
INTRODUCTION

This report has been prepared by the Government of Armenia with support of UNICEF Armenia Country Office.

The report is based on the analysis of documents and face-to-face meetings with representatives of the line ministries, CSOs and UNICEF.

The report has largely benefited from:

- Armenia MDG Progress Report, 2005 (*Millennium Goals: Nationalization and Progress*)
- PRSP Progress Reports 2003-2004 and 2004-2005
- Statistical Yearbooks of Armenia 2005 and 2006
- Preliminary results of the Armenia Demographic and Health Survey 2005
- Medium-term Expenditure Framework for 2006-2008
- Several sectoral research papers prepared by local and international NGOs

Based on this report, a public discussion will be facilitated in early 2007 with participation of all state and non-state stakeholders, including children and young people, to review the follow-up to the WFFC, assess the progress achieved so far and plan further consolidated actions.

1. MAJOR NATIONAL ACTIONS TAKEN FOR CHILDREN AND TOWARDS THE WFFC TARGETS SINCE 2002

Armenia ratified the UN Convention on Child's Rights in June 1992, which was followed by the adoption of the RA Law on Child's Rights (1996). Over the period of 2004-2006 Armenia ratified the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography; the Optional Protocol on the Involvement of Children in Armed Conflict and the ILO Convention on the Elimination of the Worst Forms of Child Labor and the Hague Convention on Intercountry Adoption.

In December 2003, as a follow-up to the UN Special Session on Children and the World Fit for Children Plan of Actions, the Armenian Government approved the National Plan of Action on Protection of the Rights of the Child for 2004-2015 (further referred to as NPA). The NPA is largely based on the provisions of the UN Convention on the Rights of the Child (CRC) as well as the principles stipulated by the Law on the Rights of the Child of RA. Many activities included in the NPA are linked to the Governments' Poverty Reduction Strategy and are directed to the improved accessibility of social services for excluded and poor children.

The NPA covers issues related to improvement of legislation related to children and their families, health, social welfare, education, leisure and cultural life, delinquency and justice, as well as control mechanisms, clear yearly action-plans with budget estimations. State bodies responsible for the implementation of activities stipulated by the program are Ministry of Labor and Social Issues (MoLSI), Ministry of Finance and Economy (MoFE), Ministry of Education and Science (MoES), Ministry of Health (MoH), Ministry of Culture, Youth and Sports (MoCYS), Ministry of Justice (MoJ), and Police.

One of the major outputs of the NPA design and implementation was the reform of the child protection system, which stipulated establishment of child protection bodies at national, sub-national and community levels. Child Protection Interministerial National Committee (functioning since November 2005) headed by the Minister of MoLSI is responsible for coordinating and monitoring the implementation of CRC/NPA and domestic laws and regulations on children. The marz level multidisciplinary Child Protection Units (functioning since August 2006) are responsible for the identification, reporting and referral of child rights violation cases. Three different commissions on children functioning at the community level were merged into one and the regulations for the new body were developed.

The MoLSI, in collaboration with the main stakeholders in child protection, elaborated minimum social standards for care and upbringing of children in orphanages (approved in August 2004). The standards were amended in September 2005 to cover all childcare and child protection institutions of the country. In March 2005, the Government approved the MoLSI's proposal to redefine the types of childcare and child protection institutions needed in Armenia and admission criteria to every type of

institution. New types of care, such as day-care centers and temporary shelters are included in the document to promote deinstitutionalization of children from residential institutions.

Another important document addressing one of the sensitive issues of child rights is the Anti-trafficking National Plan of Action (2003), which included separate activities directed to prevention, identification and rehabilitation of trafficking of minors.

In January 2006, the president of RA ratified the Government decree on approval of Strategy for Reforms in Social Protection of the Children in Difficult Situations for 2006-2010 and State Pilot Project on Deinstitutionalization of Children in Lori Marz. The overall objective of the Strategy is the improvement of the child protection system and strengthening child-family-society relations. The main directions of the social policy are a) establishment of a unified system for childcare and child protection; b) reduction of the number of children in orphanages, state special educational institutions, childcare and child protection boarding institutions and prevention of inflow of children in these institutions; and c) improvement of childcare and child protection institutions

Stressing the significance of primary medical care for child survival, health and development, the government has adopted the 2003-2008 Strategy for Primary Healthcare of Population of the Republic of Armenia. It aims to improve the availability, quality and efficiency of primary medical care, particularly through introducing the system of family medicine. In this context, the Government implements measures to manage the system activities and introduce appropriate financing. Special emphasis has also been put on staff training and retraining through involvement of ambulatory-polyclinic institutions in pilot projects, in Yerevan and beyond.

In August 2003, the Government approved the Strategy for Maternal and Child Health for 2003-2015 (SMCH). The strategy, which is built upon the commitments of the Millennium Declaration, the WFFC and the NPA, provides further clarifications as to the national health-related targets and specific strategies in five key areas: child health, adolescent health, maternal health, reproductive health and nutrition.

In 2004, the Government issued a Decree on Iodine Deficiency Elimination and National Plan of Action for 2004-2007 and state program on Universal Salt Iodization.

