



Ministry of Labour and Social Issues  
of the Republic of Armenia



# IT'S ABOUT INCLUSION

**ACCESS TO EDUCATION,  
HEALTH, AND SOCIAL PROTECTION SERVICES  
FOR CHILDREN WITH DISABILITIES  
IN ARMENIA**



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This report was prepared by Meri Poghosyan, UNICEF Armenia Education Officer. Data processing was done by Gayane Dajunts, Head of Research Department of Armenian Marketing Association.

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## FOREWORDS



By ratifying the Convention on the Rights of Persons with Disabilities, the Government of the Republic of Armenia undertook to promote, safeguard, and secure the full and equal enjoyment by persons with disabilities of their human rights and fundamental freedoms. Support should be extended to persons with disabilities from early childhood so as to ensure the full development of their potential and the possibility to be equal members of society.

Sound qualitative and quantitative research, which will identify the existing gaps related to the environment and service delivery, is essential for the development and implementation of effective policies and programmes in the sector.

The survey on the access to services for children with disabilities living in Armenia, carried out by UNICEF upon the request of the Ministry of Labour and Social Issues of the Republic of Armenia, is the first large-scale study of this type. It contains abundant data that will be used by the Government of Armenia for choosing policies to be implemented in the sector.

The findings of the survey will be useful in the overall process of improving the arrangements for provision of social services so as to preclude cases of not attending school because of disability, to improve the rehabilitative services rendered to the children and their families in line with their individual needs, and to expand the community-based services.

We share UNICEF's vision of having an inclusive society and stand ready to turn this vision into reality in cooperation with civil society and the international community.



**Artem Asatryan**

Minister of Labour and Social Issues of the Republic of Armenia

Armenia has made considerable progress in the protection of the rights of children with disabilities. More children every year are included in regular schools, medical aid and rehabilitation. Non-governmental organizations are providing an array of services to children with special needs and their parents. Yet there is a lot of room for improvement – children with disabilities and their families are entitled to be supported through coordinated services accompanying the child along the life cycle. Inclusion enables their progressive promotion and protection of their rights.

Thousands of children with special needs in Armenia are still isolated from their families, peers and communities and live in orphanages and special boarding schools. Many children with disabilities do not attend preschool and school at all, and do not participate in the life of their communities. The lack of social inclusion of these children keeps reinforcing segregation.

More and more people in Armenia have increased their understanding of the fact that a society able to include children with disabilities is a better society for everyone. Learning in inclusive kindergartens and schools is the passport to living in a society where every member can lead a dignified life. To receive education and grow up in a family environment are inalienable rights of each and every child, regardless of their abilities or vulnerabilities. No child can develop his/her full potential without a surrounding enabling environment.

Knowing in details the situation in which children with disabilities live now, whether they have access to services and can actively participate in their communities, is the first fundamental step to be able to answer better and better to their needs. UNICEF strongly believes in a full inclusion of children with disabilities and hopes that the provision of reliable, accurate and highly informative data such as those presented in this report will mark a milestone on the way to ensure that no child is left out.



**Manja Henriette Ahrens**

UNICEF Armenia Representative

We are twin sisters Ruzanna and Suzanna from Koghb village of Tavoush region. Despite having many musculoskeletal problems, with the effort of our parents we started going to school. We felt different from other children but were able to overcome the fear of not being understood and being isolated. Studying in a mainstream school, we felt confident and the wish to be more among people and participate in different activities increased. As years went by, also thanks to the attitude of our parents, people learned not to pity and avoid us and value the human being in us and see our abilities.

Our community centre which operates based on the principle that all children are able, had a great role in our life. Using the services of the Centre, we understood that although education has a special significance for our lives, we need more frequent interaction with other people. The circle of our friends and acquaintances started to grow; we explored ourselves in a new light and started acquiring new skills and abilities. All this inspired us with greater self-confidence and we started feeling that we are different but equal to all.

Unfortunately, many children with disabilities in Armenia and in the world have not had the same opportunities as us. Many do not go to preschools and schools, are not engaged in sports and arts, do not have friends, and do not even leave home. It is very painful for us that because of disability many children are placed in the orphanage. Without the love and endless warmth of our father and mother who, despite all medical diagnoses and morose prognoses, saw our potential, believed in us, we would be doomed to an isolated and inadequate life. Whereas now, not only are we finishing school, but we also intend to enter the university and become skilled professionals.

It is our wish that for all children with disabilities the doors of all schools and other facilities are open, so that they, surrounded with parental warmth and support, can confidently search, find and ensure their place and role in society.

We want an accessible environment and an inclusive society.

We want a world free of barriers and discrimination for all of us.

**Ruzanna and Suzanna Aghababyans, 18 years old**

Graduates of Koghb village secondary school



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## KEY FINDINGS

Children registered with disabilities form around **1%** of the total child population in Armenia. Given the international expected benchmark disability rate of **2.5%**<sup>1</sup>, there are likely to be around **12,000** children with disabilities whose disability is not certified for various reasons such as the unwillingness of the family to get certification or the current diagnosis-based criteria of disability certification, who remain invisible to the social service system.

