

**SOCIAL WORKER AS ENTRY POINT TO PROMOTE INVESTMENTS IN EARLY YEARS**

**Preparation of a database on services targeted to the early years (0 to 5 and pregnant women)**

**Final Report[[1]](#footnote-1)**

**Reporting period: March 15-July 30, 2018**

**August 2018**

*Report prepared by Iren Sargsyan*

# **Abbreviations**

AMD Armenian Dram

CJSC Closed Joint Stock Company

CNPO Community Non-Commercial Organization

COAF Children of Armenia Fund

ECD Early Childhood Development

FAP Feldsher- Akusher Post (Health Post)

HC Health Center

MA Medical Ambulatory

MC Medical Center

MoES Ministry of Education and Science

MoH Ministry of Health

MoLSA Ministry of Labor and Social Affairs

MoTAD Ministry of Territorial Administration and Development

MS Maternity School

NGO Non-Governmental Organization

PEC Parental Education Center

PHC Primary Healthcare Center

SNCO State Non-Commercial Organization

WBG World Bank Group

WFP World Food Program

# **Acknowledgements**

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The data collection team was comprised of the consultants Susanna Karapetyan (Yerevan), Ani Piloyan (Lori marz), Lena Goharyan (Gegharqunik marz) and Laura Harutyunyan (Ararat marz).

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# **Background**

This consultancy was implemented within the framework of the “Social worker as entry point to promote investments in the yearly years” project funded by Japan Trust Fund. The project aims at piloting a multi-sectoral social case management approach to identify and address risks of child malnutrition, and to introduce new to Early Childhood Development (ECD) modules.

The main objective of the consultancy was to collect information on the universe of ECD and nutrition services in selected marzes of Armenia and Yerevan and to develop database, which will be hosted in one of the ministries of Armenia. The database will inform referrals from state social workers and health professionals on ECD, nutrition and other services for families with pregnant women or children between 0 and 5 years of age.

# **Methodology**

As stated in this consultancy’s Terms of Reference, the information was collected from three provinces (marzes) of Armenia, including Lori, Ararat, Gegharkunik and capital Yerevan**.** The World Bank Group (WBG) selected marzes to represent urban and rural areas, using a prioritization index that considered the following three dimensions:

Dimension 1: Nutrition status of children under 5 years (stunting, overweight and anemia)[[2]](#footnote-2).

Dimension 2: Percentage of multidimensionally poor[[3]](#footnote-3).

Dimension 3: Availability of services (measured by percentage of beneficiaries of FBP, number of MoLSA social workers and percentage kindergartens that operate on a regular basis during the whole year[[4]](#footnote-4)).

Data collection aimed to gather information from services which meet the following criteria

* *Attend families with children between 0 and 5 years and/or pregnant women.*
* *Attend children that are members of a family (i.e. the database won’t include services for orphans or institutionalized children).*
* *Are universal or targeted to vulnerable population (i.e. the database won’t include private services targeted to the better off).*
* *Are provided by public, NGOs and International Donor organizations.*
* *Cover aspects of early childhood development such as health, nutrition, early stimulation/education and protection from stress.*

The information in the database characterizes services that cover 20 main aspects/variables, including type of services, entity responsible for implementation, target population with segregated age groups, funding sources, etc. The complete list of variables and explanations which are common for specific variables are provided in the Annex I.

# **Data Collection Process**

The data collection team consisted of five people, including four Data Collectors/ Analysts, (each of them responsible for one marz, see acknowledgment section) and Coordinator/ Supervisor. This report was prepared by the coordinator.

The process of data collection and database preparation comprised of three main phases: a) preparatory, b) desk review and inventory preparation and c) data collection and verification through phone interviews and field visits.

*Preparatory phase*

In order to receive official information from national and local governments on data available at the national and municipal level, letters were prepared and sent to the following institutions with the request to provide information on ECD and nutrition services for children age 0-5 and pregnant women:

* Ministry of Territorial Administration and Development (MoTAD),
* Yerevan City Municipality,
* Lori Marzpetaran,
* Gegharqunik Marzpetaran,
* Ararat Marzpetaran and
* National Institute of Health

All above mentioned institutions responded and provided their respective databases (see Annexes IX-XVII).

Similar letters requesting information on projects and interventions targeting ECD and nutrition services for children age 0-5 and pregnant women were sent to the:

* UN World Food Program (WFP),
* UN Children Fund (UNICEF),
* Save the Children International,
* World Bank Group (WBG),
* World Vision and
* Children of Armenia Fund (COAF)

The requested information has been received from UNICEF, UNWFP, Save the Children and WBG. Later on all received information was revised and verified by data collection team.

The data collection team revised and synchronized the Data Collection Tool to ensure accuracy of information presented in both languages- Armenian and English, as well as the team has developed a workplan which was discussed and agreed with the WBG (see Annex VIII.) Due to unexpected escalation of political situation and changes in the government system which significantly affected data collection process, the duration of assignment was extended until August 30, 2018.

*Desk Review and Preparation of Inventory*

Besides databases obtained from national and international stakeholders, all other possible sources of information have been explored, including official websites of Gegharqunik (<http://gegharkunik.mtad.am/about-communities/>), Lori (<http://lori.mtad.am/about-communities/>) and Ararat (<http://ararat.mtad.am/about-communities/>) marzpetarans and Yerevan City Municipality ([https://www.yerevan.am/am/finance-docs/#collapseTwo2#collapseWindow18](https://www.yerevan.am/am/finance-docs/#collapseTwo2)), the official websites of Ministry of Education and Science (<http://edu.am/index.php/am/about/view/105>), Ministry of Health (<http://www.moh.am/#1/132>), Ministry of Territorial Administration and Development (MoTAD) (<http://mtad.am/hy/gov-program-ensure-measure-list/>) and Ministry of Labor and Social Affairs (<http://www.mlsa.am/?page_id=2835>) , as well as the websites of international organizations working on ECD and nutrition.

