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PERMANENT MISSION OF THE REPUBLIC OF ARMENIA

312/233/10

The Permanent Mission of the Republic of Armenia to the United Nations Office and Other International Organisations at Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights and in reference to the Questionnaire on lessons learned, progress and challenges to the Millennium Development Goals for the most vulnerable prepared by the Independent Expert on the question of human rights and extreme poverty, has the honour to transmit herewith the replies of the Republic of Armenia to the above-mentioned Questionnaire.

The Permanent Mission of the Republic of Armenia avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.

Enclosed: 19 page.



Geneva, 05 July 2010

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## MDG 1 – Eradicate extreme poverty and hunger

### 1. Poverty and hunger

In the country the poverty analyzing implements National Statistical Service of the Republic of Armenia through the every year Completed Report on Living Standards of Households (NSS RA CRLSH). The reports are published and located in the internet site [www.armstat.am](http://www.armstat.am). Noted researches point out the most vulnerable population groups, social groups, indicate the level of extreme poverty (food basket monetary value), the number of families, as well as assess the level of targeted family benefit and its influence on poverty.

Family benefit program, which is program providing access to food and is directed to the protection socially most vulnerable groups, have the purpose of overcoming or reducing the poverty in social protection sphere. The relations referring to family benefit are regulated by the law of RA on "State Benefits".

The system of family benefit has been functioning since 1999 and has purpose of assisting poor families in solving financial issues.

Family benefit provides to the families the poverty score of which is higher from the border poverty score establishing by the Government of RA every year.

The higher family poverty score is the poorer family is considered.

Family poverty score is formulated by the indirect method of poverty assessment, taking into account the number of social-economic indicators of given family, particularly the social group of each family member (18 social groups are established), the number of family members who have incapacity for working (the more this number is, the higher the score is), place of residence of the family (2000m and higher of sea level, border zone etc.), family income (pension, wage, agricultural incomes etc.), implementation of duty transaction by one of the members of the family, having car as a property, implementation of commercial activity etc.

During past 10 years the program submitted to changes by the way of changing resolutions of assessment family poverty and decision of family benefit quantity and it was paid great attention to the improvement program management. In the bases of implemented changes are NSS RA CRLSH data of given year.

Demanding for family benefit is free: in the case of considering poor themselves or expecting state assistance, the family demand for calculating in the system of poverty assessment. The data of attached table show that the number of calculated families is gradually reducing in the case when the average monthly amount of benefit is increasing. Simultaneously among beneficiary families the specific weight of families with children is increasing, which is the result of state policy of children's priority principle during providing social assistance.

For the purpose of solving current issues the concept of urgent assistance was included in the system, which means providing of assistance to the families in three

month period by the purpose of social assistance councils, which are calculated in the system, but have no right to family benefit.

According to the law of RA on "State Benefits" clear bases of lump-sum benefit were established: in case of child birth, child entering to the first class and death of the member of the family who have family benefit right.

The RA law on "Social Assistance" established that the procedures of providing social services are implemented by local bodies providing social services and attached to them social assistance councils are functioning. That councils include representatives of other bodies acting in social assistance sphere, which function in the given place, NGOs, marzpetarans (regional administrations), as well as representatives of local administration bodies. Mentioned councils are most actively included in the process of entitlement and payment of family benefit and lump-sum benefit ensuring participation of civil society in the biggest acting program of social assistance.

2000-2010 programs implementing in social assistance sphere have following picture:



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	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
calculated families (% from the number of RA families)	50.78	40.37	38.61	28.37	26.96	25.42	23.81	22.14	21.54	19.16
beneficiary families (% from the number of calculated families)	48.04	57.51	54.86	67.84	63.88	64.81	72.25	72.29	73.25	73.4
beneficiary families	187360	178293	149603	141218	134224	127167	130190	124689	121160	107493
beneficiary families (% from the number of RA families)	24.40	23.22	19.48	18.39	17.48	16.56	16.95	16.24	15.77	14.0
families having children (% from beneficiary families)	52.44	55.34	60.75	63.5	65.56	69.29	72.20	75.90	76.34	81.19
Funds envisaged by the RA state budget (bln)	19.0	16.0	12.25	12.75	16.0	20.0	24.0	26.407	29.388	32.324
Average amount of benefit			6700	7200	9000	12300	15000	175000	21100	23560
benefit for child care / average monthly /							5398	4262	4488	7114
lump-sum benefit for child birth							29257	38801	38303	45823



