Utility payments (electricity, gas, water) were the second most indicated benefit of the regular state social assistance program for the beneficiaries, while free primary healthcare services were the third most chosen advantage of the program.

4.2 Comprehensive Food Security and Poverty

The main objective of this assessment is to reveal the linkages between poverty and food security as well as reveal the inclusion or exclusion from a food security lens. The assumption is that poverty and food security are interlinked and correlating, thus, food security measurement can be considered as a component for needs assessment for the State Social Safety Net, in particular Family Living Standards Enhancement Benefit Programme (FLSEBP).

4.2.1. Food security

Box 1

The Consolidated Approach for Reporting Indicators of food security (CARI) is a harmonized WFP method used to analyse primary data from a single household food security survey, and to classify individual households according to their level of food security. It can also be used to carry out vulnerability profiling of households and to identify targeting criteria for WFP programming.

Food security indicator is an aggregated food security index to report on the population's comprehensive food security status. It combines different food security indicators into one and this composite indicator is used to determine the number of food-insecure people when data from regular assessments are not available due to access issues. It is to assess a) the current status of households' food consumption (assessed based on food consumption patterns); and b) the current coping capacity of households to meet future needs (assessed based on economic vulnerability and adoption of livelihood coping strategies).

The measurement of food security is applied at household level, which means that the figures reflect food security levels at household level. In this assessment, 77 percent of food security levels are seen households are rated as food secure, out of which only 20 percent of households are food secure, and 57 percent are marginally food secure.

Figure 11. Food security levels per 4 assessments, %
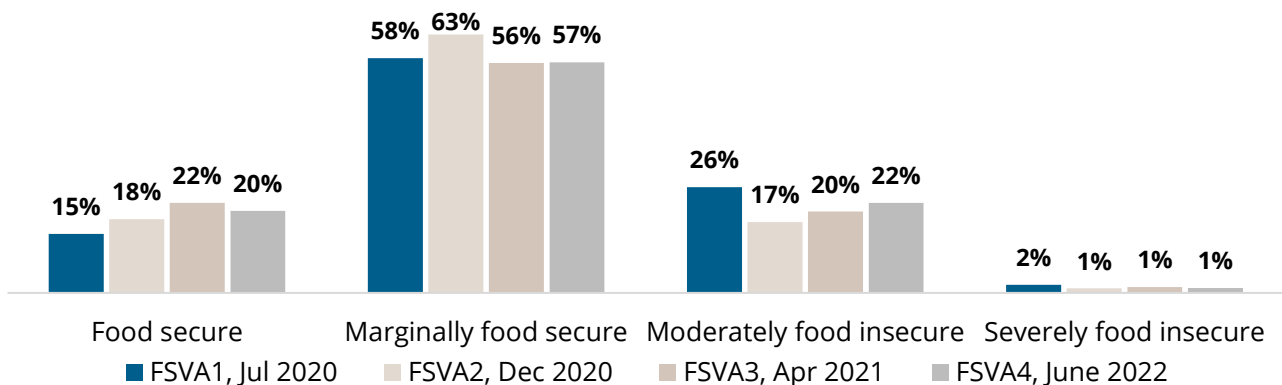
Considering that the assessment was conducted in May-June 2022, the situation may worsen in autumn-winter when households will have to pay utility bills and have other expenditures related to winter.

Figure 13. Comprehensive food insecurity levels by regions as per 2022 June,

The analysis of food security per settlement type revealed that food insecurity levels are significantly higher in other urban areas (24.6%) compared to Yerevan (22.4%) and rural areas (22.9%). Interestingly, compared to FVSA3 (Apr 2021) the food insecurity levels have increased in urban areas and Yerevan and decreased in rural ones. This can be due to several factors, for instance, the agricultural sector received high levels of Government support and in the last year the Government provided subsidies to the small holders for buying fertilizers and seeds as the prices for agricultural goods hiked. Another factor is that donors and companies make investments in food systems through supporting the agricultural sector. Besides, in rural areas some households can cultivate land and grow fruit and vegetables near their houses for their own consumption.

Figure 12: Comprehensive food security by settlement type, FSVA 4, June 2022, %
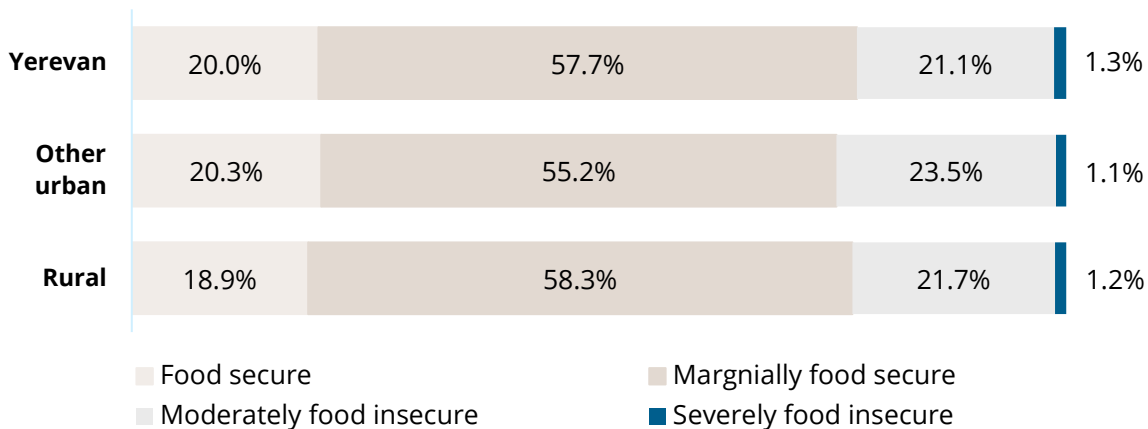
In regions the highest rate of food insecurity was seen in Shirak (35%) which is among the poorest regions in Armenia based on the latest Poverty snapshot released by Statistical Committee of RA (2020). In Lori (31%), Tavush (25%), Vayots Dzor (24%) and Gegharkunik (22%) the levels of food insecurity were also high compared to other regions. The lowest rates were in Armavir (17%) and Kotayk (18%).

In all previous assessments the highest rates of food insecurity were seen in northern regions, whereas FSVA4 showed high levels of food insecurity in southern regions as well, in particular Vayots Dzor and Syunik.

Compared to all FSVAs (2020-2021), food insecurity levels changed and were reported highest in Syunik region and Yerevan in May-June 2022 showing a disruption food security by 5 percentage points.

4.2.2. Poverty rates

> **Box 2**
>
> The poverty levels in Armenia are calculated based on World Bank methodology using the Integrated Living Conditions Survey (ILCS) conducted by the National Statistical Committee of RA (Armstat) on annual basis.
>
> The poverty and welfare measurement are done in three steps. First, defining an indicator of welfare (e.g., consumption aggregate). Second, establish a minimum acceptable standard of living or the poverty line. And finally, aggregate the information from the distribution of the welfare indicator relative to the poverty line, to identify the poor and non-poor populations. The measurement of poverty in Armenia follows the Cost of Basic Needs (CBN) approach. The basic notion behind the CBN is to quantify the monetary value of a consumption basket that fulfils households' basic food and non-food needs. Poor households are identified as those whose budget/consumption is insufficient to afford the value of such basket[11].
>
> A poverty line defines, in monetary terms, the value of goods (food and non-food) and services that meet the needs of the minimum level of living standards in the country. The minimum consumer basket consists of two components: a minimum food basket and an allowance for basic non-food goods and services.
>
> Four different poverty lines are calculated in Armenia: a) a food poverty line; b) a lower poverty line which uses a lower bound of the allowance for basic non-food goods and services in addition to the food poverty line; c) an upper poverty line which uses an upper bound of the allowance for basic non-food goods and services on top of the food poverty line; and d) an average poverty line, which is the average of the lower and upper poverty lines.
>
> The food poverty line is based on the minimum energy requirement (MER) for one average person in the population to perform their regular daily activities. Based on demographic characteristics of the population of Armenia the average MER was calculated at 2,307 kilocalories (kcal) per person per day in 2019. The food poverty line then is computed as the cost of reaching that minimum using the "Cost of Basic Needs" approach. In other words, in the context of Armenia, we calculate how much does it cost to purchase a food basket of 2,307 calories. The food poverty line reflects the cost of the minimum food basket which is established according to the actual consumption patterns of a reference population[12].

Important to note that there is a methodological difference of data collection of expenditures compared to ILCS, as in fourth food security and vulnerability assessment the respondents were asked to recall their food expenditures (at home and outside) in 30 days, non-food expenditures in 30 days and non-food durable exp. for 6 months. Whereas, in ILCS the expenditures are recorded in diaries for 14 days, although later these are converted to 30 days for calculation purposes.

WFP didn't calculate the poverty lines, instead the four poverty lines calculated by the World Bank (WB) and Armstat in 2019 were used in the report. The poverty rates for 2021 were calculated based on the poverty lines of 2019 applying the Food and Non-food Consumer Price index (CPI) in 2020 and 2021. The same approach was applied in FSVA4, where WFP applied the food and non-food CPIs for 2021 and the first half of 2022, as the data collection was in May-June 2022.

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[11] Poverty_2022_En_6 (armstat.am)
[12] Poverty_2022_En_6 (armstat.am)

The latest poverty snapshot was published in 2021 by the WB and Armstat. The poverty lines and poverty rates were calculated per the adult equivalent household members per month. Similarly, in this section the poverty rates as per WFP will be presented per adult equivalent household members.

Important to note that the objective of this assessment is to discuss the linkage between poverty and food security. The methodology of calculation and the findings were shared and accepted by the WB and Armstat.

The comparison of poverty rates of 2021 by Armstat and the ones based on WFP calculations showed a notable variance for food/extreme poverty, showing an increase of 7 percentage points. One of the reasons may be the inflation of food prices that Armenia faced in 2021 and 2022.

The average poverty rate as per WFP calculations was 32 percent showing a 5 percentage points increase compared to Armstat poverty snapshot as of 2021.

Figure 14: Poverty rates in 2021 (Armstat) and in 2022 (WFP)
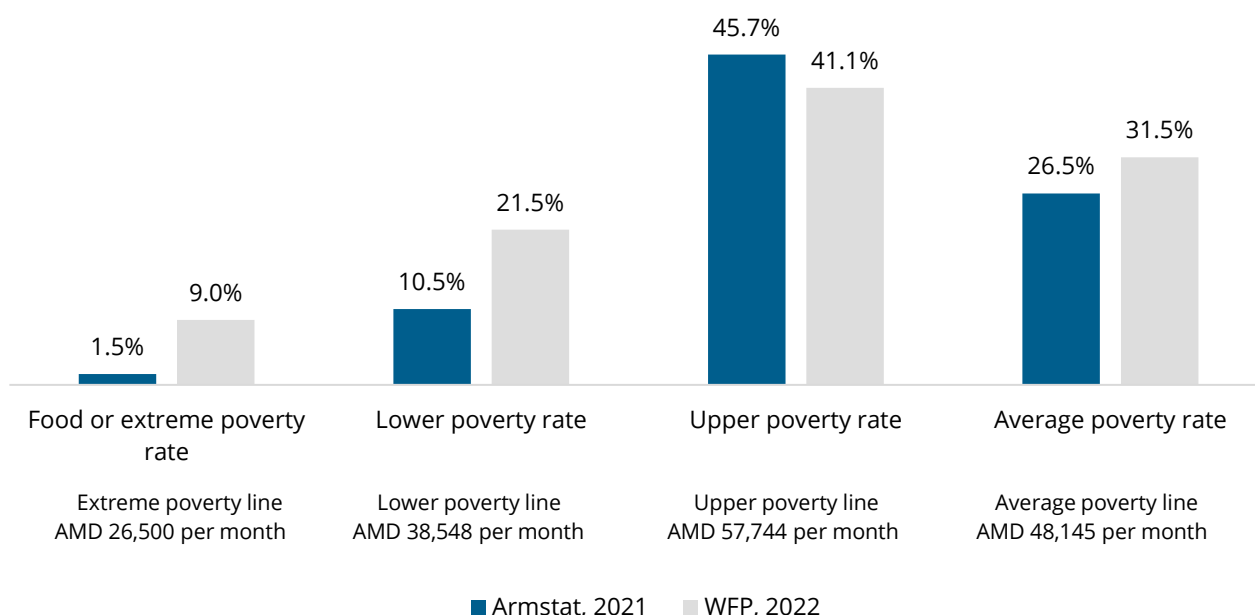
As seen in the figure above, the lower poverty rate is higher as per WFP constituting 21.5 percent versus 9.7 percent in 2020. Whereas the upper poverty rate appeared to be lower by 6.5 percentage points. The average poverty, a line which is the average of lower and upper poverty, is suggested as the poverty threshold.

