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A STUDY OF UNICEF ACTIVITIES
IN THE REPUBLIC OF ARMENIA

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List of Acronyms and Abbreviations

AIDS	Acquired ImmunoDeficiency Syndrome
ARI	Acute Respiratory Disease
BCG	Bacillus Calmette-Guerin
CIS	Commonwealth of Independent States
CRC	Convention on the Rights of the Child
DD	Diarrheal diseases
DPT	Diphtheria, Pertusis, and Tetanus
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
IIGE	International Institute of Global Education
IMR	Infant mortality rate
MOES	Ministry of Education and Science
MOH	Ministry of Health
MOS	Ministry of Statistics
NGO	Non-Governmental Organization
ROA	Republic of Armenia
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Fund
UNHCR	United Nations Office of the High Commissionaire for Refugees
UNICEF	United Nations Children's Fund

WFP World Food Program
WHO World Health Organization

Abstract

This Master's Essay is a study of the United Nations Children's Fund (UNICEF) activities in the Republic of Armenia. UNICEF has conducted numerous projects and programs since it was established in the Republic of Armenia in late 1992. The current Master's Essay will investigate and summarize the areas in which UNICEF was and currently is involved. The work of UNICEF in the progressive nine years will be illustrated in this essay highlighting its major achievements.

UNICEF is engaged in problems of nutrition, education, and health. The importance of the activities of UNICEF Representation in Armenia in these and related fields will be emphasized and detailed in the essay. Also, the work of UNICEF in provision of support and aid to the Children in Need of Special Protection will be reviewed.

The efforts of UNICEF in safeguarding the rights of the children in Armenia are remarkable. Special heed is paid to the expansion of Early Childhood development activities. Notable achievements are attained in increasing skills for a better living of children. The activities of UNICEF in these areas will be scrutinized as well.

Yerevan representation of UNICEF has big accomplishments countrywide. Programs and projects by UNICEF are conducted not only in the capital but also in almost all the marzes of Armenia. Of special importance are programs aimed at advancing educational system in the regions. This essay will lay emphasis on the activities of UNICEF and the accomplishments that were achieved in the marzes.

“We cannot waste our precious children. Not another one, not another day.
It is long past time for us to act on their behalf.”
Nelson Rolihlahla MANDELA

Introduction

The topic of this Master’s Essay is extremely momentous and relevant to Armenia because the status of children in Armenia has changed over time. They still face problems and they have needs and concerns that should be met. UNICEF is the organization that globally promotes the protection of children's rights, ensuring their basic needs and expanding their opportunities to reach their full potential. UNICEF strives to establish children's rights as enduring ethical principles and international standards of behavior towards children. The most crucial problems faced by children in the contemporary life are addressed by UNICEF. These are nutritional issues, problems regarding education that most developing countries face, as well as perplexities connected with health among children. UNICEF is committed to ensuring ultimate safety for the most disadvantaged children and children in need of special protection - victims of HIV/AIDS and those with disabilities. UNICEF responds in emergencies to protect the rights of children. In coordination with United Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners to relieve the suffering of children and those who provide their care. In everything it does, the most disadvantaged children and the countries in greatest need have priority (www.unicef.org).

UNICEF/Armenia is an office that operates in the most extensive way to guarantee the protection of the basic and fundamental rights and needs of children. An obvious fact was and remains that children face many challenges in their lives and to their rights. Since the first day UNICEF started operation in ROA, numerous programs have been conducted by the UNICEF

office in Armenia. UNICEF programs work to protect children's rights in Armenia, so that children have the best possible care and develop to their full potential, enter school healthy and ready to learn. Programs are carried out in partnership with the government of Armenia (Ministry of Health, Ministry of Science and Education), civil society organizations and communities to ensure children's access to lifesaving immunization, routine health services, adequate nutrition, improved sanitation, and opportunities for quality education (Life Skills, Inclusive Education). UNICEF programs in Armenia have an explicit focus on policies, legislation and programmatic support to protect children in vulnerable situations. An estimated 120-150 million of the world's 500-600 million disabled persons are children (0-18years) (www.unicef.org). Almost 80% of disabled children live in rural areas. WHO estimates that only 5% of disabled children in developing countries have access to rehabilitation of any kind (www.who.int). The potential of a child with disability is not fully recognized in Armenia yet. Most children with disabilities still live very isolated. There is lack of community services for children with disabilities: their potential for normal social interactions is very limited, since most of them do not attend regular schools. Cooperating with Ministries of Science and Education, and Health, UNICEF has conducted programs aimed at integrating children with disabilities into regular teaching processes.

There are many obstacles to providing education and detection programs in the country concerning HIV/AIDS. Major barriers include a pervasive denial of the potential problem because of lack of public educational programs, the belief there is a cure for the disease, and the relative low number of registered cases. The work of UNICEF/Armenia includes Life Skills and provision of information through seminars and workshops all over the country. Life skills based health education focuses on sharing knowledge, attitudes and skills which support behaviors that

help young people take greater control of their lives - by making healthy life choices, gaining greater resistance to negative pressures, and minimizing harmful behaviors.

Such acute problems as malnutrition and micronutrient deficiencies as well as their causes and consequences are largely challenged by the UNICEF office in Armenia. Programs conducted by UNICEF/Armenia also include elimination of vitamin deficiencies and disorders related to iodine deficiencies.

The Essay will dwell in detail upon the afore-mentioned topics as well as the prevailing issues related to them. Of significant support to the process of the writing this essay were the Internet sources and the available publications, in particular, journals, bulletins, reports, articles. Among the utilized publications was the ‘National Report of the Republic of Armenia (UN convention on the Rights of the Child)’ (1997). This document greatly contributed to the Master’s Essay writing due to the statistical data that it contains. The Report focuses on the principal problems confronted by UNICEF/Armenia, specifically Education and Social Security, and Health Care.

Another noteworthy source are the UN Bulletins specifying the recent activities of the UNICEF office in the Republic of Armenia.

The report titled ‘The Health and Nutritional Status of Children and Women in Armenia’ (1998) was also utilized. This report is a collaborative work by National Institute of Nutrition, Rome and Field Offices of UNICEF, WFP, UNHCR in Yerevan and the Ministry of Health, Yerevan.

While writing this Master's Essay, content analysis was used. The mentioned as well as various other sources of information and data were utilized.

As stated above, the present Master's Essay is a review and analysis of the activities of the Yerevan representation of the UN Children's Fund. It scrutinizes and presents the work elaborated by UNICEF/Armenia. Therefore, the Research Questions have been posed, the answers to which provide with a thorough and comprehensive picture of the activity of UNICEF/Armenia. The Research Questions are:

1. What areas of Childcare and protection of their fundamental rights is UNICEF/Armenia involved in?
2. What progress (if any) is there in the work of UNICEF/Armenia?

Chapter 1: Infant Mortality

While proceeding to the analysis of the core areas of involvement of UNICEF/Armenia, the primary step should be the supply of the Infant Mortality Rate (IMR) in Armenia.

In the recent years several factors have impacted the shifts in the IMR. There are as well some disparities in IMR countrywide. The following chapter depicts the prevalence of IMR in Armenia and underscores the major causes of it. However, at this point, giving the definition of IMR is worthwhile.

In 1995, the WHO definition was adopted for reporting to the Ministry of Health (www.who.int). Thus, Ministry of Health from 1995 onward includes infants born less than 1,000g provided some signs of life were evident at birth (heart beat, breathing, etc.) (www.armhealth.am).

The Ministry of Statistics (MOS) data for IMR over the last decade is provided in Table 1 below (www.armstat.am).