### • CHILDREN WITH DISABILITIES IN RESIDENTIAL CARE

- **1** in every **8 (13%)** among all the surveyed children with disabilities stays in residential care institutions (orphanages or special boarding schools).
- Girls with disabilities are considerably more likely to be taken to orphanages than boys. The total ratio of registered boys to girls with disabilities is **2 to 1**, in orphanages the ratio is almost equal (**5.5 to 4.5**).
- Nearly a **quarter** of the children with disabilities in orphanages (**23%**) never come out of orphanage premises or come out only for visits to doctor.
- Overall, boys with disabilities in orphanages get more visits from family members, and go home more frequently than girls.
- Boys with disabilities in orphanages are more likely not to have any friends (**19%**) than girls (**12%**).
- Children with disabilities living in orphanages have almost no access to mainstream education. Of every **20** children, only **1** goes to a regular school (**5%**), **5** go to special schools (**23%**) and **14** do not go to school at all (**72%**).
- **4** in **5** children with disabilities (**83%**) in orphanages are reported to have Individual Rehabilitation Plans.

<sup>1</sup> European Academy for Childhood Disability (2003)

## • CHILDREN WITH DISABILITIES IN THE CARE OF FAMILIES

### Social Inclusion and Participation

- **5%** of boys and **7%** of girls with disabilities never leave home or leave only to visit a doctor. Children with motor, intellectual, and combined disabilities are the least likely to go out.
- **12%** of children with disabilities do not have any friends. Children with intellectual and combined disabilities are the most lonely – **1 in 5 (20%)** does not have friends, and only **half** have any friends among the children of their neighbours (i.e. in their immediate community).
- **1 in 3** children with disabilities (**33%**) does not take part in community events (weddings, event celebrations, etc.). Again, children with intellectual and combined disabilities are the most excluded – approximately **half** of them do not participate in such events.
- Only **10%** of boys and **5%** of girls with disabilities are engaged in sports. The rate is considerably lower in rural areas. Gender differences are more distinguished in regional towns. Children with intellectual and combined disabilities are the least involved (**5%**), children with auditory disabilities – the most (**13%**).

### Health and Rehabilitation

- Only **1 in every 4** children with disabilities (**23%**) receives services envisaged by Individual Rehabilitation Plan.
- **80%** of children with disabilities are under the care of a paediatrician or family doctor but **one third** of them visit the doctor only if necessary.
- **27%** of children with disabilities received a technical assisting device. Of those that did not receive, the majority stated that their child did not need it.
- **32%** of families have not paid for any of the medical services received, **52%** have paid for medicine, **28%** have paid for medical examination, **6%** for technical devices and **22%** for doctors or nurses.

## Education

- **1 in 3** children with disabilities does not attend or has not attended kindergarten (preschool). This indicator is twice as low in rural areas (**23%**) compared to urban areas (**44%**).
- **1 in 5** children with disabilities (**18%**) does not go to school. In rural areas the proportion increases to **23% (1 in 4)**. Children with motor and intellectual disabilities are the most likely to be out of school (**26–27%**).
- Girls with disabilities are consistently more likely to be out of school than boys – gender disparities are most prevalent in regional towns.
- The main reason for not going to school given by parents was that the child cannot learn in school. In regions (marzes) **54%** had this opinion, in Yerevan– **36%**.
- **12%** children with disabilities go to special schools. This proportion is considerably higher for children with auditory disability (**36%**) and intellectual disability (**25%**).
- **70%** of children with disabilities go to a regular school, with significant differences among the regions. For children with intellectual and auditory disability the proportion is significantly lower – **48%** and **56%** respectively, whereas for children with physiological disability the enrolment in regular schools is as high as **90%**.

## Social Protection and Care Services

- **97%** of registered children with disabilities receive a disability pension.
- **4 in 5** children with disabilities (**81%**) do not receive any social protection and care services from Community Guardianship and Trusteeship Commissions, Family, Women Children's Rights Protection Units or Territorial Offices of Social Services.
- **8%** of children with disabilities attend a daycare centre; **11%** receive services from NGOs.
- **8%** of families have stated that they have paid for disability assessment and **4%** for getting the disability pension of their child with disability.

## Awareness and Attitudes

- The awareness of laws and international conventions of the respondents is quite low.

**Two thirds** of the respondents had never heard of Convention on the Rights of the Child or Convention on the Rights of Persons with Disabilities.

- Disability is more often viewed as a disease than a life condition. In regions, **61%** view it as a disease compared to **52%** in Yerevan.

### Satisfaction with Services

- The respondents whose children use education, health and social protection services are mainly either somewhat or fully satisfied with their quality (see Annex 2.1 for details).

# 1

## INTRODUCTION



Children with disabilities are among the most vulnerable groups in the Armenian society. Their families are often caught in poverty traps: higher expenditure needs and reduced opportunities to earn income have resulted in a 54% poverty rate among families of children with disabilities compared to 38% average poverty rate<sup>1</sup>. Yet, economic hardship is not the only constraint that persons with disabilities face: negative societal attitudes, coupled with segregation practices inherited from the Soviet Union, have cemented a wall of exclusion, thus hindering the opportunity of their full development and inclusion. Children with disabilities can be in special schools or completely out of the schools system, do not have access to community based rehabilitation and early intervention services, and have limited participation in sports, art, cultural and community activities.