MoTAD provided the most useful administrative database services from communities, including state and private kindergartens (see Annex IX. Kindergartens\_MoTAD). Although this database did not include more specific information on number of beneficiaries and staff and some contact information was outdated, overall it a was good information source for services’ inventory phase to get understanding of ECD and nutrition services availability per marz and per community.

The Yerevan City Municipality was less cooperative and provided database had information only on name of facility, address and contact information (see Annex X. Kindergartens\_Yerevan Municipality).

Databases provided by Ararat, Lori and Gegharqunik marzpetarans were not very informative and consisted information only on name of institution and number of beneficiaries (see Annexes XI-XVI) which was later verified by data collection team facility by facility. The Lori marzpetaran provided comparatively comprehensive information, including health facilities, kindergartens, school-based and community-based preschools centers.

UN WFP provided information on School Feeding Program in Gegharqunik and Lori marzes implemented in 2017-2018 which had some relevance to data collection in terms of nutrition component (see Annex XVIII).

The team used also the Database on home-based piloted approaches by UNICEF, including UNICEF pilot centers (both on learning and care) in Tumanyan region of Lori marz.

The Database on Save the Children’s centers for 4-6 year olds and the Database on centers targeted to 5 years old children supported by World Bank project were not very relevant as beneficiaries are children of 5-6 years old, which were out of data collection target age group.

Information from available researches and reports of different organizations, including WBG, WFP, Save the Children, SABER Country Report was incorporated. The most relevant information was found in the a) Research on Development Dynamics of Children enrolled in Preschool Institutions and Observation of Factors Affecting their Development conducted by WBG together with the Center for Education Projects PIU in 2016 and b) Assessment on Access of Children to Preschool Education Services conducted by Save the Children in 2017. As the recent SABER Country Study was conducted in 2012, information was not relevant and outdated (see Annex II).

Based on the gathered information, a draft of the Database Inventory was prepared and submitted to WBG team for review and feedback; the comments provided by WB team have been carefully studied and taken into account when carrying out the actual work creating an inventory of relevant services.

*Phone Interviews and Field Visits*

* Team of data collectors performed interviews with key informants to verify information gathered from desk reviews and expand the inventory through phone calls and face-to face meetings. Key informants included marz-level authorities (education and health departments’ representatives at marzes), representatives of line ministries, mayors and community leaders, kindergarten and directors, Heads of health facilities, other administrative staff, teachers and NGO representatives. Meetings with the national and marz- level authorities aimed to introduce the purpose of data collection and to request support in information gathering process. In addition, information provided by these authorities during the interviews was mainly related to verification of institutions’ contacts, which were outdated, as well as they provided information which heads of facilities were unable to provide (ex. annual budgets).
* Average duration of phone interviews was 25-30 minutes for education/stimulation facilities and an hour for health facilities. All team members reported some challenges, particularly a) it requires contacting more than two key informants to obtain full information required by data collection tool, b) it requires contacting the same person twice for getting information on number of children disaggregated by age and annual budget.
* In cases where it was not possible to receive information through phone calls, field visits and face-to face interviews were conducted. Data collectors faced some challenges when the meeting was arranged by phone, they visited community and were not able to reach a key informant; in these cases, a second field visit to the same community was initiated.
* Data collectors performed 160 phone calls to kindergartens, more than 100 calls to health facilities and 25 field visits in Lori, more than 210 phone calls and 9 field visits in Gegharqunik and 170 phone calls and 9 visits in Ararat marzes.
* During one field visit data collectors, where it was possible, had meetings and interviews for all services that exist in the community, including education/stimulation, health and other services. In order to be time- and cost-effective, the data collectors conducted as much interviews as possible in case of availability of Heads of health facilities and kindergartens/preschools.
* In Yerevan more than 400 phone calls and 22 field visits were conducted. In majority of cases, the data collector had to call or visit the same facility several times to be able to collect requested information. Yerevan data collection was the most challenging and required more time than it was expected.
* Based on initial desk review, 845 education/stimulation and health services were identified in the selected areas (kindergartens, school-based preschools, health, rehabilitation and social services), however after phone interviews, field visits and data verification the total number of services was reduced from 845 identified during desk review to 797 after field work due to following reasons:
* *Service does not exist anymore;*
* *Service (ex. kindergarten) does not operate in the last one-two years because of funding issues;*
* *Service reaches children age 5-6, which was not a data collection target (ex. school-based preschools established by WBG and Save the Children).*

The final database is comprised of 797 services in Yerevan and three marzes, including, 391 education/stimulation services, 353 health services, 4 child protection services and 49 parental education centers and maternity schools (see Table 1).

# **Main findings**

***Type of Services***

Information on type of services identified in the database is provided in Table 1.

