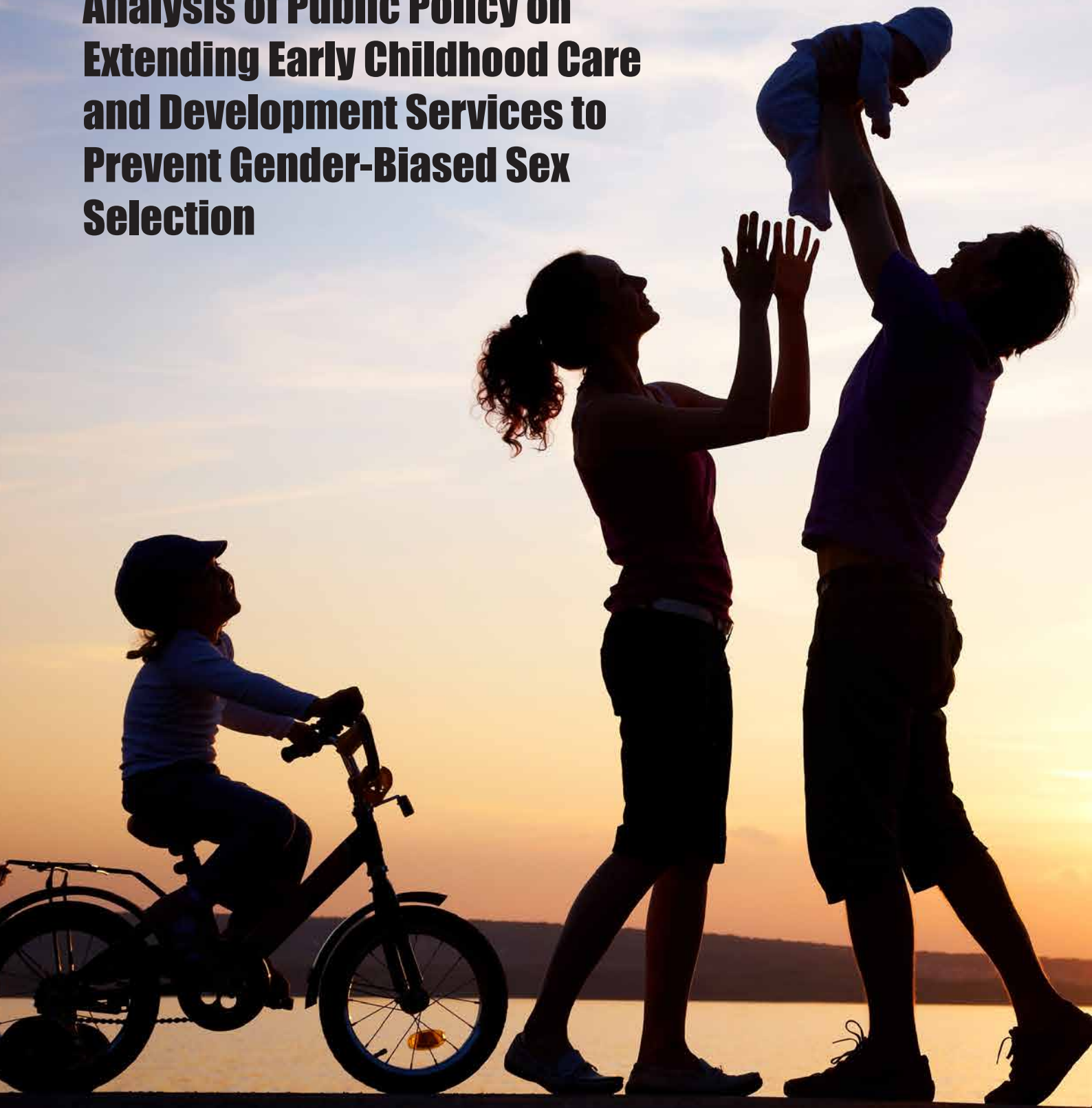


Analysis of Public Policy on Extending Early Childhood Care and Development Services to Prevent Gender-Biased Sex Selection



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



Ծրագիրը ֆինանսավորվում է
Եվրոպական միության կողմից
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Մարդկային զարգացման
միջազգային կենտրոն
International Center for
Human Development

**Analysis of Public Policy on
Extending Early Childhood Care and
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Prevent Gender-Biased Sex Selection**

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This Project is implemented by International Center for Human Development, Armavir Development Center, Martuni Women's Community Council and Save the Children.

The opinions expressed in this publication do not necessarily reflect those of the European Union.

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1. Abbreviations

AFEAMA	L'aide pour l'emploi d'une assistante maternelle agree
AGED	Allocation de garde d'enfant à domicile
APE	The Allocation Parentale d'Éducation
DHS	Demography and Health Survey
EITC	Income Tax Credit
IECD	Institut Européen de Coopération et de Développement
WTC	Working Tax Credit
ADC	Armavir Development Center
NA	National Assembly
WLP	Women's labor force participation
WHO	World Health Organization
IVF	In vitro fertilization
USA	United States of America
NILSR	National Institute of Labor and Social Research
NSS	National Statistical Service
Arabkir JMC	'Arabkir' Joint Medical Center, Institute of Child and Adolescent Health
ArBeS	Armenia-Belgium-Switzerland
EU	European Union
MM	the mass media
DHS	Demographic and Health Survey
TFR	total fertility rate
PIU	Project Implementation Unit
ASFR	age-specific fertility rates
RA	Republic of Armenia
RA MoH	Ministry of Health of the Republic of Armenia
RA MLSA	Ministry of Labor and Social Affairs of the Republic of Armenia
RA MES	Ministry of Education and Science of the Republic of Armenia
UNFPA	United Nations Population Fund
UN	United Nations Organization
ICHHD	International Center for Human Development
MWCC	Martuni Women's Community Council
PSF	pre-school facilities
SNCO	State Non-Commercial Organizations
SATD	Social Assistance Territorial Division
SCI	Save the Children International
OECD	Organization for Economic Cooperation and Development
CoP	Community of Practice of Local Participation and Non-Discrimination

2. Opening Remarks

Democracy strengthening and civil society development processes in our country are highly dependent on the practices of gaining a better understanding of the individual and collective interests in the key issues on the public agenda and taking more active steps to meet and serve such interests sometimes through consolidation and often through confrontation. The Armenian society gradually develops into a more profound, complex and consistent system which makes it possible to solve the bigger problems facing our society and expect more long-term solutions and more sustainable results.

And at this very stage of societal development, Armenians face a number of huge population and development challenges. The declining fertility rate, large migration flows, significant changes in the age and sex structure of the population, the quickly and dynamically changing environment in the context of cultural and value system stereotypes that seem to show no express tendency for transformation and the financial and economic realities turned into evil woven from threads of dramatic challenges the Armenian society had never faced before to threaten the wellbeing and security of our generations. One of such challenges is gender-biased sex selection, which, if not addressed, can wipe off the map whole nations, states and regions in few decades.

Indeed, our society currently faces challenges unprecedented in terms of their dangerous consequences and prevalence. But our society also has unprecedented opportunities to address such challenges. Never before the recent years have we had the opportunities of multilateral dialogue and cooperation over public agenda issues among national and local authorities, civil society organizations, research organizations and international development partners. This was promoted to some extent by staff turnover between different sectors and generation change but the biggest role was probably played by developing common knowledge and common experience, spread of new horizontal network cooperation models and work on joint projects.

It is this interaction within combating gender-biased sex selection in Armenia that developed a guarantee for desirable social changes. In recent years, we have witnessed consolidation of various actors in addressing the issue, concrete steps and their results. The vital steps towards the positive developments in this situation covered capacity building of various actors and comprehensive public awareness campaigns.

However, neither capacity building, nor awareness campaigns might succeed unless they were based on research and analysis of relevant data, facts and trends and were accompanied by major initiatives in various public policies and legal regulations. Finally, not only are gender stereotypes and various manifestations of discriminatory treatment bred by deeply rooted "truths" of the past but they are also reinforced by various inequities prevalent today.

One cannot expect any success by challenging stereotypes unless he/she makes any changes in the actual realities and experiences supporting such stereotypes. The opposite holds true as well: in changing reality, even the stereotypes underlying discrimination hinder greatly the course of changes.

An army of governmental and non-governmental organizations, led by the International Center for Human Development and supported by the European Commission, committed to combat gender-biased sex selection and prevent sex-selective abortions, adopted a similar approach.

The present public policy analysis was prepared by the International Center for Human Development in close collaboration with the Working Group set up to implement the Program to Prevent Sex-Selective Abortions. In fact, the analysis ranges among the most successful efforts in recent years in collaboration among relevant specialists, NGOs, governmental agencies, international development partners and other stakeholders overcoming the most dangerous challenges facing the public at large.

I am sure that the analysis report and the data, information, evidence, findings and recommendations therein will lay a solid and reliable foundation for mapping out and implementing a public policy on setting up an early childhood care and development system, introducing service models and outlining further actions to achieve enhanced women's labor force participation and work-family reconciliation, a primary objective of combating gender-biased sex-selection.

Mr. Armen Galstyan

Executive Director
International Center for Human Development

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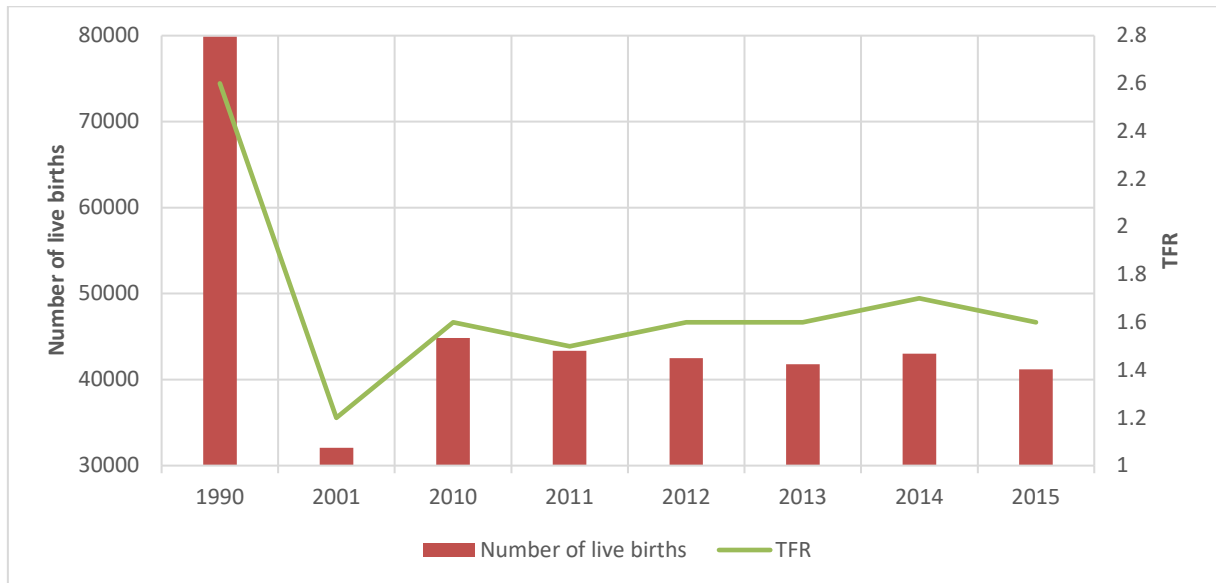
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4. Introduction

1. In the past 20 years, the numerous transformations of the transition period brought about significant changes in the reproductive behavior of the Armenian society clearly reflected in a number of indicators of such behavior.
2. For instance, the fertility rate declined considerably, which is clearly shown by the changes in the total fertility rate in the past 25 years.¹ Unlike 1990 when 2.6 children were born to an average woman in her child-bearing age in Armenia, only a decade later relevant rates showed that fertility in the country fell below the replacement level (*Figure 1*).

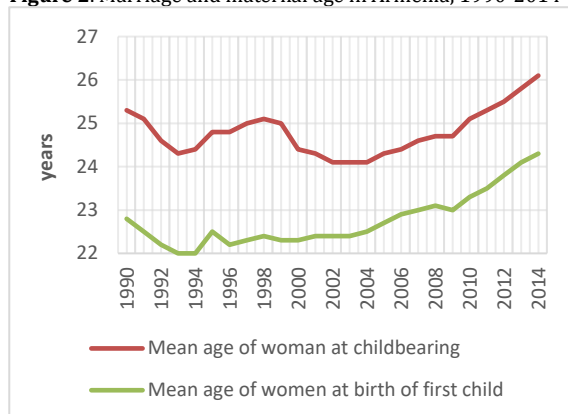
Figure 1. Number of registered births and TFR changes in 1990-2016



Source: NSS. ICHD 2017.

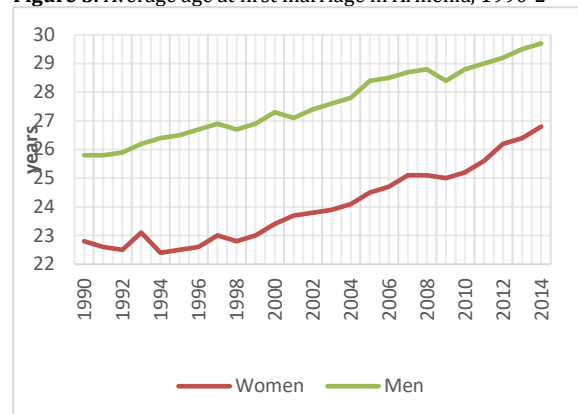
3. Another rate indicative of the significant changes in the reproductive behavior is the age-specific fertility rate changed over the past decades. Thus, unlike the 1970s when the age-specific fertility rates were distributed almost proportionally across all the major age groups, namely 20-24, 25-29, 30-34 and 35-40 and even women above 40 were involved in the fertility framework, in 2006 the main burden fell on the women aged 20-30.² At the same time, the women's average age at marriage and childbirth rose (*Figures 2 and 3*).

Figure 2. Marriage and maternal age in Armenia, 1990-2014



Source: Women and men in Armenia, NSS, 2015. ICHD 2017

Figure 3. Average age at first marriage in Armenia, 1990-2014



¹ Total fertility rate is the average number of children that would be born to a woman through her childbearing age (15-49) over her lifetime if she were to experience the exact current age-specific fertility rates throughout her lifetime.

² V. Asatryan, R. Yeganyan, K. Koyumjyan, I. Sargsyan, M. Allahverdyan. "Below Replacement Fertility: New Trends in Reproductive and Sexual Health in EECA Region" prepared for Expert Group meeting to review and discuss countries population policy responses to advance ICPD agenda in EECA region "7 billion: Balance, Rights and Equity". Yerevan. October 2011.

4. The comparative analysis of the number of children by birth order, age-specific fertility rates and average age at marriage and childbirth suggests that the main group of women ensuring replacement reproduction covers the age group of 24-29 whereas it is predominantly women aged 30-39 that give birth to a third child and can ensure increased reproduction rates in the country (*Table 1*).

Table 1. Number of children, by birth order

All the women										
AGE	0	1	2	3	4	5	6+	TOTAL	Average number of born children	Number of surviving children
15-19	96,5	3,4	-	-	-	-	-	100	0,04	0,04
20-24	67,4	20,8	10,6	1,2	-	-	-	100	0,46	0,45
25-29	35,6	18,4	39,5	5,7	0,4	0,2	0,1	100	1,18	1,16
30-34	20,1	13,2	48,2	15,7	2,1	0,5	0,1	100	1,69	1,65
35-39	12,0	10,8	43,4	25,8	6,5	1,2	0,3	100	2,1	2,01
40-44	8,7	10,1	44,4	26,6	8,2	1,2	0,8	100	2,22	2,13
45-49	6,1	7,9	40,6	30,2	11,2	2,9	1,1	100	2,47	2,33
TOTAL	37,6	12,5	31,1	13,9	3,7	0,8	0,3	100	1,38	1,33

Married women										
AGE	0	1	2	3	4	5	6+	TOTAL	Average number of born children	Number of surviving children
15-19	57,7	41,4	-	-	-	-	-	100	0,45	0,45
20-24	26,7	46,2	24,3	2,8	-	-	-	100	1,03	1,01
25-29	8,3	24,4	57,7	8,5	0,7	0,3	0,2	100	1,71	1,68
30-34	3,5	13,4	60,1	19,5	2,7	0,7	0,1	100	2,07	2,03
35-39	2,6	9,5	48,6	30,4	7,3	1,3	0,4	100	2,36	2,26
40-44	1,9	7,2	48,6	30,5	9,7	1,4	0,6	100	2,46	2,35
45-49	0,8	6,6	43,0	34,2	11,2	3,0	1,2	100	2,64	2,51
TOTAL	7,3	17,1	47,3	21,3	5,4	1,2	0,4	100	2,06	1,99

Source: DHS, 2010. ICHD 2017

5. Generally, all the 3 root causes for gender-biased sex selection and sex-selective abortions persist in Armenia. Given the extremely low fertility rates, son-preferring families often prefer to terminate female fetus development under the pressure of reproductive decisions and as a result of prenatal sex determination possibilities at early stages of pregnancy, especially if there are already 2 or more daughters in the family and sometimes even in case of the firstborn child; such practices become possible through the medical technologies determining fetal gender with great accuracy starting from the gestation period close to the 1st trimester. It is noteworthy that the gender-biased sex selection at first pregnancy emerged along with the continually declining fertility rate (*Table 2*).

Table 2. Number of born children, by gender and birth order, 2010-2014

	2010		2011		2012		2013		2014	
	G	B	G	B	G	B	G	B	G	B
Total number of births	20 856	23 969	20 213	23 127	19 737	22 743	19 638	22 152	20 162	22 869
1 st	10 664	11 290	10 334	11 010	9 869	10 584	9 458	10 008	9 443	10 105
2 nd	7 556	8 325	7 324	8 053	7 336	8 145	7 506	8 145	7 699	8 352
3 rd	2 115	3 568	2 078	3 291	2 058	3 294	2 189	3 288	2 512	3 659
4 th	351	578	335	564	345	529	331	521	361	568

5+	170	208	142	209	129	191	154	190	147	185
%										
Total number of births	100	100	100	100	100	100	100	100	100	100
1 st	51,2	47,1	51,1	47,6	50,0	46,6	48,2	45,2	46,8	44,2
2 nd	36,2	34,7	36,2	34,8	37,2	35,8	38,2	36,8	38,2	36,5
3 rd	10,1	14,9	10,3	14,2	10,4	14,5	11,1	14,8	12,5	16,0
4 th	1,7	2,4	1,7	2,4	1,7	2,3	1,7	2,3	1,8	2,5
5+	0,8	0,9	0,7	1,0	0,7	0,8	0,8	0,9	0,7	0,8

Source: Population statistics, RA NSS

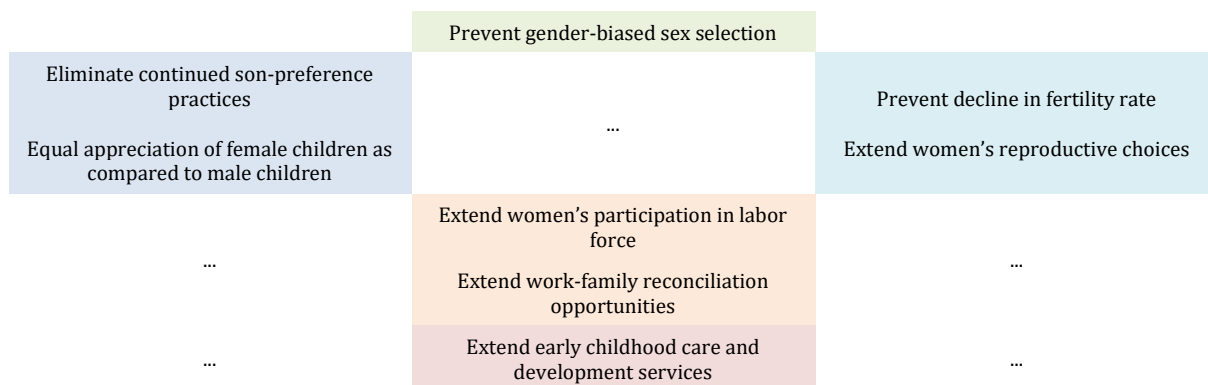
6. Therefore, the public policy on combating gender-biased sex selection and sex-selective abortions should use the arsenal that can serve both to prevent any further decline in the fertility rate and highlight the role of female children in the Armenian society and families. Such an arsenal has proven to be efficient in a number of countries successfully confronting demographic challenges of similar gravity.
7. The public policy techniques to successfully address fertility challenges are limited in number and the most viable ones require expenses, long time, consistency and cultural changes. While reproductive decisions are primarily driven by endogenous factors, they are affected by numerous and interrelated exogenous factors. Moreover, the mutually beneficial factors of the past realities are turning into mutually limiting in present conditions. Thus, if over thousands of years, son-preference stimulated the fertility rate, in recent decades it turned into a factor further reducing fertility with its rate below the replacement level.
8. Such contradictory correlations are also traced between fertility and women's labor market participation. Unlike the high rate of women's labor force participation in disadvantaged agrarian households, since agricultural work and family responsibilities are largely compatible and their employment does not cause any substantial incompatibility between childcare and work, women's participation in industrialization and urbanization processes first declines in middle-income countries and then raises again in developed countries along with developed service sector and improved level of education among women.
9. In general, the correlations between fertility and women's labor force participation can be direct and inverse. Thus, paid employment outside the household, including outside family enterprises, paid jobs in the formal sector of economy, regular, full-time, permanent and guaranteed employment, fixed working hours, employment requiring mobility and high-quality jobs with clear prospects for career advancement and development require dedication, may reduce the incompatibility of roles, enhance women's status in the society and role in family, including in reproduction decision-making, enhance their economic and financial independence, promote their both employment and maternal functions and provide them with equal benefits and satisfaction from both production activity and having children.
10. At the same time, the experience of industrialized countries shows that women's employment may lead to continuing decline of fertility rates in the cases below: if the conflict of productive and reproductive roles significantly increases the cost of the alternative to having children; if child care and support services are of limited availability and accessibility and the childcare of desirable quality and duration significantly restricts the woman's economic activities; if women staying out of the labor market to take care of their child carry high costs and if women's employment and career start before marriage which result in older age at first marriage and first pregnancy.
11. The cause and effect relationships are quite clear: if higher fertility rate leads to decreased women's labor force participation or if increased women's labor force participation leads to lower fertility rate, the roles of employment and family are highly incompatible in the economy and society.
12. Whereas, if the extended women's labor force participation promotes higher fertility rates, there is a clear social response to the issues suggesting a change in the societal attitudes towards working mothers in their workplace, which significantly facilitates women's return to their work after childbirth.
13. Focus discussions in the regions (marzes) of Armenia also show that reproduction decisions are essentially based on the gap between the perceptions of the well-being, its standards and aspirations on the one hand, and current and future prospects to achieve such standards, on the other.³ Given the significant improvements in the well-being standards and the considerable impediments in achieving them, the

³ Source: ICHD 2017.

previous model of one main breadwinner in the family can no longer fill in the widening gap even in case of working the hardest possible and gaining the highest earnings.

14. It is noteworthy that low fertility rates were successfully raised from the replacement reproduction level in the developed countries where the improved well-being standard was accompanied by increased women's labor force participation which also provided women with an opportunity to combine their employment and childcare.
15. The policy tools used to provide such opportunity concern parental care, children's care in childcare arrangements and work-time schedule regulation and particularly cover direct cash transfers to families with children, childcare benefits, subsidized childcare, parental leave, etc.
16. The facts, evidence and opinions on the effect and impact of such policy tools on fertility and women's employment vary a lot and are sometimes contradictory. They depend heavily on the socio-economic and cultural context in the country, targeted use and coverage of policy tools, quality, duration and length of services, and various other factors.
17. However, one thing is certain for everybody: those tools should be used in combination. Therefore, while it is difficult to accurately assess the impact of a tool taken separately, the peculiarities and factors of their common impact can be discussed one by one. It may be also useful to discuss the combined use of the said factors and tools through the system theory toolkit, which, however, is beyond the scope of the present analysis and report. Here, we provide just one example of the chain showing the interaction and interconnection of the above factors.
18. Hence, during the parental leave, the parent's and family's actual incomes fall significantly and the state support in Armenia for mothers on parental leave only compensates a small part of such income before the parental leave. At the same time, there are no adequately available and accessible infrastructures and mechanisms to ensure early childhood care and as for pre-school education for children under 3 years old, the state used to give importance to the role of the family. As a result, most parents on the parental leave may not return to work before the statutory terms prescribed by the legislation, the burden of the family's material well-being falls on the other parent or another bread-winner in the family and the parent on the parental leave becomes less competitive on the labor market. In case of returning to work before the statutory terms, parents are deprived of the childcare benefit and in another format of childcare its financial burden falls on the average monthly income, mostly salary. At the same time, the later the parent returns to work after the childcare leave, the shorter the break before having the next child.
19. A number of studies conducted in Armenia in recent years through combination of quantitative and qualitative research methods formed a solid factual basis for developing public policies to address the biggest population and development challenges, including prevention of gender-biased sex selection, equal appreciation of female children as compared to male children, prevention of further decline in the fertility rates, and extended women's labor force participation and work-family reconciliation opportunities.
20. Based on the above factual grounds, the present analysis particularly focuses on extending early childhood care and development services as one of the factors for extending women's labor force participation and work-family reconciliation opportunities, a priority direction of the policy to remove the two root causes underlying gender-biased sex selection, namely continued son-preference and significant decline in fertility rates. The causal effect of the above issues is briefly outlined in *Figure 4*.

Figure 4. Main cause and effect relationships between the policy and objectives to prevent gender-biased sex selection and extend early childhood care and development services



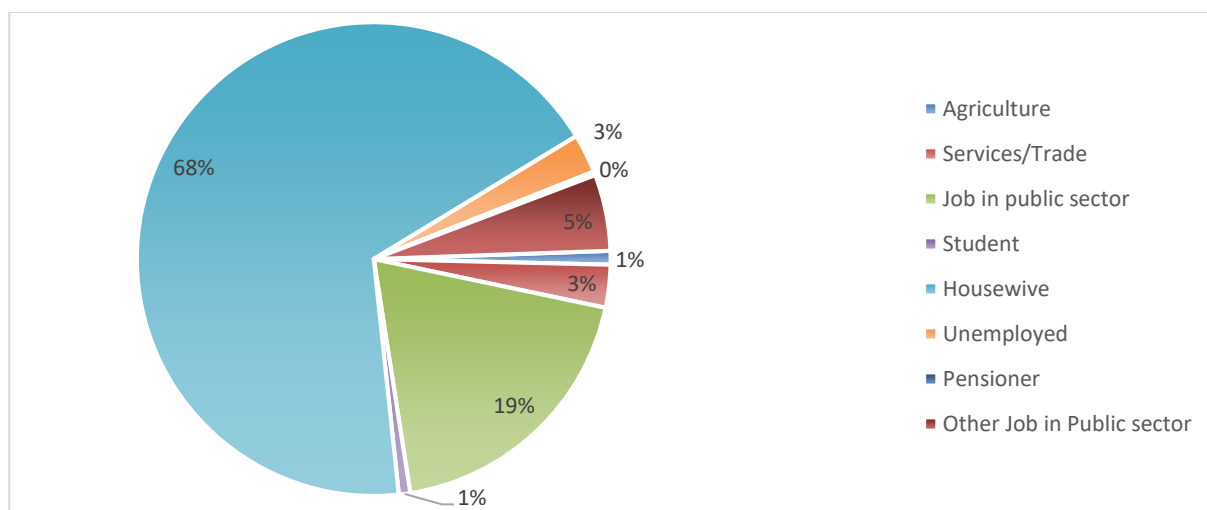
21. Various public policy tools and their efficiency in extending women's labor force participation and work-family reconciliation opportunities are outlined in the 'Analysis of Social Affairs Policies and Practices of Preventing Sex Selection' published by the International Center for Social Development in 2016.
22. The present analysis focuses on the importance of early childhood care and development services for women, families and children based on the data of a number of essential studies conducted in the country in recent years. This report specifically highlights the childcare services for children under 3 years old in the context of extended women's labor force participation and work-family reconciliation. Also, the report considers the importance of early childhood care and development services for children.
23. The report presents the international experience of childcare arrangements for children under 3 and considers the issues below: social, political, economic and cultural context of the public childcare policy; availability, accessibility and quality of childcare services; public policies, legal regulation and funding of early childhood care and development services, service hours and flexibility.
24. The analysis presents the Armenian public policy and legal regulation framework of childcare for children under 3 years old, including relevant guarantees for protection of children's rights and issues of maternity leave, leave for employees with a child under 3 years old, temporary unemployment and childcare benefits.
25. The report considers a number of early childhood care and development service models in Armenia which, if spread, will enable development of relevant infrastructures in the country. The authors conclude that here, our country has no effective option of "single solution for everybody" and the service network development implies spreading certain models that have proved viable and developing new models by combining innovations and options tailored to each community context, target groups and beneficiaries.
26. In this context, the report presents the options to provide day-care services for children under 3 years old at preschools. Particularly, the report analyzes the public policy and legal regulation of pre-school education, its system and facilities, basic services and quality standards as well as policies to provide the availability and accessibility of such services, pre-school programs and experiences. The report sums up the opportunities and challenges to extending childcare services for children under 3 at pre-school facilities.
27. The report also presents the day-care model for children under 3 at childcare facilities for children in difficult life situations, including the system of such facilities, basic services and standards to be offered, public policy aimed at their reform and major opportunities and challenges to extending current services and introducing new ones within the RA MLSA system.
28. The report also emphasizes the need for childcare arrangements for children with developmental disorders and relevant issues that may arise. It presents the specific features of care for such children, as well as the model introduced by 'Arabkir' Joint Medical Center, Institute of Child and Adolescent Health, basic services and standards, public policy and legislative frameworks and the major opportunities and challenges to spreading the model.
29. The analysis sums up a number of public policy recommendations on extending early childhood care and development services and improving the accessibility and quality of such services which will result in bigger opportunities for women's labor force participation and work-family reconciliation.
30. It is also noteworthy that the perceptions of employment and job supply in various sectors of Armenia's economy and women's labor force quality to meet it, gender roles in family and society and employment of working mothers also appear to be influential factors that may either limit or multiply the impact of the policy recommendations outlined in this report.