Table 1: Infant Mortality Rate in Armenia (1990-1999)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total	18.5	17.9	18.5	17.3	15.1	14.2	15.52	15.43	14.73	15.44
Boys	20.50	19.00	21.20	18.70	16.80	15.50	16.80	17.20	16.4	17.9
Girls	16.10	17.00	16.50	16.60	13.20	12.90	13.80	13.40	12.8	10.3

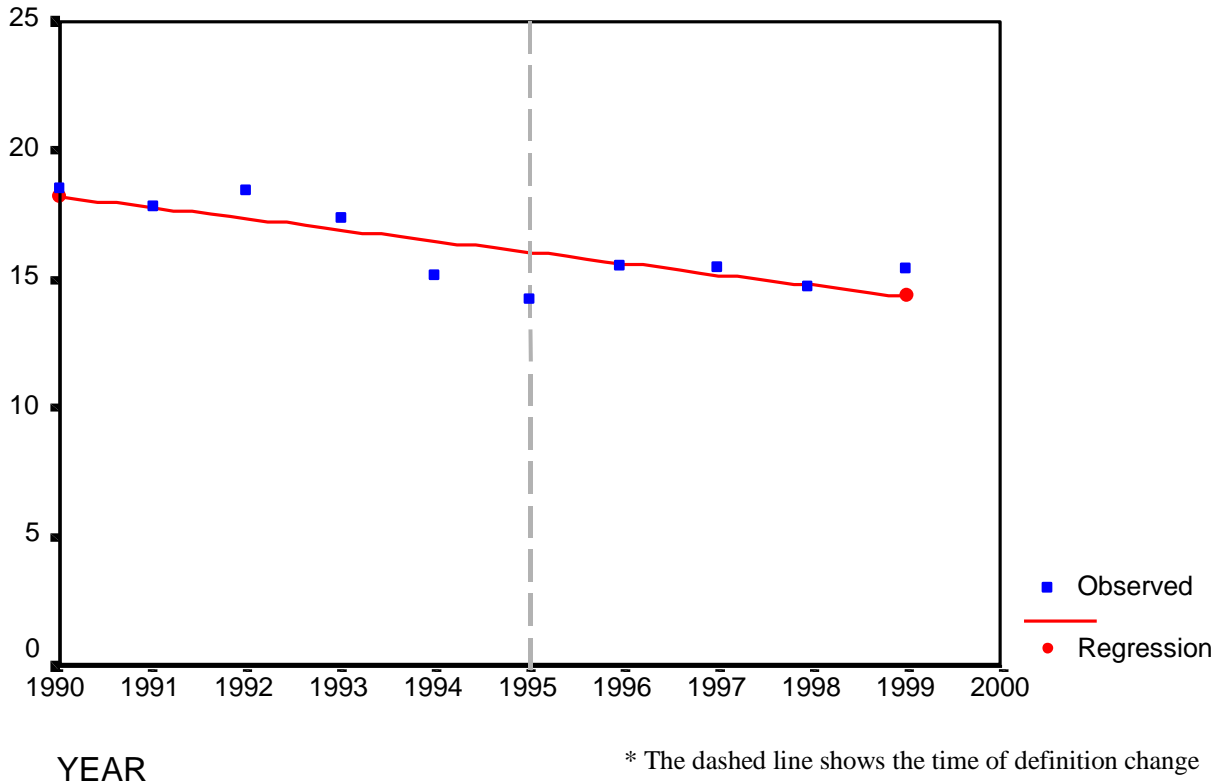
Sources: Ministry of Statistics of Armenia, Population Statistics, 1999

Despite comparable declines in both genders over the decade, the IMR for boys was consistently 20-25% higher than for girls.

The change in IMR in Armenia over the last decade (1990-1999) is estimated via a regression line. Figure 1-1 shows a decline of 3.9 deaths per 1000 live births over the period to 14.3‰, equal to a reduction of 21.4%.

UNICEF/Armenia observations in cooperation with the MOS and MOH revealed the major causes of infant mortality. Acute respiratory infections (ARI) and diarrheal diseases (DD), as well as perinatal causes and congenital malformations were observed (www.armhealth.am).

Figure 1-1: Infant Mortality Rate



Sources: Ministry of Statistics of Armenia, Population Statistics, Women and Men in Armenia, 1999; Ministry of Health of Armenia, Statistical Collection, 1999; MOS State Registry and Analysis. Socio-economic Situation of RA, Information-analytical Report, January-December 1999, Yerevan, 2000

Of significant note is that 58.9% of all infant deaths in 1999 occurred during the neonatal period (the first 28 days of life), and that 84% of all neonatal deaths occurred during the early neonatal period (the first 6 days of life). According to these data, ARI (58.2%) and congenital

malformations (26.4%) were responsible for the overwhelming majority of neonatal deaths (UN Bulletin, 2001).

According to the UNICEF/Armenia surveillance, 64.4% (217 out of 337) of all neonatal deaths occurred in boys (while boys constituted 54% of all live births). This higher rate among males is consistently observed across populations.

The disparity exists in the rural vs. urban population. Thus, the ratio of urban to rural population is 2:1; the ratio of urban to rural neonatal deaths was 3:1.

Some regional disparities in infant mortality rates were observed. Table 2 shows that in 1999 the highest infant mortality rates (over 21‰) were registered in Vayots Dzor and Tavush, while the lowest IMRs were registered in Ararat and Kotayk (11.8‰ and 13.3% respectively). The marzes with lowest infant mortality rate were those closest to Yerevan, possibly indicating better access to specialty treatment in Yerevan, thus the shifting of death registration from those regions to Yerevan.

Table 2: Infant Mortality Rate By Marz, Armenia (1999)

Marz	Infant Mortality Rate per 1000
Armenia (total)	15.44
Yerevan	15.3
Aragatsotn	16.0
Ararat	11.8
Armavir	16.9
Gegharkunik	16.6
Lori	15.4
Kotayk	13.3

Shirak	16.2
Syunik	16.2
Vayots Dzor	21.9
Tavush	21.3

Source: Ministry of Health of Armenia, Statistical Collection, 1999

There are salient observations made by UNICEF/Armenia in mortality of under-five infants, which reveal that there is a consistent gradual reduction of the under-five mortality rate in Armenia over the last decade. The main causes of under-five mortality in Armenia are respiratory and infectious diseases; perinatal causes and congenital malformations; injuries and poisoning. During the last decade a considerable reduction of deaths in the 0-5 age group caused by respiratory and infectious diseases was observed. Meanwhile, as in the case with infant mortality, the proportion of deaths caused by perinatal conditions and congenital malformations showed a clear increasing trend. It should be noted, however, that these conditions are more frequent reasons of death in infancy, while in the age category of 1-5 injuries and poisonings are the most common causes of death.

Chapter 2: Water and Sanitation

Another focal area of UNICEF/Armenia activity is Sanitation and Drinking Water. Access to sanitary means and clean drinking water safeguards the healthy growth and development of a child. Later in the paper occurrence of diseases among children connected with absence of clean drinking water and sanitation will be put forth. These highly essential issues are addressed by UNICEF/Armenia.

With respect to water quality, a 1995 investigation of Yerevan's drinking water quality, (39 water samples from its 8 districts) revealed that the water in Yerevan contained several contaminants, including microorganisms, and exceeded the maximum contaminant levels of the US Environmental Protection Agency (www.undp.am). The analysis also revealed that fluoride levels were well below recommended levels.

As expected, access to drinking water was highest in urban area (97%). Over one-fifth of rural residents were using unprotected water sources (Table 3).

Table 3: Sources of drinking water by population strata, 1998

	Piped-in dwelling	Public Tap	Tube borehole	Protected spring	Unprotected spring/well	River/ Stream	Other
Urban residents	97.3%	-	-	2.1%	0.3%	-	0.3%
Rural residents	57.9%	1.2%	5.0%	12.4%	21.3%	0.3%	1.9%
Urban refugees	78.9%	-	0.6%	14.5%	5.8%	-	0.2%
Rural refugees	39.2%	10.3%	6.6%	11.4%	30.8%	0.2%	1.5%
Weighted Total⁶	81.2%	0.8%	1.9%	6.3%	8.7%	0.1%	1.0%

Source: The Health and Nutritional Status of Children and Women in Armenia, National Institute of Nutrition – Italy, MOH – Armenia, UNICEF, WFP, UNHCR, September, 1998

According to the Ministry of Statistics, 98% of housing in urban areas and 61% of housing in rural areas had toilets connected to a sewage system in 1998. These proportions were rather stable during the last decade (Table 4). The majority of those not connected to a sewage system (estimated 21%) use pour flush latrines.

Table 4: Proportion of Housing equipped with toilets connected with sewage system in Armenia, 1990-1998

Area:	1990	1995	1996	1997	1998
Urban (%)	99	99	98	98	98
Rural (%)	56	61	61	61	61

Source: Ministry of Statistics, State Registry and Analysis. Socio-economic Situation of RA, Information-analytical Report, January-December 1999, Yerevan, 2000

The most recent data on this issue come from a 1998 national survey. The findings confirm the official data for urban areas, but for rural areas the study findings reveal a substantially lower proportion of toilet facilities connected to a sewage system. This difference is explained by the exclusion of the “private property of citizens” from the official data and the fact that the proportion of this type of property is much higher in rural areas.

An estimated 7% of the population (including 17% of rural residents) use pit latrines. In some instances the quality of latrines is very poor (www.armstat.am).

Urban dwellers have near universal access to a sewage system. Overall 29% of residents, most of them in rural areas, lack access to a sewage system. The goal of universal access to sanitary means of excreta disposal has yet been reached in Armenia.

Chapter 3: Health

The key program areas UNICEF/Armenia is concerned are, as pointed out above, infant mortality, water and sanitation, as well as nutrition, health, and education. A closer observation of the UNICEF/Armenia activity allows one to perceive the inseparable connection and interrelation between all the areas.

The problem of malnutrition is highly heeded upon by UNICEF/Armenia. Vast programs and projects are conducted by the office aimed at eradication the widespread problem of undernourishment in Armenia as well as the complications that it can result in.