In 2005 Government endorsed the Multi-Year Immunization Program for 2006-2010, which includes also the Measles Elimination Strategy.

In 2002, the Government approved the National Program on HIV/AIDS prevention for 2002-2006, (based on national strategic planning of the response to HIV/AIDS conducted in 2000) and established the National Inter-ministerial Council on HIV/AIDS Prevention (NIC) to coordinate the activities within the framework of the National Program. The multisectoral Country Coordination Commission on HIV/AIDS, Tuberculosis, and Malaria issues (CCM), established shortly after, includes representatives of the government, international and national NGOs, UN agencies, people living with HIV, as well as multilateral and bilateral development agencies. Country Specific Strategic Plan on HIV/AIDS Prevention among Especially Vulnerable Young People (EVYP) and

Most At-Risk Adolescents (MARA) for 2007-2011 was developed in 2006 based on the results of HIV Rapid Assessment among Especially Vulnerable Young People and Most at-Risk Adolescents. The Country Specific Strategic Plan on HIV/AIDS Prevention among EVYP and MARA is incorporated into the National Program on HIV Response for 2007-2011.

Under the Education Quality and Relevance Project, renewal of the contents of general education was started in 2004. Particularly, the Government approved the new General Education Procedure, the Rules for Defining and Approving State Educational Criteria for General Education and the State Criteria for Secondary Education. In order to create a single assessment system in the education sector, as well as to integrate into the international developments in this area, the Assessment and Testing Center SNCO was established. The 2001-2005 State Program for Educational Development described the state and problems of the education system and laid out high level obligations, objectives, activities and timelines. The 2006-2015 Program has yet to be approved and may be undergoing substantial revisions. Its current draft is very similar in nature to the 2001-2005 Program. In addition to stating the importance of making quality education available to all levels of society, and the importance of education in poverty reduction, it identifies “integration into the European education system” as a key direction for Armenia’s education system.

CHILD RIGHTS IN THE CONTEXT OF ARMENIA’S LEGAL REFORM

The main legal acts approved by the Armenian Government are listed below.

The new **Family Code** (approved in November 2004) stresses the right of the child to grow up in the family and provides safeguards for protecting children from violence within the family. It also regulates personal and property relations arising between parents and children, and relations emerging at adoption, trusteeship and guardianship. For the first time, community alternatives to institutionalization, deinstitutionalization through family reintegration and foster care were introduced. To ensure the implementation of the Family code the GoA endorsed several legal and administrative documents, such as the minimum standards for care of children in residential care institutions; law on graduates of state residential institutions, and the strategy of social reforms in social protection of the children in difficult situations.

The new **Criminal Code** (in force since August 2003) includes specific provisions on crimes committed by children and against children. It defines the characteristics of criminal responsibility and punishment of minors as well as the criminal assaults against minors and circumstances where a criminal assault is aggravated due to the fact that it is committed against a minor. The Code has a separate chapter on assaults against the interests of the family and the child (Chapter 20), covering violence against children, involving the child in a crime, child trafficking, failure to realize the duty of child upbringing, failure to realize the duty of ensuring the security of the life or health of the child as a result of child neglect, improper realization of parental responsibilities, abusing the rights of the foster parent or guardian.

The new **Labor Code** (approved 2005) regulates labor relations arising between the employers and the employees, including adolescents. It also contains safeguards against child labor based on the international standards (the ILO Convention on Child Labor).

The **Law on Preschool Education** adopted in 2005 is the definitive document that regulates the legal, organizational and financial structures for the development and operation of the preschool system in the RA.

2. RESOURCE TRENDS FOR CHILDREN

The Armenian state budget does not have a separate section for children and it is difficult to give an accurate estimate to the state financing for children. Hence, the following table summarizes the trends of state resource allocation for key social sectors for the period of 2002-2007.

Table 2.1. GDP and State budget expenditures for Education, Health and Social Security (in AMD, billions)

	2002	2003	2004	2005	2006	2007	Increase, 2007 to 2002, %
GDP	1362.5	1624.6	1907.9	2,244	-	-	150.9
Total budget expenditures	261.3	385.2	377.6	469.0	566.8	655.6	64.7
Education and Science	29,455	34,915	42,061	61,657	82,283	92,359	213.6
Pct of GDP	2.2	2.1	2.2	2.7	-	-	0.5
Pct of the total budget	11.3	9.1	11.1	13.1	14.5	14.1	2.8
Healthcare	16,091	21,014	25,011	32,162	39,435	47,574	195.7
Pct of GDP	1.2	1.3	1.3	1.4	-	-	0.2
Pct of the total budget	6.2	5.5	6.6	6.9	7.0	7.3	1.1
Social security	27,030	30,823	36,453	46,563	55,870	64,036	136.9
Pct of GDP	2.0	1.9	1.9	2.1	-	-	0.1
Pct of the total budget	10.3	8.0	9.7	9.9	9.9	9.8	(0.5)

Source: Ministry of Finance and Economy of Armenia, www.mfe.am

Various groups including UN agencies and EU have consistently emphasized the need to increase budgetary allocations for children, particularly in the areas of WFFC goals.