5. Importance of early childhood care and development

5.1. Importance of early childhood care and development for mothers and families

31. The findings of the Study of the Situation of Equal Opportunities for Women and Men on Labor Market and Equal Access to Economic Resources conducted in 2014-2015 by the National Institute of Labor and Social Research (NILSR), RA Ministry of Labor and Social Affairs, suggest that in Armenia women's labor force participation and work-family reconciliation opportunities are mostly limited by childcare issues, especially in early childhood.
32. To describe the context for analyzing the above issues, it is to be mentioned that the NILSR study and regular studies of the RA National Statistical Service suggest as follows: the country faces persistent horizontal professional segregation accompanied by vertical gender segregation in some of the employment sectors: traditionally, high-paying sectors predominantly employ male employees.
33. Thus, in 2015 the employment gender gap between women and men aged 20-64 amounted to about 16 percentage points (59.8% -43% 8); the employment rate of women is almost 1/3 times lower than that of men.⁴
34. The results of the study on Prevalence of and Reasons for Sex-Selective Abortions in Armenia (2017) show that while almost half of the surveyed women had work experience (51.7%) only 50.8% of them were employed. Moreover, the majority of the women (68%) described themselves as homemakers rather than unemployed (*Figure 5*).⁵

Figure 5. Percent distribution of women by principal occupation



Source: ICHD 2017

35. It is also noteworthy that a significant number of both working women and men work in public viz. state or municipal/community sectors. Moreover, while 23% of unmarried men and 21% of unmarried women are employed in the public sector, the picture for married women and men is considerably different: thus, 26% of married men and more than half (51%) of married women (twice as high) are employed there. The employment gender gap is more pronounced at the municipal/community sector: it employs 5% and 6% of unmarried men and women, respectively, whereas in case of married men and women, the rates are 4% and 16% (four times as high), respectively.⁶ This situation is probably caused by the fact that public sector

⁴ RA NSS, <http://www.armstat.am>.

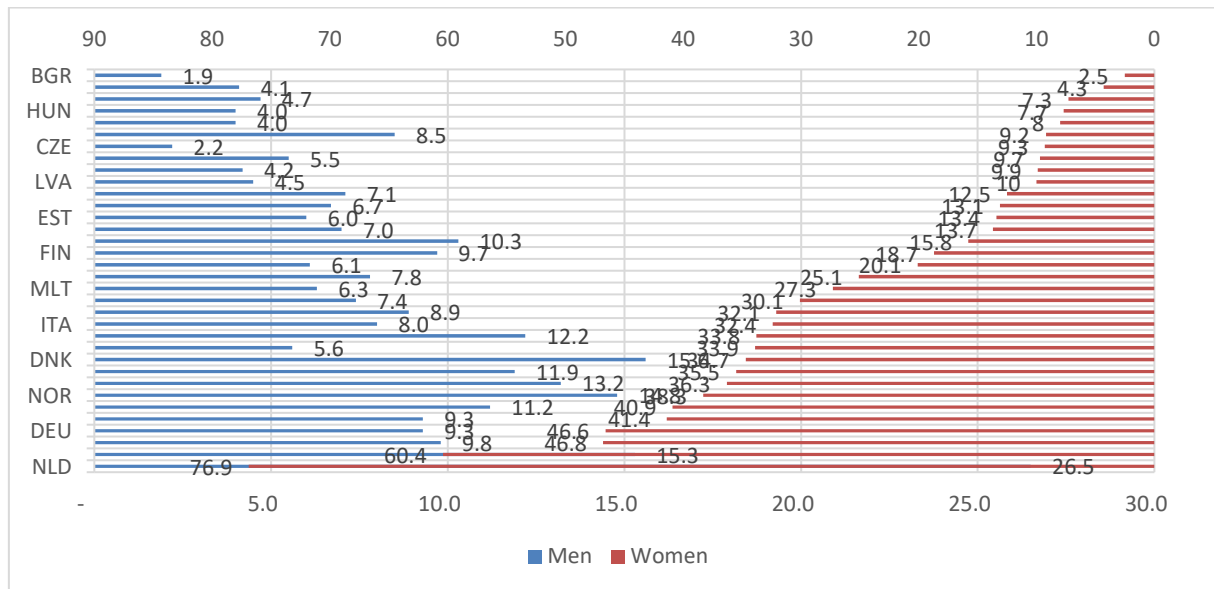
⁵ 'Prevalence of and Reasons for Sex-Selective Abortions in Armenia' Report, International Center for Human Development, Market Research and Consulting Co. Ltd, Yerevan 2017. The survey covered 1919 ever-pregnant women of reproductive age (15-49) residing in households. The survey data ICHD 2017 mentioned in this analysis concern this group of women.

⁶ Study of the State of Providing Women and Men with Equal Opportunities on Labor Market and Equal Access to Economic Resources, National Institute of Labor and Social Research, RA Ministry of Labor and Social Affairs, Yerevan 2015.

employment is considered relatively stable and normalized and married women much more often work in this sector.

36. Every fifth working married man has temporary job; therefore, their position on the labor market is unstable and vulnerable. It is noteworthy that unmarried women are twice as much engaged in temporary work as compared to the married ones. As compared to married men as well, the percentage of married women with temporary jobs is smaller.⁷
37. Every fifth working person is undocumented worker; this mostly refers to men, especially unmarried ones.⁸
38. Unlike the rates of self-employed men, with 10% and 20% for unmarried and married men, respectively, the rates of self-employed women are much smaller, with 4% and 6% of married and unmarried women, respectively.⁹ Unlike married men twice as much self-employed as unmarried ones, the situation with women is diametrically opposite: married women are about 1.5 times less self-employed than unmarried ones. Hence, marriage, family life and self-employment are fully compatible for men and largely incompatible for women.
39. There is a gender gap in part-time employment as well; this is typical not only of Armenia but European countries as well (Figure 6). Thus, in 2015 the percentage of women and men working part time was 41.7% and 22.7%; therefore, the gender gap between the share of women and men working part time made 19 percentage points.¹⁰ At the same time, about 17% of women and men work irregular or flexible hours, and 13% overtime. While part-time work is given considerable weight in the employment schedule, especially by women, only 8% of employees work part time.¹¹

Figure 6. Share of women's and men's part-time work in general employment in Europe, 2015



Source: Eurostat. ICHD 2017

40. The ICHD data also show that 2 out of every 3 ever-pregnant working women of reproductive age work full-time and about 1/3 part time. Moreover, 11% of women work at home or in the garden, and 89% at institutions/organizations or enterprises.¹²
41. The findings of the studies show that 45% of job seekers wish to work full-time, 23% of respondents seek jobs with any schedule, 19% seek part-time jobs and 12% seek jobs with irregular or flexible hours.¹³

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ RA NSS <http://www.armstat.am>.

¹¹ Study of the State of Providing Women and Men with Equal Opportunities on Labor Market and Equal Access to Economic Resources, National Institute of Labor and Social Research, RA Ministry of Labor and Social Affairs, Yerevan 2015.

¹² 'Prevalence of and Reasons for Sex-Selective Abortions in Armenia' Report, International Center for Human Development, Market Research and Consulting Co. Ltd, Yerevan 2017.

¹³ Study of the State of Providing Women and Men with Equal Opportunities on Labor Market and Equal Access to Economic Resources, National Institute of Labor and Social Research, RA Ministry of Labor and Social Affairs, Yerevan 2015.

42. Moreover, unlike 41% and 30% of unmarried and married men seeking jobs with any schedule, only 14% of unmarried women seek such jobs. 35% of unmarried men and 55% of married men seek full-time employment, whereas 60% and 42% of unmarried and married women, respectively, seek such employment. **Unlike unmarried women with only 18% seeking part-time employment, about 40%, more than twice as many, of married women seek such employment.**¹⁴
43. Part-time employment is given greatest importance by mothers taking care of their child. The survey data suggest that such preference for part-time employment rather results from inadequate child-care options and is indicative of women's limited choice on the labor market.
44. Hence, the qualitative majority (79%) of mothers of children under 3, 46% of mothers of children aged 4-5 and 53% of mothers of children aged 6-10 years old seek part-time jobs so that they can combine childcare and employment.¹⁵
45. 13% and 11% of unmarried and married men, respectively, combine several jobs. Every tenth unmarried woman and only 7% of married women combine several jobs.¹⁶
46. While every third worker wants to change his/her job primarily for low wages, only every fifth worker expressed a wish to get another specialty or extra qualifications. Moreover, every third respondent who expressed such a wish is female (about 67%).¹⁷
47. As a result, the gender gap is also clearly reflected in the average monthly earnings of men and women. Unlike most men, irrespective of their marital status, with remuneration ranging 66.000-120.000 AMD, most women are paid up to 66.000 AMD. In comparison with 31% of unmarried women, 40% of married women, 36% of divorced women and 33% of widows are paid 66.000-120.000 AMD, 24% of unmarried men, 32% of married men and 17% of divorced men are paid 120.000-200.000 AMD. Finally, very few women are paid 200.000-400.000 AMD and the number of women paid 400.000-600.000 AMD is statistically insignificant. At the same time, a small number of married men are paid a remuneration of 600.000 AMD and higher.¹⁸
48. The ICHD's Study (2017) also shows that three out of four women (74%) have no fixed monthly income, 6.3% of the women have a monthly income of 30.000-50.000 AMD and only 4.2% of women have a monthly income of 100.000 AMD and higher. Hence, half of the number of women with income have a monthly income of less than 70.000 and the other half of more than 70.000 AMD (Median = 70.000).¹⁹ The studies also show that there is a direct positive correlation between women's average monthly income and her education, which is significant. Thus, the higher the woman's level of education, the higher her average monthly income.²⁰
49. This situation continues to breed and reinforce the stereotype that man is the family's main breadwinner. This is evidenced by the fact that the absolute majority of job seekers (94%) are married men.²¹
50. The prevalence of such a family, economy and society model based on one-breadwinner model is evidenced by the findings of the ICHD's Study (2017). The main breadwinner in the families of the interviewed women is mostly their husband/partner (71.2%) and only 8.5% of women considered themselves the main breadwinner in their family. Only 2.4% of women said that they equally shared with their husbands/partners the burden of meeting their family needs.²²
51. It is noteworthy that over half of the surveyed women (52%) noted that decisions regarding how the money earned should be spent were made jointly with their husbands/partners, while 38% made that decision themselves. 6% of women earning income take no part in the decisions on spending the money earned: in

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ 'Prevalence of and Reasons for Sex-Selective Abortions in Armenia' Report, International Center for Human Development, Market Research and Consulting Co. Ltd, Yerevan 2017.

²⁰ Ibid.

²¹ Study of the State of Providing Women and Men with Equal Opportunities on Labor Market and Equal Access to Economic Resources, National Institute of Labor and Social Research, RA Ministry of Labor and Social Affairs, Yerevan 2015.

²² 'Prevalence of and Reasons for Sex-Selective Abortions in Armenia' Report, International Center for Human Development, Market Research and Consulting Co. Ltd, Yerevan 2017.

their families, such decisions are made by their husband/partner (3%), father-in-law (1%), mother-in-law (1%) or other family members (1%).²³

52. The study data above clearly reflect the strong correlation between women's labor force participation and family life, including taking care of children in their early childhood.
53. Thus, half of ever-pregnant women of reproductive age (50.7%) expressed their wish to work after their child reached 3 years old, 29.5% after their child reached 6 months and 11.4% immediately after childbirth. The families of the absolute majority of such women (93%) were positive about their wish to return to work and families of only 7% were against it.²⁴
54. 7.9% of women did not wish to work any longer after childbirth. It is noteworthy that over one third of them (34.9%) have tertiary education.²⁵
55. The findings of the NILSR study (2015) as well come to show that one of the root causes underlying the unemployment is the limited option to combine work and childcare. Thus, while both women and men consider the root cause of their unemployment the difficulty to find a job (56% of the respondents), every fifth non-working woman is mostly obstructed in her employment by childcare or her husband or other family members who are against her employment.²⁶
56. However, non-working married women are obstructed in their employment not only due to childcare, but also due to having no or inadequate experience and qualifications required for employment.
57. It is noteworthy that unlike unmarried men who mention among the root causes of their unemployment that they cannot find a job (61%) or are still studying (20%) and married men who say that they cannot find a job (84%), unmarried and married women mention qualitatively different causes. Thus, 54% of non-working unmarried women and 51% of married women mention their inability to find a job as the root cause of their unemployment. Whereas, unlike 42% of non-working unmarried women stating that they do not work because of studying and 5% because their family members are against their employment, 28% of married women consider childcare (28%) and their husband who are against their employment (19%) the root cause of their unemployment.²⁷
58. Hence, almost half of non-working married women (47%) consider childcare and their husband's negative attitude to their employment as the root causes of their unemployment; moreover, the both causes are in fact directly related to the one-breadwinner family model.
59. Women's employment is further hindered by the need to take care of their children and the limited childcare options.
60. Thus, the qualitative majority (83%) of non-working mothers with children under 3 years old mention as the root cause of their unemployment the need to take care of their children, 24% say they cannot find a job, 7% say that their husband is against their employment and only 6% do not want to work.
61. Almost a similar percentage (29%) of non-working mothers of children aged 4-5 years old say they do not work as they cannot find a job, whereas the need to take care of pre-school children hinders only 51% of mothers. At the same time, the percentage of non-working mothers of children aged 4-5 linking the root cause of their unemployment to their husbands who are against their employment is increasing rapidly (23%). The percentage of women in this group who do not wish to work makes 16%.
62. Finally, only 26% of non-working mothers of young school-age children (6-10 years old) mention the need to take care of their children as a cause of their unemployment. Non-working mothers of children in this age group who do not wish to work make only 7% and only 13% of women mention that their husbands are against their employment, whereas 51% of women say they cannot find a job.²⁸
63. In fact, husbands of women with children under 3 years old are "not that much against" their employment; every fourth non-working mother in this category cannot find a job, but young mothers mostly cannot work due to the need to take care of their children. The burden of care for mothers of children aged 4-5 is significantly reduced and only every second non-working mother in this category considers childcare as a cause of her unemployment, but husbands of women with children in this age group are more reluctant to their employment and still some women do not want to work. Finally, three out of four mothers of young

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Study of the State of Providing Women and Men with Equal Opportunities on Labor Market and Equal Access to Economic Resources, National Institute of Labor and Social Research, RA Ministry of Labor and Social Affairs, Yerevan 2015.

²⁷ Ibid.

²⁸ Ibid.

school-age children want to work and do not consider childcare an obstacle in their employment and in 93% of cases their husbands do not obstruct their employment, but women that stay out of the labor market for years lose their qualification and half of the number of women in this category do not work because they cannot find a job (Table 3).

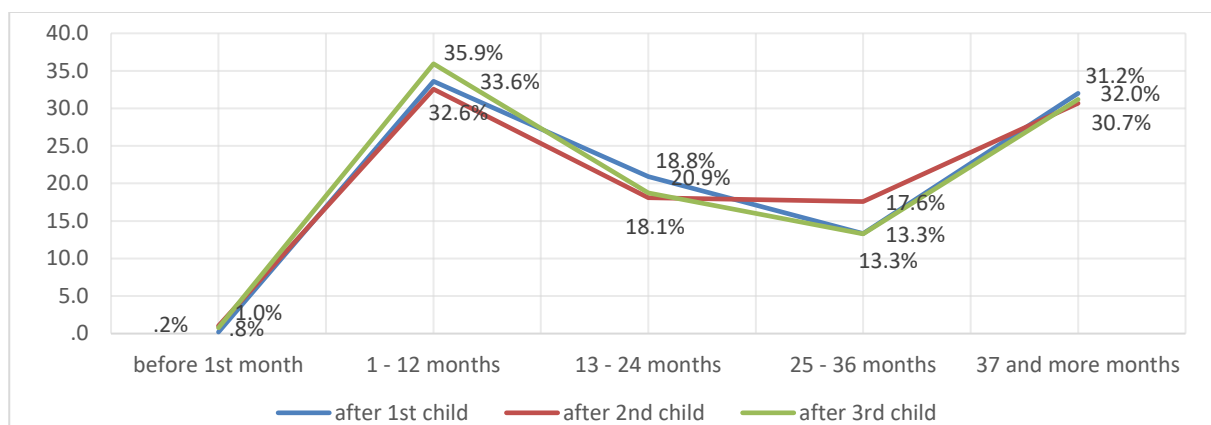
Table 3. Causes of unemployment of non-working mothers

	Mothers of children under 3 years old	Mothers of children aged 4-5	Mothers of children aged 6-10
I take care of my child.	83%	51%	26%
I cannot find a job.	24%	29%	51%
My husband is against my employment.	7%	23%	13%
I do not want to work.	6%	16%	7%

Source: RA NILSR 2015

64. The above findings are also illustrated by the fact that 52% of unmarried and only 27% of married male job-seekers, respectively, were denied employment for lack of adequate qualifications. For women, the picture is diametrically opposite: 30% of unmarried women and almost half of the number of married women (46%) were denied employment for lack of adequate qualifications.²⁹
65. The employment denials to non-working mothers place a greater stress on the issue of poor competitiveness of women due to staying out of the labor market to care for their children. Thus, unlike job-seeking mothers of children under 3 denied employment for lack of adequate knowledge, work experience or diploma making 56%, the percentage of mothers of children aged 6-10 denied employment for lack of qualifications amounts to 63%.
66. Family life is also the root cause for married women to leave their jobs, according to every fourth non-working woman (26%). It is also noteworthy that 23% of unmarried men and 42% of unmarried women mentioned unsuitable work schedules among the causes of leaving their previous jobs. At the same time, 20% of unmarried men and almost a same percentage of unmarried women (26%) left their jobs because of low salaries. Every fifth unmarried woman considered infringements on rights as the root cause of leaving a job.³⁰
67. Overall, more than half of the percentage of interviewed women (52.2%) returned to their previous jobs after childbirth without any difficulties and 30% found a new job. Only 0.4% of them could not return to their previous jobs or find a new job.³¹
68. It is also noteworthy that after childbirth, 0.2-1% of the surveyed women returned to work almost immediately, 32.6-35.9% - within 1-12 months, 18.1-20.9% - within 13-24 months and the rest 30.7-32% - after 3 and more years (Figure 7). Moreover, most women giving birth to their first, second or third child return to work within the first year after childbirth and as for the number of the women who return to work in subsequent years, it decreases gradually.

Figure 7. Return to work after childbirth



Source: ICHD 2017

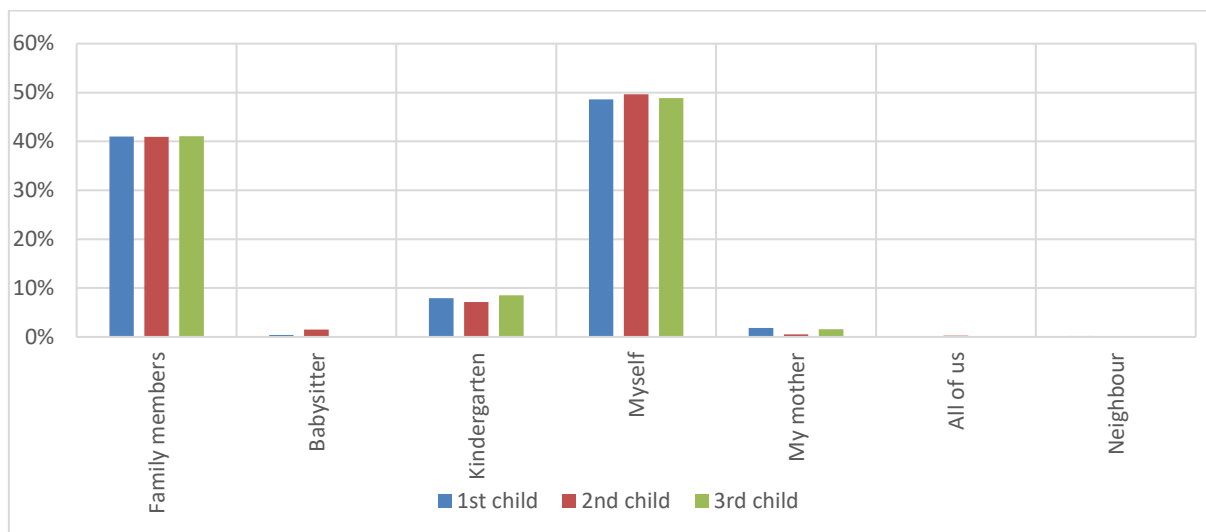
²⁹ Ibid.

³⁰ Ibid.

³¹ 'Prevalence of and Reasons for Sex-Selective Abortions in Armenia' Report, International Center for Human Development, Market Research and Consulting Co. Ltd, Yerevan 2017.

69. After giving birth to their first child, one third of the number of the ever-employed surveyed women either never worked again or returned to work after giving birth to their second or third child.
70. If a woman returns to work after giving birth to her first, second or third child, it is mostly her or her family members who take care of her child in early childhood up to 3 years old (*Figure 8*). At an older age (3-6 years old), the child's care is provided by kindergartens and the mother's burden is lightened whereas her family members continue to take care of the child. At primary school, the burden of child's care continues to reduce as he/she spends some part of the day in care of the school. The family members remain the key actors in school-age children's care as well.³²

Figure 8. Care of working women's children under 3



Source: ICHD 2017

71. It is noteworthy that only 1.2% of women use baby-sitter's services and baby-sitter's monthly fees range from 4.000 to 150.000 AMD.³³
72. The analysis of the qualitative research methods above complements the findings detected by the quantitative methods. *Annex 1* to the Report sums up a number of significant observations made during the study.

5.2. Importance of early childhood care and development for children

73. Numerous studies show the importance of child's comprehensive development in early childhood and the role of education in ensuring such development.³⁴ Preschool age is the period in a children's development when they develop their spiritual, mental and physical qualities of a citizen. It is the stage of their general development unlike the following stages when the development is most specifically-oriented.
74. In particular, the early childhood care and development and pre-school education system play a key role in ensuring the normal course of a child's comprehensive development. In many countries, upbringing and education of pre-school children is considered first level of education as children's successful development in early childhood and high-quality pre-school education contribute greatly to their further success in overcoming challenges at all the educational levels and their improved capacities to adapt to the environment and address socialization issues.³⁵
75. The early childhood care and development starts from the fetal formation stage and covers the child's formation, development, health and nutrition. The early childhood stage covers the period from prenatal

³² Ibid.

³³ Ibid.

³⁴ Draft Strategic Program 2016-2025 on Pre-school Education Development, RA MES, 2016.

Scarborough (1998); Lonigan, Schatschneider & Westberg (2008); Lonigan, Burgess & Anthony (2000); Wagner, Torgesen, Rashotte, Hecht, Barker, Burgess, & Garon (1997); Young Lives (2010), Snow, Burns, & Griffin (1998).

³⁵ Ibid.

fetal development phase till child's transfer to primary school from home or early childhood care and development facilities.

76. Early childhood care ensures the child's cognitive, emotional and physical development and socialization. In this regard, importance is given to the coherence of the necessary childcare provided by the family, community and public institutions to promote child's development. The early childhood care and development cover the issues of health, nutrition, education, economy and child's protection and social well-being.
77. Each of the main 3 early childhood stages carries different risks and opportunities.
78. Thus, the stage covering the prenatal period up to 3 years is essential for shaping the trajectory for a child's survival and further development and growth. Studies show that during the first 3 years of life, a child's brain undergoes rapid and complex developments, including critical stages of sensitivity, after which its flexibility declines.³⁶ After the child reaches 3, it is more difficult to reverse his/her slow development.
79. The early childhood age of 3-5 years is a period of group games and intensive learning through discovering new things. To facilitate this stage of child's development, adults should ensure proper response and opportunities to communicate and use active teaching methods, broad teaching programs, various games, educational materials and books.
80. At the pre-school age of 5-6 years old (advanced preschool age group) children get ready to start primary school. At this stage, not only the child's preparedness for school, but also the school's ability to meet the child's needs is essential.
81. The early childhood care and development services ensure the enforcement of the young children's right to development and education and help to achieve their full potential. The childcare facilities mostly known as kindergartens and preschools are the institutions that provide the early childhood education and care for children aged 3-6. Such facilities serve to promote children's general development in line with their age by creating a lively and child-friendly environment.
82. Also, available and accessible childcare services help to ensure equal education opportunities starting from a very early age. Quality childcare services provide an opportunity to bring up more capable, productive and active citizens.
83. Investments in early childhood development and pre-school education are of a great economic significance and have a long-term fundamental impact on societal and economic development. Thus, investments in the quality early childhood care and development services may provide a return of around 15-17%.³⁷
84. The early childhood care and development facilities teach the parents and caregivers how to raise healthy children, promote their intellectual development and develop their full potential and possibilities. The childcare services make it possible for the parents to receive the support of relevant qualified professionals and use the options to take new approaches to promote child's development.
85. Such services contribute to increased family income and make it possible for parents, especially mothers, to return to work or studies or find more time for other family members.
86. Children's enrollment in early childhood care and development childcare facilities promotes development of their communication and social interaction skills and positive behavior as well as self-knowledge through enhancing their identity, confidence and independence. Such services also help children to get used to a certain daily routine and develop primary literacy and arithmetic skills. The early childhood care and development programs often cover game-based learning methods in a funny and developing environment and promote the child's capacity for successful and smooth start of primary school.
87. Early childhood care and development services also have a positive impact on the community and the public at large as they also promote lower levels of violence, poverty, anti-social behavior and crimes. In addition, such services also contribute to greater gender and social equality. In this regard, the policy targeting the most vulnerable social groups may have an especially significant impact on poverty reduction and improved welfare.