**Table 1. Type and Geography of Services**



As we can see from the table, the services included in database are concentrate on traditional type of services, like kindergartens and health centers/health posts and less on other types of education/stimulation and health services which are less common or does not exist. In overall, the database includes 797 services for children under 5 years old, including 191 services in Ararat, 195 in Gegharqunik, 207 in Lori marz respectively and 204 services in Yerevan. As the task did not intend to collect information from private services, the data collection process covered only education/stimulation services, including traditional kindergartens which are more common in Armenia and few community-based services established by international organizations. There are few school-based preschool services in each marz due to age of children targeted for data collection. More than 220 school based preschools have been established in Armenia with the support of the WBG and 26 by Save the Children in the period of 2011-2018. The main aim of the preschools is to ensure children age-appropriate development and facilitate children’s preparedness and entrance into primary school. Government of Armenia subsidizes these services providing per capita funding only for children age 5-6. As the target age of children for data collection was from 0 to 5 year olds, majority of these preschools were not included in database.

Daycare services or other education/stimulation services exist only in large cities and they are private; as data collection was not targeting private services, they have not been included in database.

In terms of health facilities- the services vary from small and large rural to urban communities, from marz to marz. In small rural communities there are only FAPs[[5]](#footnote-5)/health posts serving the population and providing only out-patient care, in large rural communities are medical ambulatories (out-patient) and health centers (both in-patient and out-patient) and in urban communities there are medical centers or health centers which provide out-patient and in-patient services.

Regarding parenting programs- there are parenting programs under health facilities (23 in Gegharqunik and 17 in Lori marzes) which are mentioned in the database as parental centers and maternity schools.

Some of maternity hospitals or women consultations have maternity schools which are organized for pregnant women and newly mothers to increase their awareness on antenatal and postnatal care, as well as on child care, nutrition and development. They are 2 in Ararat, 5 in Gegharqunik and 2 in Lori marzes respectively. In Yerevan the maternity schools or parental education centers have not been identified during data collection.

Almost all kindergartens have positive parenting component which is reflected in the database under every kindergarten. In addition, primary healthcare facilities are in charge of providing parental education classes for parents/ caregivers of children 0-5 (17 sessions during a year), but they are not considered as separate service. The same relates to maternity hospitals and women’s consultations under polyclinics-they are in charge of providing education to pregnant women (5 sessions on antenatal and postpartum care during pregnancy according to state protocols).

***Number and type of Beneficiaries***

The total number of beneficiaries covered by database is ***234, 449***, including ***50, 199 pregnant women*** and ***184, 250 children*** from 0 to 5 year olds. Number of beneficiaries disaggregated by type of service, geographic location and age presented in the Tables 2 and 3.

***Requisites requested for services***

According to data collection the main requisites requested for services are child’s birth certificate (721), child’s health passport (601) and statement of interest from family (407). Under child’s health passport we understand the statement from polyclinic regarding the health status of child. Statement of interest or general registration from family means an agreement between the service recipient and the service provider. For admission to kindergarten or preschool one of the parents submits an application.

***Sectors administrating education/stimulation services***

The main sectors covered by services are health (383) and education (412). There are 149 services that are involved in more than one sector, which is usually cross cutting with child protection (see Table 5).

***Funding sources***

In terms of funding for services, the main entities are State (Government of Armenia)-441 and Local Government (regional or district)-358. The education/stimulation services in their majority are funded by Local Government, the exceptions are school-based preschools which subsidized per capita by State.

Health services in their majority are funded by State. The medical centers or health center, specifically in Yerevan are mainly private, however, in addition to paid services, they are subsidized by state for provision of free services to children under 7 years old (Child Health State Certificate, the Minister of Health Decree # 1720-A from 27.10.2010)[[6]](#footnote-6) and pregnant women (State Birth Certificate, the Minister of Health Decree # 761-A from 30.05.2008)[[7]](#footnote-7). According to the database 204 services, mainly primary healthcare facilities are also supported by UN, World Bank or International Organizations/NGOs (see Pivot Table 6).

**Table 2. Number of Beneficiaries by Type of Service and Marz**



***Type of interventions provided by services***

According to the database (see Pivot Table 7):

* 352 services provide medical care, including immunization, monitoring of physical growth, laboratory testing, etc. These services include primary health care facilities (FAPs/health posts, medical ambulatories, primary health care centers and polyclinics), as well as medical centers, hospitals and women consultations.
* 358 services provide food (e.g. fortified food, baskets of food, etc.), out of which 344 are kindergartens.
* Food recipes demonstration is provided by 35 services, out of which vast majority are parental education centers (23) and some rural primary healthcare centers (7).
* Breastfeeding support is provided by 381 services, out of which 174 by FAPs/health posts, 59 by primary health care centers and rest is shared among other health facilities.
* Care of children is provided by 356 education/stimulation services, among which 344 are kindergartens, 4 are community-based preschools and 5-school-based preschools.
* Education/stimulation services are provided by 392 facilities, out of which 344 kindergartens, 41 school-based preschools, 4 community-based preschools, the rest 3 by Child Development Centers and Early Child Development Club.
* Community (peer to peer) learning is provided by 41 services, out of which 27 by parental education centers, 4 by child development and rehabilitation services, 4 by maternity schools and 3 by child protection services.
* Group training and mentoring is provided by almost all services included in database (796). The vast majority are kindergartens (344), FAPs/health posts (174) and primary health care centers (60) as they provide regular parental education classes.
* The same relates to “Book/toy/libraries”, which is provided by 794 services, including 344 kindergartens, 172 FAPs/health posts and 60 PHCs as they provide information and education materials (brochures, booklets, leaflets, etc) in addition to parental education sessions.
* Materials, including guidelines, interactive audio/visual instruction manuals are provided by 727 services: 344-by kindergartens, 127 by FAPs/health posts, 59 by PHCs and by all school-based (41) and community-based preschools (4) covered by database.
* Child protection from violence through awareness raising and parental education classes is provided by 681 services, out of which 344 by kindergartens, 127 by FAPs/health posts, 43 by PHCs and by almost all school-based (40) and community-based (4) preschools.