Further analysis per regions showed that, despite a general increase in poverty figures in most regions since 2021, Armstat measurements in 2021 and WFP measurements in 2022 present similar poverty rates and relative poverty rankings, except for Lori and Syunik regions where dramatic increases in poverty were observed. The highest poverty rates were seen in Shirak (47%), in Lori (46%), Gegharkunik (40%) and Tavush (39%) as per WFP calculations. According to Armstat the poorest regions were Gegharkunik (48%), Shirak (43%) and Tavush (38%).

Figure 15: Poverty rates per regions in 2021 (Armstat) and in 2022 (WFP)

Figure 15: Poverty rates per regions in 2021 (Armstat) and in 2022 (WFP)
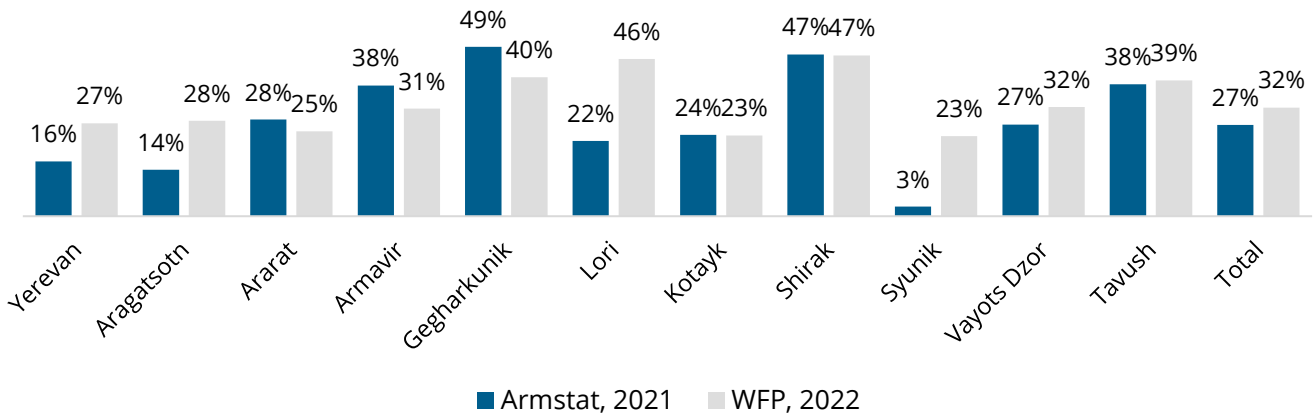
The poverty rates showed an increase of 11 percentage points in Yerevan and other urban areas. However, the highest rates were registered in rural areas (35%). The figures are aligned with Armstat figures.

Figure 16: Poverty rates per location types in 2021 (Armstat) and in 2022 (WFP)
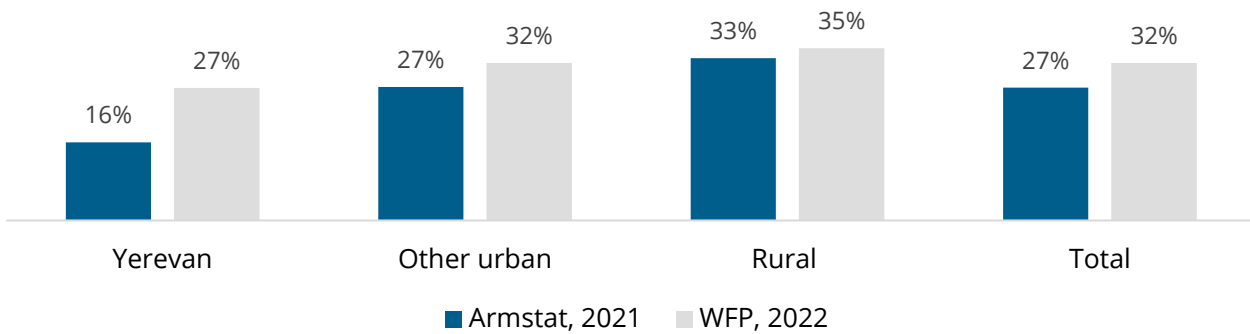
4.2.3. Correlation between Poverty and food insecurity

This section reflects the analysis of the correlations between food security, its components and poverty, as well as look into the demographic and socio-economic indicators for targeting.

Reducing poverty is a key element in a policy for food security, because poor people spend such a large share of their incomes on food, leaving them vulnerable to high food prices, and many poor people obtain much of their income from farming, leaving them vulnerable to declines in agricultural output.

Several research and studies have been conducted in different countries showing that these two are strongly correlated. The main objective of this analysis is not just showing the correlation between poverty and food security but also to estimate the possible exclusion and inclusion of food and nutrition insecure households in the FLSEBP in Armenia.

Since the data is collected at household level, further analysis was done at household level both for food security and poverty. Moreover, the targeting and vulnerability assessment for FLSEBP is also based at household level, in line with the WFP analytical approach.

Firstly, the current analysis will reveal the correlations between poverty and food insecurity and later it will focus on FLSEBP beneficiary and non-beneficiary analysis.

As assumed, a correlation between average poverty and food security was seen (Chi-square test, correlation coefficient=0.314, df=1). The share of food insecure households among extremely poor households was 44.2 percent, among households in upper-level poverty it was 39.1 percent, among lover-level poor it was 43.7 percent and among households having average poverty it was 41.5 percent.

This means that every second of poor households is food insecure.

Table 3: Share of poor households among food secure and insecure households

	Food insecure	**Food secure**
Extreme/food poverty	44.2%	55.8%
Average poverty	41.5%	58.5%
Non-poor	15.8%	84.2%

As per the analysis objective, the share of households who are both poor (average poverty) and food insecure is calculated. In total the share of households who are both food secure and poor is 12 percent.

Figure 17: *Share of households which are both food insecure and poor, per regions (%)*
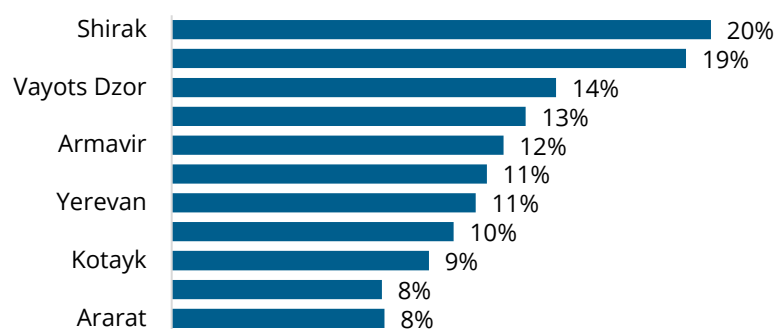
The highest share was seen in Shirak (20%), Lori (19%) and Vayots Dzor (14%). This finding is aligned with the highest food insecurity and poverty rates per regions.

The disaggregation per settlement types didn't show any significant differences.

As food security is an aggregate indicator it is reasonable to look at the correlations between poverty and food security indicator components.

a) Food security indicator component: Food consumption score

Food Consumption Score (FCS) is WFP's proxy for a household's access to food. The score is categorized into three levels: poor consumption, borderline consumption, and acceptable consumption[13]. The fourth food security and vulnerability assessment showed that 91 percent of the households had acceptable food consumption levels. On the other hand, 8 percent fell into "borderline" whereas mere 1 percent was categorized into "poor" food consumption group. However, disaggregation per households being in extreme or average poverty showed a higher level of "poor" and "borderline" food consumption and a corresponding lower level of acceptable food consumption. Inferential analysis showed that FCS and poverty are correlated (correlation coefficient=0.234, df=2).

Table 4: FCS among poor households and FLSEBP beneficiaries, (%)

FCS categories	Average poverty	Extreme/food poverty	Total
Poor	3.3%	3.4%	1.3%
Borderline	16.0%	18.3%	7.6%
Acceptable	80.6%	78.4%	91.1%

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[13] For more information on index visit FCS - Food Consumption Score Guidelines

b) Food security indicator component: Livelihood coping mechanisms and poverty

This assessment along with the FCS, measured Livelihood Coping Strategy Index (LCSI). To overcome socio-economic deprivations or severe hardships provoked by lack of resources to buy food, households often adopt various coping mechanisms. A livelihood-based coping strategy index is used to better understand the longer-term coping capacity of households in response to shocks. Each coping strategy is in a group of a certain severity[14], which is country or context specific. Each level of severity is described by three-four different strategies that households apply, based on their needs (overall, ten strategies) [15].

The Livelihood Coping Strategy Index is calculated based on WFP methodology and is a result of a higher weighting given to some coping strategies compared to others, related to the ability of a household to recover economically from applying that strategy. Coping strategies are ranked in the following order (descending in severity): emergency, crisis, stress coping strategies. The study of coping strategy dynamics enables us to create a better roadmap of the strategies implemented by various social groups.

In FSVA4 the proportion of households not adopting any coping strategies constituted 23 percent, 33 percent adopted stress coping, 39 percent crisis coping and 5 percent emergencies coping. The analysis shows that a significantly higher share of poor and extremely poor households had to apply crisis and emergency coping strategies to have enough food during 30 days.

Figure 18. Livelihood coping mechanisms among poor and extremely poor households, %
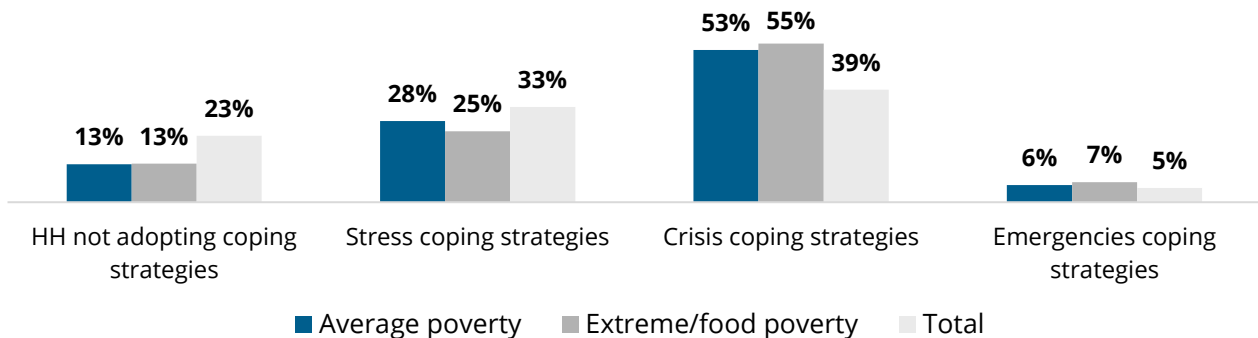
c) Food security indicator component: Reduced coping mechanisms and poverty

The Reduced Coping Strategies Index (rCSI) is a proxy indicator of household food insecurity. It considers both the frequency and severity of five pre-selected coping strategies that the household used seven days prior to the survey. It is a simplified version of the full Coping Strategies Index indicator. The rCSI is an experience-based indicator measuring the behaviour of households over the past seven days when they did not have enough food or money to purchase food.

rCSI is best used for monitoring purposes, and to identify changes in household behaviour especially in the early stages of a crisis. The index divides food insecurity into three levels: no

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[14] The levels of severity are defined as none, stress, crisis or emergency

[15] Stress coping: Sold household assets/goods (radio, furniture, refrigerator, television, jewellery, etc.), spent savings, borrowed money, purchased food on credit or borrowed money.

Crisis coping: Reduced non-food expenses on health (including medicine) and education, s old productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc..), were dependent on food rations and/or support from neighbours and relatives as only food/income source.

Emergency: sold a house or land, sold last female animals, children (under 15 years old) were working to contribute to household income (e.g., casual labour)

coping, low coping and high coping categories. The higher the rCSI, the more severe the coping is applied by a household.

Figure 19. Reduced coping mechanisms among poor and extremely poor households, %
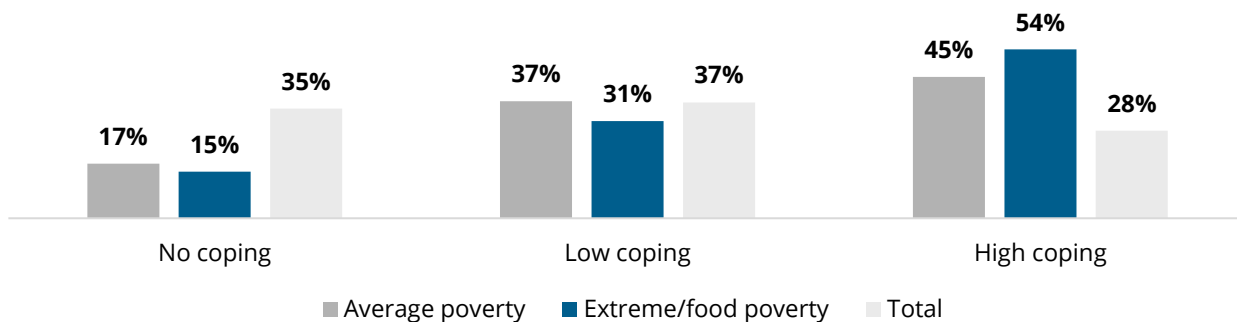
Similarly with the livelihood coping strategies index, a higher proportion of households which are in average and extreme poverty apply low and high coping. Being poor is moderately correlated with the adoption of rCSI (correlation coefficient=0.284, df=2).