³⁶ Draft Concept on Inclusive Early Childhood Care and Development System in Armenia, (2016), Save the Children, p. 7.

Scarborough (1998); Lonigan, Schatschneider & Westberg (2008); Lonigan, Burgess & Anthony (2000); Wagner, Torgesen, Rashotte, Hecht, Barker, Burgess, & Garon (1997); Young Lives (2010), Snow, Burns, & Griffin (1998).

³⁷ The Heckman Equation. www.heckmanequation.org.

88. The early years of a child's life have a significant impact on his/her further health, development, education and well-being. Children who get care and education in their early childhood show better academic progress and behavior and continue their studies at higher levels of the educational system.³⁸
89. The above considerations are equally applicable to children with disabilities. Furthermore, quality care and education services also promote their socialization, communication and play skills from an early age. Socialization from an early age is important especially for the children in this group in the context of the current transition to universal inclusive education.
90. Children's enrolment in childcare services at an early age may stimulate and promote early intervention. Such services make it possible for all the children to interact with both peers and adults from an early age.
91. The Study of Early Child Care of the United States National Institute of Child Health and Human Development shows that there is a certain linkage between the mother's full-time employment in the first 12 months of the child's life and the significantly low indicators of child's cognitive development at the age of 3 and 4.5 years and in the first form. This holds true for white-skin children of non-Hispanic (non-Latino) origin, whereas a small group of children of African-American origin show no such pattern.
92. As compared with first-year maternal full-time employment, the part-time employment does not result in any similar significantly negative effects. The maternal employment in the second and third years of the child's life has no linkage with the child's cognitive development results.
93. Mothers working full-time in their child's 1st year have higher income than those working part-time or non-working mothers. At the same time, mothers working part time or full time more often enroll their children under 3 and 4.5 years in childcare facilities offering services of higher quality and therefore their children spend more time at childcare centers before they reach 4.5 years as compared to children in the families where mothers did not work at all in the first year of their child's life.
94. In the first year of the child's life, mother's employment generally has a neutral impact on the child's cognitive development. The significantly negative impact of mothers' full-time employment is compensated by a considerable indirect positive influence at childcare facilities and mothers' high sensitivity to their children under 4.5 years old.³⁹
95. In general, the early childhood care and development services may have a significantly positive effect on the demographic situation and trends as well as prevent the emigration of young families and promote extended opportunities for reproductive decision-making.

³⁸ Draft Concept on Inclusive Early Childhood Care and Development System in Armenia, (2016), Save the Children, p. 7. Scarborough (1998); Lonigan, Schatschneider & Westberg (2008); Lonigan, Burgess & Anthony (2000); Wagner, Torgesen, Rashotte, Hecht, Barker, Burgess, & Garon (1997); Young Lives (2010), Snow, Burns, & Griffin (1998):

³⁹ See Brooks-Gunn, Jeanne; Han etc. (2010) First-year maternal employment and child development in the first 7 years.

6. International experience in childcare services for children under 3 years old

6.1. Social, political, economic and cultural context of public policy aimed at early childhood care and development

96. When analyzing the international experience in childcare services for children under 3 years of age, great importance is attached to the social, political, economic and cultural context of the countries under consideration since it is this context that largely determines the applicability to Armenia of the successful models and lessons learned in different countries.
97. In the above context, the analysis of the experience in childcare services for children under 3 in Europe, North America and Australia highlights the 3 groups of states below:
- **social democracy** states where social welfare policy provisions are not directly dependent on employment and are universally accessible (e.g. Northern European countries);
 - **conservative welfare** states where social guarantees are mostly dependent on employment (expectations for social assistance usually requires certain employment) and the nature of specialty and income (e.g. a number of Southern European countries);
 - **liberal welfare** states where social guarantees are mostly need-based but not universally accessible (e.g. English-speaking countries).
98. Almost in all the countries, the childcare issues aim to ensure further development of the child, promote women's participation in the labor market and reduce the current conflicts between fertility rate and employment that may be avoided. To resolve the above issues, some countries use the 3 main tools below and their different combinations: **early childhood care and development services, maternity and parental leave**, and **childcare and family allowances**. At the same time, there are significant contextual differences among the above 3 groups of states in terms of work-family reconciliation policies and key actors.
99. Hence, in **social democracy** countries, the state assumes the main burden of social reproduction; welfare development and fostering gender equality are recognized as the primary goal of such policy. There are significant child-centered public programs to lighten the women's burden and facilitate their participation in the labor market.
100. Thus, **in France**, children under 3 are enrolled in the pre-school arrangements, namely nurseries (*crèches* or *écoles maternelles*). The state also supports families in using the services of a family day care provider or in-home caregiver. Women expecting their first child are entitled to a paid maternity leave (*congé de maternité*) of up to 16 weeks (6 weeks before childbirth and 10 weeks after childbirth). As for the second and subsequent childbirths, the maternity leave lasts 26 weeks (8 weeks before childbirth and 18 weeks after childbirth). Fathers get a paid paternity leave (*congé de paternité*) of 11 days.
101. In France, families get a flat-rate monthly child and family allowance paid until the child reaches the age of 3 (*Allocation Parentale d'Éducation* (APE)). The allowance is paid to parents of 3 or more children who have worked for at least 2 years in the past 3 years to partially compensate for loss of income during parental leave.
102. In France, there are also safeguards for compensating, viz. paying the cost of childcare when parents employ a childminder or a nanny in their home (*Allocation de garde d'enfant à domicile* (AGED) and *L'aide pour l'emploi d'une assistante maternelle agréée* (AFEAMA)).⁴⁰
103. In Germany, the lack of full-fledged childcare arrangements as well as social attitudes to working mothers often forces women to decide between motherhood and employment. In Germany, mother and father are entitled to a parental leave of up to 3 years and may choose either to stop working at all to take care of their child or work part-time. Furthermore, parents may divide the duration of the parental leave and defer some part of it till the child reaches the age of 8. Also, during their parental leave, parents are legally guaranteed the right to return to their work.
104. **In Germany**, child-raising allowance is provided as financial support for parents working less than 30 hours per week. The parents can choose between €300 monthly from birth until the second birthday of the child

⁴⁰ Marie-Thérèse Letablier. Fertility and Family Policies in France.

or €450 until the first birthday. The entitlement to the child-raising allowance is restricted by income limits. Parents with children aged 15-36 months using no other publicly subsidized childcare receive support in form of benefit *Betreuungsgeld* (since October 2013). It promotes fathers' involvement in childcare; if parents divide the childcare time, they have a chance to extend the allowance period.⁴¹

105. As compared to other European countries, **in Scandinavian countries** (Northern Europe) women have bigger opportunities to earn and care for their children and do not have to choose either or. This mostly contributes to the relatively higher fertility rate in these countries. Another peculiarity of Nordic family-friendly schemes in public policies is the coverage of publicly provided childcare services. Thus, high quality and publicly subsidized childcare has a direct positive effect on women's position in the labor market.⁴²
106. Maternity and parental leave policy in Nordic countries has a history of more than 100 years. *Table 4* covers the main features of parental leave and maternity and parental benefits.

Table 4. Childcare services, maternity and parental leave, maternity and parental benefits in Sweden, Denmark and Norway⁴³

	Sweden	Denmark	Norway
Maternity and parental leave	<p>The right to 4 weeks of unpaid maternity leave was introduced as early as in 1901; Sweden was also the first country in the world to introduce parental leave.</p> <p>Since 2002, parents are entitled to 480 days of paid parental leave. Each parent is allocated 60 days on a quota basis so that the mother and father each have 60 earmarked days. The remaining days are also equally divided between the parents but they can transfer the rights to each other.</p> <p>The compensation level is 80% of the previous salary for one year after the birth of the child.</p>	<p>Paid parental leave of 52 weeks</p> <p>The mother is entitled to 4 weeks before birth and 14 weeks of maternity leave after the birth of the child.</p> <p>And the father is entitled to 2 weeks paternity leave within the same period.</p> <p>The parents can decide by themselves on the rest leave of 32 weeks.</p> <p>The compensation is estimated in accordance with previous salaries and work hours.</p>	<p>Since 1993, parents are entitled to parental leave for a total of 42 weeks with a 100% wage replacement. Upon parents' request, a time-account scheme is provided along with unpaid leave.</p> <p>Parents are entitled to an unpaid parental leave till the child reaches the age of 3.</p> <p>By negotiation with their employer, parents may reduce their working hours, and the parental benefit may be collected till the child reaches the age of 3.</p>
Maternity and parental benefits	<p>Every family with a child receives economic support through a non-taxable benefit.</p> <p>For the 3rd, 4th, 5th, 6th and any subsequent child, supplements of 50%, 190%, 240% and 160% respectively, are added to the parental benefit.</p>		<p>Cash-for-Care Coverage</p> <p>Parents of children aged 1-2 not using any subsidized childcare service either receive cash benefit or pay reduced fee if their child is enrolled in a part-time day-care service.</p> <p>The scheme aims to encourage parents to spend more time with their children, ensure flexibility of work and childcare and distribution of public transfers more equally between the users and non-users of subsidized care services.</p>

107. **In conservative welfare states**, corporatist agreements sometimes provide for specific provisions to support social reproduction, but childcare is primarily family responsibility and the mother and child-centered programs aim to support women as care providers.
108. **In Southern European countries**, Italy, Spain, and Portugal, childcare services are provided by both the public and the private sectors. Moreover, the average quality of the state-provided childcare services is high due to staff qualification and parents pay only some part of the real cost of these services. However, public

⁴¹ Kai-Uwe Müller and Katharina Wrohlich. Two steps forward – one step back? Evaluating contradicting child care policies in Germany.

Jeanne Fagnani e Antoine Math. Recent reforms in French and German family policies. Similar challenges, different responses.

Claudia Peus. Work-Family Balance? The Case of Germany.

Sigrid Leitner. Germany outpaces Austria in childcare policy: the historical contingencies of 'conservative' childcare policy.

⁴² Guðný Björk Eydal Tine Rostgaard. Nordic childcare policies: Children, parents and politics. Paper to be presented at the Mid-term conference of NCoE Welfare REASSESS, Oslo. May. 18-20 2009.

⁴³ Ibid.

Danish National Institute of Social Research and IZA Bonn. Nina Smith Aarhus. Mette Verner Aarhus School of Business. Discussion Paper No. 2014 March 2006.

childcare services for children under 3 are very limited either in Spain and Italy and the enrollment rates are merely 5-6% of children of that age group. As a result, parents often had to resort to the services of non-formal networks.

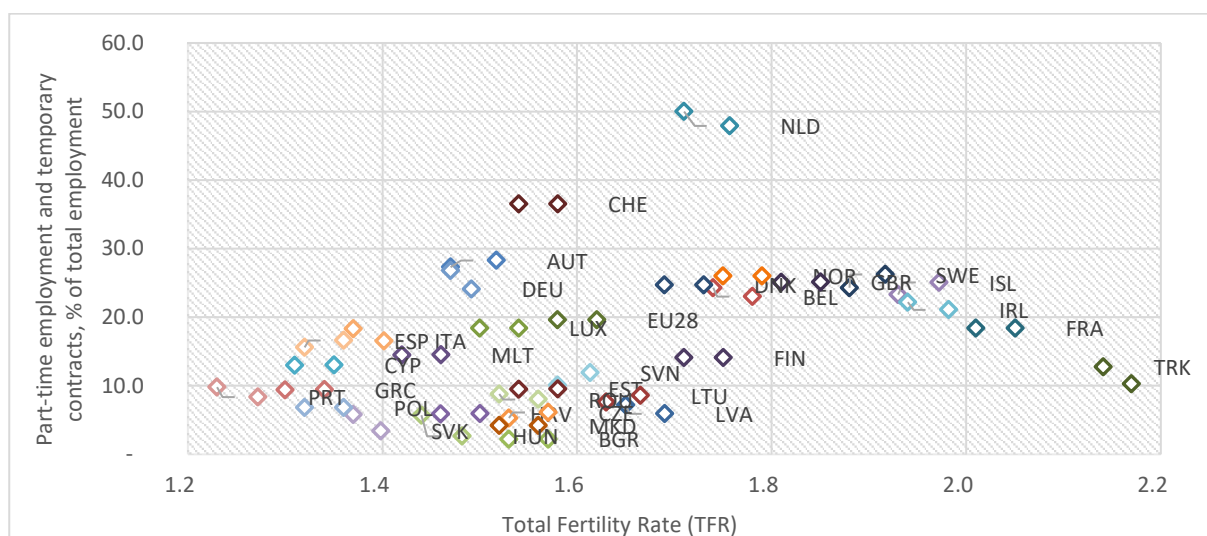
109. Generally, the states in Southern Europe provide short optional maternity leave and very limited part-time options; therefore, women mostly do not have the option to use childcare and have to rely on family support.
110. The Southern Europe countries usually offer tax relief mechanisms based on birth of a child and parental responsibilities. However, nowadays such support has reduced substantially due to the economic crisis.
111. Hence, there are general benefits to support large families with 3 and more children. There are a series of privileges of passenger fares, reduced tuition fees as well as scholarships and involvement in public housing programs.⁴⁴
112. *Table 5* sums up the peculiarities of maternity and parental leave in Southern European countries.

Table 5. Maternity and parental leave in Spain, Portugal and Italy

Spain	Portugal	Italy
<p>Women are granted 16 weeks of fully paid maternity leave (starting from 1989) and this period was expanded to 18 weeks (starting from 2007) for mothers of children with disabilities and 2 or more children.</p> <p>Mothers are obliged to take at least 6 weeks' leave following the birth, while the remaining 10 weeks can be taken by either the mother or the father.</p> <p>Parents who take leave till their child reaches 3 are legally guaranteed the right to return to their work.</p>	<p>Mothers are granted a paid leave of 120 days; moreover, parents may divide between each other the length of the leave, except for the first 6 weeks.</p> <p>Fathers are granted a paid paternal leave of 5 days (15 more days, if necessary) as well as an unpaid parental leave of 3 months after the maternity leave.</p>	<p>Working women are granted a compulsory maternity leave of 5 months (2 months before childbirth and 3 months after childbirth). Mothers who are hired employees are paid each month of the leave 80 percent of their basic wage.</p> <p>During the year following childbirth, working mothers have a right to take a 6-month parental leave with a payment of 30% of their regular monthly income.</p>

113. In **liberal welfare states**, social reproduction is primarily viewed as a right of choice and therefore is considered the sole responsibility of the family. In such countries, the state supports only extremely disadvantaged families and it is expected that the mother assumes the main responsibility for taking care of her child and the father that of earning a living. Hence, in Anglo-Saxon countries, including **Great Britain, USA** and **Australia**, childcare has been traditionally considered a highly private matter and choice of parents and there are state programs only for the poor and disadvantaged families. In the absence of parental care leave, many mothers have less choice: they can choose between the part-time employment together with a private child care or leave the labor market. (*Figures 9 and 10*).

Figure 9. Part-time employment, temporary contracts and total fertility rate in Europe 2015

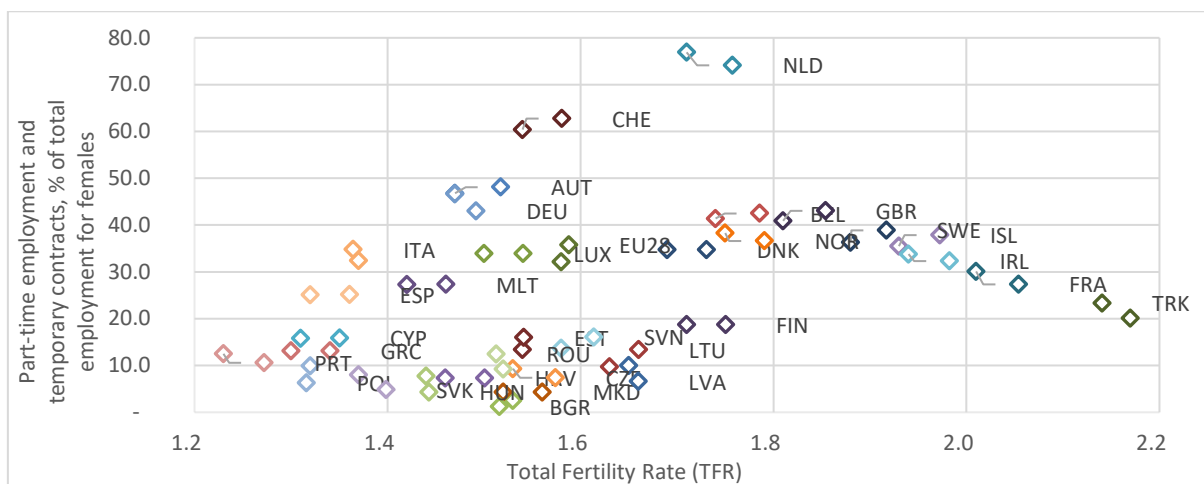


Source: Eurostat: ICHD 2017

⁴⁴ Pau Miret-Gamundi, Centre for Demographic Studies, Barcelona. Rocío Treviño, Centre for Demographic Studies, Barcelona. Pilar Zuera, Centre for Demographic Studies, Barcelona. Family Policies: Spain.

Hachiro Nishioka. Low Fertility and Family Policies in Southern European Countries.

Figure 10. Part-time employment and temporary contracts for females, and total fertility rate in Europe 2015



Source: Eurostat: ICHD 2017

114. *Table 6* sums up the main features of childcare services, maternity and parental leave and maternity and childcare benefits in United Kingdom, United States and Australia.

Table 6. Childcare services, maternity and parental leave and maternity and childcare benefits in United Kingdom, United States and Australia

	United Kingdom	United States	Australia
Childcare services ⁴⁵	<p>Availability of part-time employment has a positive effect on women's labor market participation and decision to have children.</p> <p>Part-time jobs are often found in the sector requiring low qualification which has a negative impact on women's professional career.</p>	<p>Childcare is relatively cheap and plentiful, but largely privately delivered and governed by varying state and local, rather than national, standards.</p>	<p>Government support for for-profit childcare has led to more expensive childcare and the increased presence of child care corporations.</p> <p>In 1988, tax deductions were granted to private child care services and in 1991, the government extended parental subsidies to the users of for-profit childcare centers.</p>
Maternity and parental leave ⁴⁶	<p>In 2003 maternity leave was extended from 18 weeks to 26 weeks.</p> <p>Men who have worked continuously for the same employers are granted a paid 2-week paternal leave.</p>	<p>Maternity leave is provided for under the Family and Medical Leave Act (1993) with a very limited coverage: an unpaid 12-week leave is granted to women employed full-time at companies with 50 and more employees.</p>	<p>There are no legislative provisions on the right to paid maternity leave.</p>

⁴⁵ Linda A. White. The United States in Comparative Perspective: Maternity and Parental Leave and Child Care Benefits Trends in Liberal Welfare States.

Linda A. White. Explaining Differences in Child Care Policy Development in France and the USA: Norms, Frames, Programmatic Ideas.

⁴⁶ Plantenga J., Remery C., Siegel M. and Sementini L. Childcare services in 25 European Union Member-States: The Barcelona Targets Revisited. 2005.

Tracey Warren, Elizabeth Fox and Gillian Pascall. Innovative Social Policies: Implications for Work-life Balance among Low-waged Women in England.

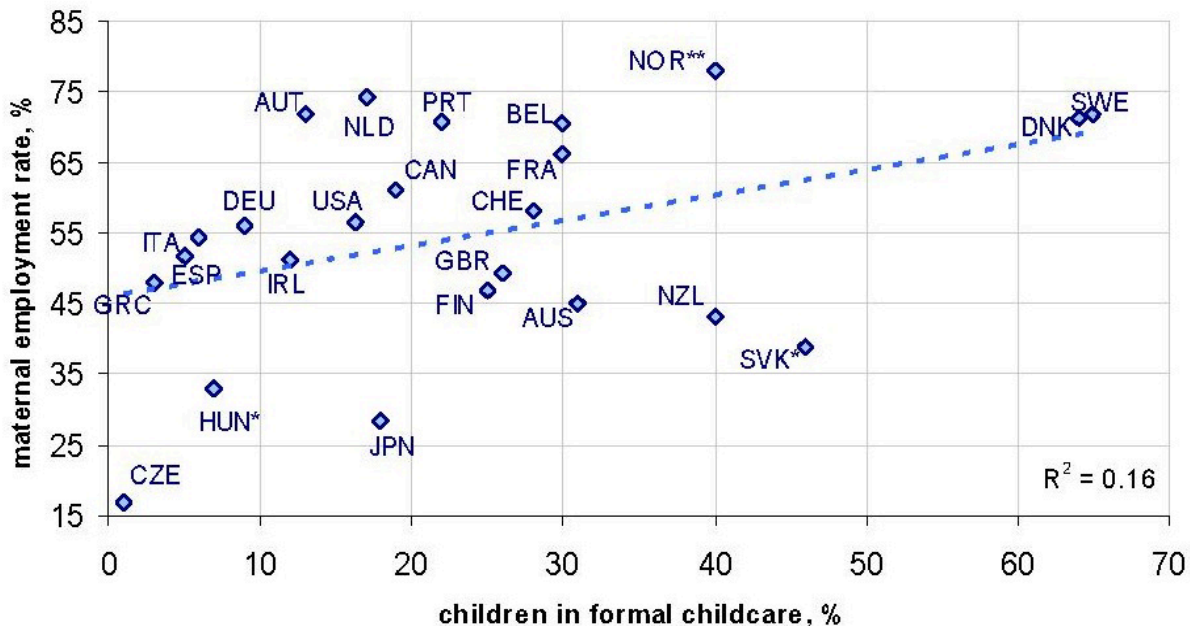
Sevil Suermer, Janet Smithson, Maria das Dores Guerreiro, Lise Granlund. Becoming working mothers: reconciling work and family at three particular workplaces in Norway, the UK and Portugal.

Peter Haan, Katharina Wrohlich. Can Child Care Policy Encourage Employment and Fertility? Evidence from a Structural Model.

Maternity and childcare benefits⁴⁷	<p>There is a statutory compensation of ninety percent of a woman's average weekly earnings for the first six weeks, with a flat rate of around €100 for twenty weeks that is approximately thirty percent of the average wage.</p> <p>Maternal employment remains weak, with high levels of mothers in part-time employment.</p>	<p>Various financial instruments are applied to encourage women's employment and fertility:</p> <ul style="list-style-type: none"> - Income Tax Credit (EITC) in US - The Working Tax Credit (WTC) in United Kingdom 	<p>Since 1996, a lump-sum maternity payment has been paid to assist families with the costs of birth or adoption of a new child, based on the family's prior income. The government also provides a maternity allowance, equivalent to about one week's wages.</p> <p>Low-income families may also be eligible for Family Tax Benefits that help to meet the costs of birth of a child.</p>
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115. The European Union member states have the public policy on childcare arrangements on their public agenda for a number of sound reasons. First, convenient, affordable and quality care services contribute to work-family reconciliation and foster women's participation in the labor market. Formal childcare facilities for children under 3 may also provide an important answer to declining fertility rates. Finally, it is obvious that childcare services may also contribute to child development and social integration (*Figure 11*).

Figure 11. Formal childcare use rate and maternal employment in Europe



Source: Childcare use: Table 2.1; Employment rates; Labor Force Survey data; OECD (204); Society at a Glance; IECD, Babies and Bosses, various Issues

6.2. Availability, accessibility and quality of childcare

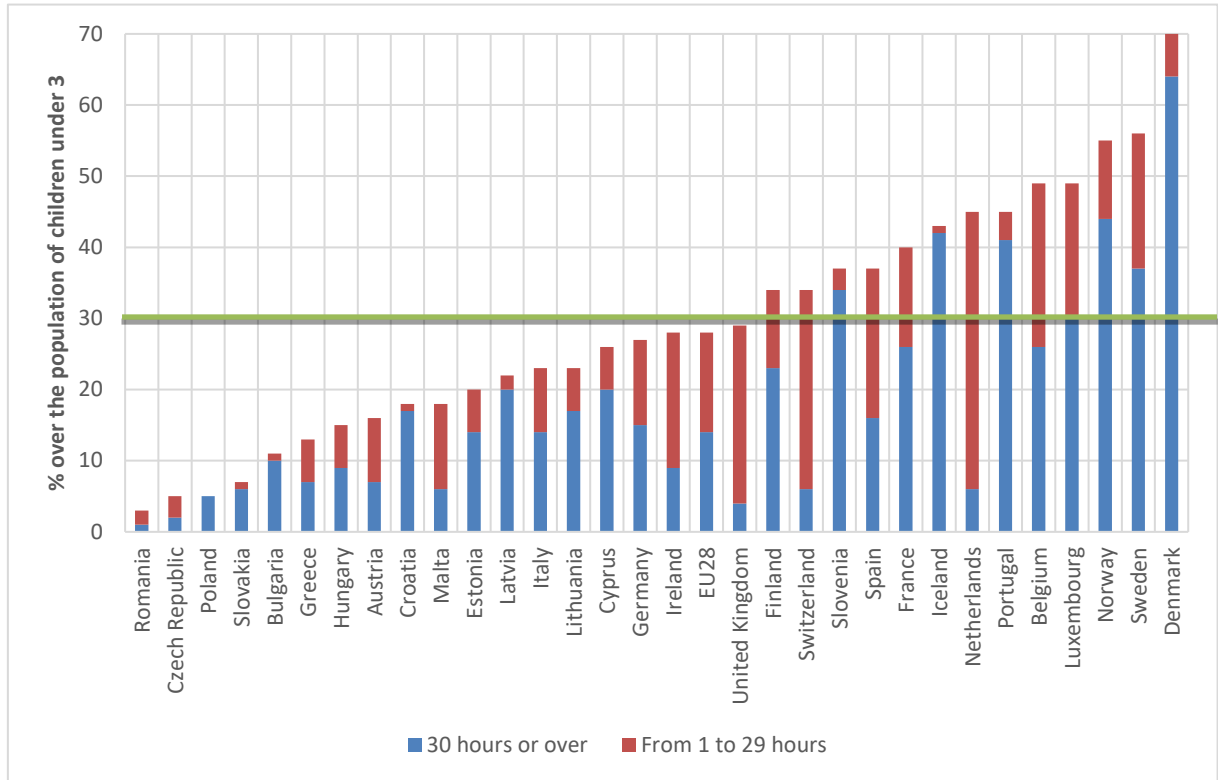
116. At the Barcelona European Council of 2002, some targets were set with regard to the provision of childcare services.⁴⁸ The member states undertook to remove disincentives to female labor force participation and provide formal childcare by 2010 to at least 33% of children under 3 years of age. Yet, in 2010 only 10 states, namely Denmark, Sweden, the Netherlands, France, Spain, Portugal, Slovenia, Belgium, Luxembourg and the UK, and in 2014 only 13 states achieved the target (*Figure 12*).

⁴⁷ Linda A. White. The United States in Comparative Perspective: Maternity and Parental Leave and Child Care Benefits Trends in Liberal Welfare States.

Linda A. White. Explaining Differences in Child Care Policy Development in France and the USA: Norms, Frames, Programmatic Ideas. Peter Haan, Katharina Wrohlich. Can Child Care Policy Encourage Employment and Fertility? Evidence from a Structural Model.

⁴⁸ Barcelona European Council 2002, p. 12.