Data collection revealed that parental education, provision of IEC materials and child protection of violence through awareness raising is more actively provided by kindergartens and rural health facilities.

***Costs for beneficiaries***

The health services are free for children under 5 years old and pregnant women, both in marzes and Yerevan, however some of the health facilities in Yerevan have co-payment for additional services. The same relates to child development and rehabilitation services. In terms of education/stimulation services, the school-based and community-based preschools are absolutely free, however in case of kindergartens there is a difference between targeted marzes and Yerevan. In the marzes families pay for kindergarten services in average from 3,000 AMD to 8, 000 AMD depending on Village Council’s decision. In Yerevan the services are free for the families, however there is a co-payment of 8,000 AMD which applies only to those children whose parents do not have registration in Yerevan (see Table 8).

**Table 3. Number of Beneficiaries by Type of Service and Age**

# **Main challenges and obstacles**

The overall data collection process was quite challenging with many obstacles related to escalation of political situation in Armenia and information gathering process itself.

***Challenges related to political situation***

* The political upturns in Armenia labelled as the “velvet revolution” unfolded on March 30th, 2018. The timeline of events that included large-scale protest marches and unprecedented sets of discussions in the RA National Assembly, as well as the resignation of Serzh Sargsyan, the Prime Minister generated a number of large changes in the Political Cabinet of Armenia and political steer of the country.

On 08 May 2018 the National Assembly (holding 105 MPs) held an election procedure for the only Prime Minister candidate proposed by the “Yelk” political faction, Nikol Pashinyan. His candidacy was proposed for the second time on May 8th through the signed approval of 1/3 of the total number of NA MPs. Pashinyan was elected with 59 votes.

This political situation and followed changes in national and local government had negative impact on operation of education and health facilities in Yerevan and marzes, and significantly hindered data collection process. In comparison with the marzes, data collection process in Yerevan was more challenging.

In relation with political situation and ongoing structural changes, many key informants refused to provide information without special letters coming from the marzpetarans and Yerevan municipality. Even having general confirmation from municipalities was not enough in some cases. Data collectors used individual approach in collecting information depending on the type of community and type of key informant, sometime using their or Coordinator’s personal networks.

* The newly appointed Government announced intentions to implement systemic changes and fight corruption. Particularly, the Minister of Health recently stated that various investigations conducted to find out the sector's existing problems to both find quick solutions and develop long-term strategies. Within the mentioned activities the Ministry of Health renewed the inspections of health institutions stopped since 2014 by Government Decree. The supervisory functions in the areas of health, work safety and labor law provisions on behalf of the Republic of Armenia are carried out and sanctions are applied (if necessary) by the State Health Inspectorate and applies sanctions. Due to this fact the health institutions were very resistant and not willing to provide any information – mentioning that they were very busy.
* There were some delays related to the political situation in Armenia due to disruption of work, key informants from kindergartens and health facilities were not always willing to provide necessary information or asked to approach them later. The data collectors had to follow up and perform 3-4 calls to the same facility to collect all required information.
* The majority of issues that hindered data collection have occurred in Yerevan. Although the series of official letters have been sent from WBG to all respective ministries, Yerevan City Municipality and health facilities, the administration of institutions refused to provide information or they provided information partially. Specifically, the administration of health facilities in Yerevan was not incline to contributing to the ongoing data collection process.
* The period of data collection from health institutions coincided with the appointment of new Government and with its anti-corruption fight. Particularly, the Ministry of Health renewed the administrative auditing of health institutions (that haven’t been conducted since 2014). All polyclinics and medical centers have been and still are being audited, the directors of some health facilities were resigned. The ongoing processes have negatively affected data collection: the managers were cautious and not willing to provide required information. There was a need to approach different managers in the same institution to obtain a permission for filling questionnaire; in number of cases the information on budget was refused to be provided.

***Challenges related to process of data collection***

The most challenges were common both for marzes and Yerevan, however in some cases there were differences.

The challenges reported from data collectors working in marzes were the followings:

* It was more difficult to collect information through phone call interviews rather through face to face meetings.
* Sometimes it was required more than one phone call to gather all necessary information for service, especially on number of children by age and budget.
* Sometimes it was required contacting more than two key informants to obtain full information required for verification and data entry.
* It was more difficult to get response to the questions related to number of children segregated by age and number of staff, particularly in case of health facilities.
* Data Collectors mentioned some difficulties occurred with database filters during data entry.
* Some types of services were difficult to classify, given cross cutting character of sector (for example in case of child protection or social sectors) and mixed provision of interventions.
* The question “Is the service at full capacity (cannot attend any more beneficiaries using its current equipment, workers, capital and other resources)?” was raising groundless expectations; the heads of institutions have started listing their needs for renovation and equipment.