## 2. Decent work

Since 1 January 2006 start acting "Uncompetitive Groups in Labour Market and Additional Guarantees Providing Them" by the Article 20 of the RA law on "Social Protection in Case of Employment and unemployment", established 7 groups of unemployed persons having difficulties in job placement and seeking job incapable for equal competition in the labour market, which include persons with disability, refugees, long time unemployed persons etc.

For persons of these groups the program "Partly Compensation of Wage to the Employer In Case of Hiring to Work Uncompetitive Persons in Labour Market" is additionally implemented by the State Employment Service Agency of the Ministry of Labour and Social Issues of the RA. The purpose of the program is to place to work uncompetitive persons in vacancies of employer, as well as for mitigating possible risks of employer to compensate a part of his expenses. The program has equitable social policy implementing direction, which increase the level of protection of uncompetitive persons in labour market and enlarge chances of their work placement. The maximum duration of the program for persons with disabilities of first and second groups is 2 years, for the other groups is one year.

Persons of uncompetitive groups in labour market also benefit from other programs regulating employment, particularly:

1. Vocational training for unemployed and vocational training and rehabilitation of work abilities for persons with disabilities,
2. Providing financial assistance to unemployed and persons with disabilities for state registration for the purpose of engaging entrepreneurial activity,
3. Organizing paid public works.

Since the year 2009 the program on "Work rehabilitation, vocational training and advisory services for persons with disabilities seeking work" has been established in "Centre of professional orientation and work rehabilitation for persons with disabilities" state non commercial organization of Gyumri from the services of which 720 persons with disabilities are benefit.

The Draft Law on making amendments and supplements to the RA Law on "Social Security in case of the population employment and unemployment" has been submitted to the RA Parliament.

New programs for the employment regulation have been proposed by the Draft Law, especially:

- organization of the working practice for the qualified unemployed persons and disabled persons without working experience.
- Young persons have difficulties while applying for work. They are often refused by the employers because of the absence of work experience and skills. The

beneficiaries of the programs will get a work experience according to their qualification, will become more competitive in the labour market and will find work.

- adaptation of the work places for disabled persons,  
During the analyze of the employment issues of the disabled persons it has been found out that the absence of the adapted work places is principally impeding to the job placement of these persons. The adaption of the work places is requiring additional financial means from the employers, that's why even the condition of the partially wage compensation does not attract the employer.
- vocational training for the land owners of agriculture value searching work,  
The land owners of agriculture value, especially young people have a possibility to participate to the vocational training programs organized by the State Employment Service and become more competitive.

A republican Consent Committee, established on the principals of social partnership is functioning in the Republic of Armenia. Equal number of representatives of the Trade Unions, Republican Union of Employers, Executive body, State employment Service Agency is included in the Committee. The annual state plan of the employment regulation is submitted to the RA Government after the approval of the Consent Committee by the corresponding written conclusion. Drafts of the legal acts concerning the sphere, especially promoting the employment of non-competitive groups are submitted to the social partners' discussions. So, social partners and NGOs take part in the process of the reforms. The public is informed about the results of the reforms and of the implemented programs by mass medias and the web page of the Ministry of Labour and Social Issues of RA. A Collective Contract has been signed on 27 April, 2009 between the RA Government, the Trade Unions Confederation and the Republican Union of the Employers. Supplementary guaranties for the social and labour relations regulation and joint activities of the social partners aimed to the implementation of these guaranties have been established according to the Contract.