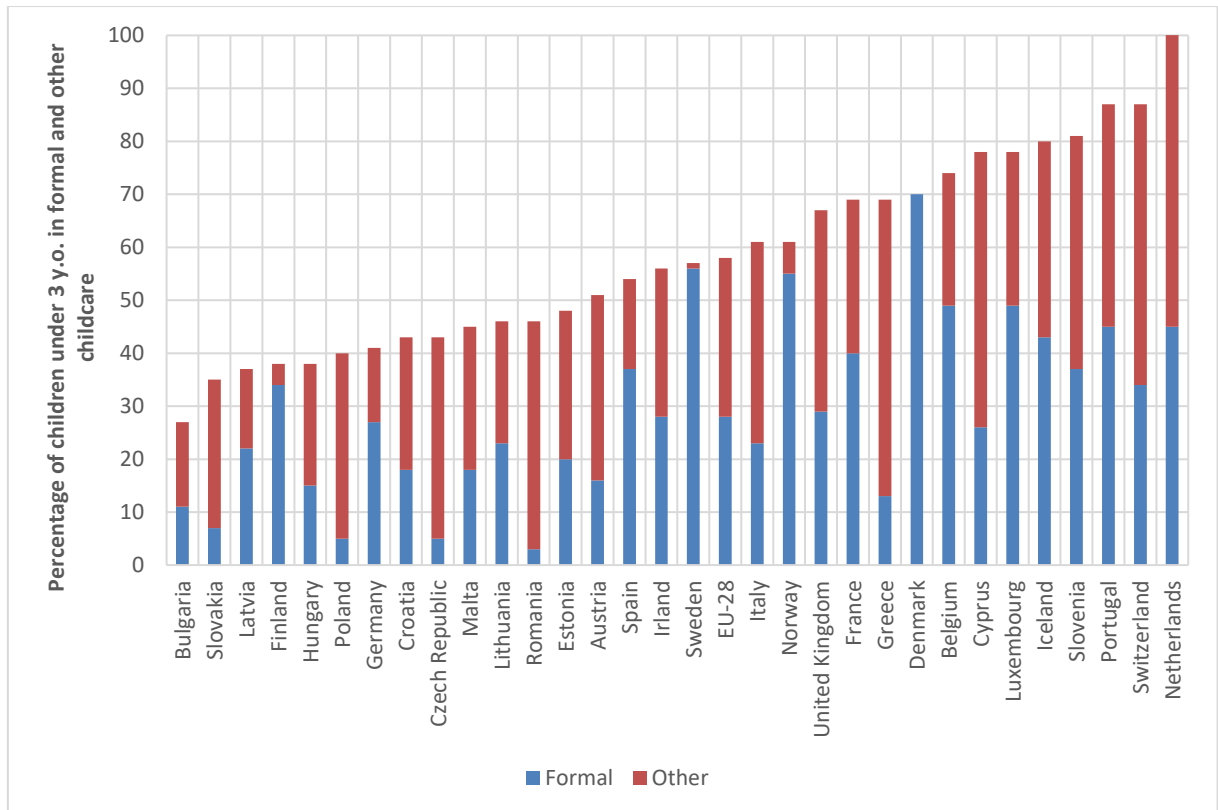
Figure 12. Percentage of children under 3 in formal childcare in EU member states, by service duration, 2014



Source: Eurostat: ICHD 2017

117. It is noteworthy that the percentage of children under 3 in formal and non-formal childcare is over 30% in almost all the states, over 50% in most states and over 70% in nine states (Figure 13).

Figure 13. Percentage of children under 3 in formal and other childcare in EU member states, 2014



Source: Eurostat: ICHD 2017

118. In the past decade, a number of essential studies on childcare services and mothers' labor market participation were conducted and put before the policy-makers.
119. The study results show that childcare availability appears to be a more critical factor than costs for household decisions on childcare and mother's employment, while childcare quality does not seem to have a large effect on such decisions.⁴⁹
120. The studies also suggest that the impact of child care availability and cost is stronger especially for mothers among more disadvantaged backgrounds. Affordable and conveniently located childcare is an important factor promoting labor market participation of mothers in low-income households. Therefore, childcare programs targeting low-income families are more effective.⁵⁰
121. The childcare availability also varies across education levels. Studies carried out in a number of European countries (United Kingdom, Spain, Italy, France, Belgium, the Netherlands) show that childcare availability has a positive effect on the likelihood of employment and such decisions for women at all levels of education, but the effect appears to be stronger for less educated women: increasing childcare availability by 10% increases the probability of working from 53% to 67% for less educated women, and from 79% to 86% for more educated ones.⁵¹
122. Another factor affecting child enrollment in childcare facilities is their accessibility. Cost is still an obstacle for many parents. Formal childcare services for young children are a way for parents to enter and/or remain in the labor market only if they are financially accessible.⁵²
123. 53% of mothers who declare that they do not work or that they work part time consider price to be an obstacle.⁵³
124. The cost of childcare services is a critical factor in parents' decisions and can be viewed as a sort of tax on the mother's salary: the higher the cost of childcare for families, the lower the value of mothers' time in the market.
125. While childcare quality does not seem to have a large effect on most households' decisions, high quality formal childcare services promote children's development and further educational achievements.

6.3. Public policy on early childhood care and development

126. One of the main tools for the development of childcare policies was the creation of early childhood education and care (ECEC) arrangements. As mentioned above, the public policies in EU member states aim to ensure child enrolment in formal child care by guaranteeing children's right to such services.
127. Hence, 8 European countries, namely Denmark, Sweden, Finland, Germany, Norway, Estonia, Malta and Slovenia guarantee a legal right to childcare for each child soon after their birth or immediately after the end of childcare leave. In most of these countries, the entitlement is not phrased in terms of hours of provision, but usually implies a full-time place.⁵⁴
128. In some countries, governments have recently been contributing substantial funds towards the expansion of ECEC infrastructure. For example, in Germany, between 2008 and 2014, over €5 billion was provided to the Federal Lands (Bundesland) to extend ECEC services. At the same time, in Germany, unlike other western states, the number of childcare facilities is limited. Working mothers often have to decide between motherhood and employment. Since there is no full-fledged universal system of childcare arrangements as mentioned above, German women are often forced to decide in favor of a professional career and remain childless or to have children, and in this case, to be limited in access to the labor market⁵⁵

⁴⁹ Daniela Del Boca, The impact of child care costs and availability on mothers' labour supply 2015,

⁵⁰ Del Boca D. "Child care and Mothers' labour supply" IADB 2013.

⁵¹ Aaberge, R., Colombino, U. and Strøm, S. (1999), "Labour supply in Italy: an empirical analysis of joint household decisions with taxes and quantity constraint", *Journal of Applied Econometrics*, 14, 403-22.

⁵² European Commission, Barcelona objectives 2013.

⁵³ Mills et al. 2014, 20 and DICE Database 2015.

⁵⁴ Key Data on Early Childhood Education and Care in Europe 2014.

⁵⁵ Peus Claudia (2006) Work-Family Balance? The Case of Germany. Working Paper MIT Workplace Center Sloan School of Management

129. In France, on the contrary, there is a very advanced system of ECEC arrangements; children under age of three are normally enrolled in the pre-school arrangements (*les écoles maternelles*) and child care (*crèches, écoles maternelles*).⁵⁶ In addition to these institutions, parents can resort to childcare by in-home caregiver under state support.
130. In Southern Europe, namely in Italy, Spain, and Portugal, childcare services for children under 3 are provided by both the public and the private sectors.⁵⁷ The quality of the state-provided childcare services in these countries is high in terms of staff qualifications but quality services are very limited. In addition, states of Southern Europe have no universal ECEC system, guarantees for maternity leave are relatively low and part-time options are limited.
131. As mentioned above, Anglo-Saxon countries have no policies of universal access to ECEC arrangements: public programs mostly target only low-income families.⁵⁸
132. The greatest success in implementing early childhood care policies has been achieved in the Scandinavian countries. In these countries, women have bigger opportunities to earn and care, and do not have to choose either or.⁵⁹ These countries are also distinguished by the availability of publicly provided child care and generous family allowances.

6.4. ECEC regulation and funding

133. In international practices, the ministry of education is the authorized agency responsible for ECEC governance, regulation and funding.⁶⁰
134. Often, the ECEC sector also requires interagency cooperation. For example, in Portugal, the education component of the childcare services policy is supported by the Ministry of Education and Science, and the social component is supported by the Ministry of Solidarity and Social Security.
135. Average monthly fees for childcare are the highest in Ireland, Luxembourg, the United Kingdom and Switzerland. In most of these countries, the private (self-financing) sector predominates for the age group of children under 3.
136. The entire phase of ECEC requires parent contributions in Denmark, Germany, Estonia, Croatia, Slovenia, Iceland and Norway. However, these countries usually offer fee reductions or targeted support for families (through tax relief, allowances, vouchers, etc.) to offset the costs of services.
137. Monthly fees for formal childcare tend to be the lowest in Eastern European countries. For example, in Latvia, Lithuania and Romania, the entire ECEC phase is free; parents only have to pay for a child's meals (around €45 in Latvia, €94 in Lithuania and €60 in Romania). The fees also mostly cover food in Bulgaria and Estonia (where average monthly fees amount to € 50).
138. Introduction of ECEC programs and ensuring high quality formal ECEC services and their accessibility to all children require substantial investment both in public and private sectors (*Figure 14*).
139. Public institutions are mostly owned and operated by public authorities at national/central, regional or local levels. They are not profit-driven but aim to deliver public services to the public at large.

⁵⁶ White Linda A. (2009) The United States in Comparative Perspective: Maternity and Parental Leave and Child Care Benefits Trends in Liberal Welfare States Volume 21 Issue 1 Yale Journal of Law & Feminism.

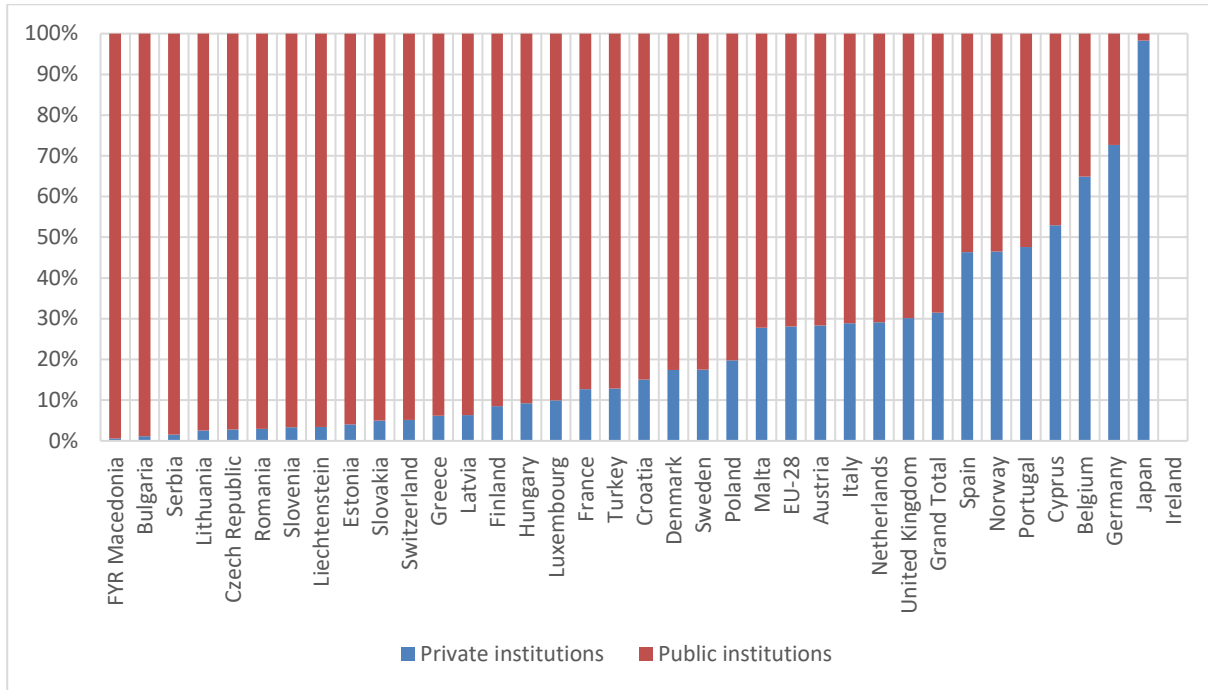
⁵⁷ Miret-Gamundi Pau, Trevino Rocio, Zueras Pilar (2014) Family Policy: Spain PERFAR. Retrieved 25 November 2016.

⁵⁸ Del Boca Daniela, Aaberge Rolf, Colombino Ugo, Ermisch John, Francesconi Marco, Pasqua Silvia and Strøm Steinar (2003) Labour Market Participation of Women and Fertility: the Effect of Social Policies.

⁵⁹ Eydal Guðný Björk, Rostgaard Tine (2009) Nordic childcare policies: Children, parents and politics. Paper to be presented at the Mid-term conference of NCoE Welfare REASSESS, Oslo May 18-20 2009.

⁶⁰ Key Data on Early Childhood Education and Care in Europe 2014.

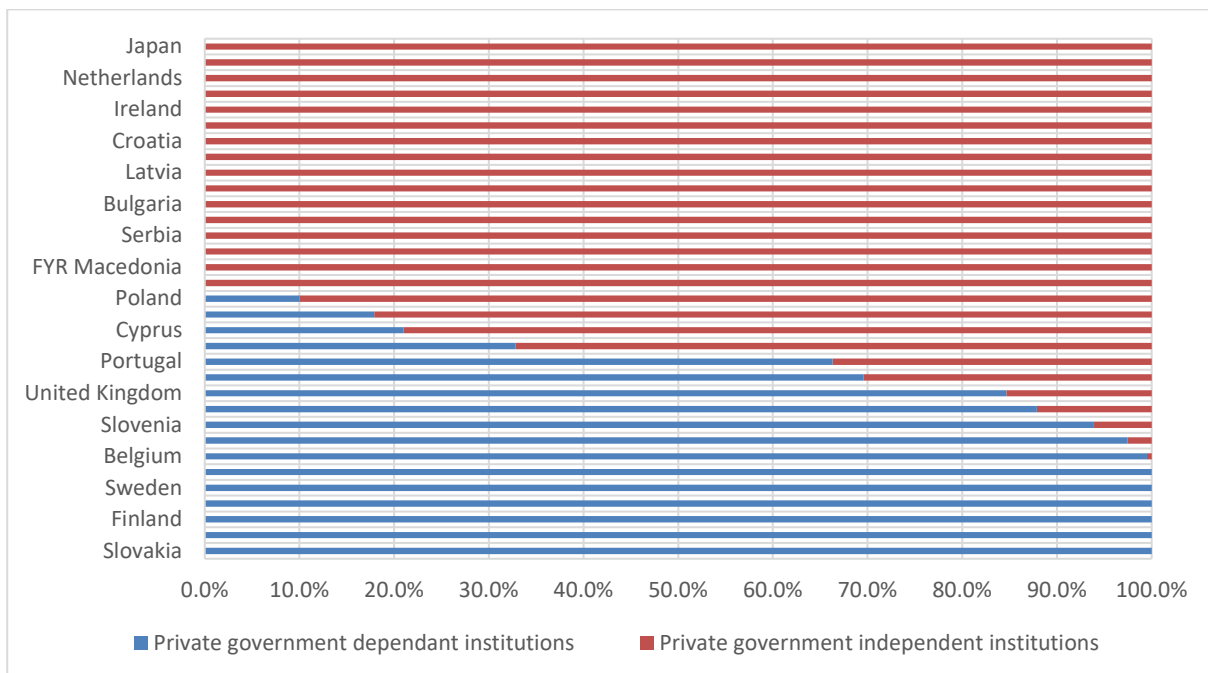
Figure 14. Enrolment in public and private Institutions, 2014



Source: Eurostat: ICHD 2017

- 140. Private institutions may be self-financing – drawing their funds from private sources; or they may be publicly subsidized – receiving some funding from public authorities (*Figure 15*).
- 141. Private institutions may be owned by businesses, which are profit-oriented, or by the voluntary (non-profit) sector which may include charitable organizations.
- 142. The most common pattern for financing ECEC is a combination of central and local funding. In European countries, often a split is made between infrastructure and operational costs which determines the agencies responsible. For example, in Estonia, the central authorities allocate support to local authorities for the maintenance of buildings and the development of the learning environment in ECEC institutions, and operational costs (e.g. management costs, staff remuneration) are partly covered by local authorities and partly by parental fees.

Figure 15. Enrolment in private institutions by the size of public support, 2014



Source: Eurostat: ICHD 2017

143. An important element in ECEC funding is targeted support for parents who incur costs for ECEC. While family allowances exist in almost all European countries, they are generally not linked to ECEC attendance. Normally, they are awarded when a child is born and are paid till he/she reaches school age.
144. Tax relief for families with children under 3 is also widespread almost throughout Europe. Financial support to families is sometimes directly linked with a child's enrolment in an ECEC setting. Such policies aim to encourage attendance by reducing the costs for parents.
145. The most common form of financial support is tax relief. Tax relief allows families to deduct their ECEC costs from their tax liability. However, this type of ECEC funding may not benefit low-income families: they do not earn enough to pay high taxes and therefore the compensation is small too.
146. It is noteworthy that in Germany, Malta, Austria, Portugal, Slovakia and Norway, tax relief is available on fees paid during the entire phase of ECEC.

6.5. Hours and flexibility

147. Another important dimension that impacts child enrolment in formal childcare and women's labor market participation options is the duration and flexibility of childcare services. Such services may cover either the whole working day every day or provide care for only several hours a week.⁶¹
148. Studies show that a longer day enables children to receive more individualized instruction, as well as more time interacting with their peers – both of which can lead to long-term benefits. However, it is to be noted that a longer day of subsidized ECEC implies higher public expenditure.⁶²
149. On average, in EU children under 3 years of age attend ECEC for 26 hours per week. The U.K. stands out with relatively low average weekly hours, namely 14 hours which is less than 3 hours per day. Children spend more than 35 hours per week in ECEC in Bulgaria, Denmark, Slovenia, Estonia, Croatia, Lithuania and Iceland. And the highest rate is considered 40 hours a week as in Latvia, Poland and Portugal (*Figure 12*).
150. In Denmark and Iceland, the social right to childcare seems to translate into a full time coverage rate. A typical Danish day-care unit has opening hours ranging from 6. 30 a. m. to 5. 00 p. m. from Monday to Thursday and to 4. 30 p. m. on Friday. This corresponds to traditional working hours in the trades and industries and offices.
151. In other countries, part-time arrangements are much more common. In Germany, for example, there used to be a heavy emphasis on part-time arrangements.
152. In the Netherlands, childcare services are provided on a full time basis, but the use of the facility maybe limited to a few days per week, reflecting the high level of part-time employment in the country. As a result, only 4% of the children are taken care of in formal arrangements for more than 30 hours per week.
153. In the U.K., employed mothers typically work part time, which corresponds to a high part-time use of childcare services.
154. In Norway, the choice of the number of hours of care has been considered an important policy aim, as part of the general aim of free choice and diversity in childcare services.
155. Flexibility in childcare facilities might refer to opening hours and to flexible use of the facility over the week or during the year. Flexible arrangements are particularly important for mothers working atypical hours (during evenings, nights, weekends, etc.). Opportunities seem, however, rather limited in this respect. Most countries have hardly any centers that offer care at atypical hours.
156. Some of the larger towns in Denmark have a limited number of nurseries and kindergartens that offer care during evening and night hours. Only one or two institutions have given priority to a 24/7 service.
157. More positive examples are provided by Sweden and Finland. In Sweden, night-opening childcare arrangements are offered to parents who work nights and in Finland, childcare is available at times parents need it, including during the night and weekend.

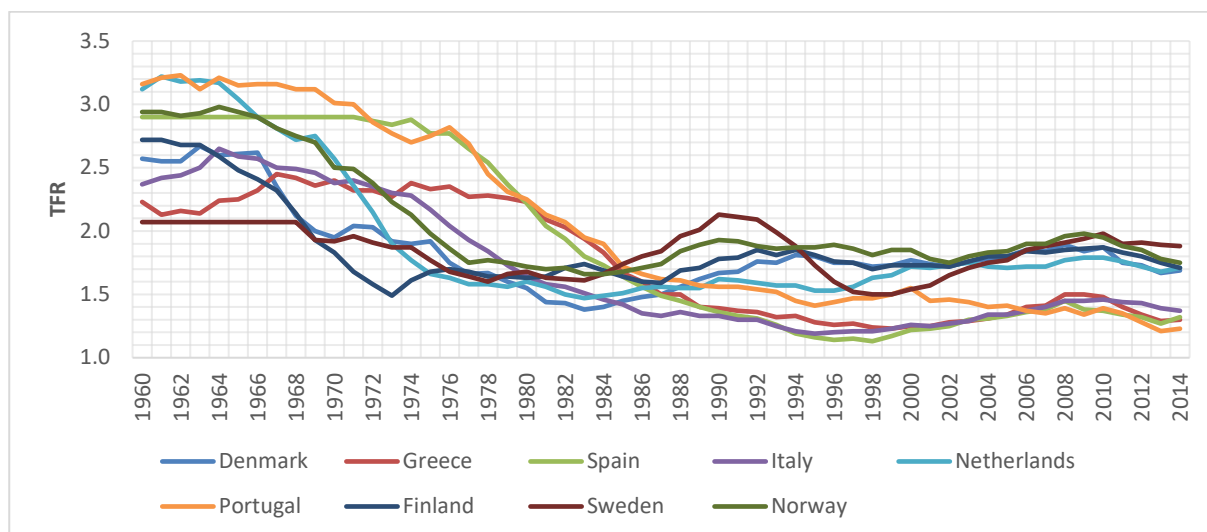
⁶¹ European Commission's Expert Group on Gender and Employment Issues (EGGE)

⁶² Ackerman, Barnett and Robin, 2005

6.6. Key lessons learnt from international experience

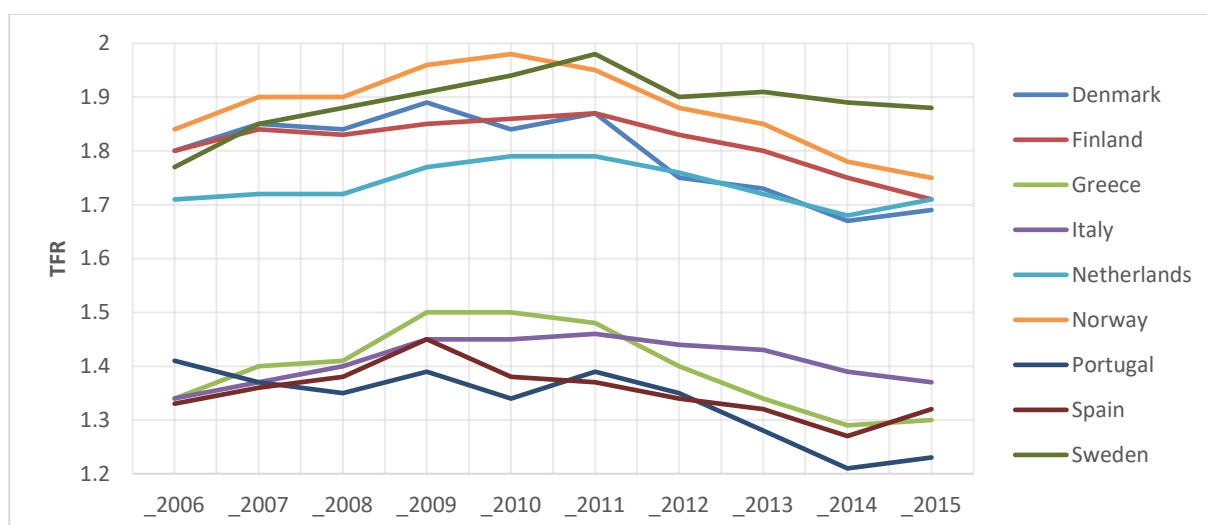
158. In conclusion, it is to be noted that regardless of the political regime and socio-economic context of the Western world, after 1985, the participation of women in the labor market continued to increase in all countries, but fertility rates started to decline at a lower rate or, in some countries, began to grow again.⁶³ Thus, it became necessary to implement reforms in work-family reconciliation policies to overcome the demographic challenges and, simultaneously, to strengthen gender equality in the labor market.
159. Childcare policies introduced in almost all western democracies have different development due to economic and socio-political variations among diverse countries and regions. Besides, a variety of other structural and cultural factors also affect the introduction and delivery of such services.
160. In Europe, the level of women's labor market participation is relatively low in countries with lowest fertility rates (Spain, Italy, Greece) and relatively high in countries with high fertility rates (Denmark, Sweden, Norway, France).
161. Access to childcare has a big impact on fertility rates, whereas the cost of services does not seem to be a critical factor. In Northern European countries, where access to services is relatively high, the fertility rate is high, too. In Southern European countries (Italy, Spain, Greece), where access to services is low, the fertility rate is low too (*Figures 16 and 17*).

Figure 16. Total fertility rate in 9 Northern and Southern European countries 1960-2014



Source: Eurostat: ICHD 2017

Figure 17. Total fertility rate in 9 Northern and Southern European countries 2006-2015



Source: Eurostat: ICHD 2017

⁶³ Misra Joya, Budig Michelle & Boeckmann Irene (2011) Work-family policies and the effects of children on women's employment hours and wages, *Community, Work & Family*, 14:2, 139-157:

162. The use of formal child care is the outcome of availability of such services and parental attitudes toward them. In countries where the availability of formal child care or the cash support to families increases, its use also increases.
163. Cost of childcare services is still an obstacle for many parents and such services are a way for parents to enter the labor market only if they are financially accessible.
164. The cost of childcare services does not have the same impact on high-income households as on low-income households. Average monthly fees for childcare services are the highest in those countries where private provision predominates.
165. Perceived quality of childcare remains a major factor for parents but unlike availability and accessibility, it has a smaller impact on household decisions.⁶⁴
166. The responsibility for ensuring ECEC services is shared in many countries between central and local authorities. One of the positive consequences of decentralization has been the integration of early childhood care and education.

⁶⁴ European Commission, Barcelona objectives 2013:

7. Republic of Armenia general framework for public policy and legal regulation of childcare for children under 3 years old

7.1. Issues of childcare for children under 3 in RA legal framework of child protection

167. Child protection is declared a priority in the Republic of Armenia. Ensuring children's social protection and security, provision of quality services and ensuring their participation in discussions of issues pertaining to them are essential to secure prosperous future of the country.
168. In the Republic of Armenia, child protection is enshrined by the RA Constitution. For the first time, children's rights protection was prescribed in a separate article (Article 37) in the RA Constitutional Amendments adopted in the Referendum of December 6, 2015. The National Strategy on Human Rights Protection approved by the RA President's Order № NK-159-N of October 29, 2012 also highlights protection of children's rights.
169. Children's rights protection is also enshrined in legislative and other regulatory statutory acts. On May 29, 1996 the RA National Assembly passed the RA Law on the Rights of the Child that serves basis for the Annual Program for Children's Rights Protection adopted by the RA Government every year.
170. In 1992, the Republic of Armenia ratified the UN Convention on the Rights of the Child. Armenia submits to the Committee of the Rights of the Child periodic national reports on implementation of the Convention and the next-in-turn report is to be submitted in 2019.
171. The Strategic Program for the Protection of the Rights of the Child plays a pivotal role in child protection. The First Strategic Program was adopted by the RA Government Decree № 1745-N on Approving the National Program 2004-2015 for the Protection of the Rights of the Child in the Republic of Armenia dated December 18, 2003. One of the most notable achievements of the Program was the creation of a 3-tier child protection system to provide a structured approach at the community, regional (marz) and national levels. The Second Strategic Program adopted by the RA Government Decree № 206-N dated January 12, 2006 approved the Strategy for 2006-2010 on Reforms in Social Protection of Children in Difficult Life Situations. The main goal of the above Program was to ensure child's well-being in family and society.
172. Currently, the National Program 2017-2021 for the Protection of the Rights of the Child in the Republic of Armenia is under development; it mostly aims to create favorable conditions for the full and harmonious development of child's personality. Below are the general objectives of the Strategy:
- Improve the child services and child-centered approaches in the current systems;
 - Make protection of children's rights more visible to agencies responsible for making and implementing policies;
 - Develop rapid-response and coordinated mechanisms to protect the rights of children in difficult life situations, migrant, including refugee children, and children affected by hostilities, disasters or emergencies;
 - Develop mechanisms to ensure children's participation in resolution of their own issues.
173. Below are the key regulatory provisions and mechanisms on maternity leave, leave for employees with a child under 3 years old, temporary unemployment and childcare benefits.