The analysis also looked into whether there are common characteristics of households eligible for FLSEBP among poor and food insecure households.

Chi square test was applied to reveal the association between dependent variables (food security and poverty) and independent variables such as household head characteristics, household size and profile, household ownership, etc. These variables are considered when determining the eligibility and the amount of the state social transfer.

Table 5: Association of selected variables with average poverty and food security (WFP, 2022)

Variable	Total n=4190	Food insecure		Poor	
		n	%	n	%
HHH Sex		p value = 0.000		p value = 0.000	
Male	1944	345	17.7% CI (16.0-19.4)	456	23.5% CI (21.3-25.1)
Female	2245	624	27.8% CI (25.9-29.6)	742	33.1% CI (30.5-34.4)
HHH Marital status		p value <0.001		p value <0.001	
Married	2681	491	18.3% CI (16.8-19.7)	672	24.7% CI (23.9-26.3)
Single	209	73	35.7% CI (28.6-41.7)	56	26.8% CI (20.6-32.9)
Divorced	275	89	32.2% CI (26.7-37.8)	106	38.5% CI (30.7-42.2)
Widow/Widower	1024	316	30.9% CI (28.0-33.6)	363	35.4% CI (32.2-38.1)
Dependency ratio		p value = 0.07		p value = 0.000	
Low dependency (below 1)	2250	494	22.0% CI (20.2-23.6)	492	21.9% CI (20.1-23.6)
High dependency (above 1)	1892	453	23.9% CI (22.0-25.8)	675	35.7% CI (33.4-37.8)
HHs with children		p value <0.001		p value <0.001	
No children	1793	477	26.6% CI (24.5-28.6)	391	21.8% CI (19.9-23.7)
1-3 children	2175	415	19.1% CI (17.4-20.7)	687	31.6% CI (29.3-33.3)
4 and more children	221	77	34.8% CI (28.4-41.1)	120	54.3% CI (45.0-59.3)
Single unemployed pensioner		p value = 0.000		p value >0.3	
Yes	325	155	47.6% CI (42.2-53.1)	103	31.7% CI (26.6-36.7)
No	3864	813	21.1% CI (19.7-22.3)	1095	28.3% CI (26.9-29.7)
Household size		p value =0.000		p value <0.001	
1-4 members	2592	643	24.8% CI (23.1-26.4)	615	23.7% CI (21.8-25.1)
5-7 members	1403	274	19.5% CI (17.4-21.8)	494	35.2% CI (32.3-37.3)
8-12 members	192	52	27.2% CI (20.8-33.4)	89	46.4% CI (36.5-51.1)

HH member having disability		p value =0.000			p value =0.000	
1st group of disability	88	48	54.6% CI (43.8-65.1)	45	51.2% CI (40.5-61.8)
2nd group of disability	442	170	38.5% CI (33.9-43.0)	159	36.0% CI (31.5-40.5)
3rd group of disability	660	207	31.4% CI (27.8-34.9)	226	34.2% CI (30.6-37.8)
Not having a disabled member	3079	576	18.7% CI (17.3-20.1)	807	26.2% CI (24.6-27.7)
HH with a disabled child		p value=0.000			p value=0.000	
Yes	123	50	40.7%	58	47.2%
No	4065	919	22.6%	1139	28%
HH with a pregnant and a lactating woman		p value=0.01			p value=0.000	
Yes	432	79	18.2% CI (14.5-21.8)	157	36.3% CI (31.7-40.8)
No	2716	890	23.7% CI (22.3-25.0)	1040	27.7% CI (26.2-29.1)
HH member with chronic illness which affects quality of life		p value =0.000			p value > 0.05	
Yes	2514	701	27.9% CI (26.1-29.6)	730	29% CI (27.2-30.8)
No	1676	268	16% CI (14.2-17.7)	467	27.9% CI (25.7-30.0)
FLSEBP beneficiary		p value =0.000			p value=0.000	
Yes	1298	550	42.4% CI (39.6-45.2)	695	53.3% CI (50.0-55.5)
No	2891	419	14.5% CI (13.1-15.6)	503	17.4% CI (15.9-18.7)
Ownership of housing		p value <0.001			p value <0.001	
Owned	3515	801	22.8% CI (21.3-24.1)	1009	28.7% CI (27.0-30.0)
Rented	451	84	18.6% CI (14.9-22.1)	80	17.7% CI (13.7-20.2)
Hosted	191	71	37.2% CI (30.3-44.2)	85	44.5% CI (34.8-49.3)
Owning a car		p value <0.001			p value <0.001	
Yes	1615	164	10.2% CI (8.6-11.6)	193	12% CI (10.3-13.5)
No	2573	805	31.3% CI (29.4-33-0)	1004	39% CI (36.6-40.4)
Income ranges						
Less than 24.000 AMD	1070	394	36.8% CI (33.9-39.6)	678	60.4% CI (60.4-66.2)
24.001-48.000 AMD	1094	279	25.4% CI (22.9-28.0)	349	31.8% CI (29.1-34.6)
48.001-120.000 AMD	1424	253	17.7% CI (15.7-19.7)	124	8.7% CI (7.2-10.2)
120.001-192.000 AMD	218	7	0.3% CI (0.08-0.05)	3	0.1% CI (0-0.27)
192.001-384.000 AMD	67	6	0.9% CI (0.22-1.64)	1	0.1% CI (-0.1-0.34)
384.001AMD and more	15	4	2.6% CI (0.27-4.94)	0	0%

As seen in the table above, most of the selected independent variables are associated both with food security and poverty. The analysis showed that the households (HHs) which are food insecure and/or poor are the ones having female head of HH, divorced or widowed HH head, HHs having 4 and more children, 8-12 household members, having a HH member with the 1st group of disability and a disabled child, being a single unemployed pensioner, being hosted or living informally in a dwelling, as well as not owning a car. There are variables which are associated either with food security or poverty, for example dependency ratio is associated with poverty indicating that HHs having high dependency are poorer; households with no children or of a smaller size (1-4) seem to have higher rates of food insecurity, but lower rates of poverty; 91 percent of poor households have income equal or less than 48,000 AMD, however the proportion of food insecure households is lower (62.2%); higher share of HHs with disabled children was seen poor compared to food insecure HHs.

4.2.4. Poverty and Food Insecurity among the beneficiaries and non-beneficiaries of Family Living Standards Enhancement Benefit programme (FLSEBP) of the Government

The role of social protection programmes is emphasized within SDG1 of ending poverty in all forms by 2030. Expanding social protection programmes, and targeting those most in need, is seen as a way of reducing poverty (SDG1). Through inclusive programmes, it contributes to social cohesion and stability, helps people to manage risks and invest in human capital throughout the life cycle. As poverty can have a significant influence over hunger and malnutrition levels, SDG2 - ending hunger and malnutrition - also relies on the eradication of poverty (SDG1).

A non-contributory Family Living Standard Enhancement Benefit Programme (FLSEBP) launched in 2014 is one of the major social protection schemes and is the second-largest programme in government financing after the labour pension system. The FLSEBP targets poor and vulnerable families using a proxy means-test[16]. This approach defines vulnerability as having monthly expenditures below the poverty threshold. It then predicts whether households will fall below this threshold based on household attributes that are correlated with monetary poverty and are measurable in household assessments. The database of these household attributes, used as eligibility criteria, is updated every six months. The frequency of the update is an important element in determining the shock responsiveness of the safety nets and its ability to capture fluctuations in living conditions of a population and include new vulnerable groups. If the eligibility criteria are not updated regularly, people fall out of the safety net – or the safety nets have high levels of inclusion and exclusion errors.

Generally, the effectiveness of the social protection schemes can be evaluated through the level of the coverage of poor and extremely poor population supported by social transfers. Targeting will always be a challenge for national social safety nets. However, the Government of Armenia, supported by partners such as UNICEF, World Bank and WFP, have in recent years invested in revising the vulnerability assessment parameters, the administration of the programme and the legislative regulations, including conducting public awareness campaigns. According to a study by the Economic Development Research Centre (EDRC) from 2016, inclusion errors and exclusion errors of the FLSEBP system were high. However, with the recent revision of the social protection mechanism in 2019, the error rates have improved, as the percent of the extremely poor population that are not covered by the Family Living Standards Enhancement Benefits (FLSEB) was reduced to 20 percent compared to 56 percent in 2016[17]. The inefficiency of social assistance, however, hinders the poverty reduction impact of transfers as well as addressing food insecurity, as food insecurity is correlated with poverty.

A combination of poverty, structural inequalities (including gender inequalities), disparities between different population groups and territories, and limited job opportunities also hinder access to healthy diets. Those most vulnerable to food insecurity and malnutrition tend to be people living below the poverty line, girls and boys, unemployed or informally employed people, large households, and households headed by women. Furthermore, the absence of a diversified, nutrient-dense diet can lead to overnutrition, subsequent obesity, and failure to meet

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[16] The Proxy Means Test is used to describe a situation where information on household or individual characteristics correlated with welfare levels is used in a formal algorithm to proxy household income, welfare or need.

[17] CORE DIAGNOSTIC OF THE SOCIAL PROTECTION SYSTEM IN ARMENIA,

micronutrient requirements. Although food security is high on the Government's agenda, the most vulnerable groups of the population and specific localities with lower access to food are not delineated in policies directly aimed at achieving food security, making it challenging to provide strategic, targeted support that can eliminate hunger and malnutrition.

4.2.5. The share of FLSEBP beneficiaries and non-beneficiaries among food insecure and poor households.

As explained above, the FLSEBP targets extremely poor and poor households, considering a number of household characteristics as proxies for monetary poverty.

One of the objectives of this assessment was to estimate the possible exclusion and inclusion of food and nutrition insecure households in the FLSEBP in Armenia. Thus, an analysis was done to identify the share of FLSEBP beneficiaries and non-beneficiaries among food insecure and poor households.

Targeting errors are approximated by assessing 'benefit incidence' – mapping beneficiaries against the population's poverty or food security profile. While this assessment does not estimate inclusion and exclusion errors but rather inclusion of food secure populations and exclusion of food insecure population into the FLSEP, the methodology applied is the same.

Figure 20. Average and extreme poverty rates among FLSEBP beneficiaries and non-beneficiaries, %
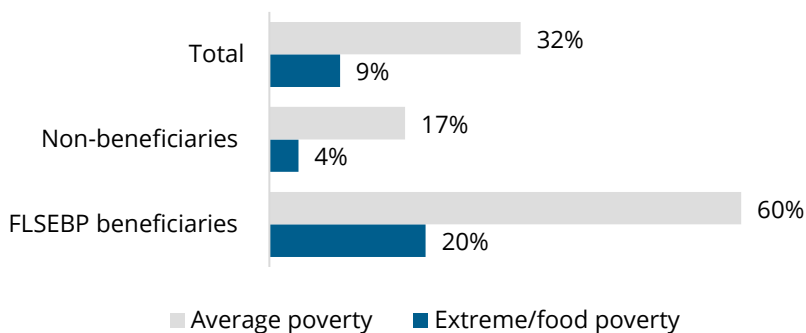
As seen in figure 20, more than half of FLSEBP beneficiaries are poor (60%) and one fourth is extremely poor. 17 percent of non-beneficiaries were found to be poor and 4 percent - extremely poor.

The assessment does not refer to inclusion and exclusion *errors* but rather inclusion of food secure populations and exclusion of food insecure population into the FLSEBP. This assessment suggests identifying inclusion and exclusion of food insecure populations by design and implementation, respectively. Therefore, the food security levels among FLSEBP beneficiaries and non-beneficiaries were analysed.

FSVA4 findings revealed that the FLSEBP beneficiaries have much higher levels of food insecurity compared to non-beneficiaries: 42 percent and 15 percent respectively.

Figure 21. Comprehensive food security among FLSEBP beneficiaries and non-beneficiaries, %
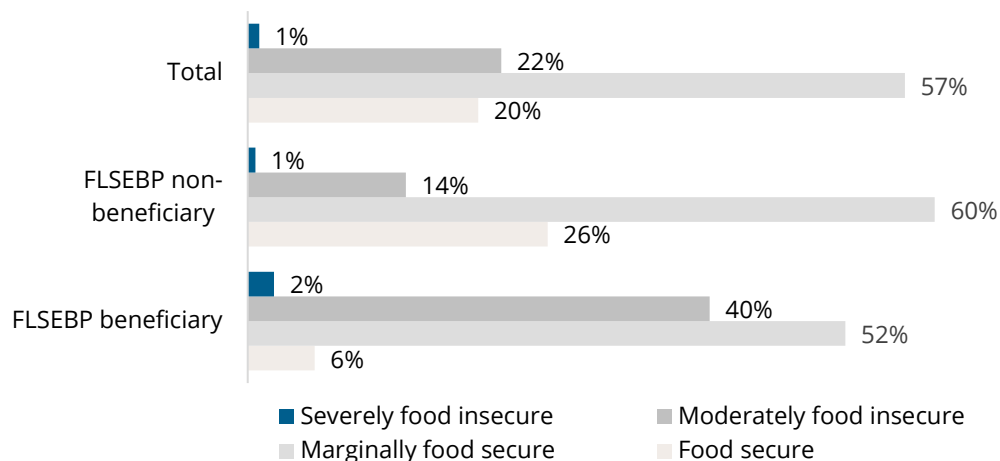
The findings indicate several issues for consideration. First, despite receiving support from the Government almost half of FLSEBP beneficiaries remain food insecure. On one hand this shows that quite a high proportion of food insecure households are targeted by FLSEBP. On the other hand, the cost of the food basket is 32.497 AMD per person per month, whereas the base social assistance is 18,000 AMD per household, family benefit comprises 18,000 AMD base amount adding 5000-8500 AMD for each child, and 25,000 AMD per household per month for the 3-month emergency assistance. Moreover, in June 2022 the food price inflation was 17.4 percent compared to June 2021, and the state social transfers are not adjusted to the current economic situation.