The Armenian Government has ratified the United Nations Convention of the Rights of Persons with Disabilities (CRPD) thereby committing to “ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities” (Article 1).

The CRPD presents a paradigm shift in the approach towards disability as personal deficiency towards viewing it “as the consequence of the interaction of the individual with an environment that does not accommodate that individual’s differences and limits or impedes the individual’s participation in society”<sup>2</sup>. Not only does the CPRD endorse the social model of disability, but it also takes it to a new level by “explicitly recognizing disability as a human rights issue. From this perspective, the social, legal, economic, political and environmental conditions that act as barriers to the full exercise of rights by persons with disabilities need to be identified and overcome”<sup>3</sup>.

In Armenia, as in many countries of the world, there are a lot of data gaps regarding persons with disabilities, hindering the possibility to make informed policy choices in fulfilling their rights.

As a first step to address this problem, in cooperation with the Armenian Ministry of Labour and Social Issues, the UNICEF undertook an effort to gather reliable information on the access of children with disabilities to health, education and social protection services. The rationale for focusing on access to services is that the latter are key to fulfilling the rights of persons with disabilities and achieving desirable life outcomes. It is important to know what services are available for the children with disabilities, whether they can access these services and are satisfied with them, and what barriers are preventing their use. The survey also sought to reveal the levels of participation of children with disabilities in different life activities, such as sport, culture and community events, as well as the attitudes and awareness of their families or caregivers.

The analysis of data reveals that children with disabilities in Armenia face strong barriers in access to services, in particular related to school inclusion, rehabilitation and community participation.

<sup>1</sup> Armenian National Statistical Service (2011)

<sup>2</sup> UN OHCHR (2010)

<sup>3</sup> I.b.i.d.





Area of residence, type of disability and gender of the child are found to be decisive predictive factors of exclusion and discrimination. The most vulnerable group, however, are children with disabilities who live in institutions.

We call on policy makers and the civil society to use the results of this survey and the recommendations to advocate for the rights of children with disabilities, and to improve the provision of services while working on removing the barriers to their use. We also encourage stakeholders to engage in further research and analysis to get a better insight into the issues revealed in this report.



## 2

## SURVEY OBJECTIVES, TARGET GROUP, AND METHODOLOGY



The goal of the survey was to identify the level of access to education, health, and social protection services for children with disabilities, to reveal their participation in different life activities, to identify the barriers to inclusion, and to develop recommendations on how to improve the services and overcome the barriers.

The target group of the survey included 0-18 year-old children with disabilities. The organization that carried out the survey, the Armenian Marketing Association (“AMA”) used the Pyunik database of persons with disabilities, which was provided in August 2011 by the Republic of Armenia Ministry of Labour and Social Issues (“MOLSI”). The database contained data for 7,958 children with disabilities<sup>1</sup> (name, diagnosis, address, and other information).

The survey was conducted through face-to-face interviews.<sup>2</sup> The questionnaire was developed by the Armenian Marketing Association on the basis of recommendations by the MOLSI and UNICEF, and was approved by the MOLSI (see Annex 1). The average duration of an interview was between 20 and 30 minutes. The interviews were conducted by 25 interviewers supervised by five coordinators.

Interviews were conducted for 5,707 children with disabilities, of which 5,322 were in the care of families, and 385 were in orphanages. The data for 440 of them (including 229 children in the care of families and 211 children in the care of orphanages)<sup>3</sup> was not in Pyunik database. For children living in families, the questions were answered by a parent of the child (or, in his or her absence, an adult member of the family). Of the 385 children in orphanages, parents could be identified and interviewed in only 55 cases. For the other children living in orphanages, their caregivers were the respondents.

Although all the addresses in the Pyunik database were visited for purposes of the survey, not all of the children were found. A brief report on the interviews is provided in Table 1. 1,557 of the children could not be found due to the addresses being wrong or incomplete, and no one was home at 584 of the addresses.<sup>4</sup> 85 families refused to participate in the survey.

<sup>1</sup> This is about 1 percent of the 0-18 year-old population of Armenia. Based on data for developed countries and its decades-long research, the European Academy of Childhood Disabilities considers a disabled children rate of at least 2.5 per cent to be the ‘norm’ (excluding chronic conditions). Based on the Global Burden of Disease, the World Health Organization offers an even higher estimate of disabilities for children 0-14 years old: 5.1 per cent.

<sup>2</sup> 728 interviews were conducted over the telephone. Telephone interviews were conducted in hard-to-reach geographic areas, if the family was not present during the visit.

<sup>3</sup> In such cases, the interviewers conducted the interview either after seeing the document certifying the disability (for children living in the family) or on the basis of information provided by the orphanage caregivers.

<sup>4</sup> The interviewers visited these addresses at least thrice.