7.2. Maternity leave, leave for employees with a child under 3

174. The legal relations in terms of maternity leave, leave for employees with a child under 3 and half-time working hours for pregnant women and employees with a child under 1 year old are regulated by relevant principal provisions of the RA Labor Code.
175. Article 171 of the RA Labor Code sets out the types of the targeted childcare leave and its Para 1 and 2 prescribe **maternity leave** and **leave for employees with a child under 3**.
176. According to Article 172(1) of the RA Labor Code, the maternity leave granted to working women lasts:
- 140 days (70 days: pregnancy leave, 70 days: maternity leave);

- 155 days (70 days: pregnancy leave, 85 days: maternity leave) in case of difficult delivery;
 - 180 days (70 days: pregnancy leave, 110 days: maternity leave) in case of giving birth to more than one child at a time.
177. Para 2 and 2.1 of the said Article grant working parents, who adopted a newborn child or were appointed guardians of a newborn child or had a child through the services of a surrogate mother, a leave till the newborn is 70 days old (employees who adopt 2 or more newborn children or are appointed guardians of 2 or more newborn children are granted a leave till the newborns are 110 days old).
178. At the same time, the Code enshrines relevant regulations on half-time and night work (10 pm-6 am). Hence, according to Article 141, pregnant women or employees with a child under 1 year old may demand a half-time working day or week and according to Article 148(4), pregnant women and employees with a child under 3 may be engaged in night work only by their prior consent after undergoing a medical examination and submitting the medical opinion to their employer.
179. However, considering the above safeguards laid down in the RA Labor Code, it should be noted that Article 114 on Ban on Termination of Labor Contract at the Initiative of the Employer is controversial. While its Para 2.2 states that employers are banned to terminate the labor contract of a person, not on leave and actually taking care of a child, by the time the child reaches 1 year, according to 2.1, this ban covers *the period from the date the pregnant woman submits to her employer a pregnancy certificate till the expiry of a month following the end date of her pregnancy and birth leave.*
180. The control over compliance with the labor law regulations is not effective enough. Thus, there are many cases when pregnant women or mothers of small children are denied employment or are fired after pregnancy or childbirth. Due to uncertain situation in employment, at the initial stage of employment negotiations many women put up with restrictive or compromise options that have a negative impact on their personal and family life. Private employers oftentimes break the arrangements on working time and salary size laid down in labor contracts, as well as terms of adequate remuneration proportional to work, environmental and sanitation conditions.
181. The work-family reconciliation is considerably greatly affected, among others, by the tendencies of extended working hours schedule and work on weekends especially obvious in family businesses, private and service sectors. These factors also have a negative affect on working women's health, including reproductive health, and reduce the time and opportunities necessary for care and upbringing of their children. In many cases, no compensation is paid for overtime work, which contradicts the labor law regulations.

7.3. Temporary unemployment and childcare benefit

182. Article 1 of the RA Law on Temporary Unemployment and Childcare Benefits covers the legal relations concerning provision of **temporary unemployment and childcare benefits** to employees and the self-employed.
183. The temporary unemployment benefit partly compensates the wages (income) the person used to get or might get, lost due to temporary unemployment. Under Article 7 of the Law, there are 5 types of benefits, paid to employees in the Republic of Armenia, including **childcare benefit**.
184. According to Article 4(4) of the Law, childcare benefit is paid to employees and self-employed persons.
185. According to Article 11 of the said Law, effective since December 1, 2014, employees get childcare benefit for the calendar days in the pregnancy and maternity leave period as set by the RA Labor Code.
186. The employees, who adopted a newborn child or were appointed guardians of a newborn child, are paid childcare benefits for the calendar days only in the maternity leave period. The benefits are paid from the date employees adopt a newborn child or are appointed guardians of a newborn child till the newborn is 70 days old (employees who adopt 2 or more newborn children or are appointed guardians of 2 or more newborn children are paid the benefit till the newborns are 110 days old).
187. In case of premature birth on or after the 154th day of pregnancy, employees not on pregnancy and maternity leave are paid childcare benefit for the calendar days of their birth leave period only (including the cases when the baby was born dead or died after birth).
188. In case of induced (including for medical and social reasons) or spontaneous abortions on the 154th day of pregnancy, sickness benefit is paid for the working days in the entire temporary unemployment period as prescribed by law.

189. Surrogate mothers are paid childcare benefits on a general basis. The biological mother of a child born to a surrogate mother receives childcare benefit for the calendar days of the maternity leave only from the day the child is born till he/she gets 70 days old (in case 2 or more children are born, till the day they get 110 days old).
190. Hence, the RA Law on Temporary Unemployment and Childcare Benefits regulates the issues related to the maternity leave of only employees and self-employed persons, and non-working persons (not employed or self-employed) did not receive any state support for over 2 decades.
191. On December 1, 2014, the RA Law on Temporary Unemployment and Childcare Benefits was amended and Article 3 prescribed that non-working persons (not employed or self-employed) are granted childcare benefits in line with the RA Law on Public Benefits amended respectively.
192. The RA Law on Public Benefits regulates the legal relations on provision of public benefits in Armenia. The Law sets out the concept of public benefits, their types and procedure for their provision. Particularly, Article 5 of the Law covers the types of the benefits, including:
 - childcare benefit;
 - benefit for children under 2; and
 - lump-sum child birth benefit.
193. Article 23.2 of the Law prescribes the legal relations pertaining to granting and payment **childcare benefits**; as mentioned above, non-working persons (not employed or self-employed) are granted childcare benefits for the maternity leave period as laid down under the RA Labor Code. In 2016, the size of childcare benefits amounted to some 126.000 AMD. Non-working persons are granted childcare benefit based on the temporary unemployment certificate issued by health facilities as prescribed by the RA Government and the maternity certificate as prescribed by law.
194. Article 24 of the Law stipulates the **lump-sum child birth benefit**. The benefit size varies based on the new-born child's birth order among the other children born to his/her parents, if any.
195. The lump-sum child birth benefit is granted for each child born. Also, if two or more children are born at a time and if based on their birth order among the other children born to their parents the RA legislation provides for any differentiated sizes of the lump-sum child birth benefit, each of the new-born children is granted a lump-sum child birth benefit in the size prescribed for the last child in such order.
196. For third and subsequent children (if the lump-sum child birth benefit is granted in the amount prescribed for the third and subsequent child born to the family), a part of the lump sum child birth benefit is paid in the form of family (maternal) capital.
197. The RA Government Decree № 275-N on Approving the Procedure for Setting, Granting and Paying Lump-Sum Child Birth Benefit dated March 6, 2014, sets out the size of the lump-sum benefits:
 - for first and second child: 50 AMD;
 - for third and fourth child: 1 million AMD, of which 500 thousand AMD is paid in cash and the rest 500 thousand AMD as family (maternal) capital;
 - for fifth and each subsequent child: 1.5 million AMD of which 500 thousand AMD is paid as a lump sum and the rest 1 million AMD as family (maternal) capital.
198. **Family (maternal) capital** is granted to the family non-cash and may be used to pay interests or repay the principal amount of the mortgage credit granted for purchasing or constructing an apartment, pay the tuition fees of paid educational services, repay agricultural loans as well as purchase an apartment or other real estate in remote, border, highland or mountain rural areas with a population of up to 1000 people. The family (maternal) capital was introduced as a guarantee for the stability of the family.
199. Articles 27, 28 and 28.1 of the RA Law on Public Benefits provide for a **childcare benefit for children under 2 years old**. The childcare benefit for children under 2 is granted to the child's parent, adopter or guardian on leave for employees with a child under 3 as prescribed by the RA Labor Law till the child reaches the age of 2. If a parent has 2 or more dependent children, the benefit is granted and paid for each child separately.
200. The childcare benefit is granted and paid till the child reaches the age of 2 but no longer after expiry of the childcare leave or termination of the right to childcare benefit as prescribed by this Article.
201. **Hence, the parent may be on childcare leave till the child reaches 3 but the benefit is paid till the child reaches 2.**

202. The size of the childcare benefit for children under 2 is set by the RA Government. As of April 1, 2017, it amounted to 18.000 AMD.
203. The Republic of Armenia has safeguards and mechanisms for maternity leave, lump-sum child birth benefit and childcare benefit; however, as mentioned above, the ban on labor contract termination at the employer's initiative under Article 114(2.1) of the Labor Code covers *the period from the date the pregnant woman submits to her employer a pregnancy certificate till the expiry of a month following the end date of her pregnancy and birth leave*, whereas according to relevant articles of the RA Law on Public Benefits, maternal leave lasts till the child reaches 3 years of age and childcare benefit is paid till the child reaches 2.
204. In this context, the need for introducing new services to promote parents on childcare leave to return to their work as soon as possible becomes even more urgent.

8. Options for pre-school daycare services for children under 3 years old

8.1. Public policy and legal framework for pre-school education

205. In the Republic of Armenia, pre-school education is regulated by the Republic of Armenia Constitution, RA Law on Education (HO-297), Law on Local Government (HO-75), Law on the Rights of the Child (HO-59), Law on Preschool Education (HO-236-N), RA Family Code (HO-123-N) and other legal acts and international treaties of RA.
206. The key document in this sector is the RA Law on Pre-school Education (HO-236-N) setting the aims and objectives of pre-school education, its principles and requirements, powers of the parties involved in this process, the rights and responsibilities of the educational process participants and other provisions.
207. In Armenia, pre-school education makes an initial integral part of the life-long education system. It covers an integral process aimed to ensure comprehensive development of pre-school children in line with their learning preferences, abilities, capacities, individual, mental and physical features and to help them develop minimum behavior standards.
208. Pre-school education pursues the **aims** below: maintain and improve children's physical and mental health, provide harmonious development and education of pre-school children and ensure that they are ready for school.
209. Below are the **objectives** of the pre-school education:
- Develop the basic capacities of pre-school children to communicate in the native language and count;
 - Take care of pre-school children, prevent and remedy developmental disorders;
 - Teach children the basic rules of conduct, make them familiar with their homeland's nature and environment, history and national culture, give children necessary knowledge to lay foundations for their intellectual, moral, aesthetic and physical development and build their basic labor skills and capacities;
 - Instill in children love for their homeland, develop and enhance respect for family, national traditions, native language and national values, self-respect and respect for people surrounding them and their environment;
 - Shape the child's personality and develop their creative abilities;
 - Ensure children's readiness to continue their studies in line with the pre-school educational standards;
 - Provide families with socio-pedagogical support.
210. By its Decree №1427-N of November 2010, the RA Government approved the Procedure for Financing the Costs of One-Year Pre-School Education for Children of Advanced Pre-School Age.
211. By his Decree №257-N dated March 30, 2011, the RA Minister of Education and Science approved the National Standard in Pre-School Education; based on this standard, complex pre-school educational programs for every age group were developed and approved.
- 'Complex educational program for first young kindergarten group (aged 2-3 years)' (RA Education and Science Minister's Decree № 1070-A/K dated November 21, 2012);
 - 'Complex educational program for medium kindergarten group (aged 4-5 years)' (RA Education and Science Minister's Decree № 1192-A/K dated October 27, 2011); and
 - 'Complex educational program for advanced kindergarten group (aged 5-6 years)' (by RA MES National Institute of Education, 2008).
212. Also, those programs resulted in the development of program-methodological, teaching and teaching-aid handbooks and 'Kindergarten Headmaster's Guide' for different years, including:
- 'Tariff-Qualification Characteristics of Pre-School Management and Teaching Staff' approved by the RA Education and Science Minister's Decree № 416-N of April 26, 2011; and

- 'Standards for Material and Technical Equipment of Pre-School Educational Institutions' approved by the RA Education and Science Minister's Decree № 858-N of September 18, 2012.

213. The drafts below are still under development:

- Draft Law on Rewording the RA Law on Pre-School Education;
- Draft Procedures for Processing and Management of Documents to be Used at Pre-school Educational Institutions.

214. The issues of pre-school services are also addressed in numerous regulatory legal acts and strategic documents adopted in various years, including the RA Law on Approving the RA State Program 2011-2015 on Improving Education (HO-246), RA Perspective Development Strategic Program for 2014-2025 (RA Government Decree №442-N of March 27, 2014), Strategic Program 2013-2016 for the Protection of the Rights of the Child in RA (RA Government Decree № 1694-N of December 27, 2012), Strategy on RA Demographic Policy (RA Government Protocol Decree № 27 of the session of July 2, 2009), RA Government Program for 2014 and RA Government Program for 2016-2017, RA Government Annual Actions Plans and Priorities.

215. The public policy of pre-school education accessibility and service reforms is based on the analysis of relevant studies, factual data and evidence. In this regard, the papers below are noteworthy: 'Options of Early Childhood Programs in Armenia: Financial and Legal Analysis of RA Pre-School Programs, Policy and Strategy', UNICEF, 2009; Report 'Towards Alternative Child Care Services in Armenia: Costing Residential Care Institutions and Community Based Services', UNICEF, 2010; 'Armenia - Demographic Change and Implications for Social Policy and Poverty', World Bank, 2011; 'Child Rights Situation Analysis in Armenia', Save the Children Armenia, 2015; and Report on Rapid Assessment of the Situation of Refugee and Relocated Children', UNICEF in cooperation with the Office of the UN High Commissioner for Refugees in Armenia, 2016.

216. In its Concluding Observations on Armenia's Third and Fourth (Joint) Periodic National Report on Implementation of the United Nations Convention of the Rights of the Child, the United Nations Committee on the Rights of the Child recommended improving the quality and accessibility of the pre-school education services in Armenia. A similar recommendation was also issued by the United Nations Committee on the Elimination of Discrimination against Women in terms of the Fifth and Sixth (Joint) Periodic National Report of the Republic of Armenia on the Implementation of the United Nations Convention on Elimination of all Forms of Discrimination against Women.

217. A number of strategic documents were developed highlighting the issues of ensuring accessibility and quality of pre-school education, including Draft Concept on Inclusive Early Childhood Care and Development System in Armenia, Save the Children Armenia; Draft Strategic Program 2016-2025 on Pre-school Education Development; draft RA Law on Approving the RA State Program 2016-2025 on RA Education Development.⁶⁵

8.2. Pre-school education system, facilities, basic services and standards

218. The pre-school education system covers the national pre-school education standards, basic and supplementary educational programs, pre-school facilities and educational institutions (education centers) that *inter alia* implement pre-school educational programs, pre-school education management boards and their respective subordinate organizations and the family.

219. The family plays a primary role in implementing pre-school educational programs. The state creates a favorable environment for child's upbringing in the family.

220. To support the family, the state sets up preschools with differentiated programs: nurseries (for children aged 2-3 years), kindergartens (for children aged 3-6 years) and nursery-kindergartens (joint institutions).

221. Pre-school age is the period of the physical, psychological and social formation of the child. The pre-school age stages are as follows: early pre-school age: up to 3 years old, young pre-school age: 3-5 years old and advanced pre-school age: 5-6 years old.

222. **Pre-school** educational institutions ensure the child's right to pre-school education and compliance of its quality with the national educational standards as well as a favorable environment for children's development, education and training and health improvement in line with sanitation requirements. Such

⁶⁵ Target 3. Ensure better access to available and quality pre-school education to all children aged 3-6 and greatest enrolment of children aged 5 by 2025.

institutions help children develop personal hygiene, healthy lifestyle, safe behavior and proper conduct rules, provide psycho-social support, share with parents psychological and pedagogical knowledge and foster partnerships with families. Pre-school educational institutions offer alternative forms of child education and fulfill other powers as prescribed by their charter.

223. At pre-school educational institutions, children's **groups are generally formed** by their age, family and kinship. The number of children in a group is set by the authorized education governmental agency. Groups of children aged under 1 year old comprise 10-15 children, groups of children aged 1-3 years old 15-20 children and groups of children aged 3-6 years old 25-30 children. As for groups of children with special education needs, such groups may comprise up to 5-7 children depending on the gravity of their development disorders. Groups of children representing ethnic minorities may comprise 8-10 children.
224. The **work schedule, viz. duration of childcare** at preschool is set by its founder in compliance with the requirements of the legal acts of the authorized education (RA MES) and health (RA MOH) governmental agencies.
225. By prior consent of the parents or their legal representatives, preschools may set a **flexible schedule**. The work schedule of preschools, duration of the childcare services they offer and the procedure for forming educational groups and nutrition issues are regulated in line with the methodological instructions of the RA MES. Preschools or some of its groups may operate at daytime, in the evenings, 24/7, weekends and holidays; and there are no mandatory attendance schedules for the enrolled children.
226. Preschools may carry out pedagogically innovative and alternative programs and experimental **activities** upon prior permission of the authorized education governmental agency (RA MES).
227. The **types** of preschools are set out by their model charter approved by the RA Government. Preschools may be integrated into educational centers. According to the model charter, preschools may be of the types below, depending on their activity directions:
- **kindergartens** offering pre-school education programs and child care;
 - **special kindergartens** with most programs aimed at reducing physical and mental developmental disorders of children;
 - **health-oriented kindergartens** with prevailing sanitation, preventive and health programs;
 - **children's centers** offering solely pre-school programs and consulting;
 - **integrated kindergartens** that may incorporate preschools of several types or groups;
 - **educational centers** that may incorporate several institutions implementing pre-school and other educational level programs;
 - **children's homes** offering care and education services for children under 6 in the categories below: parentless children, children without parental care, children from socially disadvantaged problem families.
228. Preschools may be **public, community (community-subordinate) and private**. The public and community preschools are non-profit organizations. As for the private preschools, they may be of any legal form permitted by law. The founding document of such facilities is the charter adopted by their founder(s) based on the model charter approved by the RA Government.⁶⁶
229. At preschools, the **educational process participants** are as follows: children of preschool age, representatives of the authorized education governmental agency, regional and local authorities, headmasters, deputy headmasters on educational work, pre-school methodologist teachers, pre-school teachers, senior pre-school teachers, teachers, speech therapists, sign language teachers, psychologists, social educators, physical training coaches, music teachers, instructors of various occupational groups, hobby or sports groups and other specialists, health providers, assistant pre-school teachers and nurses, parents and their legal representatives and individuals entitled to provide relevant pre-school education services.
230. By their parents' or legal representatives' choice children can receive pre-school education at preschools, at home and through individual pedagogical activity. Children can also receive pre-school education at any other institutions offering pre-school educational programs in safe and secure environment for care, development and education.

⁶⁶ The Model Charter of the 'Republic of Armenia Pre-School Educational Institution' Community Non-Profit Organization was approved by the RA Government Protocol Decree № 54 of December 26, 2002.

231. **Health services** at preschools are provided by the national and local authorities.
232. The children enrolled in preschools are entitled to **free continuous medical services** provided by the community medical facilities. The children are served by employed medical staff of the medical facilities who, along with their administration, are responsible for the children's health and physical development, preventive medical measures, compliance with the sanitary regulations and schedules and quality of food. The authorized health governmental agency (RA MOH) is responsible for exercising control over the medical service at preschools.⁶⁷ There are uniform sanitation rules and regulations for such facilities.⁶⁸
233. The founders of the educational facilities are responsible for **children's food** at preschools in line with the rations set by law.⁶⁹
234. Child's **parents** or legal representatives are free to choose the preschools and the form of education, including home-based education, as well as consult competent education governmental agencies on child's development and education and protect their child's legal interests before competent public agencies and be involved in the pre-school educational process.
235. Preschools are financed from the **funding sources** below: founder's contributions, payments of parents or their representatives, investments of both private and legal persons, contributions and donations, investments by international organizations, funds generated from additional paid educational, sports and health services, reimbursement of the fees of psychological and medical rehabilitation and remedial pedagogical services for children with special educational needs at increased rates and other means not prohibited by RA law.
236. The **material and technical equipment base** of preschools is developed and improved at the expense of the founder and through other means not prohibited by law. Such equipment covers buildings, premises, land plots, communications, property, play equipment, didactic materials, technical devices, vehicles, etc. The logistics requirements are set by the authorized education government agency (RA MES). The premises of preschools considered to be state or community property may be alienated for state of public needs only in exceptional cases as and when prescribed by law.
237. The **staff lists** of public and community preschools are approved based on the model staff lists and staff lists and standards approved by the authorized education government agency (RA MES).⁷⁰ And the staff lists of private preschools are approved under the procedure established by their charter. As for **inclusive** kindergartens with groups comprising children with special education needs, their founders set an additional staff lists with up to 2 positions for special educator(s) (sign language teacher, speech therapist, psychologists).

8.3. Policy, programs and practices on ensuring availability and accessibility

238. Preschools used to be predominantly subordinated to communities and till 2011 no services were funded from the RA budget. The main funding sources of such services included community budgets, parental contributions and sometimes support of international organizations.
239. However, in many communities, the low community income did not make it possible to meet the growing demand of funding for pre-school education. On the other hand, a large share of socially vulnerable groups, especially in rural areas, significantly limited the increase in funding through parental contributions.
240. By its Protocol Decree № 10 dated March 13, 2008, the RA Government approved the 'Strategic and Pilot Programs 2008-2015 on Pre-school Reforms in the Republic of Armenia'; in this context, the Center for Education Projects PIU public institution under the RA Ministry of Education and Science carried out 'Promoting Readiness of Schoolchildren and Equal Opportunities at the Start of General Education' loan program. The program aimed to promote growth in children's enrollment in pre-school education, readiness of children for primary school and improved capacities and skills of pre-school children through introducing alternative and cost-effective educational services.

⁶⁷ RA Health Minister's Decree № 70-N on Approving the Standard for Providing Medical Care and Services to Children under the Free Medical Care and Services Scheme as Guaranteed by the State, adopted on November 1, 2013, effective since February 27, 2014.

⁶⁸ RA Health Minister's Decree № 857 on Approving the Sanitation Rules and Regulations N 2-III-1 at Pre-School Facilities (Organizations), adopted on December 20, 2002, effective since January 30, 2003.

⁶⁹ RA Health Minister's Decree № 42-N on Approving the Sanitation Rules and Regulations N 2.3.1-01-2013 on 'Sanitation Requirements for Children's Food at Pre-School Educational Institutions'; adopted on August 12, 2013, effective since September 14, 2013.

⁷⁰ RA Education and Science Minister's Decree N 29-N on Approving the Model Staff List of RA Public and Community Pre-School Educational Institutions, Number of Children in Groups and Standards, adopted on January 26, 2007, effective since March 25, 2007.

241. The advantage of cost-saving models is that they mostly cover children to start school in the next academic year and services on pre-school educational programs lasting 3.5-4 hours (without any hot dishes and sleeping accommodations), resulting in costs reduced twice as compared to conventional preschools.
242. In communities with no currently operating preschools or no preschools at all, one-year preschool courses are mostly offered in public schools (or other cultural and sports facilities), or where there are or can be created relevant conditions for continuous free and dynamic development of children and full achievement of their intellectual, physical and creative potential. The model is based on the existing network of schools and can be used in almost all rural areas.
243. The above pre-school projects mostly covered children aged 4-6. The grant funds mostly met the modernization costs primarily aimed at capacity building of relevant facilities: partial repair, renovation, furnishing and acquisition of training materials, property and equipment.
244. In 2010-2014, the maximum grant value amounted to 17.500 USD. The total value of the program comprises the grant amount (maximum 75%) and community and/or parental contributions (minimum 25%).
245. The pilot stage of the program was implemented in 2008-2009 under World Bank-funded 'Education Quality and Relevance' First Loan Program. The pilot program was carried out in Akhuryan and Spitak regions of Lori and Shirak marzes, respectively, showing the lowest level of preschool child enrolment throughout the country. The pilot program comprised pre-school micro-programs covering around 530 children of advanced pre-school age, *inter alia* from socially disadvantaged families.
246. Under 'Education Quality and Relevance' Second Loan Program, pre-school micro-programs were continued in all the regions of the country. In 2010-2014, around 280 pre-school micro-programs under the Second Loan Program were carried out in all the regions and Yerevan city. The number of beneficiaries amounted to about 20.000 children. Over 250 pre-school teachers of the new facilities received relevant trainings.
247. Out of the 280 preschools set up in 2010-2014, 202 are school-based and 78 are kindergarten-based. The micro-programs covered renovation of the premises of such facilities; they were equipped with necessary property and devices. Also, pre-school teachers received relevant training.
248. The subsequent 'Education Quality and Relevance' Loan Program in 2015-2016 covered 33 micro-programs in Gegharkunik (8), Kotayk (13) and Shirak (12) regions to enroll around 1200 pre-school children. In 2016-2017, 24 new preschools were set up in Tavush (6), Lori (6) and Armavir (12) regions. The new preschools operate in normal course and enroll over 700 school-age children.
249. In 2017-2018, 25 micro-programs will be carried out in Syunik, Ararat and Aragatsotn regions and in 2018-2019 in Yerevan, Vayots Dzor region and other regions as necessary. The maximum grant value is 22.000 USD. In frames of the Program, the National Institute of Education provides training for the preschool teachers of the new facilities. It is expected to set up under the Program around 120 preschools in RA communities by 2019 to enroll over 2400 children aged 5-6 by thus making pre-school education universal for children aged 4-6 and ensuring growth in enrolment of the children of this age group.
250. Overall, in 2008-2016, 359 preschools, including 272 school-based and 87 kindergarten-based preschools were set up in all the RA regions and in Yerevan city under the World Bank loan programs. Out of those 359 preschools, 9 kindergarten-based preschools do not function currently, mostly due to insufficient funding by the communities.
251. Over years, the newly-set preschools enrolled a total of 22.000 children of advanced preschool age-group. 384 pre-school teachers were trained under the Program.
252. A number of international and non-governmental organizations also carried out support programs in pre-school education. Thus, in 2008-2015 Save the Children in Armenia carried out pre-school education reform programs. 17 kindergartens were renovated in Aragatsotn, Lori, Syunik and Tavush regions and Yerevan city, RA. 25 school-based preschools for children aged 4-6 were set up in Gegharkunik, Lori, Armavir, Aragatsotn and Ararat regions and in Yerevan city, RA. Pre-school teachers and assistant pre-school teachers were selected and trained to provide alternative pre-school education and parent resource centers were set up. The programs carried out by Save the Children made quality pre-school education services accessible to over 10.000 children.
253. In 2008-2015, UNICEF provided preschools in a number of regions of the country with equipment and teaching and methodological literature.
254. In various regions of the country, pre-school repair and renovation works were ensured by the Armenian Social Investment Fund, World Vision International Charitable Organization and the Armenian Relief Society.

255. Ensuring universal education for children of advanced pre-school age ranges among the strategic goals of the RA Government. The strategic program set as target indicator achieving 90% enrolment of children aged 5-6 in preschools. The target indicator above would be impossible to achieve without extended pre-school education network and additional investment of funds. Therefore, in communities without any kindergartens, the education arrangements to ensure improved preparedness for school and equal education opportunities for advanced pre-school age children were based in public schools.
256. The issue of ensuring universal education for children of advanced pre-school age is highlighted in terms of transition to the 12-year education system. Therefore, the RA Government committed to cover some of pre-school education costs. Thus, it was decided to cover the costs of introducing pre-school education programs from the RA state budget and the current costs from community budgets.⁷¹
257. To ensure the sustainability of these programs, since 2011 some funds from the RA state budget have been also allocated to finance the current costs of pre-school education programs based on the annual amount per student under the student number-based funding.
258. In 2011-2014, the said process gradually covered the RA regions under the schedule. In 2011, funds were allocated from the state budget for Lori, Shirak, Ararat and Aragatsotn regions under the Preschool Education Program. Today, funds for pre-school education are allocated from the RA state budget to all the RA regions, except for Yerevan city (as for Yerevan, funds are allocated for a limited number of public schools under the RA MES for 1-year school preparation courses). The Program gives priority to disadvantaged families and communities with no preschools. Over 5.200 children were enrolled in preschool education in 2015 and around 5.600 children in 2016.