The challenges of data collection experienced in Yerevan:

* In some institutions, especially in case of health facilities was difficult to get information on number of children disaggregated by age, number of staff, disaggregated by staff working full or part time and annual budgets.
* Inconsistency in the format of information required by instrument and the format of information available in institutions. The polyclinics were easier to work with, than the medical centers due to size and variety of provided services. On average 4 to 5 contacts (of which at least 2 face to face meetings) were required to obtain necessary information.
* In number of polyclinics the staff started protesting against the acting directors demanding their resignation. Protests as a rule were preceded by the signature collection. It required number of day to compromise and resolve the situation (Polyclinic #16[[8]](#footnote-8) and Polyclinic #19[[9]](#footnote-9)).
* Data Collector in Yerevan was not able to collect as much information as it was expected, specifically on health services. Out of 42 health institutions providing services to children under 5 years old and pregnant women listed in the inventory, information from 5 institutions was not received and information from 7 institutions was received partially.

Common challenges

* Under variable 17 it was difficult to get information on beneficiaries segregated by socio-economic (poor) status as majority of services do not have data on poor. The same in terms of refugee status, majority of Armenians who came from Azeirbajan, Iraq or Syria already obtained Armenian citizenship; data collectors had difficulties with disaggregation of data.
* The questions “18.2 How many are paid a full salary?” and “18.4 How many work in the service full time?” were redundant and confusing for people interviewed. If person works full time he will receive full salary.
* Some indicators under variable 17, such as minorities or social status do not correspond to the regular statistics maintained by institutions; not all institutions were able to provide this data on one hand; on the other hand, the institutions that provided such data, relied on doctors’ or nurses’ estimates, so even that data is not accurate.

# **Lessons Learned**

* Data Collectors had many confusions and unclearness from the beginning of data collection process, which were explained by Coordinator through regular Skype meetings. It would be good to have a detailed guidance as an additional sheet to the instrument or to conduct induction training prior to starting the task.
* Data Collection Instrument has to be revised and improved based on field work experience.
* More time should be allocated for detailed planning and preparation before starting data collection process, including official letters to relevant stakeholders.
* The format of some questions in the instrument did not correspond to the format of statistics collected and maintained by institutions, for example:
* *Number of service recipients by poverty status: as the health services for children aged 0-7 and the pregnancy and postpartum control of pregnant women in Armenia are free of charge, and there is no need for special discounts or subsidies for special social groups, the health institutions do not have regular statistics on it.*
* *Information on minorities: although part of polyclinics provided information on minorities, it should be noted that no such statistics is maintained; all 0-7-year-old citizens of Armenia, as well as pregnant women get free health care services irrespective of nationality.*
* *Information on full time or part time staff: the information was quite difficult to obtain, especially when it comes to medical personnel -doctors and nurses – the size of wage depends on the number of population (The Minister of Health Decree # 1791-A from 24.07.2011).*
* *Information on number of staff received training to provide early childhood development service: the health institutions, especially children’ polyclinics mentioned that their pediatricians and corresponding nurses according to the defined schedule participate in trainings, however most of them mentioned that none of the doctors or nurses received special training to provide early childhood development service. So in large number of cases we have “0” s.*
* The kindergartens and health institutions do not collect and maintain statistics on indicators such as the nationality (to obtain data on minorities), poverty status (healthcare services for children under 7 years old and pregnant women, including antenatal consultations and delivery are free of charge and subsidized by state), etc. To provide such information the institutions had to spend a lot of time to get required information from beneficiaries' indivudual files and not always the institutions were willing to do so.
* **Personality of people working on data collection is very important. Besides professional skills, the success mainly depends on sympathy towards data collector and his/her ability to establish open and friendly communication.**