## MDG 2 – Achieve Universal Primary Education

1. The situation of those excluded from education process is as following. In 1-11 grades 0.7% has been excluded because of various social reasons. 0.6% has been excluded from the primary school (1-4 grades), 0.8% from the secondary school (5-9 grades) and 1.2% from the higher school. In terms of geographic distribution, 51.8% of those excluded are from the capital. There are various reasons for leaving school. For instance, in 2008-2009 educational year most of them left because of unwillingness to study or parents attitude (they don't send their children to school or prohibit to attend). 2.1% of them (70 pupils) had problems with hearing, vision, motor activity, mental health etc. Despite the statistical data testifying that the number of those excluded is not high, additional research carried out during the last years (particularly by the UNICEF) affirms the growing tendency, which is of great concern and needs specific measures to be undertaken in order find and register those children and bring them back to school.

With regard to higher schools indicators significantly differ in poor groups showing their low involvement. With the aim to increase the level of involvement particularly of those belonging to poor groups, since 2008 in 40 schools of the Republic the system of separate higher schools has been set up.

2. The following measures have been included in the 2010 annual program on social protection of people with disabilities: organizing education for children having the need of special conditions for education in 24 special general educational institutions, organization of inclusive education in 45 general educational institutions, strengthening capacities of the medical psychological-pedagogical center. On August 25, 2005 the RA Government decree N1365-U on the "Special general educational institutions of the Republic of Armenia" regulates the procedure of financing state non-commercial organizations and education of children needing special conditions for education in general educational institutions.

Education of children belonging to national minorities is organized in their mother tongues and all textbooks for 1-4 grades are provided free of charge. In 2010 "Kurdish" textbook for the 1<sup>st</sup> grade was published. In all schools providing education in other languages, such as Russian, Yezidi, Assyrian (for children belonging to national minorities), and the "Model educational plan for general educational institution (class) for national minorities has been elaborated and installed. According to the plan, 43 academic hours is allocated weekly for teaching mother tongue and literature of national minorities.

3. In order to find solutions to the issues relating to children excluded from school the Ministry of Education and Science of the Republic of Armenia closely collaborates with different international and non-governmental organizations.



### **MDG 3 - Promote gender equality and empower women**

The Republic of Armenia has ratified about all international legal acts concerning the gender issues and has undertaken commitments to bring the national legislation in conformity with the provisions of the international legal acts. According to the above mentioned commitments as well as to the principle of equal rights between women and men, several reforms have been made in the legal field.

The Decisions on "Provisions of Women status improvement programs in the Republic of Armenia" and "About approval of the national program of the Women status improvement and the enhancement of their role in the public in RA, 1998-2000" have been developed and adopted by the Republic of Armenia.

These two documents are aimed to the protection of the women rights and fundamental freedoms, of the maternity and child health, as well as to ensure their participation in the state government activities.

"The national program of the Women status improvement and the enhancement of their role in the public in RA for 2004-2010" and the Decision N645 "On the approval of the activities list for the implementation of the national program of the Women situation improvement and the enhancement of their role in the public in RA for 2004-2010" have been adopted by the RA Government on 8 April, 2004.

The Republic of Armenia National Action Plan on Improving the Status of Women and Enhancing their Role in Society (hereinafter, the "Action Plan") defines the principles, priorities, and key targets of the public policy that is pursued to address women's issues in the Republic of Armenia. The Action Plan is based on the relevant provisions of the Republic of Armenia Constitution and is targeted at the fulfillment of the UN Convention on the Elimination of All Forms of Violence against Women, the recommendations of the Fourth Beijing Conference (1995), the documents of the Council of Europe Steering Committee for the Equality between Women and Men, the UN Millennium Declaration requirements, and commitments of the Republic of Armenia under other international instruments.

The Action Plan will facilitate equality of rights and opportunities for women and men, as a prerequisite to shape a democratic, social, and legal state and civil society.

The measures contemplated under the Action Plan will also be helpful in addressing social and economic problems of women, which will, in turn, facilitate in overcoming poverty in the frameworks of the Poverty Reduction Strategy Paper.

The Action Plan is aimed to enhance the role of the women in the fields where their influence is decreased and they need State support for the protection of their rights.