8.4. Extending pre-school childcare services for children under 3 years: Opportunities and challenges

259. In terms of assessing the opportunities and impediments to extending pre-school childcare services for children under 3, the first things to assess are the overall capacity and workload of preschools in various areas of the country.
260. In 2015, there were 717 functioning preschools in Armenia, including community (649), departmental (14) and private (54) preschools. 431 of them operate in urban communities and 286 in rural ones. 524 of the preschools are kindergartens, 161 are nurseries and 32 are school-based preschools (*Table 7*).

Table 7. Number of preschools, their groups and children enrolled in them, by RA regions and Yerevan city, 2015

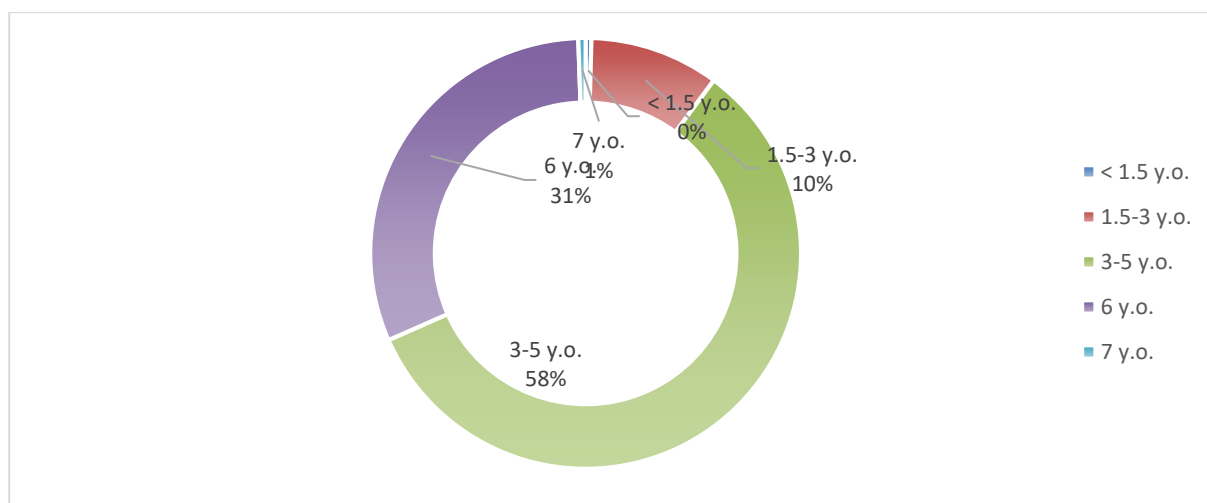
Regions	Number of preschools	Number of groups		Capacity (number)	Number of children	
		Total	Including: children aged 3 and above		Total	Including: girls
Yerevan	219	1 152	1 041	34 112	32 289	15 696
Aragatsotn	23	81	65	1 839	1 775	842
Ararat	77	220	209	8 283	6 314	3 132
Armavir	59	181	164	6 044	4 853	2 307
Gegharkunik	42	110	105	3 719	3 214	1 609
Lori	66	151	140	4 909	4 474	2 142
Kotayk	53	224	198	6 953	6 391	3 084
Shirak	51	171	146	4 908	4 385	2 744
Syunik	53	175	150	4 844	4 283	2 097
Vayots Dzor	15	37	37	1 102	989	464
Tavush	59	137	122	4 408	3 406	1 667
Total RA	717	2 639	2 377	81 121	72 373	35 784

⁷¹ RA Government Protocol Decree № 10 adopted at the session of March 13, 2008;

RA Government Decree № 1427-N on Funding the Costs of Advanced Pre-School Children Education dated November 4, 2010.

261. The number of children enrolled in preschools totaled 72,373, including **315 children under 1.5 years old (including 275 children in rural communities)**, 7,033 children aged 1.5-3, 42,157 children aged 3-5, 22,471 children aged 6, and 397 children aged 7 years old (*Figure 18*).

Figure 18. Percentage distribution of children enrolled in preschools, by age groups



262. 108 out of the 161 nurseries operated in urban communities. The number of children enrolled in the nurseries totaled 17,102.
263. The enrollment of children under 5 in such facilities totaled 28,6%, in urban communities 35,7% and in rural communities 16,6% (*Table 8*).

Table 8. Children's enrolment in preschools (population aged 0-5), by urban and rural communities, 2011-2015

	2011	2012	2013	2014	2015
In urban communities	34.2	36.6	35.2	36.0	35.7
In rural communities	12.3	13.8	14.3	16.6	16.6
Total	26.1	27.9	27.3	28.7	28.6

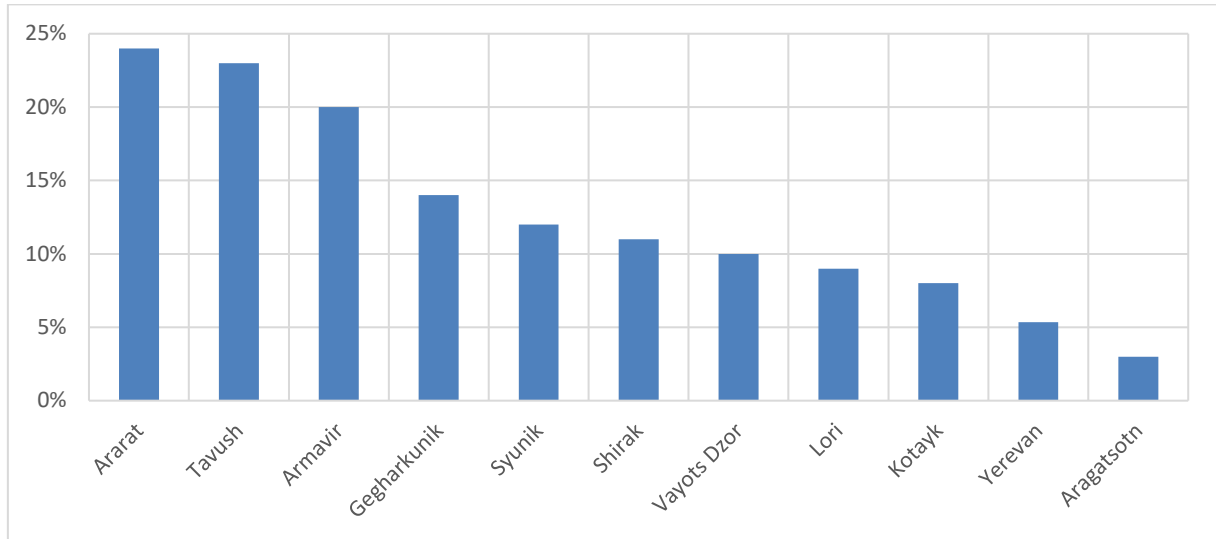
264. The teaching staff at the preschools totaled 5,971, with the number of preschool teachers amounting to 3,809, including those with higher education: 1,565 (around 41% of the total number of preschool teachers). Almost half of assistant preschool teachers (45.9%) have secondary vocational education.
265. In all the regions, kindergartens did not operate to their full enrolment capacity, their premises capacity was not used to the full and the child enrolment rate was lower as compared to the capacity of the preschools. The preschool enrolment rate is the highest in Yerevan city and Aragatsotn region, with only 3-5% of unfilled enrolment capacity, whereas in Ararat, Armavir and Tavush regions, the percentage of unfilled enrolment capacity is 20-25% (*Table 9, Figure 19*).

Table 9. Filled enrolment capacity in preschools, by regions

Regions	Number of places (capacity), unit	Number of enrolled children, person	Unfilled places (capacity), number
Yerevan	34 112	32 289	1823
Aragatsotn	1 839	1 775	64
Ararat	8 283	6 314	1969
Armavir	6 044	4 853	1191
Gegharkunik	3 719	3 214	505
Lori	4 909	4 474	435
Kotayk	6 953	6 391	562
Shirak	4 908	4 385	523
Syunik	4 844	4 283	561

Vayots Dzor	1 102	989	113
Tavush	4 408	3 406	1002
Total RA	81 121	72 373	8748

Figure 19. Share of unfilled places (capacity) at preschools, by regions



266. The average number of children per group was 27.4 and the actual filled capacity was 89.2%. On average, 101 children were enrolled in preschools, 12.1 children per teacher (*Table 10*).
267. The average country rate of the number of children per preschool is 101. This rate is the highest in Yerevan (147.4) and Kotayk (120.6). There, the number of children per preschool teacher is the highest as well 14.7 in Yerevan and 13.2 in Kotayk (average country rate 12.1). The number of children in a group is the highest in Lori (29.6), followed by Gegharkunik (29.2), Kotayk (28.5) and Yerevan (28.0) (*Table 10*).

Table 10. Share rates of preschools activities, by RA regions and Yerevan city, 2015

Regions	Number of children, person				Total area of preschool premises, sq. m.	
	Per 100 places (capacity)	Per teacher	Per preschool	Per preschool educational group	Per facilities	Per child
Yerevan	94.7	14.7	147.4	28.0	1 401.9	9.5
Aragatsotn	96.5	8.1	77.2	21.9	301.8	3.9
Ararat	76.2	11.3	82.0	28.7	1 115.0	13.6
Armavir	80.3	10.4	82.3	26.8	674.4	8.2
Gegharkunik	86.4	12.6	76.5	29.2	769.0	10.0
Lori	91.1	12.6	67.8	29.6	734.3	10.8
Kotayk	91.9	13.2	120.6	28.5	1 368.7	11.4
Shirak	89.3	7.1	86.0	25.6	919.1	10.7
Syunik	88.4	9.6	80.8	24.5	650.3	8.0
Vayots Dzor	89.7	13.0	65.9	26.7	684.7	10.4
Tavush	77.3	11.5	57.7	24.9	468.6	8.1
Total RA	89.2	12.1	100.9	27.4	993.3	9.8

268. Throughout the country, there are 68 non-operating preschools (15 in rural and 53 in urban communities), including 29 nurseries and 38 kindergartens. The number of staff at such preschools totals 65. The total number of rooms at non-operating preschools is 879, with 408 in nurseries and 469 in kindergartens (*Table 11*).

269. In 2011-2015, the number of community and departmental preschools increased by 55, including by 10 in urban communities and 45 in rural communities. **Notably, in 2011-2015, the number of kindergartens rose by 107, whereas that of nurseries rose by 67 in the same period.**
270. In the same period, the number of children in community and departmental preschools rose by 9.246 by reaching 70.100 from 60.854. In urban communities, this number rose by 4.739 and in rural ones by 4.507.
271. In 2011-2015, the number of children under 1.5 years old rose by almost three times. It is noteworthy that in 2013-2014 the number of children in this age group enrolled in preschools dropped sharply and then in 2015 it rose dramatically from 4 to 300.
272. Proportionally, the number of preschool teachers rose too, by 722. The number of children per group rose in almost all the regions, it fell by almost 5 points in Aragatsotn and remained unchanged in Yerevan.
273. In the said period, the number of private pre-schools rose by 2, but the number of enrolled children fell by almost 410 and the number of preschool teaching staff fell by 120 persons. At the same time, the number of places (enrolment capacity) fell by almost 400 and the total area preschool premises per preschool and child was reduced as well.
274. The above seems to suggest that private preschools operated on a more economically efficient and less costly basis. As with community and departmental preschools, as compared to 2011, the number of private nurseries fell from 13 to 4 but that of kindergartens rose by 12.
275. In 2011-2015, the number of non-operating preschools, mostly in Yerevan and Gegharkunik, rose by 12.

Table 11. Number of non-operating preschools, by RA regions and Yerevan city, 2011-2015, *unit*

Regions	2011	2012	2013	2014	2015
Yerevan	2	2	3	7	7
Aragatsotn	5	8	8	8	8
Ararat	14	16	16	16	17
Armavir	9	11	9	5	5
Gegharkunik	3	3	6	7	8
Lori	14	13	8	8	4
Kotayk	8	6	6	6	7
Shirak	...	8	8	7	8
Syunik	1	1	1	5	4
Vayots Dzor	-	-	-	-	-
Tavush	-	-	-	-	-
Total RA	56	68	65	69	68

276. The gross pre-school enrollment rate among children aged 0-5 rose by 2.5% in 2015, as compared to 2011; moreover it rose by 1.5% in urban communities and by 4.3% in rural communities.
277. In 2015, the pre-school enrollment of children under 2 years of age was on average 5.8%, whereas that of children aged 3-5 years old was 51.4%. The enrolment rate of girls under 2 years in such childcare facilities is slightly higher than that of boys (one percentage point).
278. It is noteworthy that the gross enrollment rate of children under 2 years old fell almost by 1.3 percentage points in 2015, as compared to 2011, whereas that rate of children aged 3-5 years old rose from 47.2% to 51.4% (*Table 12*).

Table 12. Children’s enrolment in preschools (population aged 0-5), by gender and age groups, 2011-2015, %

Region	Age group	2011	2012	2013	2014	2015
Girls	Total	27.6	29.6	28.3	29.9	30.3
	Among population aged 0-2	7.5	8.1	6.5	6.6	6.4
	Among population aged 3-5	50.0	52.1	49.7	52.9	54.2
Boys	Total	24.7	26.4	26.4	27.7	27.2
	Among population aged 0-2	6.7	7.4	6.1	5.8	5.4
	Among population aged 3-5	44.8	46.4	46.3	49.2	48.9
Total		26.1	27.9	27.3	28.7	28.6
	Among population aged 0-2	7.1	7.8	6.3	6.2	5.8
	Among population aged 3-5	47.2	49.1	47.9	50.9	51.4

279. The analysis of major opportunities and impediments to extending pre-school child-care services for children under 3 years old is based on the data and tendencies above.
280. Hence, one of the major impediments to extending pre-school child-care services for children under 3 is probably the **limited number** of currently operating preschools and their **enrolment capacities (places)** both in Yerevan and in the regions and both in urban and in rural communities.
281. Generally, nowadays there are more beneficiaries of pre-school education and the potential **demand for pre-school services exceeds** the supply of such facilities. The insufficient supply of preschool services in the regions is especially critical in rural and border communities where there are no preschools at all or there are preschools with limited accessibility (often they are located too far).
282. On the other hand, the availability of the number of preschools exceeding their demand leads to **overloading (overcapacity)** of the operating facilities that have to work under overloading heavier than the capacities of the premises or professional resources may bear. The overloading is more notable among the kindergartens located near urban infrastructures and traffic centers and occupying better premises.
283. Unlike **free of charge** preschools in Yerevan city, in regions families have to pay some **fees** per child that vary from community to community as set by heads of community within their powers under the RA Law on Local Government. In general, such fees are not large, but in rural communities they often become decisive in family’s choice on placing their child in preschool. As a result, in regions preschool services are largely **seasonal** in nature, especially in large rural communities. Parents entrust preschools with care of their children exclusively in the months when they are engaged in agricultural activities and have no opportunity to take care of their children. Overall, there are significant problems in terms of **accessibility** of pre-school childcare that varies from community to community.
284. In terms of its content and arrangements, pre-school education should rely on an inclusive and child-centered play environment and, therefore, should ensure accessibility of services to the children who might stay out of the system due to any physical, mental, intellectual or social problems whatsoever. In general education, Armenia has already adopted the universal inclusive education policy; it is expected that by 2025 all the educational institutions in the country will shift to the universal inclusive education system. The development of pre-school education and childcare facilities for children under 3 years of age should take into account such needs and the quality inclusive education policy adopted by the state at various levels of education.
285. While preschool educational programs are mostly comprehensible in terms of their content, the current **overloaded** teaching materials leave too little time to arrange free and independent play activities for children.

286. Another problematic issue concerns the **mixed age groups** at preschools. Given the lack of a general curriculum for such groups (each age group has a curriculum intended for that particular age group), it appears necessary to introduce new content and teaching and methodological approaches and new packages *inter alia* to ensure systemic arrangement of the care and education of the children in need of special care and education conditions.
287. The lack of **skilled and experienced teaching and service staff** also causes considerable difficulties in ensuring quality preschool services and developing a network of such services. On the one hand, young staff members often lack sufficient experience and skills and sometimes theoretical knowledge, and on the other hand, preschool staff members are on average of advanced age and the teachers of retirement age make quite a large number.
288. The **social protection and working conditions of professional staff** of preschools are problematic, too. The working time of the preschool teachers and nannies, assistant preschool teachers, often exceed the standards laid down in the RA Labor Code. Often, some preschool teachers are engaged full-shift with large groups which negatively affects the quality of care and education, whereas working in shifts would reduce the workload of preschool teachers and nannies and make it possible to provide more effective care and educational. In the absence of individual preschool teachers or other staff to replace them, the whole burden of child care, nutrition and surveillance falls on the shoulders of assistant preschool teachers, nannies; this state of affairs is undesirable.
289. The **large number of children in age groups** causes concerns. Hence, according to the set standards, groups of children aged 3-6 years old must comprise 25-30 children and those for children aged 0-3 years 15 children. However, the lack of staff members and inadequate housing conditions often make it impossible to meet this standard and this is problematic in terms of both child care and development and working conditions and remuneration of preschool teachers and educators. Overall, the work schedule of preschool teachers and educators is long and irregular.
290. In many cases, the housing conditions of preschools are poor and do not provide a safe, child-friendly and well-tailored environment. This is especially important in the context of involving children with special care and education needs. In many cases, preschools have no access ramps, floor, lighting and other necessary **infrastructures and conditions**.
291. In terms of extending the network of childcare facilities for children under 3 years of age, the **training of preschool teaching staff** arouses concerns; it is mostly provided with the support of international organizations and NGOs.
292. Extending preschool childcare services for children under 3 years of age requires taking measures to ensure both the general development of the preschool system, and introduction and spread of innovative approaches and models in the current system.
293. Hence, ensuring general development of the preschool system requires improving the **housing conditions of preschool premises** to secure a safe, child-friendly and well-tailored environment. Also, preschools should have modernized teaching material supplies and necessary **material and technical equipment**.
294. Continuously assess the **demand for care services** for children under 3 years of age and the public services in individual communities to create opportunities of preschool network extension in compliance with such demand.
295. Gradually improve **access** to care and pre-school education for all children, including children with special education needs and children representing ethnic minorities, refugees and disadvantaged families.
296. Develop and introduce **flexible funding mechanisms** for preschool care and education services by ensuring quality services accessible to families in the community. In this regard, special importance is given to diverse forms of care and education arrangements, introduction of alternative cost-effective service models and sharing models on relevant conditions for children with special education needs.
297. Update preschool **programs** to bring them in compliance with current requirements and internationally accepted early childhood development standards.
298. Provide preschool teachers with extended opportunities for **training and professional development** and set up education and care resource centers in communities.
299. Also, given Armenia's great experience, achievements and lessons learned in recent years in diversifying the forms of preschool education and introducing cost-efficient service models in the current preschool network and services and taking into account the diversification of forms of pre-school education, this study offers a number of initiatives that would make it possible to extend several early childhood care and development services in a short time.

300. Hence, childcare and development services for children under 3 years of age may be offered in a variety of facilities depending on the size of the community, availability of resources, number of children in the community and demand for such services:
- kindergartens and nurseries;
 - school-based early childhood care and development centers/preschools;
 - community-based or home-based early childhood care and development services;
 - early childhood care and development centers set up by large companies/employers.
301. It is noteworthy that the first 2 models are most reasonable to be applied in both urban and rural communities and the third model is an alternative, especially for communities with a small number of children.
302. Services of the first 3 types may be funded from public, viz. state (school budget) or community financial resources or through the initiatives (philanthropic, humanitarian and charitable) of civil society organizations. In each case, opportunities to apply co-financing and co-payment mechanisms should be considered as well.
303. Also, options of public/community or corporate subsidies of the families' copayment for the services should be considered.
304. The funding of services of 4th type set up by large companies/employers may be ensured through the funds of large companies/employers interested in initiating such services. The care and development services set up by large companies/employers may be intended exclusively for the children of the staff members of the company in question.
305. Such services may be funded from several sources, including through funding by the stakeholder company/employer and company's/employer's staff members or by co-financing by both of them.
306. The companies below may act as stakeholder founders of such services: e.g. Vivacell-MTS, Ucom communication and telecommunications companies, Grand Tobacco Armenian-Canadian Joint Venture, Acba-Credit Agricole Bank, Ameria, Armeconombank and Ardshinbank banking companies, large plants and other companies offering a large number of jobs and interested in highly qualified staff members with stable employment. Indeed, staff flow often appears problematic for these companies in terms of employing new staff and providing them with initial professional orientation environment and training, which in its turn requires additional financial investments and time. First of all, this applies to highly qualified women competitive in the labor market, who for lack of any alternatives, very often have to go on the maternal leave after their child is born. Whereas, if there are available childcare services for children under 3 years of age, women will have the opportunity to return to their work in a short time by saving both their time and skills.
307. The types of programs for early childhood care and development services vary by the types of such facilities, service duration and hours; such programs may be both basic, and alternative.
308. Thus, kindergartens offer a basic service program ensuring full day-care and education for children aged 0-3 and 3-6 years, including meals and daytime nap.
309. Alternative programs may vary by their types, scope and community resources.
310. The early childhood care and development centers to be set up at schools may offer short-term and long-term care of up to 3 hours or 3-5 hours. Such centers may be based on under-loaded schools both in urban and rural areas.
311. In rural communities, early childhood care and development community centers for a small number of children may be set up (in the premises of local municipality or cultural centers) to provide them with leisure opportunities and care and education appropriate to their age.
312. Alternative care and development programs for children under 3 years may also be offered at childcare facilities under the RA Ministry of Labor and Social Affairs currently under deinstitutionalization (the opportunities and challenges to such programs are outlined in the next section of this analysis).
313. To extend the network of home-based care and development services, the baby-sitter's institute should be developed; this covers as follows: setting the standards/requirements for baby-sitters, developing the legal framework and building the capacities necessary to introduce the baby-sitter's institute (training and qualification of baby-sitters).

9. Day-care arrangements for children under 3 years at childcare facilities for children in difficult life situations

9.1. Childcare arrangements for children in difficult life situations, basic services and standards

314. In Armenia, day-care services for children, including children under 3 years of age, within the RA MLSA are provided by a number of operating facilities with different legal status.⁷²
315. **Children's homes** are public social protection arrangements offering care and education to children without parental care until they reach 18 years old or are back to their biological families, are adopted, placed under guardianship or trusteeship or in a foster care family. Children's homes may be of the types below: general, specialized and family.
316. **Medical and social rehabilitation facilities for children** are medical facilities offering treatment to children with special needs, including correction of speech disorders, other complex rehabilitation actions and psychosocial support. Also, treatment is accompanied with teaching and educational activities for children.
317. **Children's support centers** are public social protection facilities providing temporary care to children in difficult life situations and psychosocial rehabilitation services to such children and their family members until children are returned to their parents or are placed under guardianship or trusteeship or, if not possible, in children's home.
318. **Child care and protection boarding facilities** are public social protection facilities offering care and education services to children from socially disadvantaged families registered in the family social insecurity assessment system and nominated by the social support board.
319. **Day-care facilities** offer child care, psycho-social and educational services.
320. As mentioned above, **pre-school childcare facilities** are educational facilities offering care for children under 6 years old and fulfilling relevant functions under RA Law on Education. Pre-school childcare facilities are classified into nurseries and kindergartens.
321. **Special public general educational facilities** offer education and care to children with special education needs.
322. Based on child's mental and physical development specifics, the RA Government Decree № 2179-N dated December 26, 2002 set the types below of **special public general educational facilities**: a) special general educational faculties for children with hearing impairments; b) special general educational facilities for children with visual impairments, c) special general educational facilities for children with severe speech disorders; d) special general educational facilities for children with musculoskeletal system disorders; e) special (auxiliary) general educational facilities for children with mental health problems; f) special general educational facilities for children showing antisocial behavior; g) special general educational facilities for children with outstanding abilities.
323. Out of the facilities of the types above, a number of childcare facilities of the types below currently operate under the RA Ministry of Labor and Social Affairs and mostly provide 24/7 or day-care services to children in difficult life situations, including children without parental care: a) children's homes (general and special viz. specialized); b) child daycare facilities, viz. social daycare centers; c) child care and protection boarding facilities, viz. child-care boarding facilities; d) child support centers; and e) child and family support centers.⁷³
324. The RA MLSA system incorporates 6 general and special (specialized) public social protection facilities providing 24/7 childcare (children's home); 6 childcare boarding facilities; a children's support center, a child and family support center and 2 social daycare centers.
325. Hence, the RA MLSA has 3 operating **general children's homes**, viz. 'Children's Home of Yerevan' SNCO, 'Children's Home of Gavar' SNCO and 'Children's Home of Vanadzor' SNCO, and 3 special (specialized)

⁷²The types of child-care facilities in Armenia are laid down in the RA Government Decree № 381-N dated 2005 on Approving the List of Types of Child Care and Protection Facilities in the Republic of Armenia and Standards for Placing Children Therein and on Making Changes and Amendments to the Republic of Armenia Government Decree № 2179-N dated December 26, 2002.

⁷³ The latter type is not laid down in the above Decree.

children's homes, viz. 'Marie Izmirlian Children's Home' SNCO, 'Children's Home of Gyumri' SNCO and 'Specialized Children's Home of Kharberd' SNCO.

326. These facilities provide 24/7 childcare in compliance with the RA Law on the Rights of the Child; RA Government Decree № 1324-N on Declaring a Public Governmental Agency Authorized by the RA Government and Approving the Minimum Public Social Standards for Care and Education at Children's Homes dated August 5, 2004; RA Government Decree № 1112-N on Establishing the Procedure and Conditions for Provision of Care for Children, Elderly Persons and/or Persons with Disabilities, Approving the List of Diseases based on which Elderly Persons and/or Persons with Disabilities may be Denied Care Services and Annuling a Number of Republic of Armenia Government Decrees dated September 25, 2015; RA Government Decree №815-N on Approving Minimum Childcare and Service Standards for Children's Homes, Child Care and Protection Boarding Facilities (regardless of their organizational and legal forms) dated May 31, 2007; and RA Government Decree № 1292-N on Approving the Staff Position Standards at Care and Services State Non-Commercial Organizations under the Republic of Armenia Ministry of Labor and Social Affairs and Making Amendments to the Republic of Armenia Government Decrees №730-N and №815-N dated May 31, 2007.
327. *Table 13* below outlines the aims and objectives of such childcare facilities and relevant underlying legal acts.