# **Annex I. Variables included in the database and common comments for specific variables**

| **Variable** | | | | **Observations to take into account when gathering data** |
| --- | --- | --- | --- | --- |
| 1. Name of service | | | | Complete name of service, if acronym provide complete name |
| 2. Entity responsible for implementation | | | |  |
|  | 2.1 Name of entity | | | If more than one provide name of the one in charge of the coordination of implementation |
|  | 2.2 Is this entity…? | | |  |
|  |  | 2.2.1 Public | | Respond 'Yes' or 'No' |
|  |  | 2.2.2 International donor | | Respond 'Yes' or 'No' |
|  |  | 2.2.3 NGO | | Respond 'Yes' or 'No' |
|  |  | 2.2.4 Other, specify | | Specify other type of entity |
|  | 2.3 Does this entity provide this service…? | | |  |
|  |  | 2.3.1 For a specific community | | Respond 'Yes' or 'No' |
|  |  | 2.3.2 For a specific district | | Respond 'Yes' or 'No' |
|  |  | 2.3.3 For a specific region | | Respond 'Yes' or 'No' |
|  |  | 2.3.4 Nationally | | Respond 'Yes' or 'No' |
|  |  | 2.3.5 Other, specify | | Specify other type of area covered by the entity |
| 3. Source(s) of information to complete this database (complete all that apply) | | | |  |
|  |  | 3.1 Website, if so specify | |  |
|  |  | 3.2 Interview, if so: name, organization and position of person interviewed | | Complete name, position and institution |
|  |  | 3.3 Other, specify | |  |
| 4. Date this information was gathered (Day/Month/Year) | | | | Day/Month/Year |
| 5. Location where service is provided | | | |  |
|  | 5.1 Is the service provided …? | | |  |
|  |  | 5.1.1 In a network of centers (different locations are available in the same district) | | Respond 'Yes' or 'No' |
|  |  | 5.1.2 In a specific center | | Respond 'Yes' or 'No' |
|  | 5.2 If an specific center, provide address | | |  |
|  |  | 5.2.1 Street address | |  |
|  |  | 5.2.2 District | |  |
|  |  | 5.2.3 Region | |  |
| 6. Is the service ...? | | | |  |
|  |  | 6.1 Universal | | Respond 'Yes' or 'No' |
|  |  | 6.2 Target (e.g to poor families or to minorities) | | Respond 'Yes' or 'No' |
| 7. What population in the early years does this services attend?, mark all that apply | | | |  |
|  |  | 7.1 Families with pregnant women | | Respond 'Yes' or 'No' |
|  |  | 7.2 Families with children under 1 year | | Respond 'Yes' or 'No' |
|  |  | 7.3 Families with children older than 1 but under 2 | | Respond 'Yes' or 'No' |
|  |  | 7.4 Families with children older than 2 but under 3 | | Respond 'Yes' or 'No' |
|  |  | 7.5 Families with children older than 3 but under 4 | | Respond 'Yes' or 'No' |
|  |  | 7.6 Families with children older than 4 but under 5 | | Respond 'Yes' or 'No' |
|  |  | 7.7 Families with children under 5 years, in general | | Respond 'Yes' or 'No' |
|  |  | 7.8 Families with children under 5 years in general and pregnant women | | Respond 'Yes' or 'No' |
| 8. Requisites to access the service, mark all that apply | | | |  |
|  |  | 8.1 Poverty status | | Respond 'Yes' or 'No' |
|  |  | 8.2 National ID of parents | | Respond 'Yes' or 'No' |
|  |  | 8.3 Children with birth certificate | | Respond 'Yes' or 'No' |
|  |  | 8.4 Residency in specific area | | Respond 'Yes' or 'No' |
|  |  | 8.5 Children with health passport | | Respond 'Yes' or 'No' |
|  |  | 8.6 Statement of interest or general registration from family | | Respond 'Yes' or 'No' |
|  |  | 8.7 Other, specify | | Specify other requisite asked to access the service |
| 9. Payments associated to service | | | |  |
|  | 9.1 Do families need to pay a fee for this service? | | | Respond 'Yes' or 'No' |
|  | 9.2 If not a fee, is there a copay (e.g. for parts of the service)? | | | Respond 'Yes' or 'No' |
|  | 9.3 If not free, what is average charge? | | |  |
|  |  | 9.3.1 In ֏ |  |  |
|  |  | 9.3.2 What is the frequency of this payment? | | Respond 'Per day', 'Per month', 'Per year', 'Per service', or 'Other' |
| 10. Frequency of use | | | |  |
|  |  | 10.1 How frequently does a typical beneficiary use this service? | | Respond 'Once a year', 'Quarterly', 'Once a month', 'Weekly', 'Daily', 'Other' |
|  |  | 10.2 If other, specify | | Specify other frenquency |
|  |  | 10.3 Is there a recommended frequency for the use of this service? | | Respond 'Yes' or 'No' |
|  |  | 10.4 If so, please specify | | Respond 'Once a year', 'Quarterly', 'Once a month', 'Weekly', 'Daily', 'Other' |
| 11. Public sector that regulates the service | | | |  |
|  |  | 11.1 Health | | Respond 'Yes' or 'No' |
|  |  | 11.2 Education | | Respond 'Yes' or 'No' |
|  |  | 11.3 Social Policy | | Respond 'Yes' or 'No' |
|  |  | 11.4 Child protection | | Respond 'Yes' or 'No' |
|  |  | 11.5 More than one sector is involved | | Respond 'Yes' or 'No' |
|  |  | 11.6 Other, please specify | | Specify other sector that regulates the service |
| 12. Type of service, mark all that apply | | | |  |
|  |  | 12.1 Medical care (i.e. inmunization, physical growth, laboratory testing, etc) | | Respond 'Yes' or 'No' |
|  |  | 12.2 Food provision (e.g. fortified food, baskets of food, etc.) | | Respond 'Yes' or 'No' |
|  |  | 12.3 Food recipes demonstrations | | Respond 'Yes' or 'No' |
|  |  | 12.4 Breastfeeding support | | Respond 'Yes' or 'No' |
|  |  | 12.5 Care of children | | Respond 'Yes' or 'No' |
|  |  | 12.6 Pre school | | Respond 'Yes' or 'No' |
|  |  | 12.7 Community (peer to peer) learning | | Respond 'Yes' or 'No' |
|  |  | 12.8 Group training and mentoring | | Respond 'Yes' or 'No' |
|  |  | 12.9 Book/ Toy libraries | | Respond 'Yes' or 'No' |
|  |  | 12.10 Provision of materials: guidelines, interactive audio/visual instruction manual | | Respond 'Yes' or 'No' |
|  |  | 12.11 Child protection from violence | | Respond 'Yes' or 'No' |
|  |  | 12.12 Other, specify | | Specify other type of service |
| 13. Modality in which the service is provided, mark all that apply | | | |  |
|  |  | 13.1 Regular service provided in a center | | Respond 'Yes' or 'No' |
|  |  | 13.2 Regular service provided at home | | Respond 'Yes' or 'No' |