Projects on elimination of malnutrition are the most intense ones in Armenia. These projects by UNICEF/Armenia encompass all the country. Remote marzes like Syunik and Tavoush are as well incorporated in the substantial and systematic monitoring and surveillances.

UNICEF has focused its assistance in the introduction of appropriate technologies and cost-effective strategies to ensure that basic health services are available for children in the country. In 1994, UNICEF helped to launch the Baby-Friendly Hospital Initiative (UN Bulletin, 2001). Hospital staff across the country is being trained in baby-friendly practices. UNICEF also worked with the MOH on a policy to make selected essential drugs available through the primary health-care system. Outpatient health facilities for children are supplied with medicines and equipment to provide the necessary services at this level. About 40% of pediatricians and 10% of nurses have been trained to date in correct case management for ARI and DD.

In 1998, UNICEF, together with the MOH, produced 100,000 brochures, aimed at mothers of children under one, on the management of ARI and DD. Considerable efforts were

undertaken to sustain immunization services and to control diphtheria and polio. Mass immunization campaigns were conducted from 1995 to 1998 to increase the immunity level against these diseases and to control morbidity. A special campaign to increase coverage of measles was also implemented. Medical supplies and equipment were provided to all maternities in Armenia to ensure that emergency obstetric care was available to all women and to improve the quality of newborn care (www.armehealth.am).

On 29 March 2000, the communities and authorities of Chinari and Chorotan villages of Tavoush region opened the doors of two health care facilities that have been fully rehabilitated, equipped and provided by UNICEF/Armenia and UNDP Project on Integrated Support To Sustainable Human Development. These facilities provided primary health care services to around 2, 600 people.

The two rehabilitated health care facilities are part of a large-scale social rehabilitation sub-program implemented by UNDP in Shirak, Tavoush, Lori, and Syunik regions. Overall, the total of 20 health care facilities have been fully restored to their initial capacity to service more than 70,000 people in 40 communities. As of March 2000, ten primary health care facilities in Shirak, Tavoush, and Syunik regions have already been rehabilitated and provide health care services to around 45,000 people. All of them are equipped, furnished and provided with the required medicine.

On May 11, 2001, UNICEF organized a press conference to announce Armenia's joining an unprecedented global campaign on behalf of children — *Say Yes for Children Campaign* — led by an array of international organizations and personalities including Nelson Mandela, Kofi Annan and Bill Gates, which began in London. The hope is that the Say Yes For Children Campaign will enable young people, adults, leaders, celebrities and people of influence all over

the world to pledge, distributed both on paper and via the internet, for the actions essential to improving the lives of children everywhere. These are Care for Every Child, Fight Against HIV/AIDS, and the like.

UNICEF/Armenia has outstanding achievements in eradication of such children diseases as poliomyelitis, measles, and tetanus. There exists a favorable situation with polio and tetanus in Armenia due to the successful implementation of Immunization Program in Armenia. The paper will later on specify the Immunization Program that sustains the prevalence of no cases of polio and tetanus in the country.

In 1990, 12 cases of polio were registered in the country, followed by few cases annually until 1996 (Table 5). Since 1995, Armenia has participated in the wide-scale interventions directed at eradicating wild poliovirus. No cases of polio were registered in Armenia since 1996. Thus, in October 2000, the European Regional Accreditation Committee reviewed the situation in the Republic and certified Armenia as an area free of poliovirus (UN Bulletin 2001).

Table 5: Annual number of cases of poliomyelitis and acute indolent paralysis

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Cases of polio	12	3	1	0	5	3	0	0	0	0
Acute indolent paralysis	-	-	-	-	-	-	8	15	19	22

Source: Health and Care of Public Health. Statistical Collection, Ministry of Health of Armenia, Armenia, 1999.

Another result of the successful immunization is the situation with tetanus. Thus, no cases of neonatal tetanus have been registered in Armenia over the last 20 years. Expectant

mothers are not currently immunized, though immunizations were practiced in prior decades. Successful elimination of neonatal tetanus was primarily achieved, however, by ensuring clean conditions at delivery and in the days following, which primarily takes place in maternity hospitals.

There have been no measles-related deaths in Armenia since 1986 (www.armstat.am). In the early 1970s, when measles immunization efforts started, there were more than 10 000 annual cases of registered measles. By the mid 1990s an almost 50-fold decrease was observed: only 187 cases of measles were registered in 1995, of which 80 cases were in children under 6 years old. Although periodic increases in measles cases have been observed over the decade, no major outbreaks occurred. Thus, the goal of reduction of measles cases by 1995 was reached.

According to the available data from official sources, measles immunization coverage for 2 year-old children was high (90% and higher) and rather stable over the decade (Table 6). However, the coverage was not as high in younger children. According to the 1998 national survey findings, the measles immunization coverage rate among 15-18 months old children was 72.4%. This rate was even lower (60.6%) among children aged 15 months according to the results of the Evaluation of National Immunization Program carried out in 1999. However, the Evaluation revealed much higher crude coverage rates (among all enrolled children irrespective to age) of 84.1% for measles, which is comparable to the official data of 91%.

Table 6: Measles immunization coverage of children under 2 years

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
%	95.2	93.3	93.1	95.2	95.0	96.0	89.0	91.5	93.5	91.1

Source: Ministry of Health, RA

Most childhood measles cases occur in children 0-2 (Table 7). While this can be partially explained by late immunization reaching high levels of coverage by age 2, the role of decreasing financial access to health care services where only the more severe, and hence younger, cases refer to health facilities and are registered.

The distribution of registered measles cases among regions (Table 8) shows higher prevalence of the disease in Yerevan and Shirak. This finding supports the contention of predominantly severe cases being regions. Thus, the age distribution of cases, possibly, reflects a severity distribution more so than a rather frequency distribution.

Table 7: Annual number of cases of measles in Armenia by age

Age	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
0-2 years	177	45	14	56	18	29	304	142	19	14
3-6 years	290	55	14	93	26	51	484	134	20	7
Total (0-6 years)	467	100	28	149	44	80	788	276	39	21

Source: Statistical and Analytical Materials of the Republican Center of Hygiene and Epidemiologic Control, 1990-1999

Table 8: Number of cases of measles in children under 6 years by Marzes

	1990	1995	1999
Armenia (total)	467	80	21
Yerevan	119	4	10
Aragatsotn	37	0	0
Ararat	38	5	0
Armavir	26	6	0
Gegharkunik	28	1	0
Lori	20	26	3
Kotayk	40	0	2
Shirak	94	31	6

Syunik	33	1	0
Vayots Dzor	0	3	0
Tavush	32	3	0

Source: Ministry of Health, RA

With respect to measles cases, the registration of cases depends from many interconnected factors such as the accessibility of health care services, the frequency of referrals, the severity of cases, the accuracy of diagnosis, registration and reporting. Since many studies have shown decreased accessibility of health care services over the decade, the number of registered cases could reflect their severity rather than the frequency of their occurrence. However, the magnitude of the reduction in measles cases should not be in question.

As a result of implementation of the universal immunization of children against measles starting from early 1970s, a considerable reduction of measles cases and elimination of deaths due to measles were achieved. The goals of elimination of deaths caused by measles and reduction by 90% of measles cases compared to pre-immunization levels by 1995 was completely reached in Armenia.

Chapter 4: Immunization

It is worth mentioning that tremendous work has been done by UNICEF/Armenia in terms of implementation of immunization. UNICEF/Armenia has organized disease control campaigns, among which immunization is the most effective and pervasive. Universal immunization coverage has been realized due to collaborative efforts by UNICEF and MOH.

According to the Ministry of Health, diphtheria, pertussis, and tetanus (DPT) immunization coverage among one year olds was approximately 80% in early 1990s and close to the goal of 90% in 1999 (Table 9).

Table 9: DPT immunization coverage of one-year old children (%)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
DPT (%)	80.4	80.7	77.4	82.1	83.0	87.0	85.0	86.9	82.6	89.6

Source: Ministry of Health of Armenia, Republican Center of Hygiene and Epidemiological Control

According to official statistics, the rate of measles immunization coverage among two-year olds was above 95% during the whole decade (Table 10).

Table 10: Measles immunization coverage of two-year old children (%)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
%	95.2	93.3	93.1	95.2	95.0	96.0	89.0	91.5	94.2	91.1

Source: Ministry of Health of Armenia, Republican Center of Hygiene and Epidemiological Control

Table 11 indicates polio immunization rate within a decade.

Table 11: Polio immunization coverage of one-year old children (%)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
% of vaccinated children	91.9	91.8	91.9	91.9	92.0	93.0	98.0	94.6	96.4	96.7

Source: Ministry of Health of Armenia, Republican Center of Hygiene and Epidemiological Control

Tuberculosis immunization coverage was also high and exceeded the accepted level of 90% during the years of 1990, 1998 and 1999 (Table 12). However, in other years, this rate was more typically around 80%.