Table 13. Aims and objectives and legal grounds of the children's homes under RA MLSA

Name of facilities	Activity aim	Activity objectives	Legal acts
'Children's Home of Yerevan' SNCO	Ensure 24/7 care for children without parental care	Protection of the rights and legal interests of the children under 6 years old enrolled in the children's home; psychosocial and medical rehabilitation activities; provision of food, clothing and other household items as necessary; provision of care and education; training and medical care; placing them in other care facilities	RA Labor and Social Affairs Minister's Order № 109-A/1 dated September 3, 2007
'Children's Home of Gavar' SNCO		Psychosocial rehabilitation for children aged 3-18 years old enrolled in the children's home; protection of their rights and legal interests; provision of food, clothing and other household items as necessary; provision of care and education; training and medical care; assistance in arranging their further life through adoption or guardianship as prescribed by RA law	RA Labor and Social Affairs Minister's Order № 65-A/1 dated April 25, 2006
'Children's Home of Vanadzor' SNCO		Psychosocial rehabilitation for children under 18 years old enrolled in the facilities; assisting in protection of their rights and legal interests; provision of food, clothing and other household items as necessary; provision of care and education; training and medical care	RA Labor and Social Affairs Minister's Order № 113-A/1 dated June 13, 2006
'Marie Izmirlian Children's Home' SNCO	25/7 care for children with disabilities without parental care; children with severely limited abilities: central nervous system disorders, organic and functional lesions, congenital and acquired physical defects	Psychosocial rehabilitation for children with disabilities under 18 years old without parental care; protection of their rights and legal interests; meeting their material and daily needs; training and medical care	RA Labor and Social Affairs Minister's Order № 16-A/1 dated January 31, 2013
'Children's Home of Gyumri' SNCO		Medical and psychosocial rehabilitation for children with disabilities under 6 years old; protection of their rights and legal interests; meeting their material and daily needs; upbringing; their placement in other childcare facilities	RA Labor and Social Affairs Minister's Order № 69-A/1 dated April 28, 2006
'Specialized Children's Home of Kharberd' SNCO		Protection of the rights and legal interests of the children with disabilities aged 6-18 years old enrolled in the facilities; medical and psychosocial rehabilitation; meeting their material and daily needs; care and education; placing them in other care facilities	RA Labor and Social Affairs Minister's Order № 66-A/1 dated April 25, 2006

328. There are 6 childcare boarding facilities operating under the RA MLSA: ‘Child Care and Protection Boarding Facilities № 1 of Vanadzor’ SNCO; ‘Child Care and Protection Boarding Facilities of Byureghavan’ SNCO; ‘Child Care and Protection Boarding Facilities № 1 of Gyumri’ SNCO; ‘Child Care and Protection Boarding Facilities № 2 after F. Nansen of Gyumri’ SNCO; ‘Child Care and Protection Boarding Facilities of Dilijan’ SNCO and ‘Child Care and Protection Boarding Facilities of Kapan’ SNCO.
329. These facilities provide 24/7 childcare in compliance with the RA Law on the Rights of the Child; RA Government Decree № 1324-N on Declaring a Public Governmental Agency Authorized by the RA Government and Approving the Minimum Public Social Standards for Care and Education at Children’s Homes dated August 5, 2004; RA Government Decree № 1112-N on Establishing the Procedure and Conditions for Provision of Care for Children, Elderly Persons and/or Persons with Disabilities, Approving the List of Diseases based on which Elderly Persons and/or Persons with Disabilities may be Denied Care Services and Annuling a Number of Republic of Armenia Government Decrees dated September 25, 2015; RA Government Decree №815-N on Approving Minimum Childcare and Service Standards for Children’s Homes, Child Care and Protection Boarding Facilities (regardless of their organizational and legal forms) dated May 31, 2007; and RA Government Decree № 1292-N on Approving the Staff Position Standards at Care and Services State Non-Commercial Organizations under the Republic of Armenia Ministry of Labor and Social Affairs and Making Amendments to the Republic of Armenia Government Decrees №730-N and №815-N dated May 31, 2007.
330. *Table 14* below outlines the aims and objectives and of such childcare facilities and relevant underlying legal acts.

Table 14. Aims and objectives and legal grounds of the childcare boarding facilities under RA MLSA

Name of facilities	Aim and objective	Legal Act
‘Child Care and Protection Boarding Facilities № 1 of Vanadzor’ SNCO	Care and education of children aged 6-18 years old from disadvantaged (socially vulnerable) families registered in the family social insecurity assessment system; psychosocial rehabilitation; assisting in protection of their rights and legal interests; provision of food, clothing and other household items as necessary; arranging their education in public educational institutions and medical care	RA Labor and Social Affairs Minister’s Order № 890-A/1 dated July 26, 2007
‘Child Care and Protection Boarding Facilities of Byureghavan’ SNCO		RA Labor and Social Affairs Minister’s Order № 120-A/1 dated September 13, 2007
‘Child Care and Protection Boarding Facilities № 1 of Gyumri’ SNCO		RA Labor and Social Affairs Minister’s Order №117-A/1 dated September 13, 2007
‘Child Care and Protection Boarding Facilities № 2 after F. Nansen of Gyumri’ SNCO		RA Labor and Social Affairs Minister’s Order № 82-A/1 dated September 2, 2010
‘Child Care and Protection Boarding Facilities of Dilijan’ SNCO		RA Labor and Social Affairs Minister’s Order № 116-A/1 dated September 13, 2007
‘Child Care and Protection Boarding Facilities of Kapan’ SNCO		RA Labor and Social Affairs Minister’s Order № 115-A/1 dated September 13, 2007

331. ‘Zatik’ Yerevan Child Support Center’ SNCO, child support center under the RA MLSA, provides childcare (24/7 and daycare) in compliance with the RA Law on the Rights of the Child; RA Government Decree № 1324-N on Declaring a Public Governmental Agency Authorized by the RA Government and Approving the Minimum Public Social Standards for Care and Education at Children’s Homes dated August 5, 2004; RA Government Decree № 1112-N on Establishing the Procedure and Conditions for Provision of Care for Children, Elderly Persons and/or Persons with Disabilities, Approving the List of Diseases based on which Elderly Persons and/or Persons with Disabilities may be Denied Care Services and Annuling a Number of Republic of Armenia Government Decrees dated September 25, 2015; RA Government Decree №815-N on Approving Minimum Childcare and Service Standards for Children’s Homes, Child Care and Protection Boarding Facilities (regardless of their organizational and legal forms) dated May 31, 2007; and RA Government Decree № 1292-N on Approving the Staff Position Standards at Care and Services State Non-

Commercial Organizations under the Republic of Armenia Ministry of Labor and Social Affairs and Making Amendments to the Republic of Armenia Government Decrees №730-N and №815-N dated May 31, 2007.

332. *Table 15* below outlines the aims and objectives and of 'Zatik' Yerevan Child Support Center SNCO and the underlying legal act.

Table 15. Aims and objectives and legal grounds of the child support center under RA MLSA

Name of facilities	Activity aim	Activity objectives	Legal act
'Zatik' Yerevan Child Support Center' SNCO	Provide 24/7 care for a maximum of 6 months for children in difficult life situations aged 3-18 years old Provide daycare throughout the year for children in difficult life situations aged 6-18 years old	Psychosocial rehabilitation services for children in difficult life situations aged 3-18 years old and their family members; protection of children's rights and legal interests; meeting their material and daily needs; care and upbringing; assisting in their education and if not possible, placing them in children's homes Psychosocial rehabilitation services for children in difficult life situations aged 6-18 years old and their family members; assisting in protection of children's rights and legal interests	RA Labor and Social Affairs Minister's Order № 20-A/1 dated February 1, 2013

333. There are 2 social daycare centers, viz. 'Gyumri Children's Social Care Center' SNCO and 'Yerevan Ajapnyak Children's Social Care Center' SNCO, operating under the RA MLSA.

334. These facilities provide daycare services for children in compliance with the RA Law on the Rights of the Child; RA Government Decree № 1324-N on Declaring a Public Governmental Agency Authorized by the RA Government and Approving the Minimum Public Social Standards for Care and Education at Children's Homes dated August 5, 2004; RA Government Decree № 1112-N on Establishing the Procedure and Conditions for Provision of Care for Children, Elderly Persons and/or Persons with Disabilities, Approving the List of Diseases based on which Elderly Persons and/or Persons with Disabilities may be Denied Care Services and Annuling a Number of Republic of Armenia Government Decrees dated September 25, 2015; RA Government Decree №815-N on Approving Minimum Childcare and Service Standards for Children's Homes, Child Care and Protection Boarding Facilities (regardless of their organizational and legal forms) dated May 31, 2007; RA Government Decree №1877-N on Approving the Procedure for Child Daycare Provision dated December 7, 2006; and RA Government Decree № 1292-N on Approving the Staff Position Standards at Care and Services State Non-Commercial Organizations under the Republic of Armenia Ministry of Labor and Social Affairs and Social Affairs and Making Amendments to the Republic of Armenia Government Decrees №730-N and №815-N dated May 31, 2007.

335. *Table 16* below outlines the aims and objectives and of such childcare facilities and relevant underlying legal acts.

Table 16. Aims and objectives and legal grounds of the social daycare centers under RA MLSA

Name of facilities	Aim and objective	Legal Acts
'Gyumri Children's Social Care Center' SNCO	Needs assessments and social diagnosis (identifying the causes, nature and gravity) of the problems of children without parental care, children at risk of losing parental care, children in unfavorable and dangerous conditions for growth and development and in dangerous living conditions and children with disabilities with self-service capabilities in Gyumri town and assisting in solving such problems in cooperation with governmental and non-governmental organizations	RA Labor and Social Affairs Minister's Order №59-A/1 dated May 12, 2009
'Yerevan Ajapnyak Children's Social Care Center' SNCO	Needs assessments and social diagnosis (identifying the causes, nature and gravity) of the problems of children without parental care, children at risk of losing parental care, children in unfavorable and dangerous conditions for growth and development and in dangerous living conditions and children with disabilities with self-service capabilities in Ajapnyak administrative district of Yerevan and assisting in solving such problems in cooperation with relevant divisions of Ajapnyak administrative district of Yerevan	RA Labor and Social Affairs Minister's Order №96-A/1 dated October 26, 2010

336. 'Child and Family Support Center' SNCO under the RA MLSA provides daycare for children in compliance with the RA Law on the Rights of the Child; RA Government Decree № 1324-N on Declaring a Public

Governmental Agency Authorized by the RA Government and Approving the Minimum Public Social Standards for Care and Education at Children's Homes dated August 5, 2004; RA Government Decree № 1112-N on Establishing the Procedure and Conditions for Provision of Care for Children, Elderly Persons and/or Persons with Disabilities, Approving the List of Diseases based on which Elderly Persons and/or Persons with Disabilities may be Denied Care Services and Annuling a Number of Republic of Armenia Government Decrees dated September 25, 2015; RA Government Decree №1877-N on Approving the Procedure for Child Daycare Provision dated December 7, 2006; RA Government Decree №815-N on Approving Minimum Childcare and Service Standards for Children's Homes, Child Care and Protection Boarding Facilities (regardless of their organizational and legal forms) dated May 31, 2007; RA Government Decree № 1292-N on Approving the Staff Position Standards at Care and Services State Non-Commercial Organizations under the Republic of Armenia Ministry of Labor and Social Affairs and Making Amendments to the Republic of Armenia Government Decrees №730-N and №815-N dated May 31, 2007; and RA Government Decree № 831-N dated August 11, 2016 on Renaming 'Child Care and Protection Boarding Facilities № 2 of Yerevan' State Non-Commercial Organization of the RA Ministry of Labor and Social Affairs and Make Amendments to the RA Government Decree № 890-N dated July 26, 2007.

337. Table 17 below outlines the aims and objectives and of such childcare facilities and the underlying legal act.

Table 17. Aims and objectives and legal grounds of the child and family support center under RA MLSA

Name of facilities	Activity aim	Activity objectives	Legal act
'Child and Family Support Center' SNCO	Helping families with children in the area covered by the organization's services to prevent and/or overcome difficult life situations, including provision of daycare on the organization's premises for children in difficult life situations aged 3-18 years old for a period set in the organization's charter or any other legal acts of internal use and assisting in exercising by those children of their right to live and develop in a family.	To help families with children in the area covered by the organization's services to prevent and/or overcome difficult life situations, arranging/provision of psychosocial, socio-educational and socio-legal services; arranging for the children aged 3-18 years old in difficult life situations under care at the organization psychosocial assistance, legal consulting, teaching and educational services, professional orientation, art therapy, occupational therapy (remedial exercise therapy), work therapy (for children above 16), primary medical care and services, leisure and other measures aimed at their social inclusion	RA Labor and Social Affairs Minister's Order №92-A/1 dated September 13, 2016

9.2. Public policy on reforming care arrangements for children in difficult life situations

338. The actual social protection policy aims to improve the life quality of children in difficult life situations, ensure their social protection safeguards, as well as develop the network of the alternative services offered to them, improve the quality of the services offered by child care and protection facilities and develop public programs to resolve relevant issues.
339. A number of noteworthy measures were taken under the Strategic Program for 2013-2016. Hence, the legal relations regulating provision of childcare at general and special (specialized) and boarding public social protection facilities and social care centers, including referral of children to such facilities and their enrolment were prescribed as stipulated by in the RA Government Decree № 1112-N dated September 25, 2015. In particular, respective criteria were set for enrolling children in general, special (specialized) and boarding public social protection facilities and the scope of children entitled to care at social daycare centers.
340. On October 29, 2015, the RA Government adopted Decree № 1292-N on Approving the Staff Position Standards at Care and Services State Non-Commercial Organizations under the Republic of Armenia Ministry of Labor and Social Affairs and Making Amendments to the Republic of Armenia Government Decrees №730-N and №815-N dated May 31, 2007. Accordingly, the Government also approved the staff position standards for special (specialized) public social protection facilities and social daycare centers offering care for children without parental care, with severely limited abilities: central nervous system disorders, organic and functional lesions, congenital and acquired physical and mental problems. The said amendments contribute to provision of more effective and quality services at such childcare facilities.
341. The RA Government Decree № 551-N dated May 26, 2016 sets the principles and standards for providing alternative care to children in difficult life situations and regulates the legal relations on referral to alternative care.

342. The RA Government Protocol Decree № 9 on Approving the Concept of Improved Procedure for Placing Children in Difficult Life Situations into Care dated March 10, 2016 intends to reform the nature of the childcare institute, promote smooth introduction of the institute of foster care family and also stipulate the types of care.
343. The RA Government Protocol Decree № 18 on Approving the Concept of Improving the System of Alternative Care Services in Republic of Armenia for Children in Difficult Life Situations dated May 12, 2016 and its Action Plan set out the main principles and directions of improving a system of alternative care services in the Republic of Armenia for the children in difficult life situation as well as outlined the need for services of a new type and the major actions taken to develop such services.
344. Presently, the improvement of 24/7 childcare facilities call for new approaches, namely review of the use of available resources and new large-scale mechanisms for service provision. In this regard, the RA Government Decree № 831-N dated August 11, 2016 is of critical importance; accordingly, the 'Child Care and Protection Boarding Facilities № 2 of Yerevan' State Non-Commercial Organization was renamed 'Child and Family Support Center' State Non-Commercial Organization and the aim and objectives of the organization were set out. 'Child and Family Support Center' State Non-Commercial Organization provides social services and its primary aim is to help families with children in the area covered by its services to prevent and/or overcome difficult life situations, including to provide daycare for children in difficult life situations aged 3-18 years old for a period set in the organization's charter or any other legal acts for internal use and assisting those children in exercising their right to live and develop in a family.
345. Along with a series of other differences with boarding care facilities of public social protection, the key distinctive feature of the 'Child and Family Support Center' State Non-Commercial Organization is that it will not offer round-the-clock childcare; this means that after receiving various social services at certain hours children will return to their family and will not spend the night at the facilities and also, their family members will receive social services, as necessary.
346. As for the differences with the social daycare centers, a wider range of beneficiaries is notable; in particular, the organization arranges and/or provides psychosocial, socio-educational and socio-legal services to other families with children from the area covered by its services to help them prevent and/or overcome difficult life situations. Such regulation not only makes it possible to build up a sufficient legal and organizational framework for deinstitutionalization of boarding care facilities, but also creates essential conditions in communities to prevent children's enrolment in 24/7 care facilities.
347. On September 8, 2016 the RA Government adopted Decree № 957-N on Making Amendments to a Number of RA Government Decrees. Accordingly, a series of amendments were made to the charters of the child care and protection facilities under the RA MLSA to diversify the types of their services and extend the range of their beneficiaries. In particular, five of those facilities will offer relevant daycare services for children with disabilities in difficult life situations.
348. On September 15, 2016 the RA Government adopted Protocol Decree № 36 on Approving the Action Plan of the Concept of Developing the System of Alternative Care Services in RA for Children in Difficult Life Situations. The actions covered in the Action Plan intend developing necessary legal grounds to offer families with children from the area covered by the services of the facilities by social services new in terms of their quality and content (decentralized services) to help them prevent and/or overcome difficult life situations and to offer daycare for children in difficult life situations for a period set in the charter or any other legal acts for internal use.
349. On October 27, 2016 the RA Government adopted the Decree № 1112-N on Setting Lists of Free of Charge State-Guaranteed Social Services and Paid Social Support Services Offered by Social Service Organizations under Public Agencies and Cases and Procedure for Providing Paid Social Support Services and Financing Social Support through the Funds Generated from Paid Social Support Services. Accordingly, this Decree makes it possible for the organizations operating under public agencies and offering state-guaranteed social services to provide quality and specialized services to children in difficult life situations, including children with disabilities not enrolled in the facilities as well.

9.3. Extending current childcare services for children under 3 years and introducing new ones: major opportunities and challenges for the RA MLSA system

350. The recent reforms in social protection of children in difficult life situations aimed to improve the system of the alternative childcare social services. To this end, efforts were invested to extend the free and community-funded social services for children in difficult life situations and particularly children without

parental care and children with disabilities through preserving and improving the system of the state-guaranteed free social services offered to children by various organizations operating in the country.

351. The RA Government Decree № 122-N on Approving the Action Plan and Priorities of the Activity of the Republic of Armenia Government for 2017 dated January 12, 2017 also provides for restructuring childcare arrangements. Particularly, it is intended to:
- submit to the Government by the second decade of March a draft RA Government Decree on Renaming 'Children's Home of Vanadzor' State Non-Commercial Organization under the Republic of Armenia Ministry of Labor and Social Affairs and Making Amendments to the Republic of Armenia Governments Decree № 1906-N dated November 28, 2002; accordingly, 'Children's Home of Vanadzor' State Non-Commercial Organization under the RA MLSA will be restructured into 'Child Support Center of Vanadzor' State Non-Commercial Organization. The new organization will provide day care for children in difficult life situations aged 6-18 years old and 24/7 full care for children aged 3-18 years old for a maximum of 6 months and assistance in ensuring their right to live in a family.⁷⁴
 - restructure the public social protection facilities (childcare boarding facilities) under the RA MLSA into child and family support centers. This process aims to improve the life quality of the children in difficult life situations, ensure the child's right to live in family and social protection safeguards for children and their family, including prevention of domestic violence, as well as ensuring identification, prevention and early intervention into problems of children with disabilities, especially children of 0-6 years of age.⁷⁵
352. The new organizations will provide the children and families in difficult life situations with professional services in line with the needs assessment, including support to children with disabilities and their families, and victims of domestic violence and their family members.
353. This process covers assessing the needs of the children enrolled in the childcare boarding facilities under the RA MLSA and their families and submitting suggestions on arranging their further care. Also, it is intended to map out and approve the timetable for setting up child and family support centers and the legal framework for restructuring the childcare boarding facilities.
354. It is planned to restructure and deinstitutionalize the operating public social protection facilities under the RA MLSA,⁷⁶ ensure that the children enrolled therein are back to their biological families and set up alternative arrangements to offer social rehabilitation services to children and families in difficult life situations. The public policy also provides for developing training modules for the staff of such arrangements and holding trainings and re-qualification courses.
355. Hence, only 4 out of the childcare facilities under the RA MLSA currently offer care services for children under 3 years of age, namely: 'Children's Home of Yerevan' SNCO (for children under 6), 'Children's Home of Vanadzor' SNCO (for children under 18), 'Marie Izmirlian Children's Home' SNCO (for children under 18), and 'Children's Home of Gyumri' SNCO (for children under 6). And in 2017, the 'Children's Home of Vanadzor' SNCO will be restructured into Child Support Center of Vanadzor.
356. As mentioned above, the RA Government approved as follows:
- the list of free state-guaranteed social services provided by organizations under public agencies;
 - the list of paid social support services offered by social service organizations under public agencies; and
 - cases and procedure for providing paid social support services and financing social support through the funds generated from paid social support services.⁷⁷

⁷⁴ Para. 112, Annex 1 to the Decree.

⁷⁵ Para. 121, Annex 1 to the Decree.

⁷⁶ 'Child Care and Protection Boarding Facilities of Kapan', 'Child Care and Protection Boarding Facilities of Byureghavan', 'Child Care and Protection Boarding Facilities № 1 of Vanadzor', 'Child Care and Protection Boarding Facilities № 1 of Gyumri', 'Child Care and Protection Boarding Facilities № 2 of Gyumri', and 'Child Care and Protection Boarding Facilities of Dilijan № 1'.

⁷⁷ RA Government Decree № 1112-N dated October 27, 2016 on Setting Lists of Free of Charge State-Guaranteed Social Services and Paid Social Support Services Offered by Social Service Organizations under Public Agencies and Cases and Procedure for Providing Paid Social Support Services and Financing Social Support through the Funds Generated from Paid Social Support Services.

357. Also, as mentioned above, the types of services offered by the RA MLSA child care and protection facilities and the ranges of their beneficiaries were extended.⁷⁸ Particularly, the facilities below received an opportunity to provide relevant day-care services for children with disabilities in difficult life situations:
- for 'Children's Home of Yerevan' SNCO, the main aim was set provision of 24/7 full care and **long-term or fixed-term** shelter for children under 6 without parental care (except for children with severely limited abilities: central nervous system disorders, organic and functional lesions, congenital and acquired physical and mental problems).
 - for 'Children's Home of Gyumri' and 'Marie Izmirlian Children's Home' SNCOs, the main aim was set provision of 24/7 full care and **long-term or fixed-term** shelter for children without parental care under 8 years of age ('Children's Home of Gyumri') and for children aged 0-18 years old ('Marie Izmirlian Children's Home') with severely limited abilities: central nervous system disorders, organic and functional lesions, congenital and acquired physical and mental problems.
358. Hence, the **legal framework** was developed for the above facilities to provide high-quality specialized services to children in difficult life situations, including children with disabilities not enrolled therein.
359. However, these facilities provide no such services yet due to a series of issues related to the specific procedures for providing extra services and institutional capacity building that require financial investments and technical assistance.
360. Thus, the issues below need specification: procedure for providing extra services, including legal relations on HR management and work environment, funding of services and funding sources (setting the fee, regulating service fee and co-payment issues, and combining cash flows) and acceptability criteria.
361. Extending childcare services calls for assessing the housing conditions of the SNCOs and their capacities to meet children's needs.
362. Also, the staff capacities and the needs and opportunities to develop them in line with the extra service provision requirements should be assessed.
363. A community needs assessment should be conducted to estimate whether certain services can meet such needs. Also, comprehensive actions on community trust-building for the facilities and their extra services should be developed and taken.

⁷⁸ RA Government Decree № 957-N dated September 8, 2016 on Making Amendments to a Number of RA Government Decrees.

10. 'Arabkir' Foundation's experience in care arrangements for children with developmental disorders

10.1. Specifics of care of children with developmental disorders

364. The World Health Organization (WHO) describes child development as a dynamic process with physical, cognitive, social and emotional components through which children gain and improve various services and progress from dependency on parents in all areas of functioning during late childhood and adolescence to independence.
365. Such development results from dynamic interaction of biological factors and the environment. Child development depends on both parents and caregivers, and the physical, emotional and social environment. Child's development features at an early stage of life condition his/her further development. Specifically, the most intensive period of brain development in the last months of intrauterine life, first post-natal months and early childhood result in rapid development of child's physiological, motor and cognitive functions, which further contributes to child's learning abilities and social skills.
366. The child goes through several stages of development. It is the capacities and skills the child starts to master the best at certain development stages that come to frame the development objectives. The "critical period" age covers the best cognition and mastering of certain issues. If children get no teaching at that stage, they may face difficulties that negatively impact their further development. The sequence of development stages reflected by respective achievements at certain age counts as "normal development"; such indicators are compared to assess a child's actual development level. Knowledge of the normal sequence of development stages is especially essential for early identification of developmental disorders or delays among children.
367. According to WHO data, on average, every tenth child, and in some countries, every seventh child shows developmental disorders or delays at different stages of their life; over 200 million children worldwide are unable to fully realize their development potential.⁷⁹ And the situation tends to worsen. One reason for this is the reduced infant mortality and especially newborn mortality; nowadays, the medical system ensures the vitality of newborns with low birth weight, serious diseases and various abnormalities in a larger number as compared to the past. Whereas, this group is most at risk in terms of developing mental disorders. Moreover, due to women's reproductive health problems, assisted reproductive technologies, including in vitro fertilization (IVF) are applied, which also may to some extent cause the above risks. Access to pre-implantation genetic diagnosis is still extremely limited, which is an obstacle to reduction of a number of substantial risks that may occur in case of IVF. Such risks are continuously heightened by the environment and a number of other factors as well.
368. Developmental disorders may lead to sustained suppression of an important function of the child's body and cause child disability. Therefore, it is of essential importance to comprehensively monitor child's development starting from the fetus intrauterine life, take preventive measures and ensure early identification of any deviations and early intervention and rehabilitation and recovery, as necessary. As the child's development is interrelated with all the aspects of his/her life, early intervention should be arranged in a comprehensive and consistent manner to cover both health, and educational, and social issues of development.
369. The issues above may be resolved efficiently through joining the efforts of the family, community, state and the public at large and such initiative has both humanitarian, and economic significance. Investments in ensuring child development range among the most effective health investments.
370. According to the Childhood disability in Armenia household sample survey joint report of UNICEF, RA Ministry of Health, National Statistical Service of Armenia and Armenian Relief Society published in 2005, the prevalence of developmental delays and disorders among children under 8 years of age amounted to around 11%.⁸⁰

⁷⁹ Developmental disorders cover the nosologic units and groups below: mental retardation, infantile cerebral paralysis, autism and other pervasive developmental disorders, various combined syndromes (congenital, genetic or acquired severe disorders of nervous and other systems), attention deficit and/or hyperactivity syndrome, severe disorders of sensory organs (visual and auditory functions), severe epilepsy.

⁸⁰ Childhood disability in Armenia. Ministry of Health, National Statistical Service of Armenia, UNICEF, Armenian Relief Society, Yerevan, Armenia; 2005.

371. According to the data of the RA Ministry of Labor and Social Affairs, 8,006 children with disabilities were registered in Armenia in 2015 and the childhood disability intensive prevalence rate was about 1.5%. The most frequent causes of disabilities are as follows: nervous system diseases (29%), mental and behavioral disorders (17%), congenital defects and deformations (17%), and eye diseases (8%).
372. The UNICEF study of 2011-2012 shows that in Armenia there are big gaps in providing children with developmental disorders with access to rehabilitation, pre-school and school education and community services.⁸¹ About 18% of children with developmental disorders do not go to school and 71% do not go to preschool (80% in rural areas) and around 67% of children do not use any relevant rehabilitation services. Most children's development is not evaluated by social services.
373. In 2013, 'Arabkir' Joint Medical Center, Institute of Child and Adolescent Health ('Arabkir' JMC) carried out a survey of health status and development of around 840 children with developmental disorders as well as of demographic rates and services provided in Tavush region. The survey shows that mothers are the primary caretakers of around 95% of the children, grandmothers mostly take care of 3% of the children, fathers take care of 1% of the children, and about 5% of the children live without their mothers. Around 86% of mothers do not work, are homemakers and/or do agricultural work. Every ninth mother (21% in urban areas and 7% in rural areas) is public-sector employee. Almost half of the number of fathers (48%) do not work, and 9% of them are migrant workers. 44% of children with developmental disorders are the first child, 30% second child, 17% third child and 9% fourth and subsequent child in the family.⁸²

10.2. 'Arabkir' Joint Medical Center, Institute of Child and Adolescent Health model: basic services and criteria

374. 'Arabkir' Joint Medical Center is the largest pediatric complex facilities in Armenia. Annually, it serves about 10,000 pediatric hospital cases, provides around 70,000 out-patient consultations, treatment or regular treatment to about 10,000 children with chronic diseases.⁸³ The main directions of the Center's activities cover child development and rehabilitation and prevention of disability among children. As a result of active cooperation with leading foreign experts and centers, in 1999 ArBeS (Armenia-Belgium-Switzerland) branch was set up within the Center to host the first multidisciplinary rehabilitation team in Armenia comprising medical rehabilitologists, developmental pediatricians, physiotherapists, ergo-therapists (occupational therapy), speech therapists, special educators and psychologists. The medical staff members (neurologists, orthopedists, etc.) of the other specialized services provided at the Center actively interact with the ArBeS staff, which ensures comprehensive medical care. Starting from 2005, 'Arabkir' JMC also has a daycare center providing both medical and educational and care services.
375. In 2005, the RA Ministry of Health jointly with 'Arabkir' JMC and UNICEF, adopted the 'Early Intervention Concept' providing for 3 levels of intervention (*Figure 20*). To ensure fulfillment of the concept, preparation of educational and methodological materials, training of human resources and coordination of activities, the services operating under 'Arabkir' JMC acquired the status of "Reference center for child development evaluation."⁸⁴
376. Based on the said Concept, child development evaluation covers 3 stages. The initial stage concerns detecting developmental delays/deviations among children. This primarily requires regular screenings that enable the earliest identification of children with developmental disorders. At this level, child age-relevant questionnaire and survey methods are applied. The child development screening was introduced at the primary chain of the health care system viz. at children's polyclinics, family doctor's offices or health centers. To this end, the primary Ireton child development inventory currently applied in the United States

⁸¹ It's about inclusion: Access to education, health and social protection services for children with disabilities in Armenia. UNICEF, Yerevan; 2012.