|  |  | 13.3 Non regular services provided upon referral | | Respond 'Yes' or 'No' |
|  |  | 13.4 Non regular service provided upon demand | | Respond 'Yes' or 'No' |
|  |  | 13.5 Other, specify | | Specify other modality |
| 14. Main goal of service, mark all that apply | | | |  |
|  |  | 14.1 Support good health of children | | Respond 'Yes' or 'No' |
|  |  | 14.2 Support health of pregnant women (and post-natal care) | | Respond 'Yes' or 'No' |
|  |  | 14.3 Promote healthy nutrition (e.g. breastfeeding, balance diet, etc.) | | Respond 'Yes' or 'No' |
|  |  | 14.4 Provide child care services | | Respond 'Yes' or 'No' |
|  |  | 14.5 Provide early learning and education | | Respond 'Yes' or 'No' |
|  |  | 14.6 Promote good parenting in general (integrated package of nutrition, early education/ stimulation and protection of children) | | Respond 'Yes' or 'No' |
|  |  | 14.7 Guarantee and promote child rights | | Respond 'Yes' or 'No' |
|  |  | 14.8 Other, specify | | Specify other goal of service |
| 15. Area were service is provided, mark all that apply | | | |  |
|  |  | 15.1 At specific area/district/community | | Respond 'Yes' or 'No' |
|  |  | 15.2 At selected districts | | Respond 'Yes' or 'No' |
|  |  | 15.3 At selected regions | | Respond 'Yes' or 'No' |
|  |  | 15.4 Only rural | | Respond 'Yes' or 'No' |
|  |  | 15.5 Only urban | | Respond 'Yes' or 'No' |
|  |  | 15.6 Nationwide | | Respond 'Yes' or 'No' |
|  |  | 15.7 Other, specify | | Specify other area were service is provided |
| 16. Is the service at full capacity (cannot attend any more beneficiaries using its current equipment, workers, capital and other resources)? | | | | Respond 'Yes' or 'No' |
| 17. Beneficiaries | | | |  |
|  | 17.1 How many children under 5 did the service attend last year? | | |  |
|  | 17.2 How many of them are…? | | |  |
|  |  | 17.2.1 Pregnant women | |  |
|  |  | 17.2.2 Children under 1 year | |  |
|  |  | 17.2.3 Children older than 1 but under 2 | |  |
|  |  | 17.2.4 Children older than 2 but under 3 | |  |
|  |  | 17.2.5 Children older than 3 but under 4 | |  |
|  |  | 17.2.6 Children older than 4 but under 5 | |  |
|  |  | 17.2.7 All children under 5 years | |  |
|  |  | 17.2.8 All children under 5 years and pregnant women | |  |
|  | 17.3 Are the majority of the beneficiaries of this service ..? mark all that apply | | |  |
|  |  | 17.3.1 Armenian citizens in general | | Respond 'Yes' or 'No' |
|  |  | 17.3.2 Poor (as defined by social programs) | | Respond 'Yes' or 'No' |
|  |  | 17.3.3 Armenian refugees from Iraq | | Respond 'Yes' or 'No' |
|  |  | 17.3.4 Armenian refugees from Azerbaijan | | Respond 'Yes' or 'No' |
|  |  | 17.3.5 Children with special needs | | Respond 'Yes' or 'No' |
|  |  | 17.3.6 Syrian-Armenians | | Respond 'Yes' or 'No' |
|  |  | 17.3.7 Other minority | | Respond 'Yes' or 'No' |
|  |  | 17.3.8 Other, specify | | Specify other type of beneficiary |
|  | 17.4 How many of them are…? | | |  |
|  |  | 17.3.1 Armenian citizens in general | |  |
|  |  | 17.4.2 Poor (as defined by social programs) | |  |
|  |  | 17.4.3 Armenian refugees from Iraq | |  |
|  |  | 17.4.4 Armenian refugees from Azerbaijan | |  |
|  |  | 17.4.5 Children with special needs | |  |
|  |  | 17.4.6 Syrian-Armenians | |  |
|  |  | 17.4.7 Other minority | |  |
|  |  | 17.4.8 Other, specify | |  |
| 18. Staff providing the service | | | |  |
|  | 18.1 How many people work in the service? | | | Number of full-time and part-time staff in charge of providing the service, include administrative personal |
|  | 18.2 How many are paid a full salary? | | |  |
|  | 18.3 How many are volunteer? (include here those that receive an stipend but not a full payment) | | |  |
|  | 18.4 How many work in the service full time? | | |  |
|  | 18.5 How many of them have a college degree or higher education? | | |  |
|  | 18.6 How many of them have received training to provide early childhood development services? | | |  |
|  | 18.7 How many of them are..? | | |  |
|  |  | 18.7.1 Teachers | | Number of teachers working in the service, include full-time and part-time |
|  |  | 18.7.2 Social Workers | | Number of social workers working in the service, include full-time and part-time |
|  |  | 18.7.3 Psychologists | | Number of psychologists working in the service, include full-time and part-time |
|  |  | 18.7.4 Nutritionists | | Number of nutritionists working in the service, include full-time and part-time |
|  |  | 18.7.5 Nurses | | Number of nurses working in the service, include full-time and part-time |
|  |  | 18.7.6 Doctors | | Number of doctors working in the service, include full-time and part-time |
|  |  | 18.7.7 Communication specialists | | Number of communication specialists working in the service, include full-time and part-time |
|  |  | 18.7.8 Therapists | | Number of therapists working in the service, include full-time and part-time |
|  |  | 18.7.9 Support staff | | Number of support staff working in the service, include full-time and part-time |
|  |  | 18.7.10 Other, specify | | Specify number and type of other staff providing the service |
| 19. What was last year's total budget for this service? (In ֏) | | | | Total annual budget (last year), in ֏ |
| 20. Entity that funds the service | | | |  |
|  | 20.1 Name of entity funding the service | | |  |
|  | 20.2 Is the entity funding the service…? | | |  |
|  |  | 20.2.1 State (Gov. of Armenia) | | Respond 'Yes' or 'No' |
|  |  | 20.2.2 Local Government (regional or district) | | Respond 'Yes' or 'No' |
|  |  | 20.2.3 Donor via National NGO/ Civil society organization | | Respond 'Yes' or 'No' |
|  |  | 20.2.4 National private sector | | Respond 'Yes' or 'No' |
|  |  | 20.2.5 UN/ World Bank/ International Organization/ Donor via International NGO/ Civil society organization | | Respond 'Yes' or 'No' |
|  |  | 20.2.6 International private sector | | Respond 'Yes' or 'No' |
|  |  | 20.2.7 Other, specify | | Specify other institutions financing this service |