	As per Data of the Pyunik Database	Outside the Pyunik Database	Total
<b>Number of interviews conducted: children in the care of families</b>	<b>5093</b>	<b>229</b>	<b>5322</b>
<b>Number of interviews conducted: children in the care of orphanages</b>	<b>174</b>	<b>211</b>	<b>385</b>
<b>Total number of interviews conducted</b>	<b>5267</b>	<b>440</b>	<b>5707</b>
<b>Wrong or incomplete address</b>	<b>1557</b>	<b>-</b>	<b>-</b>
<b>No one home</b>	<b>584</b>	<b>-</b>	<b>-</b>
<b>Address could not be found</b>	<b>238</b>	<b>-</b>	<b>-</b>
<b>House not occupied</b>	<b>79</b>	<b>-</b>	<b>-</b>
<b>Away from the country</b>	<b>66</b>	<b>-</b>	<b>-</b>
<b>Refused to participate in the survey</b>	<b>85</b>	<b>-</b>	<b>-</b>
<b>Other</b>	<b>82</b>	<b>-</b>	<b>-</b>
<b>Total number of interviews not conducted</b>	<b>2691</b>	<b>-</b>	<b>-</b>
<b>TOTAL</b>	<b>7958</b>		

Table 1. Summary Report on the Interviews

Table 2 covers the respondent outreach report breakdown by regions. Outreach was rather high in the Marzes (regions) of Syunik, Aragatsotn, and Armavir.

	Number of Children as per the Pyunik Database	Number of Interviews Conducted as per the Pyunik Database	Number of Interviews Conducted outside the Pyunik Database	Total
Aragatsotn	407	300 (74%)	17	317
Ararat	834	530 (64%)	20	550
Armavir	688	499 (73%)	44	542
Gegharkunik	683	417 (61%)	54	471
Kotayk	640	443 (62%)	21	439
Lori	716	443 (62%)	17	460
Shirak	707	364 (51%)	8	372
Syunik	427	379 (89%)	14	393
Tavoush	334	224 (67%)	19	243
Vayots Dzor	132	75 (57%)	0	75
Yerevan	2216	1444 (65%)	15	1459
Orphanages	174	174	211	385
<b>Total</b>	<b>7958</b>	<b>5264 (66%)</b>	<b>443</b>	<b>5707</b>

Table 2. Number of Interviews Conducted, by Regions

## Survey Timeframe

The survey (including the preparations, interviews, and analysis of findings) was conducted from August 2011 to March 2012. The interviews were conducted mostly during the period from August 15 to December 25, 2011. Final data correction, entry, and analysis occurred in January–March 2012, and the final report was prepared during April–June 2012.

## Quality Control

Quality control was exercised throughout the survey. In the beginning, all the questionnaires were checked for logical connections, omitted questions, and deficiencies. Subsequently, 20 per cent of the questionnaires were checked through telephone calls. 20 questionnaires of each interviewer were randomly selected and double-checked through telephone calls by means of repeating questions and checking the responses to some of the survey questions. Besides the aforementioned methods, specialists of UNICEF and the Armenian Marketing Association monitored the interviewers during visits to families.



## Data Entry

Parallel to the interviewing and the quality control, data entry was carried out by two operators whose work was checked by 20 per cent double entry.

## Data Analysis Methodology

The interview findings were analysed for two separate groups: 5,322 children with disabilities in the care of families (including children attending special boarding schools) and 385 children with disabilities in the care of orphanages.

The analysis was broken down by the child's sex, place of residence (capital city versus regions, including a breakdown by regional towns and rural communities), and type of disability. Children with disabilities can have different impairments in functions, such as physiological (e.g., impairments in functions of cardiovascular, digestive, endocrine, and other systems), motor, intellectual/cognitive, visual, auditory, and combined.<sup>5</sup> The medical diagnoses of the children were classified<sup>6</sup> in order to determine whether children with different impairments in functions<sup>7</sup> have different levels of access to services, for example, whether children with intellectual disability are less likely to attend school than children with motor difficulties. This classification is conditional, as it is often impossible to determine the functional impairment based solely on the medical diagnosis, and the child's diagnosis may be incorrect or incomplete. The classification was performed in order to develop a general understanding of the situation.

The findings of interviews concerning children with disabilities residing in orphanages were analysed by sex.

<sup>5</sup> Following the expert's advice, epilepsy was presented as a separate category, because different types of this disability lead to different impairments in functions.

<sup>6</sup> The classification was performed by Artsruni Hakobyan, Chief Child Neurologist of the Ministry of Health of the Republic of Armenia.

<sup>7</sup> The classification is based on the logic of the WHO International Classification of Functions, Disability and Health (ICF).

## Survey Limitations

The following are the main limitations of this survey:

- The children covered by the survey were mostly children with officially-certified disability, as per the Pyunik database, which means that it provides virtually no information about the children that have disability but are not certified as such;
- About one third of the children in the Pyunik database could not be found due to wrong addresses and other reasons, with varying rates of outreach across regions (Table 2). It is hard to predict whether or not the children that were not found differ from the surveyed children;
- The survey mostly relied on a quantitative methodology, whereas qualitative analysis would be required in the future for identifying the underlying reasons for some of the problems.