⁸² Report on survey of health status of the children with developmental problems and rehabilitation services in Tavush region of Armenia. Hakobyan, A., Sargsyan, S., Movsesyan, Y., Hovhannisyan, L. Arabkir Medical Center, Institute of Child and Adolescent Health, Yerevan, Armenia; 2013.

⁸³ Along with its medical services, 'Arabkir' JMC is involved in developing public policy in this sector and implementing educational, scientific and practical programs at the national, regional and community levels. The Center cooperates with competent authorized governmental departments, national and local executive agencies, medical facilities in Yerevan city, NGOs and international development partners. Over decades, the Center has been collaborating with centers in Switzerland, Belgium, France, USA, Canada and other countries.

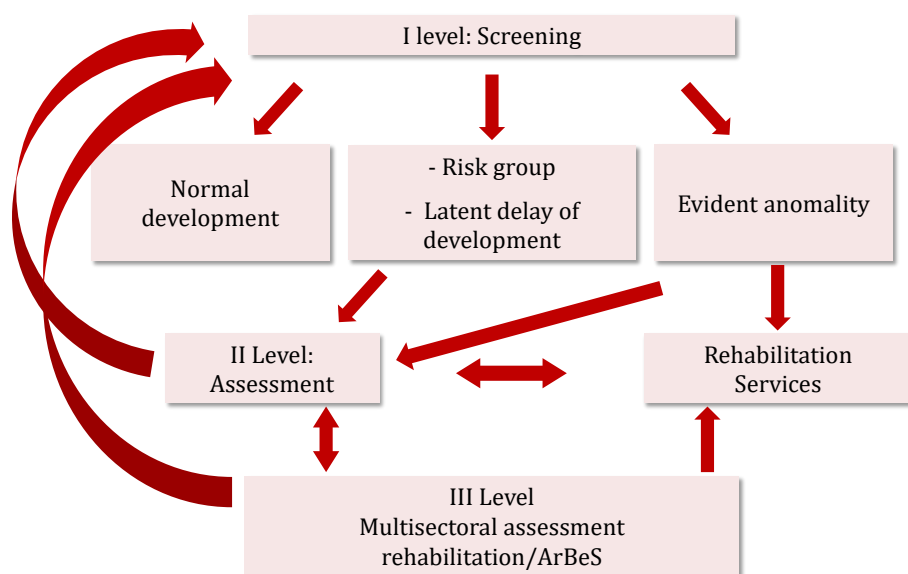
⁸⁴ RA MoH Decree № 162-A, February 23, 2005.

is usually applied with the help of a nurse.⁸⁵ This stage either fixes child's normal development or identifies deviations. Teachers or social workers also may carry out primary actions to identify deviations.

377. Based on the results of stage 1, the child's development may also count as "normal", i.e. without any developmental delays. Otherwise, if the screening results give rise to a doubt of any developmental delay, or if a pathological medical condition that may substantially affect the child's development was identified and/or there is substantial developmental delay in one or more aspects, the child is referred to the stage 2.

Figure 20. Early Intervention Concept of 'Arabkir' Joint Medical Center, Institute of Child and Adolescent Health

Concept of the Early Intervention



378. At Stage 2, specialized evaluation of child development is conducted at development/rehabilitation centers, children's polyclinics or multisectoral children's hospitals offering relevant services. The evaluation is carried out by specialists qualified in development pediatrics (developmental pediatrician) as well as a neurologist, medical rehabilitologist and psychiatrist. Unless the assumptions of Stage 1 are confirmed and the child needs any "early intervention" service, his/her further development follow-up is carried out by the plan of healthy children.
379. If the assumptions of Stage 1 are confirmed, the child is referred to rehabilitation (early intervention) services, so that they meet the child's individual development needs and contribute to the family efforts to promote his/her development. Also, consultations with subject-specific professionals are arranged, as necessary. Upon re-evaluation of the child, the service efficiency is assessed and the sequence of further intervention is determined.
380. If a child's diagnosis and evaluation call for a more in-depth multidisciplinary approach, he/she is referred to stage 3 (specialized center). There, a comprehensive evaluation of the child's development is conducted by a team of doctors and related specialists with relevant qualifications, skills and experience in multidisciplinary activities and access to laboratory examinations (medical rehabilitologists, physical therapist, speech therapist, special educator, psychologist, social worker). Based on the comprehensive evaluation of the child, an individualized medical rehabilitation program is developed.
381. To make child development and rehabilitation services more accessible, starting from 2003, 'Arabkir' JMC, in cooperation with a number of partner organizations,⁸⁶ set up regional and community branches in Spitak, Vanadzor, Gyumri, Ijevan, Gavar, Armavir and Artashat that operate by public financing.⁸⁷ In Aparan area, an inclusive rehabilitation summer camp was arranged.⁸⁸ 'Arabkir' JMC held ongoing exchange of

⁸⁵ Child Development Inventory. Manual by Harold Ireton, PhD. Behavior Science Systems, Inc. Minneapolis, US, 1992.

⁸⁶ UNICEF, Mission East Danish NGO, 'Jinishyan' Foundation, etc.

⁸⁷ In 2014, the branches in Spitak and Vanadzor passed under the subordination of the regional government and preserved government financing.

⁸⁸ Due to insufficient funds, such services are not available in the other regions and children are offered services in Yerevan.

experience campaigns and trainings attended by representatives of Armenian health, educational and social institutions and NGOs.

382. In 2006, 'Arabkir' JMC launched the gradual introduction of neonatal screening in Armenia. Currently, congenital hypothyroidism and phenylketonuria screening are available in Armenia and most maternity hospitals perform hearing, vision and congenital dislocation screening. As of early 2017, 124 cases of congenital hypothyroidism and 45 cases of phenylketonuria, as well as 250 children with vision problems and 174 children with congenital dislocation were identified.
383. Presently, it is essential to promote interagency cooperation among the authorized agencies and organizations providing services in this sector and develop and introduce child-centered institutional mechanisms. The introduction of inclusive education and integrated social services in Armenia came to increase the importance of such cooperation, extended its opportunities and made the challenges more obvious. At the same time, inter-sectoral and interagency disagreements and conflicts of interest may significantly reduce the efficiency of the interagency efforts and waste the scarce funds. Therefore, the system should center on child and family, their needs and expectations.
384. The younger the children, the more combined their health, educational and social needs are. Thus, the service providers who are the first to start communicating with children under 3 years old are doctors and nurses; they follow-up and promote children's development, speech and movements. Also, these functions of health providers are of both educational and social importance. On the other hand, care of children under 3 and subsequently preschool educational services and social care have a positive effect on their health, physical and mental development. Such interaction of health, educational and social functions is even more crucial for children with developmental disorders and especially children with disabilities. Child's social integration is impossible without early intervention aimed at eliminating restriction on child's life activity or maximum possible compensation, comprehensive rehabilitation measures and implementation of pre-school and school educational programs.
385. As compared to preschool enrolment in Armenia with no more than 30% of pre-school children, such enrolment of children with disabilities is much lower. Given this, the inclusion of young children in care and pre-school educational institutions proves even more important.
386. To address the above challenges, 'Arabkir' JMC, jointly with UNICEF, carried out a service integration program in Lori and Tavush regions of RA. The Center introduced and currently implements in Malatia-Sebastia community of Yerevan city an innovative community health, education and social model program unique in Armenia to ensure early identification of children with developmental disorders and early intervention, access to rehabilitation services in communities, health, effective communication among health, education and social services, creation and improvement of relevant pre-school and school conditions.⁸⁹
387. Hence, to ensure access to services of early identification of children with developmental disabilities and early intervention and rehabilitation services, in 2012 rehabilitation service was launched at Children's Polyclinic № 9 in Malatia-Sebastia community to ensure identification, assessment and rehabilitation treatment of such children in the primary medical chain. The program provided training for local district pediatricians and nurses, as well as other related specialists and developmental pediatric rehabilitologists. This resulted in significantly improved early identification of the target children and in 2016, about 60 children received continuous rehabilitation care under the program.
388. To meet the educational needs of the identified children, a community kindergarten was involved in the next phase of the program. Kindergarten № 92 in Malatia-Sebastia administrative district was completely reconstructed and renovated to adapt to the needs of children with special needs (adjusting the staircases, constructing access ramps, separate rooms for rehabilitation interventions, providing special rehabilitation equipment, furniture and games, recruiting and training relevant specialists).
389. The model is not limited to improving the physical environment for children but mostly aims to introduce innovative approaches of service delivery. Unlike inclusion of children with minor developmental disorders in the "general" groups of kindergarten which was not problematic (except for the quality of assistance provided) under the effective educational standards, the integration of children with most severe problems was impossible without a number of organizational and methodological transformations. In particular, it was impossible to arrange care and education for such children at "general" kindergartens without

⁸⁹ The program was carried out with the assistance of the RA MLSA, Yerevan Municipality, 'Arabkir' JMC and financial support of Chronimet Charity Foundation, 'Arabkir' United Children's Charity Foundation, UNICEF, Orange Foundation and the Football Team of the Mayors of German Cities.

adequate care providers and the above physical conditions.⁹⁰ On the other hand, the very logic of public policy inherited from the past excluded the idea of inclusion. Giving importance to the idea of child-centered and community-based integrated services, 'Arabkir' JMC suggested arranging and financing care services at the community kindergarten with the status of a "pre-inclusive group"; moreover, it was suggested that the functions of the selected kindergarten should be linked with health and social community services.⁹¹

390. Kindergarten № 92 has provided the said services since 2015. The kindergarten has a multidisciplinary team (speech therapist, psychologist, physiotherapist and ergo-therapist) who received continuous training at ArBeS Health Center, 'Arabkir' JMC. The team works with children enrolled in both pre-inclusive and inclusive groups.
391. Children with minor developmental disorders in inclusive groups receive support of special educators, speech therapist and psychologist and those with severe developmental disorders are enrolled in the pre-inclusive groups of the kindergarten. Currently, there are 3 pre-inclusive groups of 24 children with severe developmental problems and 6 inclusive groups of 18 children.
392. The medical services and follow-up surveillance of children are provided by Polyclinic № 9, including developmental pediatric rehabilitologists. ArBeS specialists exercise a direct control over the working activities of the kindergarten specialists. As a result of rehabilitation treatment, these children will be able to enroll in kindergarten's inclusive groups. Along with professional interventions, they are involved in the daily life of the kindergarten and group classes which facilitates their subsequent inclusion. To create a favorable environment for the children's inclusion, the kindergarten hosts regular meetings and trainings for kindergarten teachers and parents. The trainings are attended by both the parents of healthy children and those of children with special needs. To ensure active collaboration and involve social services, 4 social workers of the SATD of Malatia Sebastia administrative district of Yerevan city were trained as case managers. They managed 26 cases throughout the program. Both parents, and kindergarten staff, and doctors assessed the program outcomes as positive.

10.3. Public policy and legal framework of the current model

393. Issues of child development and especially healthy and normal child development at an early age are regulated by the international and domestic legal documents effective in RA.
394. Article 6 of the Convention on the Rights of the Child ratified by the RA enshrines the child's right to life. The state undertakes to ensure to the maximum extent possible the survival and healthy development of the child. According to Article 23 of the Convention, States Parties shall promote exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of children with mental or physical disabilities, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services. The Convention calls upon the parties to ensure the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health (Article 24). The Convention recognizes the right of the child to education (Article 28), and on the basis of equal opportunity, calls upon the parties to make primary education compulsory and available free to all. To ensure these opportunities, the children with developmental disorders should be prepared respectively by the age of 6 and be entitled to attend preschool.
395. The Republic of Armenia also ratified the Convention on the Rights of Persons with Disabilities which enshrines the right of persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. The state shall take all appropriate measures to ensure access for persons with disabilities to health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention and services designed to minimize and prevent further disabilities (Article 25).
396. Similar provisions are also laid down in the European Social Charter. With a view to ensure the effective exercise of the right of children and young persons to grow up in an environment which encourages the full development of their personality and of their physical and mental capacities, the state undertakes to take all appropriate and necessary measures to ensure that children and young persons have the care, the assistance, the education and the training they need, in particular by providing for the establishment or maintenance of institutions and services sufficient and adequate for this purpose (Article 17).

⁹⁰ Such conditions are prescribed by the effective law but are not ensured in most cases.

⁹¹ All the involved specialists received training.

397. Under the Convention against Discrimination in Education, the State undertakes as follows: in order to eliminate and prevent discrimination within the meaning of this Convention, the State undertakes to abrogate any statutory provisions and any administrative instructions and to discontinue any administrative practices which involve discrimination in education, except on the basis of merit or need (Article 3). The State undertakes furthermore to formulate, develop and apply a national policy which, by methods appropriate to the circumstances and to national usage, will tend to promote equality of opportunity and of treatment in the matter of education and in particular to make primary education free and compulsory, encourage and intensify by appropriate methods the education of persons who have not received any primary education or who have not completed the entire primary education course and the continuation of their education on the basis of individual capacities (Article 4).
398. The analysis of the current situation shows that the said rights of the children are not fully exercised in Armenia.
399. In particular, to ensure healthy development of children, the RA Labor Code prescribes half-time working day or week upon request of an employee with a child under 1 year old (Article 141). Pregnant women and employees with a child under 3 years old may be involved in night work (Article 148) at their place or on duty at an organization (Article 149) only with their consent. A family mother, father or guardian actually taking care of a child may be granted a childcare leave upon request till the child reaches 3 years old (Article 137).
400. The clauses of the RA Law on Social Protection of Persons with Disabilities guarantee the right of children with disabilities to free provision with medicines upon prescription. The Law guarantees free quality medical care funded from the state budget for persons with disabilities at the public medical facilities (Article 11). The Law provides for creating special conditions at general pre-school facilities to open more favorable opportunities for education and necessary rehabilitation care for preschool children with disabilities (Article 13).
401. The analyzes show that the above legislative guarantees are provided in part. The treatment of a series of root causes underlying childhood disability requires no remedies, but rather physical therapy, ergo-therapy and other treatment methods which are not fully accessible yet. A large number of children in Armenia have no or limited access to these services. Most preschools lack special conditions provided, for example, by kindergarten № 92. On the other hand, not all the childhood disorders may be considered and certified as disability and therefore the right of children without the status of children with disabilities to medical care is not ensured every time, particularly after they reach 7 year old.
402. The RA Law on Education provides that general education starts at the age of 6. The RA Law on Pre-school Education states that pre-school age is a period of the child's physical, psychological and social development. As mentioned above, pre-school age has the phases below: early pre-school age: up to 3 years old, younger pre-school age: 3-5 years, and advanced pre-school age: 5-6 years (Article 9). Article 23 of the Law provides equal rights of pre-school children to pre-school education. Their parents or their legal representatives are entitled to choose pre-school facilities and form of education for their child, including home-based teaching, as well as consult competent education governmental agencies on child's development and education and protect their child's legal interests before competent public agencies and be involved in the pre-school educational process (Article 28).
403. The National Assembly adopted in first reading the RA draft Law on Protection of the Rights of Persons with Disabilities and their Social Inclusion that lays down a number of provisions on the education of pre-school children with disabilities. Thus, to create most favorable conditions for education and rehabilitation of pre-school children with disabilities, the Law provides for creation of special conditions and smart facilities based on the measures covered in the individual rehabilitation plans. In cases where the health of preschool-age child with disabilities makes it impossible to arrange his/her education at educational institutions with pre-school program or general preschool facilities, upon consent of child's parent (or legal representative), he/she may get home-based education with the help of social workers at the educational institutions with pre-school program or other general preschool facilities and community social worker for the funds of the state budget or other funds not prohibited by law. In this case, the law provides for material security or benefits for the parent (or other legal representative) actually responsible for the child's care and upbringing (Article 36).
404. The RA Government Decree on Approving the List of the Types of RA Child Care and Protection Facilities and Their Criteria for Child Enrolment and on Making Changes and Amendments to the RA Government Decree № 2179-N dated December 26, 2002 determines the status of a number of facilities. Hence, 'Children's medical and social rehabilitation facilities' are medical facilities that provide treatment of children with special needs and other complex rehabilitation activities, provide psychosocial support and arrange educational activities for children during their treatment. Children's medical and social

rehabilitation centers are intended for children under 18 years old with chronic neurological and psychiatric disorders, developmental delays and mental problems as well as children who survived violence and are in need of medical and social rehabilitation, care and education. 'Children's pre-school facilities' are educational facilities which offer care for children under 6 years old and fulfills the functions laid down in the RA Law on Education.

405. The actions of the Annual Program 2016 on Social Protection of Persons with Disabilities prescribed by the RA Government Protocol Decree on Approving the Annual Program 2016 on Social Protection of Persons with Disabilities and its Action Plan cover ensuring accessibility at the educational facilities of the country, viz. construction of access ramps and accessible toilets.
406. The RA Government Decree on Strategic Program 2013-2016 for the Protection of the Rights of the Child in RA and its Action Plan set out the main aims of the Program in the health sector, including improvement of the health and nutritional status of children and adolescents, ensuring healthy growth and development, maintaining high level of vaccination coverage and preventing diseases, reduction of child diseases and mortality rates and prevention of disability. In education, the public policy mostly aims *inter alia* to provide each citizen with quality education in line with his/her learning preferences and abilities and ensure equal opportunities, i.e. providing everybody with the opportunity to get education of the highest quality in line with their preferences and abilities and increasing pre-school and school enrolment.
407. The Strategy on Improving Child and Adolescent Health and Action Plan for 2013-2016 approved by the RA Government Protocol Decree adopted at the session of September 2, 2016 stipulates child development and prevention of disability among the 8 priority directions. The notable achievements of the Strategy cover as follows: extending the network of services for children with developmental disorders and disabilities; introducing the model of integrated community services and extending newborn screening programs in terms of both geographical coverage and increased funding.

10.4. Main opportunities and challenges for spreading the model

408. Like elsewhere throughout the world, in Armenia child developmental disorders are very widespread; moreover, the tendency of their growth is most likely to persist at least in the medium term till the preventive public health interventions and medical technologies are improved significantly and their universal accessibility is ensured.
409. Given the considerable prevalence of the issue, as well as the recent birthrate trends and the expected decline in the number of born children in Armenia, assistance in both typical care and development and in care and development of children with developmental disorders takes on importance as an issue of both public health and social policy in general.
410. The above undesirable tendencies on the one hand, and the need for gradual spread and extension of the child- and family-centered approaches in various fields of the social public policy on the other, along with the persistent difficult socio-economic situation in the country pose qualitatively new challenges to the Armenian health, education and social security systems. Addressing the new challenges requires policy reforms and innovative solutions, one of which is the above model.
411. The model launched by 'Arabkir' JMC's relies on universal values and provisions of international conventions, RA domestic legislation and current public policy. The model ensures the protection of children's fundamental rights, including protection of the rights of children with disabilities; it is truly child-centered; if any developmental disorders and delays are identified, the model guarantees early intervention and the principle of inclusiveness and creates conditions for healthy socialization of children.
412. While the proposed model is based on the professional experience of health providers and institutions, it makes it possible to ensure the comprehensive educational, health and social integration of each child by using the time they spend at the care facilities and relevant opportunities to promote the improvement of the child's health and development, adequate health monitoring and targeted social work.
413. The model is family-centered; it provides substantial social support to families by providing parents with an opportunity to work, which is restricted given limited availability or accessibility of community child daycare services. Also, the model provides families with the opportunity to use psychological rehabilitation services and helps them to get rid of the "label"; their children attend a general community kindergarten rather than special facilities for vulnerable groups often on the margins.
414. The spread of the model in many communities of the country will make it possible to save significant financial and human resources otherwise channeled to the provision of separate services which require more funds as compared to integrated service.

415. The experience of 'Arabkir' JMC in establishing child development services in recent decades shows that the needs- and evidence-based methodological approaches and consistent efforts may strengthen the current institutional capacities and increase efficiency of the activity even in unfavorable socio-economic conditions and with minimum funds.
416. This is particularly evidenced by the experience of both the program carried out in Malatia-Sebastia community, and introduction of the child development and rehabilitation services in the regions. Such services are primarily based on the efficient use of existing facilities and involvement of the local human and professional resources; at the same time, efforts were invested in their training, capacity building and ongoing support and monitoring.
417. Nevertheless, it should be mentioned that the interaction among the Armenian health, social and educational systems remains insufficient, and presently, the above collaborative model is perhaps an exception. Access to the child and development evaluation and regional and community rehabilitation services also remains limited.
418. Also, the functions of early identification of developmental disorders, referral and comprehensive evaluation are of inadequate quality. At the community level, the activity of the facilities in the health, education and social sectors generally remains fragmented and divided. The current interaction level is still unable to ensure an adequate child-centered nature of the services.
419. In this regard, the broadest possible public and professional debates on all the decisions on children should be arranged, which is rare currently. The consent and support of service providers, specialists and the public at large to the current policy and service system are of paramount importance.
420. In addition, the concept of early intervention in the health sector and regulatory documents on inclusive education and social support activities should be reviewed and supplemented providing for most effective, integrated and cost-effective approaches to the operation of the facilities already set up and those to be set up.
421. The pre-school inclusive process has lots of gaps in terms of health support, relevant procedures, arrangements and standards of working activities. The need for such support and procedures was specifically stressed during the introduction and implementation of the above model, and the lessons learned and drafts may be used to fill in the gaps. First of all, this concerns the practical arrangement and methodological issues of care, qualification requirements for the professional staff and standards on the number of staff members, working conditions and other practical issues.
422. In terms of the human and professional resources, there are both opportunities, and challenges. The number of adequately qualified specialists is insufficient and the knowledge and skills of the staff members need improvement. On the other hand, the introduction of regional and community programs shows that the labor force with secondary vocational qualifications constitutes a significant professional potential in the regions. With available theoretical knowledge, adequate continuous professional development, guidance and support, these staff resources can ensure provision of the required quality services.
423. In this regard, it is essential to develop and introduce relevant procedures, guidelines and training materials. Also, it is essential to ensure as follows: qualification and continuous professional training for service providers, monitoring the activities of the service facilities and control over the compliance with the minimum standards of the services.
424. The legal regulation of the early childhood care and development services is incomplete; the set rules are inadequate. The education and social services do not usually communicate with children under 3 years old; monitoring and support services for child's needs assessment, care and development are provided primarily by health workers.

11. General recommendations

425. In addition to the recommendations submitted within the above models, below are a number of general public policy recommendations on enhancing women's competitiveness in the labor market, improving women's role in earning family income, extending women's and men's opportunities for work-family reconciliation, extending opportunities of choice in reproduction decision-making and opportunities for persons with a child under 3 years old to return to their work, including opportunities of extended early childhood care and development services.
426. First, to ensure factual and scientific and analytical basis for the public policy on the issues above, regular **thematic situational analyses** on women's and men's labor force participation should be carried out.
427. Second, to ensure the use and efficient combination of various public policy tools, **analyses of the policy** on extended opportunities for work-family reconciliation, including provision of housing for young families, arranging formal childcare by using various models and pension reforms should be carried out.
428. Third, develop a **recommendation package** on extended women's labor force participation and better work-family reconciliation; also, develop a **medium-term program** on supporting work-family reconciliation for persons on childcare leave, including introducing a system of compensation for family expenses on care of children under 3 years old, setting up and improving necessary childcare facilities and introducing mechanisms to arrange other necessary paid childcare services.
429. Fourth, conduct **needs assessment** to extend care and development services for children under 3 years old, including children with developmental disorders, offered by relevant public, community and private pre-school services in the target communities, including childcare facilities under the RA MLSA, as well as availability, accessibility and quality of such services and develop **individual capacity-building plans** for each community to extend their services, *inter alia* through assessing required funds and their sources.
430. Fifth, to ensure extending the network of care and development services for children under 3 years old, specify the minimum standards for services and enhance the legal and organizational grounds for provision of services, develop and adopt draft **legal acts** on making changes and amendments to relevant regulatory legal acts on pre-school education, social assistance, public health and other related sectors, including draft regulations and guidelines.
431. Sixth, to ensure efficient implementation of the public policy on extended network of care and development services for children under 3 years old, carry out ongoing **monitoring** of the public policy and separate programs, as well as hold regular **debates** with stakeholder agencies, experts and representatives of NGOs and international organizations and develop **recommendations** on relevant policy changes.
432. Seventh, to provide the policy on extended network of care and development services for children under 3 years old with large-scale public support and funding sources, ensure involving the Community of Practice of Local Participation and Non-Discrimination (**CoP**), along with relevant mechanisms, in the development and implementation of the state policy and programs in these fields.
433. Develop, introduce and implement **modules for qualification and formal and non-formal training courses** with educational programs for relevant educational institutions, for specialists, including nannies, fulfilling certain functions of providing care and development services to children under 3 years old, including children with developmental problems.
434. Eighth, to ensure gradual improvement of family welfare and appreciation of women's economic role in the family and society, carry out an **advocacy campaign** to transform the model of one main breadwinner in the family, including launching on **social networks** ongoing debates on extending the network of care and development services for children under 3 years old.

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13. Annexes

13.1. Annex 1. Opinions voiced within qualitative components of surveys

"Family is an obstacle to woman's professional career. Overall, there are families ... with small children, people cannot afford to hire a baby-sitter to take care of their children, there may be obstacles..."

"The main obstacle to women's career is child care, family responsibilities. As the woman goes through it all, she reaches an age when they keep telling her: "You're above 35, we need workers under 35"; that's what they say. But before 35, women are busy with their family."

"... as today many women have the opportunity to work but their husbands would not let them do so and there is the problem of childcare... that's it, there are no such problems in the legal framework; that's the real cause."

"I admit that men are more likely to be appointed to certain positions taking into account the fact that the age of 25-30 is women's reproduction phase and they stay out of the labor market. Perhaps, the matter is that it's easier to work with men, they find it easier to spend less time with their family than women."

"...I think most likely the family and mostly children, of course, are an obstacle. It's impossible to put similar efforts both in family and at work. And the very first obstacle is just being a woman."

"For example, when employing girls, employers ask: "Aren't you going to get married? And to have a child?" This means they think that she will get married, have a child and go on a maternity leave which will hamper the progress of their work; that's why, they give more room to guys."

"Many young girls turn to me, I always ask them: "Have you studied anything? What is your specialty? Do you work anywhere?" Many of them say: "Well, I haven't worked after marriage because I had a child, or my husband didn't let me work, or my other family members were against." But anyway she received education, didn't she? And our nation might lose a good manager or just a good specialist."⁹²

"I am 36 and still can give birth to a child, but the question is: will I have a job and be able to support him/her when he/she starts his/her studies?" (Focus group for women, Yerevan)

"Most of the men in the region are away working abroad 10 months in the year and naturally this affects the birthrate." (Focus group for men, Aparan)

"I have one child and I'm not going to have any more children as I have a job and don't want to go through it all once more." (Mixed focus group, Yerevan)⁹³

⁹² Experimental interviews and focus group discussions; RA MLSA National Institute of Labor and Social Research, Study of the Situation of Equal Opportunities for Women and Men on Labor Market and Equal Access to Economic Resources, Yerevan, 2015.

⁹³ Psychosocial factors determining the number of children in the family. Focus group results. Prevalence of and Reasons for Sex-Selective Abortions in Armenia' Report, International Center for Human Development, Market Research and Consulting Co. Ltd, Yerevan 2017.

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



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

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