Table 12: Tuberculosis immunization coverage of one-year old children (%)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
% of vaccinated children	92.3	85.6	88.2	83.5	83.0	84.0	82.0	72.3	94.7	93.6

Source: Ministry of Health of Armenia, Republican Center of Hygiene and Epidemiological Control

It is assumed that all the population groups in Armenia receive 5 injections of tetanus toxoid by age 7, and one injection in each 10 years thereafter in accordance with the routine immunization schedule (Table 13). The complete absence of neonatal tetanus in Armenia for more than 20 years serves as confirmation of this assumption. However, the data on the proportion of mothers who had received complete immunization against tetanus according to the official schedule is not available.

Table 13: Routine Immunization Schedule, Republic of Armenia, 2000

	In 24 hours after birth	1.5 mo.	3 mo.	4.5 mo.	6 mo.	12 mo.	15 mo.	18-24 mo.	3.5-4 yrs	6-7 yrs	16 yrs	Every 10 years
BCG	X									X ³		
HBV	X	X			X							
DTP			X	X	X			X				
DT-M										X	X	X
OPV			X	X	X			X ¹		X		
Measles						X			X ²			
Mumps							X					

Source: Republican Center of Hygiene and Epidemiological Control of the Republic of Armenia

¹ Two-fold OPV revaccination

² Administrated not earlier than two years after vaccination

³ Administrated to those who do not have a scar

The statistics above was based on official Ministry of Health data. An evaluation conducted by UNICEF and Ministry of Health in 1999 only partially confirmed the official data. The coverage rates based on guardians' report or documentation were obtained for the whole sample of 15-26 months old children. The coverage rates for one-year old children (15 months old for measles) were obtained only from medical documentation (www.armhealth.am). These two sources paint a different picture of immunization coverage. While the coverage rates were very high (97.7% for DPT, 99.4% for polio, 87.2% for measles and 95.7% for tuberculosis) according to data based on guardian's report or documentation, these rates were much lower (63.4% for DPT, 60.6% for measles, 81.6% for polio, and 86.9% for tuberculosis) according to medical documentation only (Table 14 and 15).

Table 14: DPT, Measles, Polio, Tuberculosis (BCG) immunization coverage of children 15-26 months old according to documentation, guardian's report or vaccination scar for BCG, 1999

	DPT (%)	Measles (%)	Polio (%)	Tuberculosis (%)
Aragatsotn	98	92	99	91
Ararat	98	90	100	98
Armavir	100	95	100	99
Gegharkunik	96	84	100	90
Kotayk	98	90	99	97
Lori	95	81	98	85
Shirak	99	94	99	98
Syunik	92	73	97	96
Tavush	99	87	99	99
Vayots Dzor	97	84	99	97
Yerevan	98	85	100	98

Armenia (weighted national estimate)	97.7	87.2	99.4	95.7
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Source: Evaluation of the National Immunization Program of the Republic of Armenia. MOH Armenia, UNICEF/Armenia, December 1999

Table 15: DPT, Measles, Polio, Tuberculosis (BCG) immunization coverage of one-year old children (15 months-old for measles) according to documentation, 1999

	DPT (%)	Measles (%)	Polio (%)	Tuberculosis (%)
Aragatsotn	74	68	84	86
Ararat	69	66	89	95
Armavir	82	77	96	92
Gegharkunik	45	49	74	74
Kotayk	72	66	87	95
Lori	60	59	71	66
Shirak	74	78	90	96
Syunik	30	27	68	88
Tavush	63	57	72	91
Vayots Dzor	62	57	78	86
Yerevan	59	54	79	88
Armenia (weighted national estimate)	63.4	60.6	81.6	86.9

Source: Evaluation of the National Immunization Program of the Republic of Armenia. MOH Armenia, UNICEF/Armenia, December 1999

Regional disparities are given in Table 16. The lowest coverage rates of DPT and measles immunization are Syunik (30% and 27% respectively) and Gegharkunik (45% and 49% respectively) marzes. These proportions are inconsistent with the relevant proportions reported from the other sources and thus, may possibly reflect the poor state of medical documentation and the low rates of timely coverage in these areas rather than truly low levels of crude immunization coverage.

Table 16: DPT, Measles, Polio, Tuberculosis (BCG) immunization coverage of one-year old children (2 year-olds for measles) according to Ministry of Health, 1998-99, by Marz

	DPT (%)		Measles (%)		Polio (%)		Tuberculosis (%)	
	1998	1999	1998	1999	1998	1999	1998	1999
Aragatsotn	93.3	94.8	99.2	98.3	96.7	99.4	98.3	96.2
Ararat	95.9	94.6	98.2	91.0	98.9	97.9	98.1	91.7
Armavir	82.7	96.5	96.6	93.8	99.6	98.8	99.8	94.7
Gegharkunik	67.3	94.9	85.4	91.6	86.5	96.3	81.4	93.1
Lori	72.7	85.0	94.3	89.4	94.2	96.4	90.3	97.4
Kotayk	82.3	91.6	96.0	93.9	97.3	95.7	97.9	77.6
Shirak	82.6	87.9	91.8	87.4	97.3	95.4	97.6	98.4
Syunik	86.8	83.0	95.7	88.1	96.9	94.7	93.0	99.0
Vayots Dzor	93.2	84.3	92.3	85.8	96.3	95.7	96.6	92.3
Tavush	89.5	84.6	92.9	91.8	97.7	94.0	97.8	92.3
Yerevan	82.4	87.0	94.5	90.1	97.7	96.3	94.4	94.4
<i>Armenia</i>	82.6	89.6	94.2	91.1	96.4	96.7	94.7	93.6

Source: Ministry of Health, Republican Center of Hygiene and Epidemiologic Control

Gender and social group differences in immunization coverage are available only for measles from the 1998 national nutritional study (Health and Nutritional Status of Children and Women in Armenia, 1998). According to this source, immunization rates of 15-18 month old boys and girls were comparable (73.3% and 71.2% respectively). Interestingly, measles immunization coverage rates were higher in rural, than in urban areas.

Chapter 5: Nutrition

Such acute and chronic malnutrition and micronutrient deficiencies as Iodine Deficiency Disorders (IDD), Vitamin Deficiencies, Iron Deficiency Anemia are central for UNICEF/Armenia investigation.

As in the whole world, IDD is of primary concern. The only available source of information for iodination indicators was the 1998 National Study on the Health and Nutritional Status of Children and Women in Armenia. This was, as stated above, a collaborative effort of the National Institute of Nutrition (Italy), the Ministry of Health (Armenia), UNICEF, WFP, and UNHCR. The recent data show that Armenia still has a problem connected with low iodine consumption.

According to the 1998 study, 70% of households were using iodized salt (table 17). It should be noted that IDD results in goiter.

Table 17: Consumption of Iodized Salt by Population Strata (1998)

Total	Urban residents	Rural residents	Urban refugees	Rural refugees
69.99 %	68.44 %	74.82 %	57.73 %	62.19 %

Source: The health and nutritional status of children and women in Armenia. UNICEF, UNHCR, WFP, MOH Armenia, Sept 1998.

The observed high prevalence of IDD can be explained by interruptions in salt iodination during the last decade. Iodination of salt in Armenia started in 1974 but was interrupted by the economic collapse in the early 1990s. Only with UNICEF support in 1997 was the Yerevan Salt Factory able to modernize and resume production, this time using potassium iodate instead of potassium iodide.

According to the 1998 survey, low excretion of urinary iodine in children 6-59 months of age was more common in rural areas than in urban areas. The prevalence of low excretion among rural children was 39%, while among urban residents this prevalence was 27% (Table 18). The similar, but milder, urban-rural difference in prevalence of low iodine excretion was observed between rural and urban refugees (32% vs. 26%).

Table 18: Prevalence of Low Urinary Iodine (<100 microgram/L) in Children <5 years by Population Strata, 1998

Total	Urban residents	Rural residents	Urban refugees	Rural refugees
31.7%	27.3%	39.0%	26.2%	32.1%

Source: The health and nutritional status of children and women in Armenia. UNICEF, UNHCR, WFP, MOH Armenia, Sept 1998.

In the majority of studied population only mild iodine deficiency was observed. Less than 1% had severe iodine deficiency. The prevalence of low iodine excretion was lower (29%) in children aged 2-5 years, perhaps, since they are more likely to consume iodized salt as part of the family diet.

With respect to regional differences, the highest prevalence of low urinary excretion of iodine in children 6-59 months of age was observed in northern marzes of Gegharkunik (52%), Tavush (45%), and Shirak (41%), while the lowest prevalence was observed in Yerevan (21%). The relatively low prevalence of iodine deficiency in Southern mountainous regions (less than 30%), perhaps, reflects recent trends of iodized salt consumption to combat what was endemic iodine deficiency. The continued high prevalence of goiter in women residing in these southern regions (Syunik, Vayots Dzor) serves as a reminder that this problem has only recently been addressed.