Although, as shown, there has been an increase in budgetary allocation to the social sector, it still remains low as compared to the OECD countries. The 2007 budget expenditure for education constitutes 14.1% of the total budget (2.7% of the 2005 GDP), whereas the social security and healthcare expenditures amount to 7.3% and 9.8% of the budget (2.1% and 1.4% of the 2005 GDP).

3. DEVELOPMENT AND USE OF MONITORING INSTRUMENTS TO TRACK WFFC/MDG TARGETS

Achievement of relevant MDG/WFFC targets can be currently tracked using as reference a) the official routine statistics recorded by the National Statistical Service and the line ministries; b) MDG and PRSP progress reports prepared by the Armenian Government; c) data of the Armenia Demographic and Health Surveys 2000 and 2005; and d) sectoral studies conducted by CSOs, international organizations and line ministries.

The Government of Armenia has developed the following mechanism for monitoring the implementation of the NPA. By the end of each year all line ministries responsible for NPA implementation are to develop lists of activities planned for the next year and request relevant budgetary allocation from the MoFE. Alongside, each of the ministries is supposed to draft a narrative report on the implementation of the NPA activities implemented in the current year, submit it to MoLSI. The Minister of Labor and Social Issues, who is also the Head of the National Child Protection Committee, should present the summarized report to the President and the Government.

Although the information on child-related issues is generally available, there are several obstacles to effective monitoring of the NPA progress and follow-up on the findings.

- Firstly, the practical implementation of the NPA monitoring mechanism needs improvement. When preparing this report, we found that although formal plans for next year are in place, comprehensive NPA implementation reports as such do not exist. Further clarification of roles and responsibilities and capacity building are needed to facilitate better monitoring.
- Secondly, some indicators formulated in the NPA are hardly measurable.
- Thirdly, there is low capacity for data-driven decision making. When assessing the level of data analysis and use in policy making, the MDG Progress Report 2005 mentions that the available data on all 13 national MDG targets is either not analyzed, is analyzed but not discussed at policy process, or is analyzed and discussed but plays limited role in decision-making. The Government realizes that further advocacy is needed to facilitate the use of data in policy-making.

In spring 2005, the GoA facilitated the two year review of the NPA implementation with participation of the line ministries, local government, international donors and CSOs. The next review will take place in spring 2007.

To improve the monitoring of NPA implementation, the Government in partnership with NGOs has undertaken pilot awareness raising campaigns and capacity building activities for decision-makers on sub-national and community levels to ensure the implementation of NPA on the regional level, and strengthen the capacity of the local government to develop local plans for children.

4. ENHANCING PARTNERSHIPS, ALLIANCES FOR CHILDREN AND PARTICIPATION

The WFFC Plan of Action calls for improved partnership and joined efforts of state and non-state stakeholders towards building a better future for children. The NGO sector has been particularly active in terms of both assisting the policy-making and implementing practical child protection programs. An increased financial support to the efforts of the civil society is provided by international organizations, such as UNICEF, the European Commission and the World Bank.

Since 2002, the Government of Armenia has extended several major partnerships with international organizations and local CSOs aimed at promoting child-related MDGs and WFFC goals. Although the participation of children in decision-making is still weak, initiatives have been undertaken to make the children's voice heard and to foster child participation in implementation of various projects.

Key partnerships and alliances for children and initiatives to increase child participation are briefly described below.

- **European Commission – Ministry of Labor and Social Issues:** Since 2001, the European Commission has been supporting key Government programs in the areas of poverty reduction including childcare and child protection. TACIS project “Support to the Ministry of Labor and Social Issues for the Introduction and Development of Policy Alternatives to Institutionalized Childcare in Armenia” was implemented in 2004-2005.
- **UNICEF - Ministry of Labor and Social Issues – Governor’s Office of Lori Region:** The MoLSI, the Governor’s Office of Lori region and UNICEF have signed a Memorandum of Understanding, laying a foundation for the rights based reform of child protection system in the country. This partnership was extended as a result of successful implementation of a pilot project on participatory situation analysis and assessment of alternatives to the existing system. Prior to signing of the MoU, UNICEF Armenia Office piloted an initiative of Human Rights Based Approach to Programming (HRBAP) in Lori region. A group of decision-makers, care and service providers have acquired competences and skills for using the human rights based approach, analyzed the functioning of the child protection system and designed a proposal for change in response to the weaknesses of the system. The proposal was highly appreciated by the local and national authorities, and the participatory process itself can serve as a model to be implemented countrywide. As a follow-up to the proposal, the experts of Lori marz developed several administrative documents necessary for the protection of child rights in the country (such as the code of conduct for professionals working with children, professional guidelines, data collection and monitoring mechanisms). Some of the documents were discussed with children and their ideas and comments were incorporated.