The Action Plan comprises 7 sections and intends to implement corresponding measures in the following spheres:

- Ensuring equal rights and opportunities for women and men,
- Improving the Social and Economic Condition of Women;
- Education Sector;
- Improving the Health Condition of Women;
- Eliminating Violence against Women;
- Role of media and cultural institutions in enlightening women issues and formulating model image of a woman,
- Institutional reforms.

Coordination of the National Program is under the RA Ministry of Labour and Social Issues. The National Program envisages submission of an annual report to the RA Government. With the purpose of program monitoring each year the RA Marzpetarans (Regional Administrations), Yerevan City Administration and relevant Ministries submit information on implementation of activities envisaged by the previous year Work Plan and current year activities timeframe, which is approved by the RA Government.

In the framework of the mentioned 7 parts of the National program a lot of activities have been implemented during recent years (2004-2009) and there are significant achievements, particularly with the purpose of ensuring First Part -- Equal rights and equal opportunities of women and men:

- Gender expertise of the RA legislation (a number of fundamental laws) has been carried out.
- RA international documents ensuring equal rights and equal opportunities of women and men have been investigated with the purpose of bringing the RA legislation in compliance with international norms,
- Regular reports are being submitted on implementing provisions of the UN Convention "About Elimination of all Forms of Violence against Women" and Recommendations of the Council of Europe Steering Committee on Equality between Women and Men.
- Complementary Protocols on the UN Convention "About Political Rights of Women" and "About Elimination of all Forms of Violence against Women" have been ratified and the Council of Europe Convention "About Ways of Combating trafficking in Human Beings" have been ratified.
- Surveys have been implemented, statistical information on participation of women and men in public, political life has been gathered,
- Training courses on women leadership and technologies of self rights protection have been organized,
- With the RA law "About Making Amendments and Supplements to the RA Labour Code" dated 19 May 2005 the minimum quota for women in the list of the RA National Assembly parties' representatives from 5 percent was increased to 15 percent,
- With the RA Civil Service Council decree N567 dated 8 July 2008 "Gender Issues" training course program for civil servants' additional training and increase of qualification was approved,
- RA law "About Ensuring Equal Rights and Equal Opportunities of Women and Men" was drafted.

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With the purpose of ensuring continuity of issues envisaged by the National Program "Gender Policy" Concept was developed and approved in February 11, 2010 which also envisages development of 2011-2015 strategic program.



**MDG 4 (reduce child mortality), MDG 5 (improve maternal health) and MDG 6 (combat HIV/AIDS, malaria and other diseases)**

The RA Government has approved the Republic of Armenia Demographic Policy Strategy and List of Activities, on the basis of which decree "About Approving 2010 State Program on Improvement of Demographic Situation of the Republic of Armenia and Activity Plan on its Implementation" was adopted.

The RA Demographic Strategy stipulates improvement of population health, especially reproductive health, increase of sexual and reproductive culture, provision of equal conditions for healthy reproductive life of all social groups, special emphasis was made on reducing infant mortality rate, reducing maternal mortality cases, reducing mortality determined by preventive reasons and improvement of life quality.

In accordance with 2010 State Program on Improvement of Demographic Situation of the Republic of Armenia and Activity Plan on its Implementation at present a number of activities are being implemented addressing solution of the mentioned issues. Particularly,

- Introduction of medicine provision system on the bases of joint payment principle, creation of an opportunity for provision of most effective and expensive medicine not included in the list for corresponding patients,
- Implementation of a program on strengthening medical care services for infants and babies, provision with equipments and staff for reanimation, especially for rural population,
- Implementation of a program on early diagnosis and prevention of embryo deceases during pregnancy,
- Improvement of birth attendance services availability and quality, equipment with modern technologies and appliances,
- Improvement of inter uterus diagnosis, introduction of antenatal screening,
- Implementation of projects addressing decrease of risk factors determining cardiovascular deceases being the main reason of early mortality,
- Preparation and publishing of analytical materials about social reasons of mortality and activities (including medical ones) on their prevention,
- Prevention of social infectious deceases, such as tuberculosis, HIV/AIDS, other sexual deceases, prevention of childish manageable infections, necessary vaccination and screening.