A 1995 assessment showed a prevalence of IDD in the country. In the same year, UNICEF launched a project aiming to prevent IDD. As a result, the local salt factory was equipped with the salt iodization line; equipment, potassium iodate and tests were provided to the country. Since 1997, the factory has produced iodized salt for public consumption.

Due to various projects and programs executed by UNICEF/Armenia in IDD elimination, Armenia proved to be one of the successful countries in the region in respect of universal salt iodination (UN Bulletin 2000). As the data from MOH and independent UNICEF monitoring have shown, all locally produced potable salt is now iodized. This major accomplishment is due to the continuous UNICEF support.

As mentioned earlier, several surveys on nutrition status conducted in Armenia revealed that Armenian population, particularly children and pregnant women suffer from nutrition related problems. The deterioration of nutrition status of children and pregnant women is caused by different poverty-related conditions. For as much as the interventions on nutrition related factors can dramatically improve the population health status, one of UNICEF programs is focused on piloting of Nutrition Surveillance System in Syunik marz (UN Bulletin, 2001). The main purpose of establishment of nutrition surveillance system is to identify the nutritional status of children and pregnant women through spot checks and routine measurements of anthropometrical indicators and laboratory analysis for identification of IDD and Anemia. Moreover, the established system allows to evaluate the intervention, provides an input for the design of new interventions and statistical data on nutrition status to be incorporated into National Health Statistics.

In the framework of pilot project a number of activities has been implemented since January 2001. In three sentinel sites of Syunik marz (Sisian, Goris, and Kapan) the specialized laboratories for identification of IDD and Anemia are established. UNICEF enhanced the technical capacity of facilities by provision with all required laboratory equipment and supplies. To provide practical knowledge and skills to laboratory technicians the special laboratory training was organized jointly by UNICEF, Ministry of Health and National Institute of Nutrition, Rome. The sentinel sites are also provided with computers programmed by special software, allowing the establishment of nutrition database and data analysis, for which the special training was delivered. To ensure the sustainability of newly established system and possibility to extend the system to other marzes monitoring and follow-up actions are planned (UN Bulletin, 2001).

The situation with the deficiency of vitamin A is relatively stable in Armenia. Since Vitamin A deficiency is not considered a problem in Armenia, there is no practice of vitamin A supplementation of children or mothers. Findings of the 1998 nutritional survey confirmed the belief of satisfactory situation with vitamin A in Armenia. They showed that serum retinol in children 6-59 months of age was well within the normal range.

There is no available information on the indicator from early 1990s, which makes the estimation of trends over the decade impossible. Findings of the 1998 nutritional survey showed that the prevalence of low serum retinol was significantly lower in urban resident children than in rural residents. However, it was in normal range in all population groups (Table 19). There were no gender differences in serum retinol levels.

Table 19: Proportion of Children 6-59 months with Serum retinal below 20 micrograms/100ml

Weighted Total	Urban residents	Rural residents	Urban refugees	Rural refugees
0.58 %	0.20 %	1.03 %	0.84 %	1.04 %

Source: The health and nutritional status of children and women in Armenia. UNICEF, UNHCR, WFP, MOH Armenia, Sept 1998. Page 72. (Primary source: nationwide survey, 1998)

It might be concluded that there is no vitamin A deficiency in under-five children in Armenia currently. However, lack of well-balanced diet and limited variety of food items consumed by the majority of Armenian families during the recent years could eventually lead to deterioration of the vitamin A situation.

Chapter 6: Education

An absolutely outstanding work has been done by UNICEF/Armenia in the field of Education. Such vital issues as illiteracy and basic schooling in Armenia have been concentrated on by the office. While conducting projects, UNICEF/Armenia has integrated the remote marzes (Syunik in particular). Myriad of school student have gained greatly from the projects and programs launched by the office. UNICEF/Armenia has attained considerable improvement of school facilities. Moreover, organization of sessions and workshops for school teachers and principals is another merit of UNICEF/Armenia.

At this point, considering the schooling system in the Republic of Armenia is worthwhile. The 1999 education report describes a primary education program where schooling begins at age 7 and is compulsory through grade 8. Primary schools consist of grades 1-3, intermediate schools grades 4-8, and high schools grades 9-10 (www.armstat.am). An assessment of the 1995 cohort through 1999 revealed that enrollment at grade 1 approached 100% and 99.7% of those students successfully passed their end of grade 4 exams on mathematics and Armenian. An estimated 87% pass the basic education examinations following grade 8 (www.undp.am).

The 1998 assessment of poverty and the women's status report both reported that 77% of those enrolling in 1987 completed the 8th grade in 1995 as compared to only 59% of the cohort completing grade 8 in 1997. The trend in the gross primary enrollment ratio from 1991-1998 shows a decline in the ratio during the most difficult years of the transition with gradual subsequent improvements that fall short of previous levels.

The net primary school attendance rate for 1998/99 was estimated at 92% (www.undp.am). Non-illness absenteeism is considered a minor but growing problem and is attributed to outside

work responsibilities, which is higher in rural areas where seasonal agricultural work is cited as the cause (www.armstat.am).

Armenia has had near universal access to primary education for both boys and girls for many decades. Data from the 1998/99 cohort (Table 20) indicate gross enrollment is 95%, with higher rates among females than males. This difference may reflect errors in estimating the population and/or actual gender differences in enrollment.

Table 20: Gross Enrolment Ratio, 1998-99

	Enrolment All Ages	Official School Age Population	Gross Enrolment Ratio
Male	124,116	135,000	91.9
Female	131,827	134,400	98.1
Total	255,943	269,400	95.0

Source: *Education for All, National Report*. Republic of Armenia, Yerevan, 1999.

Current actual enrolment levels in primary school are expected to reduce drastically in the short term as a result of a corresponding decline in birth rates.

The most serious issues of schooling for all age levels refer to the maintenance of *quality* of education and, above all, of the quality of life (health, nutrition, social opportunities) for children in school. Studies by national authorities and international agencies reveal a serious situation of decline in development levels of children entering first grade of primary school (linguistic and cognitive development, physical development), caused by a combination of factors, including decline and near disappearance of the pre-primary network of child care institutions, lack of appropriate parental practices resultant in part from severe economic dislocation, and declining living standards.

Among the chief programs implemented by UNICEF/Armenia are the Life Skill Projects and the Introduction of Inclusive Education. These programs have been expanded to regions of ROA like Syunik and Tavoush. The following section will underline the cases of such projects and programs being launched by UNICEF/Armenia.

However, the overall picture throughout time in the Armenian educational system has changed. The collapse of the Soviet system had major impacts on education in Armenia. Government annual expenditure per child decreased from \$600 USD in 1992 to \$36 USD in 1998 (www.armstat.am). This had led to an overall decline in quality of education, accessibility and demand throughout the education system. Changes in the society influenced the system of education, bringing forth the need of gradual reform aimed at changes in structure, management and funding as well as curriculum of the schools.

To address some weaknesses in the existing curriculum and teaching methods, in 1998 the Ministry of Education and Science in collaboration with UNICEF and the International Institute of Global Education (IIGE) of the University of Toronto, Canada introduced Life Skills into the core curriculum.

The Nagano Olympic Fund supported the implementation of the project in 1998-1999 (UN Bulletin 2001). The funds were used to organize training for a Life Skills working group comprising teachers introduced to the Life Skills Curriculum in pilot schools. UNICEF, using Japanese contributions, equipped the working group and pilot schools.

On September 1, 1999, the Life Skills Pilot Project was launched in 16 schools throughout Armenia. These schools had been specially chosen, including equal numbers of schools from Yerevan and marzes (UN Bulletin, 2001). Selected teachers attended special

training seminars covering the philosophy of the Life Skills Project, its goals, active methods of teaching, and developed lessons as well as their assessments.

It is worth mentioning that the implementation of this Project was prompted not only because of urgently needed educational reforms and changes, but especially due to its relevance to current social, political, economical and cultural realities and challenges. In context of the comprehensive education of schoolchildren in Armenia, implementation of the Life Skills Project is seen as a necessity nowadays.

In the framework of this Project, selected schools were provided with some materials and necessary supplies. This had its impact on the Project implementation process and the creation of a positive atmosphere in the schools.

At the end of 1999 the Life Skills Working Group carried out an interim evaluation of the project. Questionnaires were worked out for both teachers and pupils with the aim to investigate impact and effectiveness of the project. The questions concerned the difficulties that the teachers would face while still in the first stage of the project. Still, the considerable part of the questionnaire was devoted to the effectiveness of the project. Besides, questions were asked about how effective was the Life Skill Project in promoting learning among the students (www.unicef.org).