### 3.1

## ANALYSIS OF THE FINDINGS

Children in the Care of Families



## A. GENERAL CHARACTERISTICS

This section presents the children's sex, age, place of residence, type of housing, and family composition of children with disabilities in the care of families.

Figure A1 presents the breakdown of the interviews by the regions of Armenia.

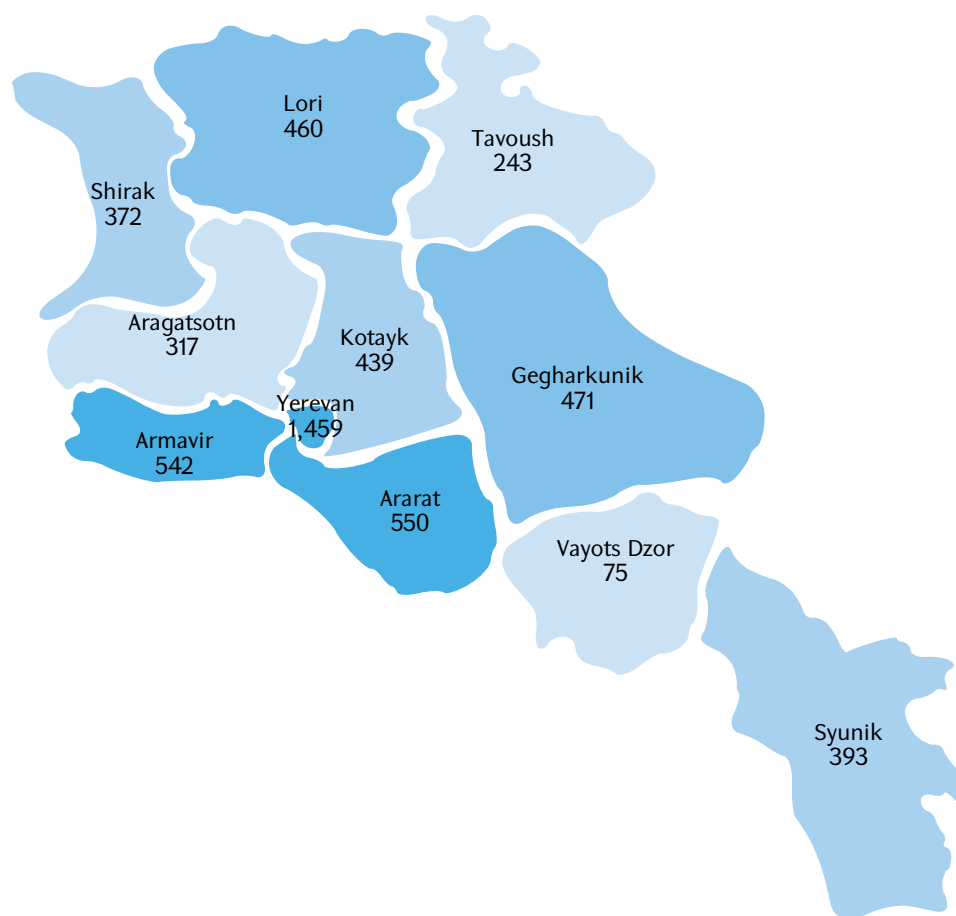


Figure A1. Breakdown of the Interviews by the Regions of Armenia.

Figure A2 shows the sex breakdown of the children with disabilities: 68% are boys, which is almost twice the number of girls. This sex ratio is typical of a number of OECD states.<sup>1</sup>

Figure A3 shows the age distribution of the surveyed children with disabilities (numbers and percentages).

<sup>1</sup> Centre for Educational Research and Innovation and OECD (2007)

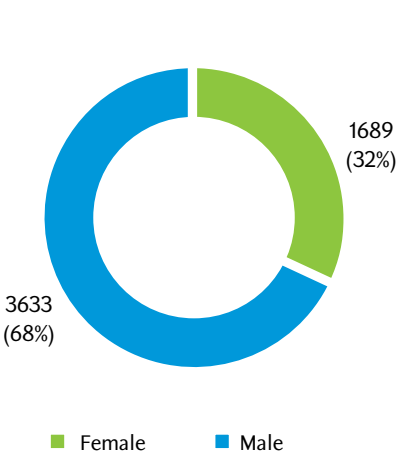


Figure A2.  
Sex Breakdown of the Surveyed Children with Disabilities

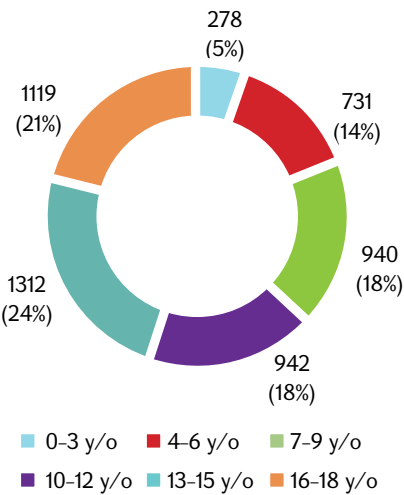


Figure A3.  
Age Breakdown of the Surveyed Children with Disabilities

Table 3 provides the breakdown by type of disability<sup>2</sup> and sex: 36% of the children have motor disability, 20% physiological, and 20% intellectual disability.