The aforementioned activities have direct influence on child mortality and maternal health indicators and reduce cases of preventive deceases through improvement of healthcare availability. In the result of their implementation it is expected to reduce child mortality indicator, reduce the number of inborn deceases and child disability (up to 5 years of age children mortality reduction by 5 percent /destination point - 12 percent/, number of inborn deceases by 10 percent), improvement of maternal health, decrease of maternal mortality rate by 4 percent (per 100.000 born alive) decrease of the number of new born with low weight by 7.6 percent /destination point - 7.9 percent/, decrease of early mortality number, increase of public awareness about social reasons of mortality, increase of identification of patients with tuberculosis up to 73.6 percent, increase of inclusion of up to 1 and 2 years of age children by at least 5 percent, decrease of sexual

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infections by 10 percent., decrease of syphilis diffusion by 15 percent, decrease of HIV transition indicator from mother to child up to 1 percent.

## **MILLENNIUM DEVELOPMENT GOAL 4:**

### **Reduce Child Mortality**

#### **Reduce by two thirds, between 1990 and 2015, the under-five mortality rate**

The 2000 Millennium Summit in New York defined a clear-cut target, viz. to reduce, between 1990 and 2015, the under-five mortality. To achieve this target global indicators were defined, namely the infant (0 to 1 year of age) mortality and immunization coverage of under two children.

#### **1. Level, trends and structure of mortality of under 5 children including infant mortality**

The infant mortality rate is one of the key medicodemographic health indicators of the most vulnerable age group, i.e. 0 to 1 infants. In addition, it is an important index of the country's economic development and the social welfare of the society.

As suggested by official statistics, Armenia is ranked a country with average child mortality rates (according to WHO classification), which during 1990-2008 have seen a declining trend. It is significantly favorable compared to many CIS countries, but is somewhat higher than Europe average. The country has demonstrated progress in terms of both under-5 and 0-1 mortality\* rates.

According to official data of the National Statistical Service (NSS)<sup>1</sup>, the under-5 mortality rate has dropped between 1990 and 2008 by around 1/2 (23.8 ‰ in 1990 and 12.2 ‰ in 2008) and the 0-1 infant mortality by 41% (18,3 ‰ in 1990 and 10.8 ‰ in 2008). Actually during the recent years, infant mortality (under 1 year) comprised 80-88% of under 5 child mortality.

Decline of infant mortality in Armenia is confirmed by alternative surveys conducted by independent international organizations. Thus, according to household surveys (data of demographic and healthcare survey funded by USAID, conducted by ORC Macro int. organization jointly with NSS and MoH) infant mortality rate has shrank by 37% between 1990 and 2005 (the average IM indicator was 41‰, in 2000-2005 it dropped to 26‰). The infant (0-1year) mortality decline tendencies seen during the recent years seem to be less substantial. Moreover, in 2006 the rate went up, due to adoption of the new legislation on birth and child mortality and improvement of the tracking system thereof (13.9 ‰ in 2006 and 12.3‰ in 2005).

On June 16, 2005 the RoA Government Decree 949-P "On Improvement of Infant Mortality and Birth Classification and Registration Problems and the Related Situation" was adopted. In 2006 the Decree entered into force, which helped to address problems with under-registration of infant mortality. The new system not only enabled increasing the level of "registered" infant mortality, but also contributed to cutting the difference between official and alternative estimates of the indicator. According to data published by the National Statistical Service (NSS), the IM indicator has reduced by around 30%

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between 1990 and 2005 and in 2008 it almost retained the level of 2007 (10.9‰ in 2007 and 10.8‰ in 2008).

In Armenia mortality rate in girls of both 0-1 age (in 2007 - boys 12‰, girls 9‰) and 0-5 age (in 2007 boys 10.3‰, girls 14.1‰) is lower than that in boys, which speaks of no gender discrimination and adequate care access for both girls and boys.