When asked about the difficulties faced at the first stage of project implementation, the teachers responded:

- Lack of sufficient ability to manage the class and stimulate discussions;

- Difficulties regarding time management (46% of pupils mentioned that time is not enough) which needs to be considered;
- There still exist schools where special classrooms for conducting "Life Skills" classes are not yet allocated;
- Transition to new teaching methods was accepted not equally by other subject teachers.

Within the framework of the Life Skills, UNICEF/Armenia realized the publication of the books written by children (www.unicef.org). This event was a key instrument in bringing the message of the children education to the adults. The concept underpinned the project implemented by All Armenian Women's Union NGO (supported by UNICEF). The project continued the pilot worldwide initiative of the Spanish National Committee for UNICEF and PAU Educacion to increase the active knowledge of the Convention on the Rights of the Child (CRC) through a work of literary and artistic creation (UN Bulletin, 2001).

In 1999, UNICEF supported implementation of the initiative in Armenia by encouraging a Yerevan school to write a book illustrating the provision of the Convention.

In 2000, the initiative developed into full-scale project. A group of 44 children, age 10-12 representing all Armenian marzes, gathered in summer camp in Hankavan, where they learned about the CRC through interactive workshops conducted by youth facilitators and worked in team to produce the book. It was published in October 2000 by PAU Educacion in Spain along with books produced by children in other countries which joined the initiative (www.unicef.org).

In the second year of the Life Skills expansion in 116 schools countrywide, an external evaluation of the project was carried out. Coordinated by the UNICEF Consultant, the team of national evaluators from the MOES, Center for Education Reforms and the State Pedagogical University, visited the Life Skill schools and conducted interviews with teachers, principals,

parents, and students of those schools. The experts observed several Life Skills lessons. The team also met central ministry and local government decision makers. The final report included an overview of the project implementation, government policies and strategies in curriculum development and education reform policies, cost benefit analysis, impact of the project, etc. Recommendation for future action highlighted the need to develop students' assessment tools to sustain the achieved progress alongside with expansion of the project in more schools.

Life Skills Projects are highly effective in developing such skills as self-assertion, self-expression, self-esteem, and self-awareness. It stimulated creation of affection and understanding between children and teachers, a tendency of improvement of teacher-pupil relations.

UNICEF/Armenia in collaboration with MOES of Armenia and Syunik Education Department launched a project to expand Life Skills to primary schools in Syunik marz.

The Life Skills project in Armenia, as stated, is geared to the introduction of interactive learning methodologies and curriculum modules that encourage the child's learning process in an active manner. The project in Syunik aimed to prepare student to make healthy choices and equip them for life in democratic, free market society (UN Bulletin, 2001). Life Skills addresses curriculum gaps in areas related to healthy life styles, family and community relationships, environmental protection, conflict resolution and children's rights. Every academic year, based on the ongoing pilot experience, additional schools are included in the project.

The expansion of the project to Syunik provides a unique opportunity to establish local conditions for a sustainable school network in the region, as well as introduce changes in the contents of curriculum and teaching methods, thus bringing together two critical areas of the education reform. In addition to other major components of the project curriculum, the Syunik initiative involves a strong agricultural component that is important for the regional

infrastructure. Over the summer of 2000, the foundation was laid for successful actual startup of Life Skills education in schools, which ended in September. Introductory training for school administration and training for 64 Life Skills teachers was completed in August, 2000, and an awareness raising campaign on the project through local media and distribution of leaflets to community members started (UN Bulletin, 2001).

Another major contribution by UNICEF/Armenia is the introduction of Inclusive Education. UNICEF/Armenia and World Vision collaborated to organize a two-day workshop in Yerevan on Inclusive Education at preschool level (UN Bulletin, 2001). The workshop was intended primarily for decision makers and aimed to support introduction of Inclusive Education in Armenia as part of the educational reform.

Inclusive Education is a relatively new concept for Armenia and means enrolling of children with special needs in regular kindergartens and schools instead of special education institution, as it was the traditional practice in the CIS. The methodology has proved to be highly successful in ensuring disabled children's integration and rehabilitation.

UNICEF/Armenia has been supportive to the Inclusive Education concept from the very beginning and provided assistance to efforts by Armenia's MOES to introduce it in the nation. Previous activities included training for secondary school teachers and principals, MOES experts from in-service and pre-service training facilities, educators for special institutions, NGO representatives working with children with disabilities. The project is in continuous development and it is planned to increase the number of pilot educational institutions in the nearest future (www.unicef.org).

Over time UNICEF/Armenia has been actively providing information through mass media bearing in mind that the use of communication campaigns for health education programs

is a relatively untapped resource in Armenia. Findings from several reports indicate that television is the most effective means of mass communication in the country. As outlined in Table 21, Armenians are dependent upon television for information: 78% urban, 85% rural. Newspapers are often not available or too expensive, and the high purchase cost of new receivers limit the public's access to radio. Because of the economic realities of the current print media and the resulting scarcity of publications, the public is dependent on television for most of their information

Table 21: Most Used Mass Medium for Information in Armenia

	Television	Newspapers	Radio	Conversations
People in Cities	78%	12%	11%	10%
Villages	85%	10%	13%	18%

Source: McPherson & Danielian, Communications Situation Analysis in Armenia (Prime Source: Hekimian 1997, NGO Team 1997, Sociological Research Center 1997)

UNICEF/Armenia sponsored a Communication Training Project to train Armenian NGOs to conduct communication campaigns aimed at changing awareness, attitudes, and behavior of the public on health-related issues. Four projects were implemented and evaluated by NGOs and an independent expert.

The number of formal evaluations of health-related communication campaigns conducted is relatively low, but they indicate media are a very powerful source to expose and educate a large, cross-section of the public to information. Due to the high literacy rate, targeted media messages played at appropriate times have been effective, especially those coordinated with appropriate print materials.

Under the large-scale communication campaign conducted in 2000, 11 leaders from government and non-governmental organizations were trained in health communication including the design, implementation and evaluation of communication projects. Over one hundred health care providers and pharmacists also received training in communication and client-provider interaction.

The 2000 campaign also monitored attendance at family planning service facilities that were promoted in the media. Attendance at the facilities increased by 165% in the first month of the campaign. The majority of new clients cited television as the source of information about the facilities.

As a result of the UNICEF/Armenia NGO Communication Campaign Training Project, four NGO organizations learned how to plan and conduct communication campaigns. The selected projects were designed to begin and end between March and May 1999. The NGOs used television, radio, leaflets, and roundtable discussions to distribute information about AIDS, breastfeeding knowledge, and disabled children. Reports indicate an increase in capacity for production of effective public service announcements and development of strategies that meet with governmental approval. The outcome of their projects was reported as highly successful.

Another example of a campaign that effected change on public behavior was demonstrated in a 1997 national survey on infant feeding practices. Numerous interventions were implemented from 1993-1997 to increase the percentage of breastfed infants. Deteriorating socio-economic conditions in the country led other agencies to also become involved in breastfeeding promotion. The 1997 national study attempted to measure any behavioral changes and to obtain information for future breastfeeding promotion. A cluster sample of 400 mothers was asked about exposure to breastfeeding information. Mothers in Yerevan and the Regions

responded their primary educational source was television; however, over one-half of the mothers also reported reading materials on the topic. It was possible to conclude that mass media education including distribution of brochures have positively affected practices (www.undp.am).

The use of the mass media is still in transition from the Soviet-era and has made some progress. The studies demonstrate the value of mass media campaigns on health-related topics and there is a huge fertile field for subsequent endeavors in both health and education.

In May 2000, UNICEF/Armenia supported a training for media professionals organized by PressWise, a UK-based media ethics body devoted to providing free professional advice to people who fall foul of unethical behavior in the print and broadcast media. It has an established reputation for media training and organizing events to examine problematic issues for journalist. The one-week training aimed to raise media professions' awareness about child rights, including the CRC, and eventually to enhance the capacity of Armenian journalists to report authoritatively and responsibly about children.

The training was based on the training pack produced by the PressWise at the request by UNICEF Regional Office for Central and Eastern Europe and the CIS request. The pack included thematic articles covering the region along with story ideas and check lists, background articles, guidelines and useful international contacts (www.unicef.org).

As it was stated earlier in the paper, school principals and school board are as well trained. As in the Life Skills Projects, training of the mentioned personnel is executed within the framework of the Inclusive Education.

The training for school directors was carried out in collaboration with UNDP and the World Bank to help upgrade the general management skills of the school directors

www.undp.am). It was of urgent importance since, as pointed out above, in the transition period schools lost most of their accustomed support from the state. The school director was supposed to coordinate and guide the work of the board of trustees, the teachers' council and the parents' council. However, not all the schools had these committees. Another training for school board members was organized to address this gap. Within its framework, a team of local trainers was trained, who later conducted workshop for a total of 149 school board members nationwide (UN Bulletin 2001). The role of the school boards was greatly appreciated with respect to decentralization of the school governance and an increasingly important role of community participation. The workshop provided an opportunity to disseminate information of the best practices among the schools.