- **UNICEF - Ministry of Education and Science - Local and International NGOs:** The partnership resulted in establishment of inclusive education models for children with learning difficulties that have been expanding throughout Armenia. Collaboration in curriculum and teaching reforms ensured the further integration of life skills based education and cooperative teaching methodologies into school curriculum.
- **Ministry of Education and Science-International NGOs-UNICEF:** Joint efforts are put to create effective models for early childhood development and preschool education.
- **UNICEF - Government of Armenia - European Commission - International and Local NGOs:** Under the second phase of Leave No Child Out campaign (LNCO) UNICEF Armenia Country Office convened a Country Advisory Group. The group was comprised of representatives of Ministry of Foreign Affairs, MoLSI, MoES, Save the Children, Regional Network for Children, European Commission, World Vision and Funds for Armenian Relief. The implementation LNCO Phase II resulted in establishment of a Public Forum that includes 50 decision-makers and representatives from NGOs and establishment of a network of qualified trainers on child rights. In addition, an LNCO Manual on Child Rights was updated and adjusted to the Armenian context with certain chapters of the Manual included into curriculum of the Department of Social Work of Yerevan State University.
- **Government of Armenia – UN – The World Bank:** Partnership in frames of Education Quality and Relevance Project assumes renewal of the general education aiming at bringing the Armenian general education in compliance with international standards and demands of the contemporary labor market.
- **Government of Armenia – USAID:** In frames of one-year cooperation agreement launched in December 2006, the USAID will be assisting the MoES in designing the strategic framework and National Program on Education Development.
- **NGO network on children at risk:** This NGO network is creating alternative models of community services for children at risk and their families and is carrying out the initiative of preventing child placement in residential institutions.
- **Ministry of Labor and Social Issues – National Assembly - NGO network on protection of disabled people:** The partnership includes advocacy for social protection of people with disabilities and their integration into the society, and services for people with disabilities.
- **Government of Armenia – UNICEF - WHO – GAVI – Vishnevskaya-Rostropovich Foundation:** Within the Government’s immunization strategy, the partners have been assisting the MoH in acquiring quality vaccines, have been providing technical assistance, training, and laboratory testing of polio, measles and rubella samples.
- **Council of Europe – UNICEF - Local NGOs:** Promoting child participation and ensuring follow up to the UN study on violence against children

5. ACHIEVEMENT OF THE WFFC PLAN OF ACTION AND RELATED MDG TARGETS

1. PROMOTING HEALTHY LIVES

REDUCING INFANT AND UNDER-FIVE MORTALITY RATE (IMR, U5MR)

Nationalized MDG target: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate (*MDG 4, Target 5*)

Nationalized MDG indicators:

- a) Under-five mortality rate, per 1,000 live births (WHO definition) < 10
- b) Infant mortality rate, per 1,000 live births (WHO definition) < 8
- c) Proportion of 1 year-old children immunized against measles and other major diseases > 96%

WFFC Plan of Action target for 2010: Reduction in the infant and under-five mortality rate by at least one third, in pursuit of the goal of reducing it by two thirds by 2015

Relevant NPA/SPMCH targets¹:

- a) Decrease mortality rate in infants (0 to 1 years of age) and children (0 to 5 years of age) by at least 1/3 (*as compared to 2003 level*); the IMR and U5MR must not exceed 10 per 1000 live births by 2015.
- b) Provide vaccination to more than 95% of infants; eliminate local cases of diphtheria (by 2007) and measles (by 2010).

STATUS AND TRENDS

The available statistical data shows that over the period of 2001-2005, the registered **child mortality rates** have been declining, continuing the earlier positive trend of 1990-2000.

In 2005, according to the administrative register, the U5MR has been 13.6 per 1000 live births, as compared to 18.6 in 2001; and the IMR has stabilized at 12 against 15 in 2001. As shown in the table below, since 1990 the U5MR has been almost halved and the IMR has decreased by 34%.

¹ Strategy for the Protection of Mother and Child Health for 2003-2015 (hereafter SPMCH) further clarifies the health-related indicators stipulated by the NPA. Since in several instances the SPMCH provides more/more specific indicators, those are referred to as well.

Table 5.1. Child mortality rates

	1990	2001	2002	2003	2004	2005 ²
Under-five mortality rate	23.8	18.6	16.5	13.4	12.8	13.7
Infant mortality rate	18.5	15.4	14.0	12.0	11.6	12.3

Sources: *National Report on the Goals of the World Summit for Children 1990-2000; MDG Progress Report, 2005; Statistical Yearbooks of Armenia, 2005-2006 and author's calculations*

Although the ADHS 2005 also reported a significant decline in child mortality rates, the figures recorded during the survey are more than twice higher than the official rates: the U5MR and IMR have been estimated at 30 and 26 respectively (against 39 and 36 recorded during ADHS 2000).³ This suggests that in order to meet the relevant MDG target, in course of one decade (2006-2015) the child mortality rates should decrease roughly three times. In this sense, the nationalized MDG indicators seem rather ambitious and the target is considered hard to achieve (*See Millennium Development Goals: Nationalization and Progress*).

Based on WHO guidelines for **childhood immunizations**, the Ministry of Health of Armenia has adopted the national immunization calendar that calls for all children to receive a BCG vaccination against tuberculosis; three doses of DPT to prevent diphtheria, pertussis, and tetanus; three doses of polio vaccine; and a measles vaccine during the first year of life. In Armenia, measles is given in the form of an MMR vaccination at 12 months of age to protect against measles, mumps, and rubella. In addition to these standard recommendations, since late 1999 the Ministry of Health recommends that children receive three doses of the hepatitis vaccine.