Secondly, 15 percent of food insecure households are excluded from FLSEBP. This is considered a targeting error. And, thirdly, an alarming proportion of households are marginally food secure showing a higher proportion among non-beneficiaries. This means that 60 percent of households which are not covered by FLSEBP can fall into food insecurity in case of any shock. It takes at least from 3 to 6 months for a vulnerable household to be identified and included in state social safety net. So, a rapid mechanism to establish a shock responsive social safety net, including early warning and action, should be established.

The assessment also measures inclusion of food secure populations and exclusion of food insecure population by implementation (actual reception of assistance based on interview response). Using FSVA4 data, the assessment examines how many food insecure households (as well as food insecure households who are eligible to be included in FLSEP programmes based on the set targeting criteria), are in fact included in the FLSEP programmes.

Table 6: The number of FLSEBP beneficiary HHs and non-beneficiary HHs per food security levels and assistance of FLSEBP

	Not Assisted (n of HHs)	Assisted (n of HHs)
Food secure	2464	755
Food insecure	414	554

Exclusion error in terms of food security is 43 percent, meaning that people are not assisted through FLSEBP because they may not fit the definition of poor, but they are food insecure. In fact, FLSEBP is missing more than four out of ten food insecure people in the country. This is an important group to consider for a dedicated social program that supports food security outcomes.

Inclusion error in terms of food security is 58 percent, meaning that almost six out of ten of the FLSEBP beneficiaries are food secure. There can be different reasons behind it.

The analysis of FLSEBP beneficiaries per food security and poverty levels demonstrated that 26 percent of beneficiaries are both food insecure and poor, 28 percent are food secure and poor, 17 percent is food insecure and not poor, while 30 percent are food secure and not poor.

As to non-beneficiaries, 6 percent are both food insecure and poor, 12 percent are food secure and poor, 9 percent is food insecure and not poor, and 74 percent are food secure and not poor.

Table 7: The share of FLSEBP beneficiaries and non-beneficiaries per food security and poverty levels

	Total	Food insecure and poor		Food secure and poor		Food insecure and not poor		Food secure and not poor	
	n	n	%	n	%	n	%	n	%
FLSEBP beneficiary	1309	334	26%	366	28%	221	17%	388	**30%**
Non-beneficiary	2879	163	**6%**	335	12%	251	9%	2130	74%
Total	4189	497	12%	701	17%	472	11%	2518	60%

The proportion of FLSEBP beneficiaries being categorized as food secure and not poor were seen higher among HHs residing in Yerevan, Kotayk and Shirak, having a single HH head, HHs with 1-3 children, HH head with higher education, HHs owning a car, HHs renting a house.

A bigger share of non-beneficiary HHs categorized as food insecure and poor were found to be in Yerevan, Lori and Shirak, HHs consisting of elderly only, female headed households, having a disabled HH member, divorced HH head, and HHs not owning a car.

As food security is an aggregated indicator it is reasonable to analyse the share of FLSEBP beneficiary and non-beneficiary households per food security indicator components.

The highest weight of Food Security indicator is assigned to **food consumption score** (FCS). The analysis revealed a correlation between the being an FLSEBP beneficiary and FCS.

Figure 22. Food consumption score among FLSEBP beneficiaries and non-beneficiaries, %
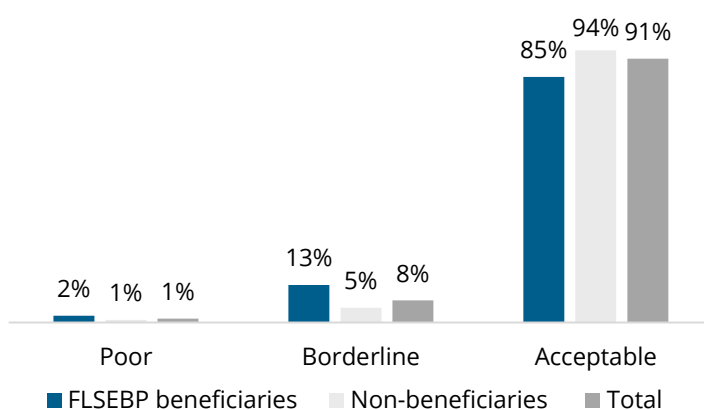
The data showed that the acceptable FCS is significantly lower among FLSEBP beneficiaries (85%) compared to the national score (91%) and non-beneficiaries (94%). The share of households with borderline and poor scores is higher among FLSEBP beneficiaries. This means that FLSEBP beneficiaries are more prone to have low food consumption score.

This finding was confirmed during WFP field visits to Shirak and Gegharkunik regions. Households benefiting from FSLEBP clearly

articulated that they don't consume diversified food, unless they use the services of soup kitchens or receive food assistance from different organizations. The vast majority was reporting to consume pasta, rice and/or bread. Vegetables, fruits and meat were not affordable for households, and in very few households (in case of elderly) there was a very limited consumption of greens and vegetables. The increase of food prices was also articulated, as because of that the households had to limit the variety of foods consumed.

FSVA4 showed that among FLSEBP beneficiaries less than half had a food stock. Moreover, the field visits proved as well that many of interviewed households (about 16 out of 20) didn't have any food stocks, moreover they didn't have appropriate conditions to store food. There were very limited conditions to cook, given the lack of hot water (in many households also the lack of running water), as well as lack of devices for cooking.

Food insecure households reportedly exhibit a range of coping techniques that reflects their vulnerability. In the phase of idiosyncratic shocks such as food price hike or natural disasters, households may employ food or non-food based coping strategy or a combination of both, to protect their basic needs.

Nutrition: One of the essential dimensions of food security is food utilization implying the way the body makes the most of the various nutrients in the food. Sufficient energy and nutrient intake by individuals are the results of good care and feeding practices, food preparation, diversity of diet and intra-household distribution of food. Unhealthy dietary habits and lifestyles are a norm in Armenia, and severe regional disparities are seen in the prevalence of extreme poverty, undernourishment, food insecurity and malnutrition[18]. The most recent data relating to malnutrition is from 2016, so there is a need to re-assess the malnutrition levels in order to address this issue in Armenia and support the nutrition-sensitive and targeted activities.

Stemming from this, Food Consumption Score-Nutrition (FCS-N) is calculated to take a closer look at the consumption of Protein-rich, Iron-rich, or Vitamin A rich foods.

The following food sub-groups are considered while calculating the consumption of Protein, Vitamin A, and Heme – Iron.[19]

- **Vitamin A-rich foods**: Dairy, Organ meat, Eggs, Orange veg, Green veg, and orange fruits
- **Protein-rich foods**: Pulses, Dairy, Flesh meat, Organ meat, Fish and Eggs
- **Heme iron-rich foods**: Flesh meat, Organ meat and Fish.

As seen in figure 24, the food consumption patterns are not very different among FLSEBP beneficiaries and non-beneficiaries, however, the frequencies vary showing a better picture among non-beneficiaries. The lowest intake is seen for heme-iron rich food in both groups, as 46 percent be beneficiaries and 19 percent of non-beneficiaries have reported 0 days of consumption. Heme-iron rich food is not widely preferred and consumed in Armenia, and this is not due to limited financial resources of households. 65 percent of FLSEBP beneficiaries reported consuming protein-rich food for 7 days compared to 86 percent of non-beneficiaries. Similarly, a lower proportion of beneficiaries consumed Vitamin A rich food compared to non-beneficiaries for 7 days (66% vs 85% accordingly).

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[18] WFP. 2018. Armenia Cost of the Diet (https://docs.wfp.org/api/documents/WFP-0000062242/download/).
[19] For more information on FCS-N calculation visit

Figure 23. Food Consumption Score – Nutrition among FLSEBP beneficiaries and non-beneficiaries
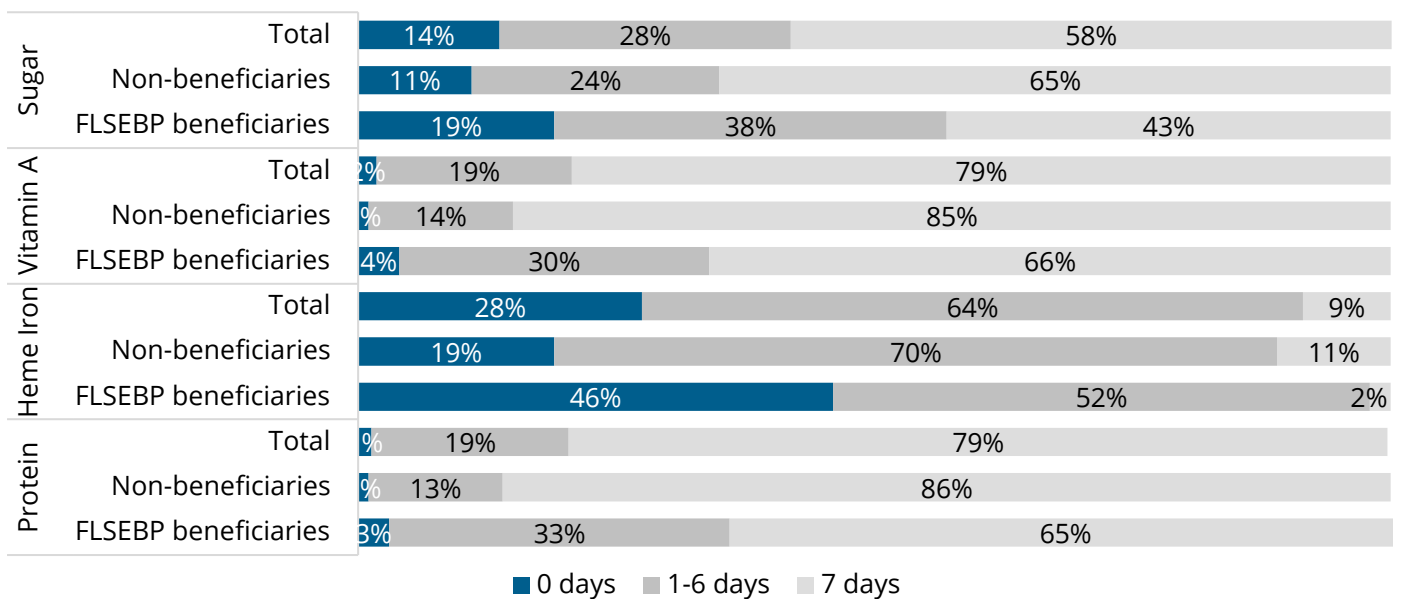
Livelihood coping strategies index (LCSI) is one of the components of food security and it is a non-food based coping strategy. Similarly with the FCS, the LCSI is also correlated with FLSEBP (Cramer's V =0.260, df=3), showing that a higher share of FLSEBP beneficiaries must adopt coping strategies to have sufficient food for 30 days prior to the interview.

Interestingly, the proportion of non-beneficiaries of FLSEBP (35%) reported adopting stress coping is higher compared to FLSEBP beneficiaries (30%). When analysing the reasons, it showed that 41 percent of them had to spend their savings, while, more households had to borrow money (44%) and/or purchase food on credit (56%). This was confirmed during the qualitative data collection among FLSEBP beneficiaries by WFP. Basically, the households mentioned purchasing food on credit from nearby shops. They were paying to the shops when they received the state social transfers. However, several households had already exhausted this opportunity, because the markets didn't provide food on credit to them anymore. These households are left with no chance to purchase food and they attempt to access food through neighbours or relatives instead.