A salient workshop was organized by UNICEF/Armenia in January 2001. On January 24-26 a three-day workshop was organized for the representatives of marz medico-psychological-pedagogical committees.

The main objective of the workshop was to discuss the use of revised admission forms and to clarify the major difficulties of the admission process to the boarding schools. Specialists from the MOH and State Universities were invited to present updated information on childhood disability issues.

The heads of the Marz Education departments presented the results of their experience of working with revised assessment tools and shared other marzes the difficulties faced. Based on the reports, only few marzes had succeeded in the admission process- Syunik, Gegharkunik, and Tavoush. The representatives of Marz Education departments informed that in all the regions there is still a practice of home education for children with severe forms of disability who cannot

attend school. Unfortunately, the funds for home education are limited and only few children benefit from this program.

At the end of the workshop the participants had group discussions and came up with suggestions for the MOES on improvement of the admission system to the boarding institutions (www.undp.am).

UNICEF/Armenia obtained vital achievements in the preschool development. Until 1990, early childhood development activities were available at very low cost to families through a highly developed network of pre-school institutions. However, even then the enrollment rate was not very high as families traditionally assumed responsibility for childcare and early education. According to the 1999 National Report, only 44% of 3-6 years old children were enrolled in preschool institutions in 1988 (Table 22). The situation declined rapidly during the early 1990s causing a two-fold decrease in the preschool enrollment rate. Several reasons were given to explain this decrease including increasing unemployment among women, deterioration of conditions for the operation of pre-primary institutions, and increasing tuition for enrollment in these institutions. All these factors are interconnected with the recent socio-economic crisis. The situation became somewhat stabilized during the second half of the 1990s and a slight increasing trend in the preschool enrollment rate was observed. A return to previous levels may be unrealistic as parents are now expected to cover the cost for preschool education (www.undp.am). This may restrict the access of children from socially vulnerable groups, which, according to estimations, constitute more than 55% of the country's population (UN Convention on the Rights of the Child, National Report, ROA, 1999).

Table 22: Enrolment of children aged 36-71 months in organized education programs (%).

	1988- 1989	1991- 1992	1992- 1993	1993- 1994	1994- 1995	1995- 1996	1996- 1997	1997- 1998	1998- 1999
Total country %	44.8	38.6	33.2	28.7	24.3	20.5	21.6	21.9	21.2
Boys									22.0
Girls									20.4
Urban %	56.1	-	36.7	31.6	27.8	24.6	-	-	28.0
Rural %	24.8	-	26.7	23.5	18.3	13.5	-	-	11.0

Source: National Report, Republic of Armenia, Yerevan 1999. (Primary sources: Ministry of Statistics, Ministry of Education and Science RA)

According to this measurement a 21.6% absolute reduction of the preschool enrollment rate was observed, equal to a 58.2% reduction from the 1990 level.

There is an emerging interest in alternatives to public kindergartens such as private kindergartens and quality home-based day-care businesses. There is a profound lack of information/learning resource regarding early childhood activities available to parents.

Considerable disparities in the preschool enrollment rate were observed between urban and rural areas. The rate was almost two times higher in urban areas than in rural. This difference was relatively stable over the decade. Potential explanations for this difference include differing employment patterns of women in urban and rural areas, tradition of living in more expanded families in rural areas, and less developed/less accessible network of kindergartens in rural areas, etc.

There were almost no between-gender differences in preschool enrollment rate. In 1998-1999 school year the enrollment rate was 20.4% for girls and 22.0% for boys.

Chapter 7: Children in Need of Special Protection

Deinstitutionalization of services for children with special protection needs became a topic of heated discussions in the mid 90s in most countries in Central and Eastern Europe and the CIS where transition to market economy was underway. Armenia was not an exception and advocacy for the dissolution of the Soviet-inherited system of institutionalized care, education and rehabilitation and the promotion of community-based alternatives soon became of an overriding importance for the well being of the nation's children.

To evaluate the actual living conditions of children in residential care institutions and the services provided to them, and to assess the resources and capacities for alternative community-based care, education and rehabilitation, UNICEF with the help of an international consultant conducted a situation analysis of children in institutions and resources available. During the assessment some underlying causes for the existing deficits of residential institutions became visible, together with hidden institutional resources and possible entry points for change.

The children's survival, development and protection rights are at serious risk in most institutions. Their physical well-being is most acutely threatened by shortages in food and medical supply and services and also by persistent shortcomings in the provision of clothes and shoes and the continuous decay of many buildings, including water and sanitation, electricity and heating systems. With regards to children's development rights their right to education is basically secured by a sufficient number of qualified and experienced staff and a well-established system of general and special education. Children's right to education is violated in a significant number of cases where socially vulnerable, developmentally neglected but in fact non-disabled children only have the chance to participate in the special education syllabus for children for mental disabilities. Children's right to play, leisure time and recreation is often hampered by a

lack of awareness on the side of staff, and generally by deficits in opportunities and material provision. Their psychological and social rehabilitation needs are not universally acknowledged. Lack of awareness has been obvious in some cases. On the other hand, a good number of institutions have realized the need for more specialized staff (psychologists and social workers) in order to respond to the children's needs and relieve them of their emotional distress. Overall, the situation analysis reveals that for the time being the system of residential institutions still provide practically for many needy children the chance to have their survival, development and rehabilitation needs met. Within the current economic and social context of Armenia, interventions should aim at strengthening a gradual transition from residential to community-based services for children with special protection needs, having in mind to include all children in need. To achieve this, a three-year intervention plan has been developed in 2000 by UNICEF and key players in the field – UNICEF's government counterparts in both national and regional levels, representatives of the residential institutions and community based projects, technical resource persons and organizations, as well as the concerned NGOs. UNICEF assisted the Armenian government in the organization of financial and technical assistance (UN Bulletin 2000).

The definition of disability in Armenian children underwent changes during the mid-1990s. Prior to that, the Soviet definition was used. The Soviet definition utilized very strict criteria for defining disability in children. For instance, a child without one limb or one eye was not considered disabled if there was no permanent dysfunction of the parallel organ (www.armhealth.am). Similarly, a completely deaf child with normal mental development was not considered as disabled. The current definition is somewhat broader but still does not include

all the categories of permanent mental or physical impairment considered part of the international definition.

The Ministry of Statistics provides official statistics on disabled children. In addition to the definitional limitation identified above, institutionalized children (children in orphanages) are often overlooked as they are seldom registered as disabled with the social security system and not included in official data (www.armstat.am).

The number of institutionalized children has been estimated from specialized surveys of the State Statistical Department.

The official numbers of disabled children provided below (Table 23) show a slightly increasing prevalence trend of disability, currently around 0.75%. These numbers however, reflect only those living with families and do not include institutionalized disabled children.

Several official studies document the degree of underestimation created by the exclusion of institutionalized children. A 1997 Statistical Department study of all institutional school students in Armenia revealed that approximately 85% of the 5951 students attending those schools were children with physical and/or mental disabilities. A 1996 Ministry of Health national preventive check-up of children aged 0-14, capturing 885,000 children, an estimated 86%, showed that almost 3% of children had sensory, mental or physical impairments (www.armhealth.am).

Table 23: Registered numbers of children with disabilities in Armenia

	1993	1995	1997	1998	1999
Number of children under 16 with disabilities	5477	8000*	7510	8021	7817
Number of children under 14 with disabilities	no data**	no data**	6903	7280	7115

Total child disability rate (% from total number of children 0-14 years old)***	-	-	0.67	0.72	0.74

Sources: Ministry of Health, Ministry of Social Welfare

*- Between 1993 and 1995 change in definition of disability in children was adopted, which may explain the increase in registered numbers of disability.

** - The range for disability in children is 0-16 in Armenia. As the Ministry of Health included disability indicators in the annual report forms since 1997, the only source of data before that time is the Ministry of Social Security, and the age distribution for their data is not available.

*** - The rates underestimate the real prevalence of disability in children, since the numerators do not include children with disabilities living in institutions of special assignment.

The main causes of disability in children, according to the Ministry of Health data, are provided in Table 24. According to this data, over half of all disability cases in children are caused by neuro-psychological disorders. Other common causes are diseases of internal organs, surgical conditions, vision and hearing impairments, and tumors.

Table 24: Main causes of disability in children, Armenia, 1997-99 (percentages)

	1997	1998	1999
Neuro-psychological disorders	51.2	50.8	49.9
Diseases of internal organs	18.7	18.0	18.8
Surgical conditions	11.6	12.3	11.7
Vision impairments	8.7	9.7	10.3
Hearing impairments	6.4	6.0	6.2
Tumors	2.4	2.6	2.8
Other	1.0	0.6	0.3

Source: Ministry of Health

The age structure of disability in children is given in Table 25. It shows that the frequency of disability, as expected, increases with age.