	Male	%	Female	%	Total	%
Motor	1,251	34%	689	41%	1,940	36%
Physiological	747	21%	323	19%	1,070	20%
Intellectual	748	21%	305	18%	1,053	20%
Visual	284	8%	109	6%	393	7%
Auditory	234	6%	141	8%	375	7%
Epilepsy	278	8%	70	4%	348	7%
Combined*	91	3%	52	3%	143	3%
Total	3,633		1,689		5,322	

Table 3. Breakdown of the Children by Disability and Sex

\* The proportion of children with combined disability is likely to be higher in reality, in case more complete information on the functional impairment or diagnosis were available. The small number of children in this group lowers the statistical precision of the estimate for the group.

Figure A4 presents the breakdown of the interviews by the capital city (Yerevan), regional towns, and rural communities.

<sup>2</sup> See the Data Analysis Methodology

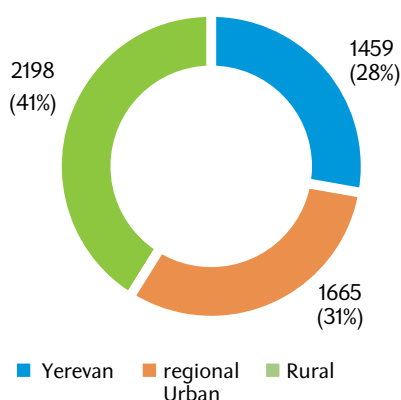


Figure A4.  
Breakdown of the Interviews by Place of Residence

The next two figures present the family composition of the surveyed children with disabilities: 85% of these children have both parents, 12% have single mothers, 1% have single fathers, and 1% have neither of the parents; 84% have a sibling, and 49% have a grandparent.

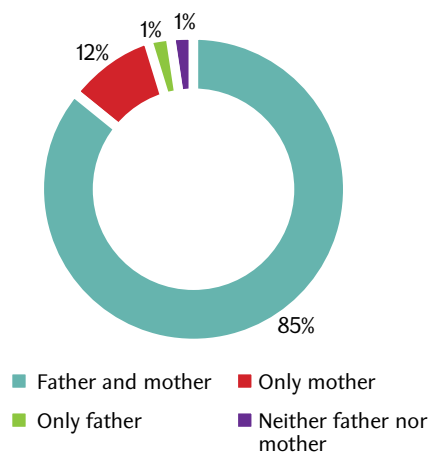


Figure A5.1.  
Presence of Parents in Families of Children with Disabilities

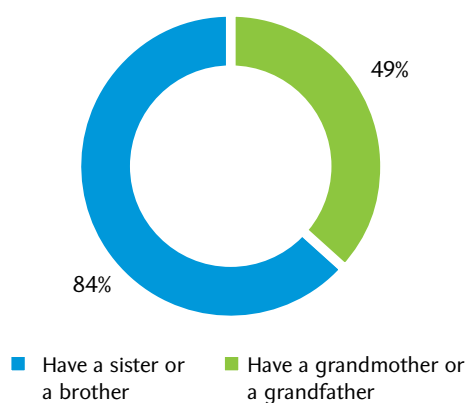


Figure A5.2.  
Presence of a Grandparent and a Sibling in the Families of Children with Disabilities

Figure A6 presents the number of family members of children with disabilities: clearly, the larger families were mostly encountered in the rural communities.



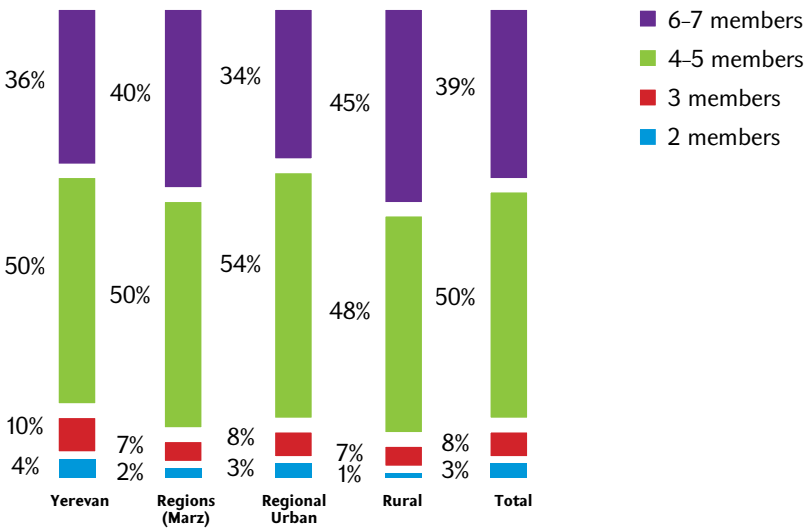


Figure A6. Number of Family Members of Children with Disabilities, by Place of Residence

Figure A7 below presents the type of housing of children with disabilities. Most of the children in the rural communities live in one-family houses (83%), while apartments are more popular in Yerevan (69%). Five per cent of the respondents live in temporary dwellings (metal shipping containers).