The MoH and NSS report very high rates of childhood immunization. According to official data, already in 2003, 94% of infants were immunized against measles, polio and whooping cough, 92% received vaccines against diphtheria and tuberculosis. (*Source: MDG Progress Report, 2005*)

ADHS 2005 reported the following rates of vaccination coverage for children 12-23 months of age (i.e., the age by which children should be fully vaccinated): at least 95 % of the children in the sample had received vaccinations for BCG and the first doses of polio, DPT, and hepatitis. However the proportion of children receiving the second and third doses of polio, DPT, and hepatitis is lower, as is the proportion receiving MMR. Overall, the ADHS 2005 data show that just 60 % of children 12-23 months of age had received all basic WHO-recommended vaccinations by the date of the interview. This represents a significant decline from the 2000 ADHS estimate of 76 %. A slightly

² The slight increase of the official statistics on IMR and U5MR in 2005 may be attributed to adoption of the WHO definition of live birth and better registration of births.

³ This divergence is mostly caused by the fact that ADHS used the 1993 WHO definition of live birth (defining live birth as any birth, irrespective of the duration of the pregnancy, that, after separation from the mother, showed any sign of life), whereas until 2005 the official estimates were based on the Soviet definition (only those newborns born after at least 28 weeks of gestation with a birth weight 1000g or more and who had drawn at least one breath were considered as live born).

lower proportion of children (56 %) received the entire course of MOH-recommended vaccinations, which includes hepatitis. (*Source: Armenia Demographic and Health Survey 2005: Preliminary Report*)

REDUCING MATERNAL MORTALITY RATIO (MMR)

Nationalized MDG target: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio (*MDG 5, Target 6*)

Nationalized indicators:

- a) Maternal mortality ratio, per 100,000 live births < 10
- b) Proportion of births attended by skilled healthcare personnel > 99.5

WFFC Plan of Action target for 2010: Reduction in the maternal mortality ratio by at least one third, in pursuit of the goal of reducing it by three quarters by 2015

Relevant NPA/SPMCH targets:

- a) Decrease maternal mortality rates by at least ½; the 3-year average indicator must not exceed 20/100,000 births by 2015.
- b) Twice improve the indicators of professional antenatal care by 2009
- c) Halve the cases of maternal anemia by 2015.

STATUS AND TRENDS

The 3-year average indicator of **maternal mortality** for the period of 2002-2004 (latest available data) was 24.8 per 100,000 live births, which is about 1.5 times lower than the 1990-1992 indicator of 38.5 per 100,000 live births. (*Sources: Statistical Yearbook of Armenia 2005; MDG Progress Report, 2005*).

Although this decrease is significant, it is obvious that the rate of progress should be doubled to allow for meeting the 2015 MDG target of less than 10 deaths per 100,000 live births, or at least maintained to meet the SPMCH target of less than 10 deaths per 100,000 live births.

According to the preliminary results of ADHS 2005, 93 % of mothers saw a **health professional** at least once for antenatal care for the most recent birth in the period of 2000-2005. 98.4% of births were delivered by a health professional; 96.4% were delivered in a health facility. Overall, the data suggest a slight increase in facility deliveries since 2000 (96% against 91%).

Mothers are recommended to take iron supplements during pregnancy since **maternal anemia** is a principal cause of both maternal and neonatal mortality. Nevertheless, the ADHS results suggest that less than one-fifth of mothers received iron supplementation during pregnancy.

REDUCING CHILD MALNUTRITION

Nationalized MDG target: Halve, between 1990 and 2015, the proportion of people who suffer from hunger (*MDG 1, Target 2*)

Nationalized indicators:

- a) Prevalence of underweight children under five years of age <1.4%

WFFC Plan of Action target for 2010: Reduction of child malnutrition among children under five years of age by at least one third, with special attention to children under two years of age, and reduction in the rate of low birth weight by at least one third of the current rate;

Relevant NPA/SPMCH targets:

- Decrease chronic malnutrition in infants and children by at least 1/3; the height-age deficit indicator of children under 5 years of age must not exceed 8 %.
- Provide breast-feeding exclusively to 65% of infants until the age of 4 months and to 40% of infants until the age of 6 months, and continue breast-feeding until the age of two.
- Eliminate iodine deficiency by 2008 through cooperation of state and private sectors; decrease anemia complications by 50%.

STATUS AND TRENDS

The key indicators of **child malnutrition** are presented in the table below.