Table 8: Livelihood coping strategies Index and its components among FLSEBP beneficiaries and non-beneficiaries

	FLSEBP beneficiaries	Non-beneficiaries	Total
HHs not adopting coping strategies	**10%**	**28%**	**23%**
Stress coping strategies	**30%**	**35%**	**33%**
Spent savings	36%	41%	40%
Borrowed money	44%	21%	28%
Purchased food on credit or borrowed money	56%	29%	37%
Crisis coping strategies	**53%**	**33%**	**39%**
Reduced non-food expenses on health and education	46%	27%	33%

Sold productive assets or means of transport (sewing machine, wheelbarrow, car, etc.)	2%	1%	1%
Were dependent on food assistance and/or support from neighbors and relatives as only food/income source	22%	11%	14%
Emergency coping strategies	**6%**	**4%**	**5%**
Sold household assets goods furniture refrigerator television jewelry etc.	6%	3%	4%
Sold house or land	0%	0%	0%
Sold last female animal	1%	1%	1%
Children (<15 years old) were working to contribute to household income	3%	1%	2%

Another alarming finding is that 33 percent of the households had to reduce non-food expenses on education and health. Here as well, FLSEBP beneficiaries share who registered adopting this strategy was much higher (46%) compared to non-beneficiaries (27%).

Important to note that being beneficiaries of the state social benefit program, households have the right to receive free primary healthcare services and referral to relevant hospitals. As per qualitative data, households usually use free primary health care and hospital access. Nevertheless, the households are not able to cover the costs of medical treatment or a surgery if it is beyond the social benefit programme.

Reduced coping strategies index (rCSI) reflects the households' coping behaviour for 7 days in terms of food coping. Likewise, FCS and LCSI, the adoption of rCSI was correlated with being an FLSEBP beneficiary. Notably low proportion of FLSEBP beneficiaries doesn't apply any coping strategy (14%) to have enough food or money to buy food in the past 7 days prior to interviews. Almost the same share of FLSEBP beneficiaries and non-beneficiaries applied low coping, however the share of households adopting high coping was significantly higher among beneficiaries (49%).

Figure 24. Reduced coping strategies adoption among FLSEBP beneficiaries and non-beneficiaries, %
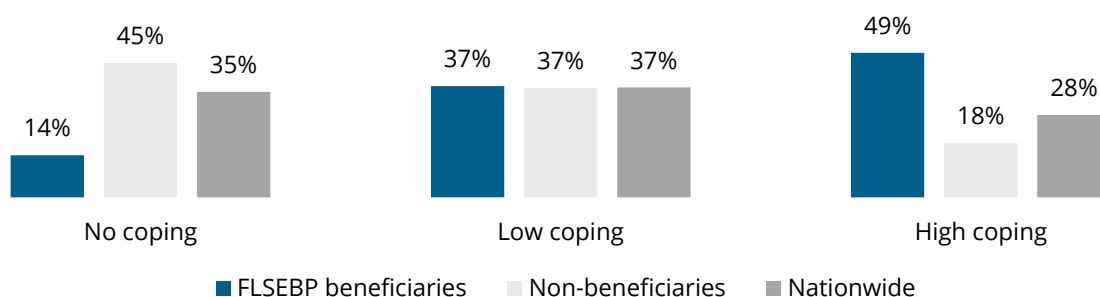
The analysis per rCSI components revealed that FLSEBP beneficiaries have to apply coping strategies more frequently to have enough food at home. As seen in the table below, most frequently the households had to rely on less preferred and less expensive food, reduce the number of meals eaten in a day and borrow food.

This can be explained with increase of food prices both for imported and locally produced food commodities. Meantime, the Government is unable to compensate or top-up, and adjust the state social transfers to price inflation.

Table 9: Reduced coping strategies Index and its components among FLSEBP beneficiaries and non-beneficiaries

	0 days		1-3 days a week		4-5 days a week		6-7 days a week	
	FLSEBP ben.	Non-ben.	FLSEBP ben.	Non-ben.	FLSEBP ben.	Non-ben.	FLSEBP ben.	Non-ben.
Rely on less preferred and less expensive	14%	39%	26%	29%	13%	8%	47%	25%
Borrow food or rely on help from relative(s) or friend(s)	43%	74%	26%	13%	7%	3%	24%	10%
Limit portion size at meals	51%	73%	20%	13%	9%	4%	20%	10%
Reduce the quantities consumed by adults/mothers for young children	61%	88%	16%	6%	8%	1%	16%	5%
Reduce number of meals eaten in a day	35%	58%	28%	22%	8%	6%	29%	15%

Being in a state social safety net, in this case in FLSEBP, is also considered to be a coping strategy for vulnerability. However, the data showed that it is not sufficient to consume diversified food and not adopt other food and non-food based coping strategies.

Expenditure is one of the key elements and is highly aligned with the objective of this analysis, because the consumption aggregate is used as a welfare measure for assessing poverty in Armenia. The monthly household expenditure both for food and non-food items was collected and calculated per capita per month.

Among FLSEBP beneficiaries, 22 percent reported expenditure per capita of less than 24,000 AMD and 43 percent indicated from 24,000 to 48,000 AMD. Please note that the cost of the minimum consumer basket was 58,586 AMD per capita per month as of 3rd quarter of 2022. Hence, 65 percent of FLSEBP beneficiaries has monthly per capita expenditures lower than the average poverty line, so they still have may not be able to cover the minimum consumer basket costs although being supported by the Government.

On the other side, 22 percent of non-beneficiaries is in the same situation. However, almost the half of non-beneficiaries reported 48,001-120,000 AMD monthly expenditure per capita.

Figure 25. Expenditure per capita among FLSEBP beneficiaries and non-beneficiaries, %

Legend:
- Less than 24.000
- 24.001-48.000
- 48.001-120.000
- 120.001-192.000
- 192.001-384.000
- 384.001-576.000
- 576.001 and more
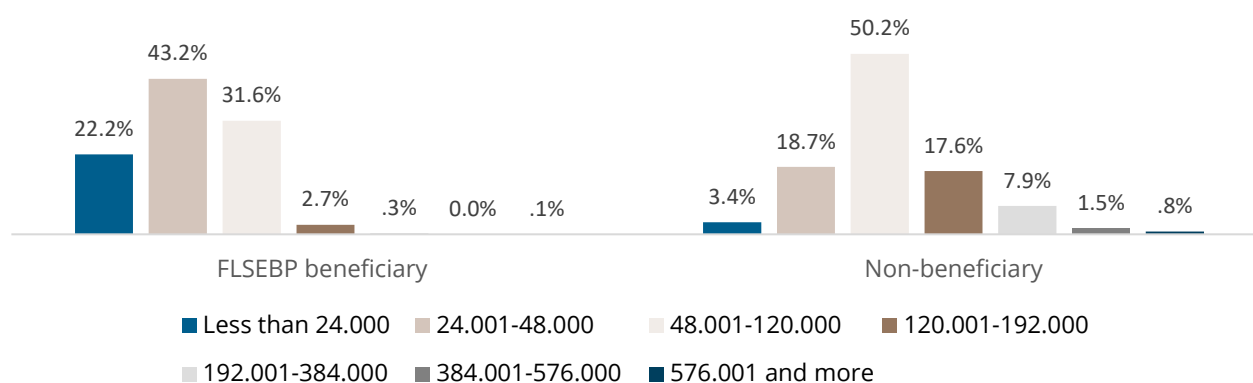
The share of total household expenditure spent on food is an indicator of household food security. The food share of monthly expenditures of the total sample constituted 32 percent,

showing the highest share in Yerevan (38%) compared to other urban (32%) and rural (25%) areas. One of the reasons can be that in rural areas households produce food for own consumption vegetables, fruit, baking bread, and making dairy products. Another reason can be the custom in rural areas to exchange goods between households. In Yerevan the higher percentage food share can be explained by higher food prices in urban areas compared to rural areas.

Figure 26. Food share of expenditure per FLSEBP and non-FLSEBP
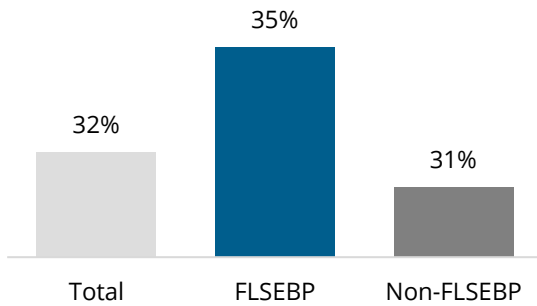
As seen in figure 26, the food share of expenditure is higher by 4 percentage points among FLSEBP beneficiaries compared to non-FLSEBPs.

It is widely documented that the poorer and the more vulnerable a household, the larger the share of household income is spent on food. Thus, this finding once more confirms the FLSEBP households' vulnerability.

The indebtedness of households is a result of using "borrowing" as a coping strategy. For a household to meet its commitments requires substantial reduction of its expenditure or finding ways of increasing its income. One of the coping mechanisms to meet different needs is borrowing money. The sources may vary depending on the need to be met.

The data analysis showed that 40 percent of households have debts, namely have informally borrowed money from people and/or shops excluding loans and credits from any financial institutions. The most preferable source for borrowing money for the households was from shops (72 percent mentioned borrowing food on credit from the nearby shop), then asking for money from relatives and friends (39 percent). Among FLSEBP beneficiaries a significantly higher share reported having debts (58%) compared to non-FLSEBP (31%) indicating that alarmingly big share of FLSEBPs is prone to adopt this coping mechanism to bridge the gap of their available resources. This finding was confirmed during the qualitative data collection among FLSEBP beneficiaries in Gegharkunik and Shirak regions (having the highest share of FLSEBP beneficiaries). Moreover, some of them mentioned that they have exhausted this coping mechanism as well, as the shops refuse to provide food on credit.

Figure 27. Household has or doesn't have a debt, %
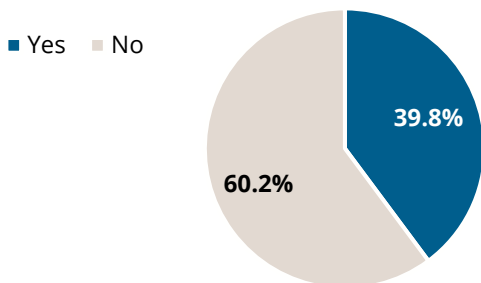
Figure 28. Household has or doesn't have a debt among FLSEBP beneficiaries vs non-beneficiaries, %
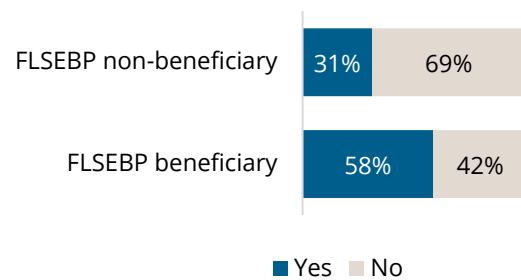
The analysis per settlement types showed that the highest share of households having a debt was seen in rural (56%) rather than other urban areas (41%) and Yerevan (24%). One of the reasons may be that in rural areas, households are able to purchase food on credit from nearby small shops and thereby ensure the small shops ongoing operation. Additionally, in rural areas

people more easily borrow money from neighbors and relatives as they know and mostly trust each other, and the sense of community is more accentuated.

As the main reason for borrowing money is to purchase food, showing a higher proportion among FLSEBP beneficiaries (72%) compared to non-beneficiaries (64%). Payment for medical treatment was mentioned by 9 percent of FLSEBP beneficiaries and 7 percent of non-beneficiaries. This is another finding supporting the assumption that both groups need to adopt a coping mechanism to have sufficient food.

4.2.6. Perceptions about FLSEBP system

The assessment had an objective to reveal the perceptions of both FLSEBP beneficiary and non-beneficiary households about the FLSEBP system. A set of questions were developed in cooperation with the Ministry of Labour and Social Affairs (MSLA) and Unified Social Service (USS) to unveil people's perceptions of key criteria for selecting households as FLSEBP beneficiaries, the extent of its inclusiveness and its outreach to the most vulnerable households, the benefits of being an FLSEBP beneficiary, as well as identify the extent to which people are aware of the system in communities.

Among a range of reasons for which a household becomes an FLSEBP beneficiary, respondents most frequently mentioned being a poor household (61 percent), followed by the having a disabled household member (28.3 percent) and then being unemployed (27.1 percent). Interviews showed that multi-child households were considered eligible for the FLSEBP as well (this reason constituted 22.8 percent).

Figure 29: Reasons for households' inclusion in FLSEBP
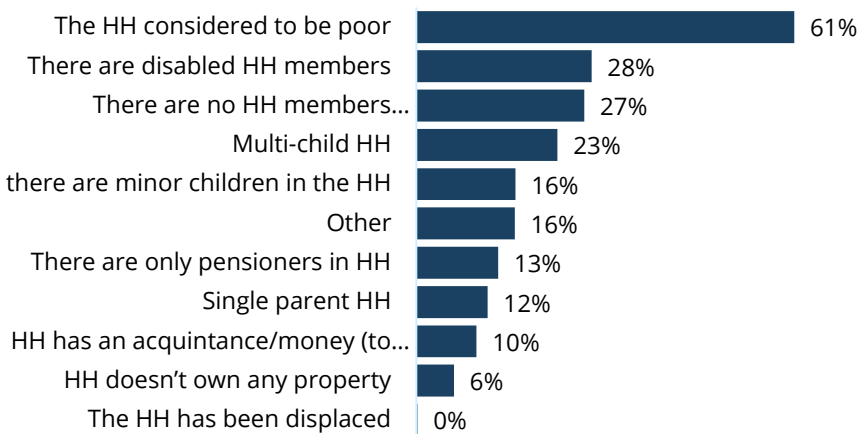
Similarly, when asking the FLSEBP beneficiaries about the possible reasons a family is included in the FLSEBP system, the mostly mentioned reason was poverty of the family (64.7 percent). Likewise, the next two reasons mostly indicated by the FLSEBP beneficiaries were "There are disabled HH members" and "There are no HH members employed" because of which a family is included in the FLSEBP system (30.1, 25.5 percent accordingly).