#### **Achievability of Millennium Goal on under 5 mortality reduction**

It should be noted that though during 1990-2009 the under-5 child mortality rate has reduced (according to UNICEF estimates) by more than half (57%), nevertheless compared to the figures recorded by the year 1999, the following period saw almost double reduction of the rate decline (if during 1990-1999 IM reduced by 44%, during 1999-2009 the decline made up only 23%), and in order to meet the Millennium target of 18‰ the rate should drop by yet another 28% during the following 6 years. This means that the target of 2015 is hard to achieve.

#### **Attainability of Millennium Goals**

Indicator	1990	1999	2005	2015 target
Mortality of children aged 0-5	54	30	29	<18‰
% reduced		44.4% (1990-99)	3% (2000-2005)	46% (1990-2005)

Source: *Progress for Children, Child Survival Report, UNICEF*

This is confirmed by NSS official data trends. Thus, according to NSS data on IM, in 2003-2006 the IM rate dropped by only 0.7%, against 24.3% during 1990-2002. The IM rate has to decline by 43% by the year 2015, which is not feasible given current trends of infant mortality rate growth.

#### **Attainability of MDG 4**

	1990	2002	2006	Target 2015	Attainability
U5 M	24	16.6	15.8	<10‰	hard to achieve
% reduced		30.8% (1990-2002)	4.8% (2002-2006)	37.3% (2006-2015)	
IMR	18.5	14	13.9	<8‰	hard to achieve
% reduced		24.3% (1990-2002)	0.7% (2002-2006)	43.2% (2006-2015)	

The recorded child mortality is not sufficient to achieve MDG 4: IMR <8‰, U5M <10‰

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To summarize the above-said, it can be stated that Millennium Development Goal 4 is difficult to be achieved by Armenia as relates to the under 5 and 0-1 mortality rates and is likely to be achieved as relates to the coverage of immunization against measles.

Reduce by 2/3, between 1991 and 2015, the under 5 child mortality rate											
Targets	1990	1995	1999	2000	2002	2004	2006	2007	2008	2015	Achievability
Under 5 mortality	23.8	21	19.3	19	16.6	13	15.8	12.3	12.2	$\leq 10$	** - likely to achieve
Infant (0-1 year) mortality	18.3	14	15.7	15	14	11.5	13.9	10.9	10.8	$\leq 8$	*** - hard to achieve
Immunization against measles %	95.2	-	91.1	-	-	91.8	-	92.0	94.5	$\geq 96$	*** - likely to achieve

Thus, the MDG-4 target defined for the year 2015 is hard to achieve and is possible only if available resources are consolidated and additional investments are made in this area. It is also assumed that the relevant national strategy should be geared at maintaining the achievements and ensuring further investments and developments for the benefit of child health promotion and reduction of morbidity and mortality rates.

## MILLENNIUM DEVELOPMENT GOAL 5:

### Improve Maternal Health

**Reduce by three quarters, between the 1990 and 2015 the maternal mortality ratio**

#### Status and Trends

The 2000 Millennium Summit established a clear-cut target, viz. to reduce by three forth, between 1990 and 2015, the maternal mortality ratio.

The global list of MDG indicators enforced in 2008 includes a new target and corresponding indicators that directly reflect on reproductive health issues. The target is relevant for Armenia and therefore corresponding indicators were included in the national MDG framework, as they are of vital importance in measuring maternal and reproductive health issues.

The changes are as follows: the MDG5 target to "Improve Maternity Health" currently corresponds to Target 6A of the official list of MDG indicators. Besides, the National Framework was completed with a new Target 6B, which corresponds to Target 5B and is worded as "Ensure full accessibility to reproductive healthcare by 2015".

Below is the assessment of MDG achievability ranking using the following approved indicators:



- Maternity mortality per 100,000 live births /average triennial/;
- Proportion of births attended by skilled healthcare personnel, in %;
- Birth rate in adolescents: the ratio of women of 15-19 years of age holding live births per 1,000 women of 15-19 years of age, in %
- Ratio of pregnant women receiving ante-natal care (at least one visit), in %
- Ratio of pregnant women receiving ante-natal care (at least four visit), in %
- Unmet family planning needs, total, in %

## MATERNAL MORTALITY

### Status and trends, opportunities of achieving the target

Maternity mortality indicator is considered the key integral variable reflecting maternal health status. From 1989 Armenia applies the WHO definition for maternity mortality, according to which the maternity mortality rate is defined as the death of the pregnant women, child delivering or delivered women from the first day of gestation through the 42<sup>nd</sup> post-partum day inclusive per 100.000 live births.