Table 5.2. Nutrition status of children under five years in 2005

Age in months	Stunting (low height-for-age)		Wasting (low weight-for-height)		Underweight (low weight-for-age)	
	Severe (below -3 SD)	Mild (below -2 SD)	Severe (below -3 SD)	Mild (below -2 SD)	Severe (below -3 SD)	Mild (below -2 SD)
<6	1.9	6.6	0.0	2.8	0.0	0.3
6-9	1.3	10.1	0.0	1.9	0.0	5.5
10-11	2.5	9.1	0.0	4.1	0.0	0.7
12-23	2.6	20.0	1.6	9.1	0.3	4.7
24-35	3.2	12.2	0.4	4.4	0.3	6.2
36-47	4.0	11.3	0.7	7.0	0.0	5.0
48-59	2.0	12.9	0.0	1.6	0.0	1.5
Weighted total	2.7	13.0	0.6	5.1	0.1	4.1

Source: ADHS 2005 Preliminary results, NSS, 2005 and author's calculations

The comparison of ADHS 2005 and 2000 data shows that there has been no progress in terms of reducing child malnutrition. Moreover, the available data shows a negative trend: in 2000, the prevalence of stunting, wasting and underweight among under-fives was estimated at 13%, 2% and 3% respectively.

As per the preliminary results of ADHS 2005, most of the children under 6 months of age are breastfed (84 %). However, just one-third (33%) are exclusively breastfed, as recommended. In addition to breast milk, 9% are given non-breast milk, 23% are given water or other liquids, and 20% are given solid or mushy food. Although the majority of Armenian children continue to breastfeed through nine months of age, almost all receive supplements in addition to breast-milk. **Exclusive breastfeeding** is provided to only 37% of the children under 4 months of age, and in very few cases breastfeeding continues after the child reaches the age of 12 months.

Armenia has reached the goal of elimination of **iodine deficiency** through Universal Salt Iodization (USI), confirmed by data obtained in a national representative survey on iodine nutrition conducted in May-June 2004. Quality iodized salt was found in 97% of the surveyed households. The median urinary iodine level (313 mcg/l) was slightly above the optimal range (100-300 mcg/l) recommended by WHO, UNICEF and ICCIDD. While the existing level of iodine nutrition is adequate and safe for the population, it was recommended to decrease the level of salt iodization from 50 mg/kg to 40 mg/kg. The achievement of this target is very remarkable, considering that in 2003 the MoH raised concern regarding the issue, reporting iodine deficiency among 30% of females and 33% of children. (*Sources: Report on Results of National Representative Survey of Iodine Nutrition and Implementation of Universal Salt Iodization Program in Armenia, MoH, UNICEF, 2005; Strategy on Protection of Mother and Child Health for 2003-2015*)

As a reflection of all efforts, in August 2006 the ICCIDD, UNICEF and WHO recognised and verified Armenia as a country that achieved the elimination of iodine deficiency through universal salt iodization.

2. PROMOTING QUALITY EDUCATION

ACCESS TO QUALITY BASIC EDUCATION

Nationalized MDG target: Ensure that, by 2015, every child will be able to complete a full course of high quality basic schooling (*MDG 2, Target 3*)

Relevant nationalized indicators:

- a) Net enrollment ratio in basic education (1-8 grades) > 99%
- b) Annual state budget expenditure for education to GDP > 4.5%
- c) Ratio of pupils and students possessing knowledge corresponding to the criteria set by the national and international education quality assessment system (not defined yet)

WFFC Plan of Action: Ensuring by 2015 that all children have access to and complete primary education that is free, compulsory and of good quality; aiming also at the progressive provision of secondary education.

Relevant NPA targets:

- a) Creation of necessary conditions for efficient educational institutions
- b) Reform of educational content to meet the requirements of civil society and the market economy
- c) Development of a system which meets the full educational needs of children

STATUS AND TRENDS

Presently, 1409 general education schools are operating in Armenia, including 10 elementary, 165 basic and 1234 secondary schools. The number of students in general education institutions is 491477 as compared with the indicator of 505.101 students observed in 2004. Despite the declining trends over recent years, the overall **enrollment in basic education** has still been rather high, varying between 89-91% in the period of 2001-2005. According to official data, 71-76% of the school children continue studying in the senior school.

As mentioned in Part 2 of this report, the annual **state budget expenditure for education** has constituted only 2.7% of the GDP in 2005. At the same time, the state education expenditures have been steadily growing since 2002: in absolute figures, the 2007 state budget provides for education expenditures of over 92 billion against 29.5 billion under the 2002 budget. The budget expenditure for education has comprised 11% of the total expenditures in 2002 as compared to 14% in 2006.

At the same time, the structure of budgetary allocations by different levels of education is comparable with the respective OECD indicators. In 2004, about 83.6% of the education budget was channeled to the general education and 14.1% to financing vocational education programs. In 2005, these indicators amounted to 84.2 % and 12.4% respectively (against the respective averages in the OECD countries at 72% and 20%). The budget expenditure for general education has comprised 2.31% of the 2005 GDP against 3.3% in the OECD countries.

EARLY CHILDHOOD CARE AND EDUCATION

WFFC Plan of Action: Expand and improve comprehensive early childhood care and education, for girls and boys, especially for the most vulnerable and disadvantaged children

NPA: Aligned with the WFFC Plan of Action, the NPA provided for the improvement of the quality of pre-school care and education.

STATUS AND TRENDS

Number of preschool institutions and children attending them has been declining in Armenia since 1990.