Additionally, when revealing the main reasons why people or households are not included in the FLSEBP system, the main reason reported was that the household was not poor which comprised 41.1 percent, followed by the perception that there is an employed HH member (38.5 percent) and that the HH has a tractor, car or other movable assets (23.7 percent).

Figure 30: Reasons for households' non-inclusion in FLSEBP

Reason	Percentage
Not poor	41%
Employed household member	39%
HH has a car, tractor or other…	24%
Household owns a property	23%
Other	13%
The system performs…	12%
The HH received remittances…	5%
HH is not multi-child	4%
No disabled household…	4%
The system is corrupted	2%
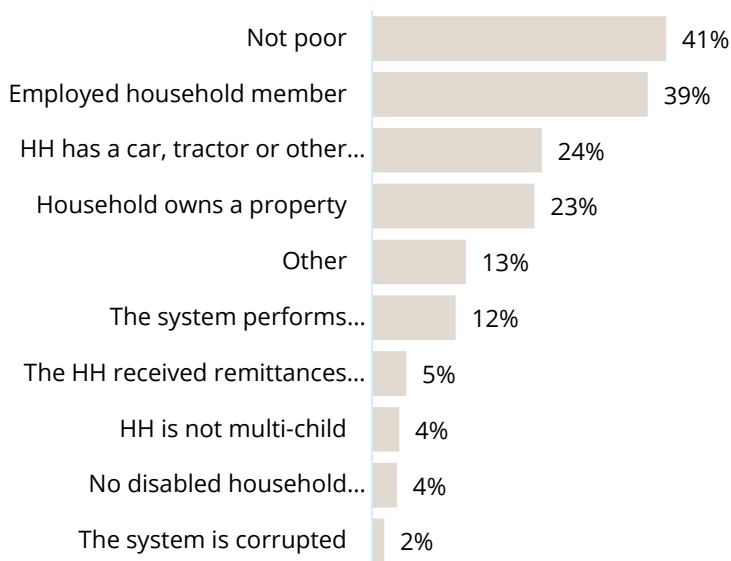
Moreover, it turned out that having any property can be another reason for which the household may be excluded from the FLSEBP system (22.7 percent). The same classification of the reasons was detected when inquiring FLSEBP beneficiaries about the reasons of excluding a household from FLSEBP system ("Not poor" 49 percent, "Employed HH member" 40.5 percent, "HH has a car, tractor or other movable property" 31.2 percent).

Perceptions about FLSEBP inclusiveness

The analysis of perceptions in terms of the FLSEBP system reaching the most vulnerable households demonstrated that 28.7 percent strongly agreed that the system reaches the most vulnerable ones and 27.5 percent somewhat agreed that the most vulnerable ones are included in the system. On the other hand, 39.1 percent pinpointed that they somewhat disagree or fully disagree that FLSEBP reaches the most vulnerable households. The main explanation for the disagreement was that while the system reaches the most vulnerable people it also includes prosperous and financially secure people.

Figure 31: To what extent people agree that the FLSEBP reaches the most vulnerable HHs

Response	Percentage
Do not know	8%
Fully dusaggree	12%
Somewhat disagree	28%
Somewhat agree	24%
Strongly agree	29%
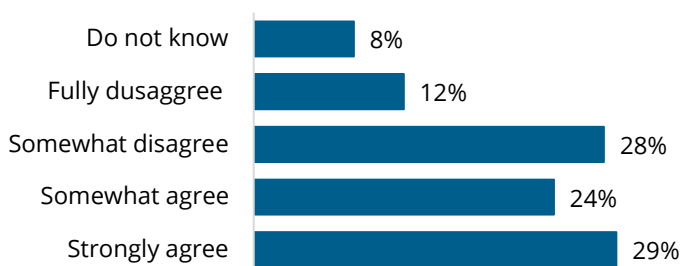
Thus, it can be concluded that the half of respondents find the FLSEBP be to be inclusive, while about one out three people disagrees that it is inclusive. Qualitative data collection will explore more on the reasons behind it.

Among the FLSEBP non-beneficiary families, 41.3 percent thought that their family should be included in the FLSEBP system while 58.7 percent considered their families ineligible to be in the system. Moreover, among those considering their families eligible for the FLSEBP system thought that the most acute reason for being in the system is that there are minor children in the HH (46.5 percent), followed by the reason of being poor (16.7 percent) and having unemployed HH members (16.1 percent).

Figure 32: The reasons the HH should be included in the FLSEBP

Category	Percentage
Single pensioner household	4%
Disabled household member	5%
Single parent household	13%
No property	14%
Other	16%
Unemployment	16%
Considered to be poor	17%
There are minor children in…	47%
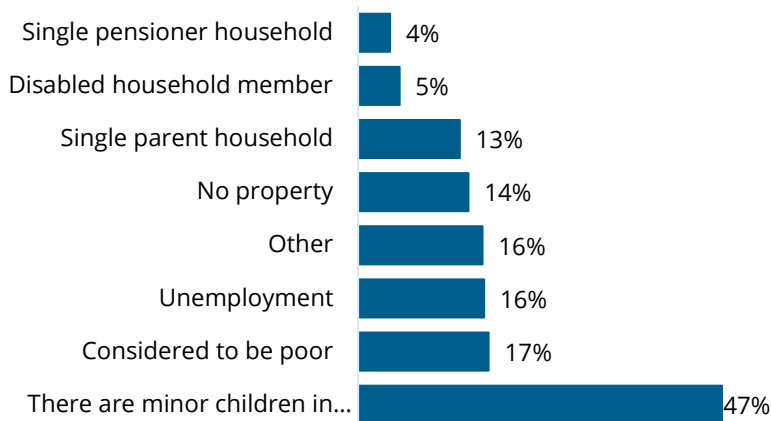
Additionally, among those who thought that their families should have been included in the FLSEBP system 38.9 percent reported to be aware of the procedures to be included in the system, while 61.1 percent said they didn't know the procedures and process to apply and become an FLSEBP beneficiary.

In the effort of understanding the visibility of FLSEBP beneficiary households in communities the following results emerged: 53.2 percent of the interviewed households reported knowing FLSEBP beneficiary households in their communities while 46.8 percent mentioned having no information about those families in the communities. Among those indicating their awareness of FLSEBP beneficiary families in their communities, the perceived main reason those families were supported by the social system was being multi-child households (28.4 percent), followed by the poverty level of these HHs (16 percent) and the presence of a disabled member in a HH (11 percent).

5. Conclusions and Recommendations

Food insecurity and malnutrition remain a problem for Armenia. In June 2022, 23 percent of the population was found to be food insecure. The double burden of malnutrition, which is the co-existence of under- and overnutrition[20], is a serious problem that Armenia must solve in the future, as it is closely related to reducing poverty. While undernutrition impedes children's achievement of their full economic, social, educational and occupational potential, unhealthy diets contribute to the rise in diet-related non-communicable diseases, which results in reduced adult productivity, premature mortality (below 70 years of age) and the early onset of disease with high levels of disability. Reducing the double burden of malnutrition will contribute to a reduction in lost wages and increased productivity that helps sustain economic and social development[21].

The findings of this assessment confirmed that poverty and food security indicator components are correlated. A high level of food insecurity was seen among FLSEBP beneficiary HHs compared to non-beneficiaries. Compared to non-FLSEBP beneficiary HHs, the food consumption score is lower among beneficiaries. Quite a high proportion of FLSEBP beneficiaries adopt coping mechanisms (high coping 49%) to have sufficient food during a week although being supported by the Government.

Moreover, 58 percent of FLSEBP beneficiary HHs were found to be food secure indicating an inclusion error. Meantime, 43 percent of non-beneficiary HHs were seen food insecure with this demonstrating an exclusion error in FLSEBP targeting mechanism.

The following recommendations are aimed to support the Ministry of Labour and Social Affairs (MoLSA) in designing the interventions that directly contribute to reduce vulnerability levels among food insecure households, simultaneously improve their food security status. The following policy recommendations were developed based on the assessment findings and lessons learned:

Recommendation 1: Inclusion of food security indicators in determining vulnerability for inclusion in FLSEBP

It is recommended to include a food security dimension into the FLSEBP targeting mechanisms. Although poverty and food security correlate, extreme poverty does not necessarily mean food insecurity and vice versa. This means that a FLSEBP targeting only extremely poor households would not solve hunger and malnutrition issues. These issues are particularly prevalent in some regions of the country and can, over time, delay and hamper socio-economic development.

In order to update the food security information to feed into the eligibility assessment for the safety net programmes, WFP's partnership with MLSA can be further strengthened through the following activities.

    i) Inclusion of food security indicators in the evaluation and development of targeted social protection interventions for vulnerable households; and,

    ii) Inclusion of key food security indicators in the eligibility assessments conducted by social workers to determine their eligibility for the social safety net programmes.

Recommendation 2: Establish an early warning system for food security

Armenia is vulnerable to shocks. The country is prone to natural disasters and external economic shocks, and it is recommended that the social protection system becomes proactive and shock responsive. The sharp increase in poverty during the 2008 economic and food price crisis, the

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[20] WFP and WHO, Childhood Obesity Surveillance Initiative (COSI) report, 2020
[21] WHO, Double-duty actions for nutrition: policy brief, 2017

escalation of Nagorno-Kharabakh conflict in 2020 and the COVID-19 pandemic are warning signs of how devastating shocks can be to the food security levels of the Armenian population. The national governance system across all sectors requires an early warning and early action overarching system to inform response actions. Hence, an early warning system such as food security surveillance system can be fundamental for the national shock responsive social protection system to receive early warning signs and plan accordingly to expand vertically and horizontally at the occurrence of various shocks. The proposed food security surveillance system is one of the enablers for preparedness and early action planning and acts as an automatic stabilizer for the economy.

This will be useful for the entire national governance system to monitor a number of factors that might influence food security, such as:
- Price hikes
- Shocks: economic, political, military, environmental
- Natural and man-made disasters
- Nutrition: Obesity and malnutrition trends (age groups)
- Rise of some Non-Communicable Diseases: Diabetes, hyper-tension
- Overconsumption of certain foods

The surveillance system led by the Government can also be a platform for cooperation and coordination between key line Ministries and leading to the joint formulation of comprehensive response and action plans.

Recommendation 3: Design and implement food assistance addressing the food needs of the vulnerable population
As seen from the analysis, both FLSEBP beneficiaries and non-beneficiaries have high proportion of marginally food security levels, indicating their vulnerability to shocks and the risk of falling into food insecurity. Moreover, the current high food price inflation, decreases the value of the state social transfer, as the beneficiaries do not receive top-ups to adjust for increased consumer prices.
It is recommended to design and implement assistance projects that would specifically target households having food needs among both FLSEBP beneficiaries and non-beneficiaries.

Recommendation 4: Establish Shock Responsive Food Security Safety Nets
Although the social protection system substantially contributes to the reduction of (extreme) poverty, certain gaps remain. Shock- responsive safety nets, which include nutrition objectives and fully integrates the life-cycle approach, are lacking.

It is recommended to design safety nets as a comprehensive package which will include a) nutrition education and awareness on healthy food choices and purchases, b) how to avoid and manage risks, c) apply social behavior change to teach mechanisms on how to cope with shocks, d) teach the impacts of coping mechanisms to provide informed choices, e) an opportunity to promote economic multiplier effects and early respond to shocks.

For possible sudden onset-emergencies, the system should be set as an emergency preparedness mechanism that navigates defining potential targeting criteria and population's potential vulnerability data in advance, ensuring that people at risk are included in safety nets, and the eligibility criteria are in place.