The maternity mortality rate fluctuations in Armenia vary significantly from year to year, therefore the comparison is not impartial, which is explained by the country's small population. This is why when assessing trends of maternity mortality one should be guided by the WHO recommendation, according to which if the country population is under 5 million, maternity mortality rate is estimated on average triennial basis.

Table I

### Maternity mortality dynamics with 3 year intervals, Armenia, 1989-2009

Year	# of live births	Absolute # of deaths	Maternity mortality rate
1989- 1991	236455	77	32.6
1997-99	120714	37	30.6
2000-2002	103426	39	37.7
2003-2005	112463	31	27.5
2006-2008	119184	34	28.5
2009	44508	13	29.4

The maternity mortality ratio per 100.000 live births was unprecedented high in 2000 and comprised 69, against 37 in 2004, 34.4 in 2006, and 36.3 in 2008. It has reached 30 during different years within the period of 2001-2009.



The MoH has an Obstetrical and Gynecological Board, which includes all lead specialists of the country and decision-makers of the Ministry.

According to the Health Minister's Decree on the Procedure of Reporting and Recording Cases of Maternity Deaths, information on each case of maternity death is submitted to MoH within 3 days.

The MoH Obstetrical and Gynecological Board studies all cases through ad hoc commissions, analyses them and makes relevant conclusions.

Data analyses per rural and urban settlements shows that maternity mortality in rural areas is significantly (1,5 times) higher compared to the rural rate, which is explained by the lack of quality specialized care in regions.

### **Assessment of achievability of the target**

Thus, the ratio of maternity mortality during 1989-1991 was 32.6 per 100,000 live births. The following years saw significant fluctuation. The ratio was exceptionally high in 2000, i.e. 69%, in 2004 it comprised 37%, in 2006 34.4%, in 2008 36.3% and between 2001 and 2009 up to 30% in different years, which makes the target of reducing maternity mortality ratio by more than 11.6/100,000 by 2015 almost unlikely to achieve.

### **Proportion of births attended by skilled healthcare personnel, in %**

Today, births are attended by skilled healthcare personnel throughout the entire country (99%).

According to the recent survey (DSH 2005), almost all births (98%) were attended by skilled healthcare personnel.

There is an improvement of indicators against those of 1996-2000 (according to 2000 DHS findings). At the same time, the 2005 DHS reported that around 96.5% of births were administered at maternity hospitals and the number of home births has shrunk to 2.2% in 2005 (versus 8.5% in 2000). Home births are mostly focused in Aragatsotn and Gegharkuniq regions, where the proportion of home births amounted at 11.4% and 13.5% correspondingly between 2000 and 2005. Another challenge in rural areas is the quality and access of care.

### **Birth rate in adolescents - proportion of women of 15-19 years of age with live birth per 1.000 women of 15-19 age, in %**

According to NSS data birth ratio in adolescents (per 1000 women of 15 to 19 years of age) has declined to 25.7% in 2008 against 69.1% in 1990. Despite this trend, these figures vary from rural to urban areas (in 2008 birth rate per 1000 women of 15-19 age according to urban and rural areas was 21.1 and 32.6 correspondingly).

### **Proportion of pregnant women receiving ante-natal care (at least one visit), in %**

An important indicator to assess access to ante-natal care is one or four ante-natal visits in dynamics. The proportion of women who received ante-natal care (at least one visit) during 2004-2008 has increased reaching a level that makes the 2005 target achievable.