Table 5.3. Preschool institutions and children enrolled

Year	Number of kindergartens	Number of children enrolled
1990	1,192	113,303
1995	1,085	92,100
2000	769	46,600
2005	623	48,674

Source: Strategy on Early Childhood Development and Preschool Education Reforms for 2006-2010

Currently almost 80 % of preschool-aged children are not getting any preschool services in Armenia. Particular concern is about the 5 to 6 age group, who are likely to start secondary school at the age of 6 due to the recent changes in the secondary education system (transition to 12 year schooling). Drop in demand is largely related to the changing economic conditions and many of the mothers being out of work. No matter how small (\$1 - \$5 per month) the poorest of the families do not have the means to afford kindergarten fees.

The Strategy on Early Childhood Development and Preschool Education Reforms for 2006-2010 gives an overview of the system and outlines a strategy for the coming years. This document is in the process of revision and endorsement by the government of Armenia. The strategy envisions keeping the existing kindergarten system and supplementing and expanding it with alternative community-based models.

3. CHILD PROTECTION AGAINST VIOLENCE, ABUSE AND EXPLOITATION

In the period of 2002-2006 the development of the child protection system in Armenia included:

- a) legal and structural reform (adoption of relevant laws, regulations and procedures; restructuring of the child protection system);
- b) capacity building of decision makers and caregivers; and
- c) implementation of pilot projects on sub-national level that became strategic pilots for scaling-up throughout the country.

Protection of children against violence, abuse and exploitation: Since 2003, the GoA with the support of UNICEF and local NGOs initiated several activities directed to awareness raising, improvement of legislation to ensure the protection of the child rights and capacity building of professionals working with children to prevent, identify early and assist children undergone violence and abuse. TV and radio campaigns were carried out on child abuse and neglect nationwide. In frames of capacity building activities in target marzes, more than 1000 professionals - primary health care providers, educators, local authorities and local NGOs have received professional training.

Multidisciplinary group of experts developed a state concept on early identification, early intervention and referral of child abuse and neglect cases and elaborated state regulations/professional guidelines for service and care providers.

There are few community centers providing quality multidisciplinary services to children undergone abuse, neglect and exploitation.

Children deprived of parental care: There are eight public and five private orphanages in Armenia. Various surveys in orphanages evidence that children appear in these institutions mainly because of social reasons due to the insufficient welfare of the population, lack of parental skills, lack of required services available for children and families at risk and with disabilities.

Statistical data on the children deprived of parental care are presented in Table 5.4 on the next page.

Table 5.4. Children deprived of parental care

Children deprived of parenthood	Number
registered in the central registry of the Ministry of Labor and Social Affairs	610
registered in the central registry of the Ministry of Labor and Social Affairs for provision of apartments	35
under the care of guardians and trustees	291
in state orphanages	935
in private orphanages	250

Source: Strategy on Reforms in Social Protection of Children in Difficult Situations for 2006-2010

As part of the de-institutionalization strategy in child welfare reforms, special schools for socially vulnerable children are being transformed into mainstream schools starting 2006. A few child care centers will be maintained for children coming from remote areas who need to stay overnight. To promote deinstitutionalization process the MoLSI has also initiated family reintegration of children from institutions and their placement into foster families. Meantime community child care centers, as an alternative to institutionalization, are being established throughout the country. Since 2006 the GoA included the gradual funding of these centers into the state budget.

To ensure the protection of rights of children in residential care institutions and provision of comprehensive services, the GoA developed minimum state standards for child care institutions. Standards include special provisions on child upbringing practices, corporal punishment and prevention of child abuse and neglect. In 2003, the Government approved the program on State Assistance to the Graduates from Childcare Institutions to ensure social protection of care-leavers since 1991. The program intends to provide shelter, education, trainings, income covering basic needs, medical, legal assistance and in-kind support. 139 graduates became the beneficiaries of the program in the period of 2003 - 2005.

Disabled children: According to 2005 data there are 118.000 disabled in Armenia of which 11.000 are children. The statistics on the disabled children is presented in the table below.

Table 5.5. Disabled children

Disabled children	Number
in the system of poverty family benefits	4391
in state orphanages	340
state special educational institutions	5000

Source: Strategy on Reforms in Social Protection of Children in Difficult Situations for 2006-2010

There are two specialized state orphanages and 32 state special educational institutions for disabled children. Children until the age of 6 are placed in Gyumri “Children’s home” and from 6 to 18 – in Kharberd orphanages. State special educational institutions are for mentally disabled children, children with visual, hearing, speech problems and physical disabilities.

Children in conflict with law: Since 2000 RA Police cooperates with UNICEF in the area of juvenile justice. Each year a working plan is developed jointly with UNICEF and training programs are implemented for the staff (60 people per year) on various issues (juvenile justice, helping children in distress, child abuse, trafficking).

UNICEF jointly with RA Ministry of Justice and Association of Judges organized training programs for judges in 2003 and 2004, involving almost all judges of courts of first instance and part of judges of appropriate branches of review courts and court of appeal. During 2003-2005, with the support of UNICEF, the Ministry of Justice conducted seminars for prison wardens on psychological, legal and educational aspects of dealing with imprisoned minors.