Table 25: Age structure of under-14 disability in Armenia, 1997-99 (absolute numbers)

	1997	1998	1999
Total # of under-14 disabilities,	6903	7280	7115
Including:			
in 0-4 age group	922	1103	1004
in 5-9 age group	2603	2661	2568
in 10-14 age group	3378	3516	3543

Source: Ministry of Health

According to the same source, the prevalence of disability in boys is higher than in girls. In 1999, cases in males constituted 66.5% out of all under-16 disabilities. The same tendency was observed during previous years. There were some regional differences in under-16 disability prevalence. The lowest prevalence (0.5% of all children of the same age group residing in the marz) was observed in Armavir and Ararat marzes, and the highest (1.2%) in Syunik and Aragatsotn marzes (Table 26).

Table 26: Under-16 Disability Prevalence By Marz, Armenia (1999)

Marzes of Armenia	# of registered disability cases	% of disabled (<i>out of all children of that age group residing in that area</i>)
Armenia (total)	7817	0.8
Yerevan	1852	0.7
Aragatsotn	510	0.5
Ararat	632	1.2
Armavir	486	0.5
Gegharkunik	704	0.8
Lori	926	0.8
Kotayk	685	0.9
Shirak	969	0.9
Syunik	536	0.9
Vayots Dzor	161	1.2
Tavush	356	0.8

Source: Ministry of Health of Armenia, 1999

Although the rights of children with disabilities are outlined in the Armenian Law on the Rights of the Child, which includes full participation in social life and right to study in general education schools, this goal is seldom met (www.armhealth.am). A concept of a disabled child as an equal member of society is still new for Armenia, and the potential of a child with disability is not fully recognized. Most children with disabilities still live very isolated, even if they live in

their homes. There is lack of community services for children with disabilities: their potential for normal social interactions is very limited, since most of them do not attend regular schools.

Another part of Children in Need of Special Protection is the children with HIV/AIDS.

The primary information source for the indicators of HIV/AIDS infected was a 2000 Situational Analysis Summary regarding HIV/AIDS in Armenia prepared by the National Center for AIDS Prevention. Information for the analysis was collected from March to May 2000 and was implemented with the assistance of the United Nations Development Project and UNAIDS.

Another major data source was the 1998 Situation Analysis of Children and Women in Armenia, a joint effort of the Government and international organizations, to report on the progress of the country towards accomplishment identified by the CRC. The report includes information about HIV/AIDS, which was obtained from the National AIDS Center and from the 1997 reproductive health survey.

Information regarding women's knowledge of AIDS was found in the 1997 Reproductive Health Survey conducted by the National Program on Reproductive Health with the Ministry of Health of Armenia. This was the first nation-wide survey on the reproductive health of 1,000 Armenian women in their reproductive years. This data is supplemented from a recent baseline survey for the evaluation of a national women's and reproductive health media campaign which collected similar information from 1212 women in Yerevan, Lori, Vayots Dzor, and Armavir marzes.

The National Center for AIDS Prevention located in Yerevan reported a recent rise in HIV/AIDS cases (www.armhealth.am). The first HIV carrier in Armenia was registered in 1988. Until 1995, only three cases of HIV/AIDS were identified. Over the period of 1995 to October

2000, the number of registered HIV-positive cases reached 135. Twenty-four of the infected have been diagnosed with AIDS and eight of these were diagnosed in 1999. Thirty-five new cases of HIV-infection were registered in 1999. Official deaths due to AIDS number 14, with the first known female fatality occurring in 2000 (Table 27) (www.unaids.org).

Table 27: HIV, AIDS, and Deaths Registered in Armenia by Gender

Year	HIV			AIDS			Number of deaths		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1995	3		3	3		3	2		2
1996	19	8	27	7		7	3		3
1997	30	7	37	2		2	1		1
1998	5	4	9	1	1	2	2		2
1999	26	9	35	6	2	8	1		1
2000	18	6	24	1	1	2	3	1	4
Unknown							1		1
TOTAL	101	34	135	20	4	24	13	1	14

Data Source: National Center for AIDS Prevention (through Oct 2000)

Preliminary studies of high-risk groups indicate there are probably many more HIV/AIDS cases than those registered by the Ministry. According to the National Center for AIDS Prevention, the actual number of people living with HIV/AIDS exceeds the officially registered number (Situational Analysis Summary, National Center for AIDS Prevention, 2000).

Conclusions

It can be concluded that the United Nations Children's Fund representation in Armenia has attained essential accomplishments in all fields of its activity. UNICEF's operation in Armenia for almost a decade has resulted in paramount and vitally positive changes in the life of children of Armenia. UNICEF/Armenia in cooperation with the Ministry of Education and Science and Ministry of Health has successfully conducted various programs aimed at elimination nutritional and healthcare predicaments. The achievements of UNICEF/Armenia in eradicating the causes of those problems are remarkable. Also, intense programs have been implemented in the sphere of education. UNICEF/Armenia was the first organization to introduce Inclusive Education and Life Skills Project in Armenia. Above all, UNICEF has succeeded to raise the overall awareness of the public, international organizations, and government towards the problems that children of Armenia face and their status in the society.

In all its activities the office was actively engaged throughout the country, not only in the capital but also in the remote areas as well. Therefore, as the study revealed it was more actively working in marzes like Syunik, Gegharkunik, and Tavoush.

Due to highly effective activity of UNICEF in the universal immunization coverage implementation in Armenia, the rate of infant mortality has significantly decreased in the past years. Moreover, immunization coverage led by UNICEF/Armenia resulted in maintaining the complete absence of poliomyelitis, low prevalence of diseases like tetanus, measles, pertussis, and diphtheria.

Such acute and chronic malnutrition and micronutrient deficiencies as IDD, Vitamin Deficiencies, Iron Deficiency Anemia are the major issues that were addressed by UNICEF. And the contribution that UNICEF/Armenia made was the iodination of the salt.

On the basis of the data available it might be concluded that there is no vitamin A deficiency among children under the age of five in Armenia currently. This has been attained by the collaborative efforts of UNICEF/Armenia and the Ministry of Health.

Through its investigations and monitorings UNICEF/Armenia revealed that there are considerable regional differences in anemia prevalence. The prevalence of anemia was the highest in Syunik marz (21.5%) followed by Tavush (19.7%) and Kotayk (17.8%). The lowest prevalence (8-9%) of anemia was registered in Armavir, Vayots Dzor and Yerevan (table 13.5). Among urban regions, Yerevan had the lowest rate of anemia.

UNICEF along with the Ministry of Health implemented the eradication of polio through vaccination. Thus, in 1990, 12 cases of polio were registered in the country, followed by few cases annually until 1996. Since 1995, Armenia has participated in the wide-scale interventions directed at eradicating wild poliovirus. No cases of polio have been registered in Armenia since 1996. In October 2000, the European Regional Accreditation Committee reviewed the situation in the Republic and certified Armenia as an area free of poliovirus.

As a result of implementation of the universal immunization of children against measles starting from early 1970s, a considerable reduction of measles cases and elimination of deaths due to measles were achieved. The goals of elimination of deaths caused by measles and reduction by 90% of measles cases compared to pre-immunization levels by 1995 was completely reached in Armenia. This, undoubtedly, is due to the intense activity of UNICEF/Armenia as well.

The education system in Armenia has been significantly improved thanks to the efforts by UNICEF. It is noteworthy that large room has been given out to the early childhood activities. Thus, in 2000 UNICEF and World Vision collaborated to organize a workshop on Inclusive

Education at pre-school level. It is unprecedented experience for Armenia. Inclusive Education means enrolling of children with special needs in *regular* kindergartens and schools instead of special education institutions.

In 1999 teaching of Life Skills with support of UNICEF started in 16 pilot schools. In the summer of 2000 Life Skills Project expanded in Syunik. By spring 2001 116 schools countrywide were incorporated. The Project comprised topics of vital importance for the individual growing in a new democratic society. Also it included development of key abilities such as self-awareness, self-appraisal, cooperation, critical thinking, and decision-making.

The rights of the Children in Need of Special Protection have protected and their needs and concerns met by UNICEF/Armenia. The problem of children with physical and/or mental disabilities is acute. The potential of a child with disability is not fully recognized yet. There is lack of community services for children with disabilities: their potential for normal social interactions is very limited, since most of them do not attend regular schools. The 1999 investigation by UNICEF revealed that the highest percentage of disabled under-14 children was in Ararat and Vayots Dzor. The investigation showed that 49.9% of disabled children are with neuropsychological disorders, followed by surgical conditions, hearing and vision impairments, and tumor.

So, UNICEF/Armenia is one of those organizations that introduces significant and vital changes in the sphere of its activities. The educational, health, and nutritional status of children in Armenia has been improved due to the efforts of the UNICEF/Armenia.

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