Analyses of these indicators suggest definite progress between 1996 and 2005. Particularly, according to 2005 DHS findings the number of women who made ante-natal visits (at least four visits) has increased from 65% during 1996-2000 to 71% during 2001-2005. Nevertheless, there are discrepancies in relevant indicators according to urban and rural areas (in 2001-2005 the proportion in rural areas was 53% and in urban areas around 82%). It is noteworthy that in rural areas this figure is about 1,5 times lower than the national average not only in quantitative, but also qualitative terms, which speaks of the need of additional targeted efforts in rural areas.

#### **Unmet family planning needs**

Despite the broad network of family planning services, abortions are still considered the most common birth control method.

Although the number of interruptions of pregnancy through abortions has declines by 10% against the level of 2000, around half of pregnancies are interrupted by abortions, which is confirmed by the 2005 DHS findings. On the other hand, the survey shows reduction of the use of both contemporary and traditional contraceptives by women (53.1% against in 60.5% in 2000). During the same period use of contemporary contraceptives has abated compared to 22.3% recorded in 2000, dropping to 19.5% in 2005.

According to 2005 DHS, 66.7% of women have reported a demand of family planning services in 2005, which is lower than the proportion recorded in 2000 (73.6%). At that the satisfied demand made up approximately 80%, which is by 4 percentage points lower from the 2000 figure.

According to 2005 DHS data unmet demand of married women in family planning services was estimated 13.3% (of which 3.6% have applied for deferring pregnancy and 9.7% for limitation). There is definite progress in this regard if compared to 2000 data, when unmet family planning demand comprised 11.8%, which is mainly contributed to unmet demand of defers (3.6% in 2005 against 2.6% in 2000). In addition, DHS findings witness that the unmet family planning demand is even higher in women living in less favorable socioeconomic conditions. **The Government has planned to drop maternity mortality ratio to 10.3 per 100.000 live births by the year 2015, which is in line with MDG 2015 target.** However, recent developments show that the predicted ratio of maternity mortality (10.3 cases per 100.000 live births) is extremely ambitious whereas according to the new forecasts presented in this Report it is planned to reduce the ratio of maternal mortality to 11.6 by 2015 (per 100.000 live births).

***Below is the assessment of achievability of MDG Target 5 as relates to maternity health***

<b>MDG 5. Improve maternity health</b>	
Target 6.A. Reduce by three-quarters, between 2015 and 1990, the maternity mortality ratio	<b>** - Hard to achieve</b>



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Target 6.B. Ensure full access, by 2015, to reproductive health care	*** - Likely to achieve
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Despite the essential improvement of Target 6.A indicators over the time, the 2015 maternal mortality target according to predictions, is unlikely to achieve, therefore Target 6.A, in general, will be unlikely to achieve.

As for achievability of the reproductive health target, indicators 25-26 have demonstrated essential improvement trends and according to predictions will meet the defined target by the year 2015. However, predictions for indicators 27-28 for the year 2015 show that despite the registered improvement, the predetermined level will not be met. In general, the Target 6.B for 2015 will be hard to achieve. This conditions the difficult achievability of MDG 5 in general.





### 23. Achievability of Millennium development goals for Armenia

Maternal mortality (per 100 000 birth average of 3 years)	1987-1989	1996-1998	2005-2007	2015	Achievability
	40	30.5	25.1	< 10 < 11.6	Hard to achieve
Reduction %	23.7 % (1987-1998)		11.4% (1999-2007)	60% (2008-2015)	

#### Progress rating scale

	The target is already achievable or almost achievable
	There is sufficient progress and if current trends are preserved, the Target will be achievable
	Current trends are not sufficient to reach the Target
	No progress recorded

#### Achievability rating scale

	Easy to achieve
	Likely to achieve
	Hard to achieve
	Unlikely to achieve



### **MDG 7 – Ensuring Environmental Sustainability**

1. The poorest groups of the population are mostly affected by biodiversity loss.
2. Within policies and programs relating to biodiversity the following documents of strategic importance have to be noted:
  - Second national action plan on environment protection (2008)
  - Strategy and action plan of biodiversity of the Republic of Armenia (1999)
  - State strategy and national action plan on specially protected natural territories in the Republic of Armenia (1999).
3. In 2001 Armenia ratified The Orhus Convention on access to ecological information, public participation in decision-making and access to justice.