Glossary of Terms

Coping strategy	Relieve the impact on households of shocks that they are unable to protect themselves against, through mitigation or prevention, due to lack of assets, access to instruments or the magnitude of the shock. They include social assistance or welfare programmes as well as relief operations in response to natural disasters or civil disturbances. These measures prevent troughs in income profiles that would reduce levels of well-being below accepted thresholds (OECD, 2007).
FLSEBP	Family Living Standards Enhancement Benefit Programme
Food consumption score (FCS) Indicator	The score was calculated using the frequency of consumption of different food groups consumed by a household during the seven days before the survey. The standard thresholds are poor, borderline and acceptable food consumption (WFP, 2015).
Food Consumption Score Nutritional Analysis (FSC-N)	Consumption of nutrient-rich groups by the HH and which are essential for nutritional health and well-being: protein, iron and vitamin A (WFP, 2015).
Food security	Food security exists when all people, always, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The four pillars of food security are availability, access, utilization and stability. The nutritional dimension is integral to the concept of food security (FAO, 2009).
Heme iron	Dietary iron is found in two forms, heme and non-heme iron. Heme iron, which is present mainly in meat, poultry and fish, is well absorbed. Non-heme iron, which accounts for the majority of the iron in plants, is less well absorbed. More than 95 percent of functional iron in the human body is in the form of the heme (Hooda, Shah and Zhang, 2014).
HH	Household
Iron Deficiency Anemia	Iron-deficiency anemia is a common type of anemia that occurs if you do not have enough iron in your body. People with mild or moderate iron-deficiency anemia may not have any signs or symptoms. More severe iron-deficiency anemia may cause fatigue or tiredness, shortness of breath, or chest pain (NHLB Institute). Iron deficiency impairs the cognitive development of children from infancy through to adolescence. It damages immune mechanisms, and is associated with increased morbidity rates (WHO, 2001)
Livelihood Coping Strategy (LCS) Indicator	An existing WFP corporate indicator is collected to understand the behaviors in which vulnerable households engage to meet their immediate food security needs in times of crisis or shock. It is designed to assess the extent to which households engage in such behaviors, but also considers the impact of these coping strategies on the household's livelihood: given that certain behaviors may affect longer-term productive ability, households' engaging in these will have a reduced capacity to cope when faced with future hardships. Households are categorized based on the severity (stress, crisis or emergency) of livelihood coping strategies employed (WFP, 2018).
Malnutrition	Refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients (WHO, 2016).
MLSA	Ministry of Labour and Social Affairs
PMT	Proxy-means testing
SSN	Social safety net
Stunting	Stunting is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation. Children are defined as stunted if their height-for-age is more than two standard deviations below the WHO Child Growth Standards median (WHO).
USS	Unified Social Services

ANNEX: Questionnaire

WFP FOOD SECURITY AND VULNERABILITY FOURTH ASSESSMENT

Introduction. Hello, my name is (……………), I am representing "AM Partners" consulting company and I am approaching you on behalf of the **United Nations World Food Programme** (WFP). We are conducting a survey to understand food, market and health situation in Armenia. Your household has been selected randomly for the survey. The survey is anonymous, and the data is going to be analyzed in a generalized way. Personal data might be harvested during the survey as well, hence we ask for your consent to share it with us. Could you please allocate 45 minutes to answer our questions?

1.	Refuse	**STOP THE SURVEY**
2.	Closed door	**STOP THE SURVEY**
3.	Impossible to contact the HH	**STOP THE SURVEY**
4.	Inability of the respondent to participate	**STOP THE SURVEY**
5.	Unavailability of the respondent	**STOP THE SURVEY**
6.	The HH has not been living in Armenia during the last 10 months	**STOP THE SURVEY**
7.	Interview	**Continue**

DON'T READ THE QUESTION, FILL IN THE ANSWER BY YOURSELF
Q4. Mention the marz of the respondent _____
Q4.0.-4.10. Mention the place of residence of the respondent _____

SECTION 2. DEMOGRAPHIC SECTION

Q6. Sex of the respondent (DON'T READ THE ANSWERS, IN CASE OF DIFFICULTIES TO ANSWER ASK THE NAME) 1. Male   2. Female

Q7. How old are you? (record the age of the respondent) |___| years old
Q8. Are you the head of your household?
　　1. Yes Ò **Go to the Q9.2**　　　　2. No Ò **Go to the Q9**

Ask the question if Q8=2
Q9. Please mention the sex of the HH head
　　1. Male　　2. Female

Q9.1 Please mention age of the HH head
  1. 12-17 years old
  2. 18-59 years old (adults)
  3. 60 years old and above

Q9.2 Please mention marital status of the HH head
　　1. Single
　　2. Married
　　3. Divorced
　　4. Widow/Widower

Q10. What is the completed education level of the head of the HH? DON'T READ OUT THE RESPONSE OPTIONS, MENTION THE RELEVANT ANSWER IN THE TABLE BELOW, ACCEPT ONE RESPONSE (PROBE, IF THE ANSWER IS NOT CELAR)
1. No elementary and not literate
2. No elementary, but literate
3. Elementary
4. Primary
5. Secondary
6. Pre-vocational (crafts)
7. Secondary vocational (technical school, college)
8. Incomplete higher
9. Higher (Bachelor)
10. Postgraduate (Master/PhD)
99 Refuse to answer **(DO NOT READ)**

Q11.1 How many people are living in your household (including yourself)? Please, take into consideration only those members, who live in your HH at 4 nights in this house. Please, do not list those people, who live at your place as a guest. **BY SAYING GUEST, WE MEAN A PERSON, WHO HAVE BEEN LIVING AT YOUR PLACE NOT PERMANENTLY. Don't include as a HH member people who work abroad and students who are not at home permanently.**
|__|people

Q11.2 Now I will list age groups, please indicate how many males and females of each age group are living in your household.

	Male	Female
1. Children - under 2 years old		
2. 2-<4 years old		
3. 5<17 years old		
4. 18-59 years old (adults)		
5. 60 years old and above		

Q12. Does your Household fit with following profile? **PLEASE ACCEPT MULTIPLE ANSWERS**

	Profile	Yes	No	Ref. to answer
1.	Single parent family	1	2	98
2.	Have a pregnant and lactating woman	1	2	98
3.	Have a member with chronic illness which affects quality of life	1	2	98
4.	Have a member of unaccompanied or separated children from other household	1	2	98
5.	Have a student up to 23 years old	1	2	98
6.	Have a disabled child	1	2	98
7.	Have a member with the 1st group of disability	1	2	98
8.	Have a member with the 2nd group of disability	1	2	98
9.	Have a member with the 3rd group of disability	1	2	98
10.	Have a member with disability status without official document			
11.	Divorced family with a child	1	2	98
12.	Single unemployed pensioner	1	2	98
13.	Have a pensioner member (63-74)	1	2	98
14.	Have a pensioner above 75 years old	1	2	98
15.	Family of a child returned from a care or protection institution or orphanage	1	2	98
16.	Households with 3 and more children under 18 years old	1	2	98
17.	Households displaced from NK	1	2	98

SECTION 3. HOUSEHOLD ASSETS

Q13.1 Please describe the ownership of your housing.
1   Owned
2   Rented
3   Hosted
4   Informal

Q13. Please describe your current housing situation. **READ OUT THE RESPONSE OPTIONS, MENTION THE APPROPRIATE ANSWER IN THE TABLE, ACCEPT ONE RESPONSE, PROBE IF THE ANSWER IS NOT CLEAR PLEASE WRITE "OTHER"** _____
1   You live in a cabin/lodge provided due to a disaster
2   You live in a not permanent (temporary) building, cabin
3   You live in an emergency (3rd or 4th level) accommodation
4   You live in a not privatized room (apartment) in a dormitory
5   You live in other conditions (rented or not belonging to the household living space, hotel, sanatory, hospital, touristic dwelling, kindergarten, school, basement, garage, not having certain types of dwelling, etc)
6   You live in your own house
7   You live in a multi-apartment building
8   Other (specify)

Q14. Has any member of your household made any real estate deal in the past 3 year?
1. Yes
2. No
3. Dif. To answer
4. Refuse to answer

Q15. Does your household own a car for your personal/productive use?
1. Yes Ò Go to Q15.1
2. No ÒGo to Q16

Q15.1 If yes, please indicate if last year the car underwent technical examination.
1. Yes
2. No
3. Dif. To answer
4. Refuse to answer

Q16. Is any member of your household a shareholder in a limited liability company, open joint stock company or other types of companies?
1. Yes
2. No
3. Dif. To answer
4. Refuse to answer

Q16.1 What is the MAIN source of energy for cooking?
0. None
1. Firewood (Purchased)
2. Firewood (Collected)
3.Charcoal
4. Gas
5. Electricity
6. Animal dung
7. Solar Energy
8. Other (please specify) _____

Q16.2 How many rooms does the house or apartment have that your household occupies without a kitchen and bathroom (living room, dining room, bedrooms)?

|____| rooms

Q16.3 Where do members of your household normally go to the toilet?
1. Flush toilet
2. Toilet with septic tank
3. Flushing toilet with a hole
4. Flush toilet other
5. Improved Pit Latrine
6. Not improved pit latrine
7. Open pit latrine
8. Bucket
9. No facility
10. Other (please specify) _____

Q16.4 What is the MAIN source of drinking water for your household? Choose 1 answer
1. Piped water (inside or outside the dwelling)
2. Tube well/borehole
3. Own water supply system
4. River, lake
5. Brought from another place'
6. Bought bottled water
7. Rainwater collection
8. Other

SECTION 4. FOOD CONSUMPTION AND FOOD SOURCES

Q17. How many meals did the adults (**18+**) in the household eat **yesterday:** guests living with you should also been considered? **In case it was an unusual day (funerals, wedding, etc.) ask about the previous day.**

1. Female		2. Male	

ASK Q18, IF «0» IS NOT MENTIONED IN Q11.2

Q18. How many meals did the female children in this household eat **yesterday:** guests living with you should also been considered?

1. 2– < 5 years old children		2. 5 – 17 years old children	

ASK Q19, IF «0» IS NOT MENTIONED IN Q11.2

Q19. How many meals did the male children in this household eat **yesterday:** guests living with you should also been considered?

1. 2– < 5 years old children		2. 5 – 17 years old children	

Q20. How many days over the last 7 days, did most members of your household (50% +) eat the following food items, and what was their source? *(Use codes below, write 0 if not consumed in last 7 days)*. **Note for enumerator: Determine whether consumption of fish, milk was only in small quantities.**

	Food	Number of days eaten in past 7 days
1.	**Cereals, grains, roots and tubers** Rice, pasta, bread, sorghum, millet, maize, potato, yam, cassava, white sweet potato	|__|
2.	**Pulses/ legumes / nuts:** beans, cowpeas, peanuts, lentils, nut, soy, pigeon pea and / or other nuts	|__|
3.	**Milk and other dairy products**: fresh milk / sour, yogurt, cheese, other dairy products (Exclude margarine / butter or small amounts of milk for tea / coffee)	|__|
4.	**Meat, fish and eggs:** goat, beef, chicken, pork, blood, fish, including canned tuna, escargot, and / or other seafood, eggs (meat and fish consumed in large quantities and not as a condiment)	|__|
4.1	**Flesh meat:** beef, pork, lamb, goat, rabbit, chicken, duck, other birds, insects	|__|
4.2	**Organ meat:** liver, kidney, heart and / or other organ meats	
4.3	**Fish/shellfish:** fish, including canned tuna, escargot, and / or other seafood (fish in large quantities and not as a condiment)	|__|
4.4	**Eggs**	|__|
5.	**Vegetables and leaves:** spinach, onion, tomatoes, carrots, peppers, green beans, lettuce, etc	|__|
5.1	**Orange vegetables (vegetables rich in Vitamin A):** carrot, red pepper, pumpkin, orange sweet potatoes,	|__|
5.2	**Green leafy vegetables:** spinach, broccoli, amaranth and / or other dark green leaves, cassava leaves	|__|
6.	**Fruits:** banana, apple, lemon, mango, papaya, apricot, peach, etc	|__|
6.1	**Orange fruits (Fruits rich in Vitamin A):** mango, papaya, apricot, peach	|__|
7.	**Oil / fat / butter:** vegetable oil, palm oil, shea butter, margarine, other fats / oil	|__|
8.	**Sugar, or sweet:** sugar, honey, jam, cakes, candy, cookies, pastries, cakes and other sweet (sugary drinks)	|__|
9.	**Condiments / Spices:** tea, coffee / cocoa, salt, garlic, spices, yeast / baking powder, lanwin, tomato / sauce, meat or fish as a condiment, condiments including small amount of milk / tea coffee.	|__|

SECTION 5. LIVELIHOOD AND FOOD BASED COPING STRATEGY INDEX

Q21. During the **last 7 days**, were there days (and, if so, how many) when your household had to employ one of the following strategies (to cope with a lack of food or money to buy it)?		Frequency (number of days from 0 to 7)
1	Rely on less preferred and less expensive food	|__|
2	Borrow food or rely on help from relative(s) or friend(s)	|__|
3	Limit portion size at meals	|__|
4	Reduction in the quantities consumed by adults/mothers for young children	|__|
5	Reduce number of meals eaten in a day	|__|

Q22. During the past 30 days, did anyone in your household have to engage in any following behaviors due to a **lack of food or a lack of money to buy food?**

	1 = No, because I did not need to	**2 =** No, because I already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it	**3= Yes**	**4=Not applicable (DO NOT READ)**
1. Spent savings	1	2	3	4
2. Borrowed money	1	2	3	4
3.Purchased food on credit or borrowed money (Purchase on credit)	1	2	3	4
4. Reduced non-food expenses on health (including medicine) and education	1	2	3	4
5. Were dependent on food rations and/or support from neighbors and relatives as only food/income source	1	2	3	4
6. Sold household assets/goods (radio, furniture, refrigerator, television, jewelry, etc..)	1	2	3	4
7. Sold last female animals	1	2	3	4
8.Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc..)	1	2	3	4
9. Children (under 15 years old) were working to contribute to household income (e.g. casual labour)	1	2	3	4
10. Sold house or land	1	2	3	4

SECTION 6. FOOD AND MARKET ACCESSABILITY SECTION

Q23. Does your household currently have a stock of staple foods (eg. wheat flour, rice, spelt) **ACCEPT ONE RESPONSE**

1. Yes **ASK Q24**	**2. No** **GO TO Q25**	1. Difficult to remember **GO TO Q25**

Q24. How long do you think the food stock would last? **ACCEPT ONE RESPONSE**

1.	Up to 7 days
2.	7-14 days
3.	15-21 days
4.	22 – 28 days
5.	More than 1 month

Q25. In the past 7 days, has there been a time when you or your household members faced difficulties/barriers to access food?