**Common comments for specific variables**

8.5. Children with health passport - In fact, it is not a health passport, but a statement from polyclinic regarding the health status of child.

8.6. Statement of interest or general registration from family- is meant the agreement between the service recipient and the service provider. For the admission to kindergarten or preschool one of the parents submits an application.

7.4. Parents can apply for a kindergarten only after the child is 2 years old.

9.3. Ambulatory -polyclinic services are entirely free of charge for children up to 7 years old and for pregnant women, however, there could be some service, for instance some laboratory diagnostic services when the patient should pay for or make a co-payment; the size of such services varies between 1000 AMD to few hundred thousand, also there is a co-pay for surgeries that are quite expensive.

10.4 For some groups of service recipients there is recommended frequency: a) Children 0-1 years old should visit the center and get the service once they are 1.5, 3, 4, 6 9, and 12 months old for vaccinations and checkup according to protocol; b) Pregnant women are required to visit the center and get the service at least 8 to 10 times during the pregnancy for screenings and checkups according to protocol.

13.3 Services upon referral are provided to people living outside of district or even outside of Yerevan; in these cases, the patient should be registered in polyclinic to get free of charge services or otherwise has to make a payment (which is not a typical case).

17.3.2 There is no official statistics/information on poor, because “Paros”[[10]](#footnote-10) is not requested in education/stimulation and health facilities.

17.3. Refugees from Azerbaijan, Syria or other countries commonly receive Armenian citizenship; in these cases, they all are considered as Armenian citizens.

N/A –information is not available; for some services in Yerevan the Data Collector was not able to get information.

# **Annex II. Used Resources**

* Early Childhood Development, SABER Country Report, 2012
* Armenia Comprehensive Food Security, Vulnerability Analysis, WFP, 2017
* Research on Development Dynamics of Children enrolled in Preschool Institutions and Observation of Factors Affecting their Development, SA” Center for Education projects” PIU, 2016
* Assessment on Access of Children to Preschool Education Services, Save the Children, 2017
* Yerevan Municipality official website for kindergarten financial documents [https://www.yerevan.am/am/finance-docs/#collapseTwo2#collapseWindow18](https://www.yerevan.am/am/finance-docs/#collapseTwo2)
* "Help your Kindergarten" website <http://www.ognirmankapartezid.am/kindergarten/>
* Ministry of Education and Science <http://edu.am/index.php/am/about/view/105>
* Ministry of Health <http://www.moh.am/#1/132>
* Ministry of Territorial Administration and Development <http://lori.mtad.am/about-communities/>

<http://ararat.mtad.am/about-communities/>

<http://gegharkunik.mtad.am/about-communities/>

# **Annex III. Type of Services and Requisites by Marz**

# **Annex IV. Type of Services and Sectors by Marz**



# **Annex V. Type of Services and Funding Entity**



# **Annex VI. Type of Services by Provision**

# **Annex VII. Type of Services by Payment**



1. *Financial support for this work was provided by the Government of Japan through the Japan Trust Fund for Scaling Up Nutrition* [↑](#footnote-ref-1)
2. *Based on DHS 2015 statistics.* [↑](#footnote-ref-2)
3. *The multidimensional index of poverty in Armenia reflects deprivations in the areas of education, health, labor, housing conditions and basic needs. Deprivations included in the index were identified through consultations to main stakeholders in the country. See Martirosova, Diana, et al (2017),* [*The Many faces of Deprivation A multidimensional approach to poverty in Armenia*](http://documents.worldbank.org/curated/en/655651504248170530/The-many-faces-of-deprivation-a-multidimensional-approach-to-poverty-in-Armenia)*, World Bank. See data on marzes in Annex 1.* [↑](#footnote-ref-3)
4. *From Save the Children (2017). Assessment on access of children to pre-school education services in Armenia. Vulnerable children include poor, children with disabilities, displaced, refugee and from minority groups.* [↑](#footnote-ref-4)
5. Feldsher-Akusher Post or health post is a small health facility in rural community with population less than 2,000 which provides only primary healthcare services by nurse. [↑](#footnote-ref-5)
6. <http://www.moh.am/uploads/havastagri%20ardyunqner.pdf> [↑](#footnote-ref-6)
7. <http://www.moh.am/uploads/761.pdf> [↑](#footnote-ref-7)
8. <http://mamul.am/am/news/126543/թիվ-16-պոլիկլինիկայի-աշխատակիցները-գործադուլ-են-անում>; <https://www.youtube.com/watch?v=EjxotysY7cc> [↑](#footnote-ref-8)
9. <https://www.aravot.am/2018/06/25/966593/>) [↑](#footnote-ref-9)
10. “Paros” is a social assistance program under MoLSA initiated by the GoA on providing financial support to the poorest groups of population. Beneficiaries and status of poverty are identified based on special formula. [↑](#footnote-ref-10)