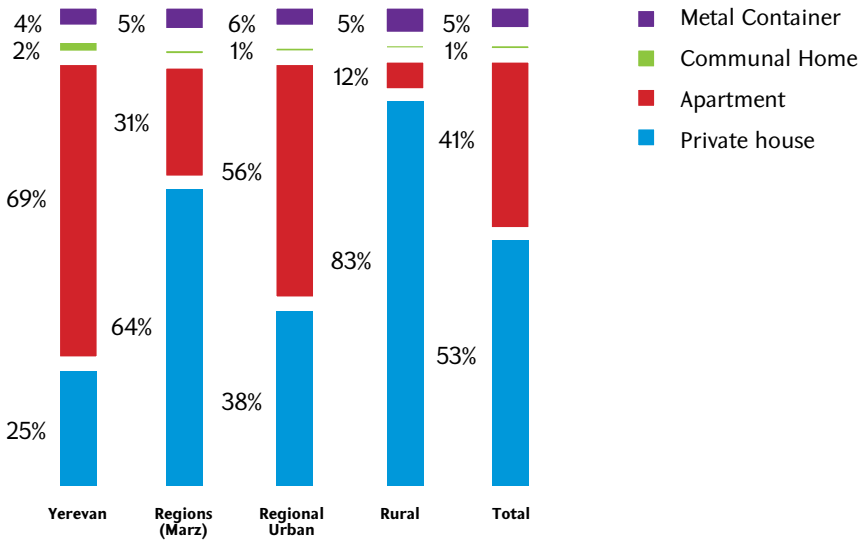


Figure A7. Type of Housing of Children with Disabilities, by Place of Residence

The interviews also checked whether children with disabilities mostly reside (spend the night) in the family or in a special boarding school (this section does not include the children living in orphanages). Figure A8 presents the findings by place of residence and by sex. Clearly, 97% of the respondents said that the child lives at home with the family, while 3% said that the child sleeps in a boarding school. However, 93% of these children return home during vacations. It should be noted however that 70% of children in the care of families going to special schools (i.e. 7% of total) use the boarding services of the school (for example, they stay there during the week and go home at weekends).

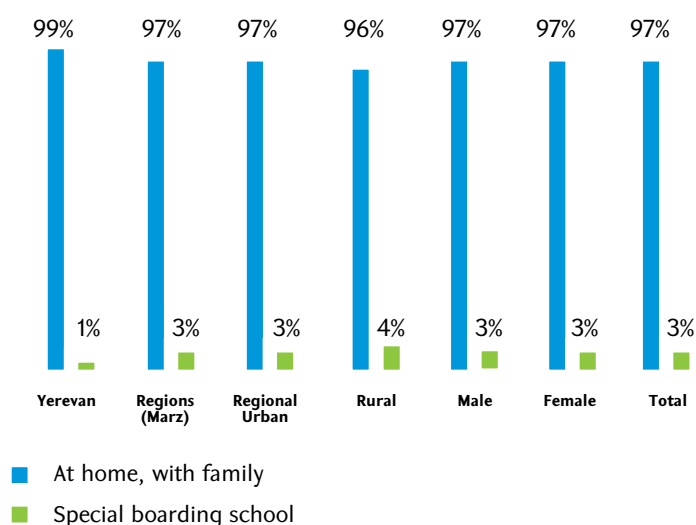


Figure A8. Main Residence (place of boarding) of the Child with Disability, by Place of Residence and Sex

Figure A9 presents a breakdown of the responses to the same question by disability of the child. 9% of the children with auditory disability, 6% of those with intellectual disability, and 5% of those with combined disability live in special educational institutions.

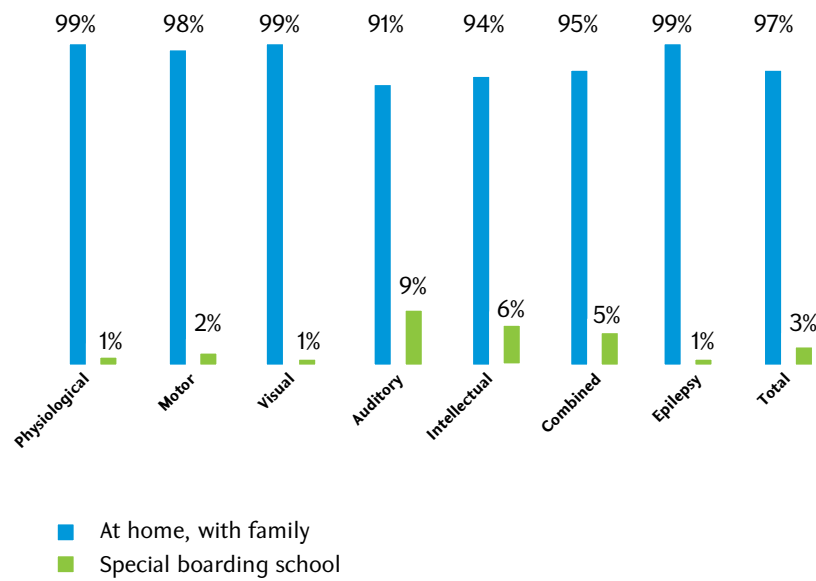


Figure A9. Main Residence (place of boarding) of the Child with Disability, by Disability

When inquired about the reasons for children sleeping at special educational institutions, 45% of the respondents mentioned the lack of appropriate care at home, 27% mentioned the economic status of the family (cannot afford the necessary expenses), and 26% mentioned education needs of the child.