1. Yes **ASK Q26**	**2. No** **GO TO Q27**

Q26. What were the reasons?
PLEASE WRITE HERE _____

ACCEPT ALL APPLICABLE OPTIONS. IF THE RESPONDENT SELECTS MORE THAN ONE OPTION, ASK HIM/HER TO CHOOSE THE MAIN REASON FROM THE SELECTED OPTIONS – 26.1

Q26.1. What was the main reason for that?

		Q26 Mark all the answers **(several answers are acceptable)**	**Q26.1** Mention the most important reason **(only 1 answer)**
1.	Lack of financial resources		
2.	Increased food prices		
3.	Absence of desired food items in shops nearby		
4.	Market\grocery store is too far		
5.	Movement restrictions, including the unavailability of transportation		
6.	The nearest shop is closed		
7.	Concerned about going out of the house due to disease outbreak		
8.	Movement restrictions, including concerns about security and safety		
9.	Due to health issues		
10.	Other (**REGISTER**)_____		

SECTION 7. INCOME SOURCES

Q27. Many HHs have several sources of income. I will read out some possible sources of income and ask you to indicate whether your HH has had a monetary income from these sources in the last 12 months. Please remember about the income of all your HH members. **PLEASE IN Q 27_1 MENTION THE PRIMARY SOURCE OF YOUR HH INCOME, AND IN Q27_2 MENTION THE SECONDARY SOURCES**

		27_1 Primary source (One response)	27_2 Secondary Sources (up to three)
1.	Salaried work with regular income		
2.	Informal daily/casual labour		
3.	Own business/trade		
4.	Retail/selling on street		
5.	Horticulture/cattle breeding		
6.	Remittances received from a family member working abroad		
7.	Remittances/support from relatives living in Armenia		
8.	Remittances from relatives living abroad		
9.	Income from renting real estate/car/equipment		
10.	Regular State social support program (eg. Paros/FLSEB)		
11.	Emergency state social support program		
12.	Other state assistance		
13.	Pension		
14.	Disability support		
15.	Assistance received from NGOs		
16.	Other (**SPECIFY**)		

Q28. How much was your total household income last month after paying taxes? **DON'T READ OUT THE RESPONSE OPTIONS, WRITE DOWN THE AMOUNT MENTIONED BY THE RESPONDENT AND THEN CIRCLE IN THE RELEVANT RANGE. DO NOT CONSIDER GUESTS' INCOME.**

PLEASE WRITE DOWN HERE _____

1.	More than 576,001 AMD
2.	384,001-576,000 AMD
3.	192,001-384,000 AMD
4.	120,001-192,000 AMD
5.	48,001-120,000 AMD
6.	24,001-48,000 AMD
7.	Less than 24,000 AMD
8.	Do not know **(DO NOT READ)**
9.	Refuse to answer **(DO NOT READ)**

Q29. Please, let us know, how many people from your Household earned money during the last 12 months? Take into consideration all types of activities and positions (for example, pensioner) which bring monetary income to your family. |__|

Q30. Is there a household member who works in Russia as a seasonal worker?

1. Yes	ASK Q30.1	2. No	GO TO Q31

Q30.1. If yes, will he/she work/is working in Russia this year as well?

1. Yes	2. No

Q31. Is he/she the primary income earner in your household?

1. Yes	2. No

Q32. Has your HH income changed in the last year? **ONE RESPONSE**

1. Yes	ASK Q33	2. No	GO TO Q34

Q33. To what extent has it impacted your salary? PLEASE mention the percentage.
1. Increased
2. 'Reduced by less than 25%
3. Reduced by more than 25% and less than 49%
4. Reduced by more than 50%

Expenditure

34. Did you purchase the following items during the **last 30 days** for domestic consumption? If none, write 0 and go to next item		34.2.1 Estimated expenditure during the **last 30 days (cash and credit in total)** **(local currency)**	In the **past 6 months** how much money have you spent on each of the following items or service? Use the following table, write 0 if no expenditure.		34.2.2 Estimated expenditure during the **last 6 months (cash and credit in total)** **(local currency)**
34.1	Food consumed at home		34.A.1	Non-food durable goods (e.g., furniture, phone, washing machine, etc)	
34.2	Alcohols at home		34.A.2	Medicine/pills	
34.3	Tobacco at home		34.A.3	Health care services (including payment to doctors/nurses, ambulance, hospitalization, treatment, etc.)	
34.4	Food consumed outside		34.A.4	Diagnostic costs (test, x-ray, etc)	
34.5	Alcohols consumed outside		34.A.5	Clothing, Shoes	
34.6	Soap & household items (non-food items)		34.A.6	Education, school and university fees (e.g., textbooks, parental activities, etc.)	
34.7	Public transportation (including taxi)		34.A.7	Professional courses (including trainings)	
34.8	Fuel for car		34.A.8	Debt repayment to shops	
34.9	Fuel for heating (wood, paraffin, etc.)		34.A.9	Dept repayment for real estate	
34.10	Water		34.A.10	Dept repayment to relatives, friends and others	
34.11	Electricity/lighting		34.A.11	Celebrations / social events	
34.12	Gas		34.A.12	Agricultural inputs (e.g., cattle, equipment, etc.)	

34.13	Communication (phone, internet, TV subscription)		34.A.13	Agricultural goods (e.g., seeds, fertilizers, etc.)	
34.14	House rent		34.A.14	Irrigation water	
34.15	Personal care and beauty		34.A.15	Savings	
34.16			34.A.16	Other services(e.g. nurse, gardening, house maintenance)	
34.17			34.A.17	Recreation, sports, Culture and leisure	
			34.A.18	Insurance and financial services (notary, legal services, other financial services, etc.)	
			34.A.19	Customs fees/payments for importing or exporting goods	
			34.A.20	Transactions related to a real estate	
			34.A.21	Other services	

Q35. Does the household have debt for food bought on credit from a shop or from a person?

1. Yes	**ASK Q35.1**	**2. No**	**GO TO Q36**

Q35.1 If yes, what is the amount of the dept? _____

Q35.2. If yes, from whom was the money borrowed?
1. Friends or relative
2. Colleagues
3. Neighbors
4. Shop
5. Other

Q35.3 What was the main reason for the dept?
1. To purchase food
2. To pay for the house/apartment rent
3. To pay for the medical treatment
4. To renovate the house/repair the car
5. To pay educational costs
6. To buy clothes
7. Other (please specify) _____

SECTION 8. PERCEPTION OF FLSEBP TARGETING AMONG BENEFICIARIES AND NON-BENEFICIARIES

Q36. Is your household receiving social assistance as a FLSEBP beneficiary? (EXPLAIN WHAT DOES IT MEAN)

1. Yes	**ASK Q36.1**	**2. No**	**GO TO Q37**	**3. Diff. to answer**	**GO TO Q37**

ASK ONLY THOSE, WHO ARE FLSEBP BENEFICIARIES
Q36.1. If yes, which type of assistance? (don't read the options)
1. Social assistance (18.000 AMD for HHs without children)
2. Family benefit (18.000AMD plus per number of children under 18)
3. Emergency assistance (1 time for 3 months)

Q36.2 If yes, please provide the number social ID (need to have a written consent).
PLEASE WRITE HERE _____

Q36.3 If yes, for how long has your household received assistance as FLSEBP beneficiary?
1   Up to 1 year
2   1-3 years
3   4-6 years
4   More than 7 years

Q36.4 If yes, what percentage of your HH income is the social transfer (the one that the respondent's household benefits from?
1   Up to 10 percent
2   From 11 to 20 percent
3   From 21 to 30 percent
4.   From 31 to 50 percent
5.   More than 50 percent

Q36.5. When was the last time that you received social assistance as FLSEBP beneficiary?
1.   Last month
2.   2 months ago
3.   3 months ago
4.   More than 4 months

SECTION 9. ADDITIONAL

Q37. Currently, what are your main concerns related to your household's wellbeing/living conditions? **INTERVIEWER: DO NOT READ OUT THE RESPONSE OPTION, SELECT UP TO THREE RESPONSE OPTIONS THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER**

1.	1st priority ___	1.	Shortage of food
2.	2nd priority ___	2.	Increase in food prices
3.	3rd priority ___	3.	Shortage of medicine
		4.	Disruption of medical service
		5.	Getting sick
		6.	Losing Job\Unemployment
		7.	Loss of livelihood source
		8.	Travel restrictions
		9.	Unstable financial conditions, less income
		10.	Having a house/apartment
		11.	Education of children
		12.	Clothing problem
		13.	Paying debts and credits
		14.	Improvement of housing conditions
		15.	Security and safety of the country
		16.	No concerns
		17.	Other (REGISTER) _____

SECTION 10. CHILD NUTRITION (CHILDREN 0-23 MONTHS OLD). MOTHER/FATHER/CAREGIVER

We will now talk about 6-23 months old child/children in your household. I would like to have a conversation with a family member (the child's mother/father/caregiver) who can best answer the questions about child's nutrition.
ASK MOTHER/CAREGIVER: FILL IN ALL RESPONSES RELATED TO THE SMALLEST CHILD IN THE FAMILY BETWEEN 6-23 MONTHS.
Q38. Name of the child _____
Q39. Sex of the child
Q40. Date of birth *(Day/month/year)*

Q40.1	1. Male	2. Female	Q40.2
Child 1	**1**	**2**	|__|__|/|__|__|/|__|__|

Q41. What did *(NAME)* feed on in your household in the last 24 hours? **READ OUT THE RESPONSE OPTION, SELECT ALL THAT APPLY**

	Child 1
1. Breast milk only	1
2. Breast milk and other foods or fluids	2
3. Milk bottled or in cup (cow milk or formula)	3
4. Other food	4

	Child 1
A. **Q42. Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?** *0 = No 1 = Yes-> 9 = Don't know* **(DO NOT READ)** *99 = Refuse to answer* **(DO NOT READ)**	|__|
Q43. **ASK, IF Q57 = YES** **How many times?** If 7 or more, select «7»	|__|
Q44. **At what age (in months) of (NAME) you first introduced the solid, semi-solid, or soft foods?** 1. NEVER 2. Other (REGISTER) _____	|__|
Q45. Yesterday during the day or at night, did (NAME) eat/drink any of the following food groups (even combined with any other food)? Ask for all children under 23 months except for children who are exclusively breastfed. *0 = No 1 = Yes 9 = Don't know* **(DO NOT READ)** *99 = Refuse to answer* **(DO NOT READ)**	
1. Milk produced, powdered or homemade	|__|
If yes, how many times did (NAME) drink milk If 7 or more, select «7»	
2. Yogurt, kefir, Narine, matsun	|__|
If yes, how many times did (NAME) drink yogurt, kefir, Narine, matsum If 7 or more, select «7»	
3. Artificial milk formulas (breast milk substitute) Cerelac, Hipp, Nestle, Humana, Agusha, Malysh, Heinz, Frutonyanya, Vinni, Bebi, Semper, etc.	|__|
If Yes, how many times did (NAME) drink artificial milk formulas If 7 or more, select «7»	
4. Factory-made fortified baby foods, for example, Cerelac, Hipp, Nestle, Humana, Agusha, Malysh, Heinz, Frutonyanya, Vinni, Bebe, Semper?	|__|
5. Bread, rice, noodles, porridge, pilaf or other foods made from grains	|__|
6. Pumpkin, carrots, red pepper, other vegetables that are yellow or orange inside	|__|
7. Any other food made from white potato	|__|
8. Dark green leafy vegetables, for example spinach, parsley, lettuce, beetroot greens, broccoli?	|__|
9. Apricot, peach or dried apricot, peach	|__|
10. Any other fruits or vegetables	|__|
11. Liver, kidney, heart, or other organ meats	|__|
12. Any meat, such as beef, pork, lamb, goat, chicken, duck, quail or rabbit meat	|__|
13. Eggs	|__|
14. Fresh or dried fish or other seafood	|__|
15. Any food made from beans, peas, lentils, nuts or seeds	|__|
16. Cheese, cottage cheese or other dairy products	|__|
17. Vegetable oil, fats, butter, or food made with any of these	|__|
18. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, biscuits	|__|

Thank you very much!