With support of UNICEF the first professional guidelines for Juvenile Police was developed in 2006. It contains rules of conduct of a police officer dealing with children's issues, characteristics of interviews with children, signs of early identification of violence and neglect. The guidelines are to be included in the curriculum of the Armenian Police Academy.

In the scope of NPA two community rehabilitation centers are operating since 2006 as part of the restorative justice. In rehabilitation centers social workers, educators, psychologists and police officers jointly work with young offenders. In 140 schools officers and educators implement joint interactive program ZANG, a legal socialization program which aims at changing the attitude of the child to the Law and the police officer. Extensive preventive work is implemented with children at risk and with registered adolescents in conflict with law and with behavioral problems. If necessary, they are directed to Child Reception and Orientation Center of Armenian Relief Fund or to community centers providing psychological services for assessment and early intervention by multi-professional team of specialists.

4. COMBATING HIV/AIDS

Nationalized MDG target: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
(MDG 6, Target 7)

Relevant nationalized indicators:

- a) HIV prevalence among pregnant women < 0.5 %
- b) Percentage of population aged 15 to 24 reporting the use of a condom during sexual intercourse with a non-regular sex partner > 97%
- c) Percentage of population aged 15 to 24 years with comprehensive correct knowledge of HIV/AIDS > 80%

WFFC Plan of Action targets: By 2005, ensure that at least 90 percent, and by 2010, at least 95 percent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; By 2005, reduce the proportion of infants infected with HIV by 20 percent, and by 50 percent by 2010

Relevant NPA/SPMCH targets:

- a) Prevent the spread of AIDS in infants and teenagers
- b) Include 80% of children and teenagers in AIDS prevention programs by 2007
- c) Provide access to AIDS information to 90% of youth (ages 15 to 24) by 2010
- d) Provide access to information on reproductive health.

STATUS AND TRENDS

From 1988 to 30 September 2006 418 HIV cases had been registered in Armenia. The reported cases include 8 cases of HIV infection among children (1.9%). AIDS diagnosis was made to 145 patients with HIV, of whom 25 are women and 4 are children. From the beginning of the epidemic 93 death cases have been registered among HIV/AIDS patients, including 18 women and 3 children. At the same time, the HIV/AIDS situation assessment has shown that the estimated number of people living with HIV/AIDS in Armenia is between 2800 and 3000. (*Sources: National Strategic Plan on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011; Country Specific Strategic Plan on HIV/AIDS Prevention among Especially Vulnerable Young People and Most At-Risk Adolescents in the Republic of Armenia for 2007-2011*)

The HIV/AIDS response analysis showed that the preventative projects implemented by various local NGOs are of great importance in terms of reducing the HIV prevalence rates. The harm-reduction projects implemented in 2003-2005 were targeted at most vulnerable of HIV groups of population (IDUs, MSM and CSWs) and included provision of voluntary counseling and testing, outreach work, peer education, condoms provision and distribution of information materials. However, these interventions did not involve most at-risk adolescents and did not provide for youth friendly health services.

The 2005 ADHS included a series of questions that addressed the awareness about HIV/AIDS. Overall, more than nine in ten respondents said that they have heard of AIDS. Among women, knowledge of AIDS was high across all background characteristics with the exception of women with general basic education, only 80 % of whom said that they have heard of AIDS. Women aged 15-19 are also somewhat less likely than older women to have heard about AIDS. Similar to women, the youngest and least educated men are less likely than others to have heard about AIDS. Almost all women and men who say that they have heard of AIDS believe that there is a way to avoid HIV/AIDS: 89 and 90 %, respectively. (*Source: ADHS 2005 Preliminary Results, NSS, 2005*)

At the same time, the findings of the Rapid Assessment and Response showed low levels of awareness on HIV/AIDS among the Especially Vulnerable Young People and Most At-Risk Adolescents. The awareness was reported to be particularly low among children in conflict with law and children deprived of parental care.

6. SUMMARY OF LESSONS LEARNED

In the course of the past five years the Government of Armenia has initiated several major actions to ensure CRC implementation in the country and meet the international commitments towards children. The interventions undertaken since 2002 towards the achievement of the WFFC targets and child-related MDGs were largely a learning experience. The following key lessons have been learnt from the successes and failures of the past five years.

1. Holistic approach and strategic planning are the key prerequisites for achieving tangible results. Stand-alone projects and short-term plans do not lead to system-wide changes.
2. Realistic and measurable indicators need to be articulated under all child-related targets. Consistent and comprehensive monitoring, timely reporting of the implementation of the planned activities and data-driven decision-making may help accelerate the progress towards the achievement of the goals.
3. Data collection and analysis on sensitive child rights issues, such as violence, abuse trafficking, child labor, is of crucial importance. The use of these data in development of policies and strategies for children must be ensured.
4. Action plans need to be supported by strong financial commitments. Advocacy is needed for better budgeting for children.
5. Partnerships need to be supported and expanded; participatory approach should be fostered on all stages of the process – from situation assessment and decision-making to practical implementation of projects and their evaluation.