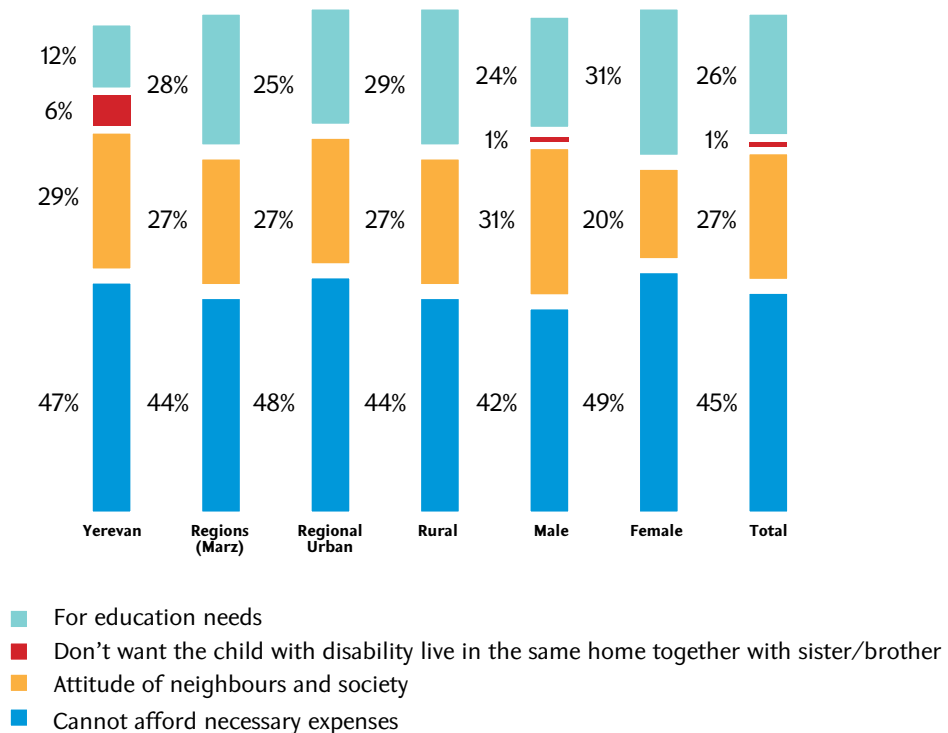


Figure A10. Main Reasons for Children with Disabilities Residing (Boarding) in Special Educational Institutions,\* by Place of Residence and Sex

\*As each respondent could state one to three reasons, the sum of the elements in a column may exceed 100 percent.

## B. EDUCATION

According to the Convention on the Rights of Persons with Disabilities, States Parties shall ensure that “persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability” (Article 24).

According to the Republic of Armenia Law on Social Protection of Persons with Disabilities, “government bodies responsible for education shall, jointly with bodies responsible for social security and health care, and in line with the individual rehabilitation plan of a person with disability, ensure the pre-school education of children with disabilities and the creation of conditions necessary for persons with disabilities obtaining secondary, secondary vocational, and higher education” (Article 12).

### Early Childhood (Pre-School) Education

Early childhood is decisive for development and for unleashing the potential of children. After birth, a child’s brain develops 700 synaptic connections every second. The brain gathers 80% of its mass before the age of 3. During the pre-school age, when the visual, auditory, language comprehension and cognitive functions start to develop, the child’s brain is particularly sensitive to external stimulation. Early childhood education has a significant role in the development of children’s abilities and is particularly effective for more vulnerable groups of children.<sup>3</sup>

Children with developmental delays, disabilities and special needs who attend inclusive preschools tend to demonstrate more developed social and communicative skills and bigger social networks than comparable children who have been placed in segregated settings. Besides, children develop more accepting attitude towards differences.<sup>4</sup>

In the surveyed families, only 35% of the children with disabilities are attending or have attended kindergarten (Figure B1); this indicator is lower – 28% – for the age group 2–6 (See Annex 2.2)<sup>5</sup>. Attendance was higher in Yerevan (48%) and lower in the regions (31% in the regions overall, and 41% in the regional towns). The lowest attendance (23%) was reported in the rural communities. There are also some gender-based differences: in Yerevan, for instance, 50% of the boys are attending or have attended a kindergarten, compared to 44% of girls; in regional towns, attendance was 43% among boys and 37% among girls. No gender-based differences were observed in rural communities.

<sup>3</sup> Engle, P. (2011)

<sup>4</sup> Guralnick, M. (2005)

<sup>5</sup> The question was asked to all respondents. Annex 2.2 presents the responses for the age group 2–6 only.

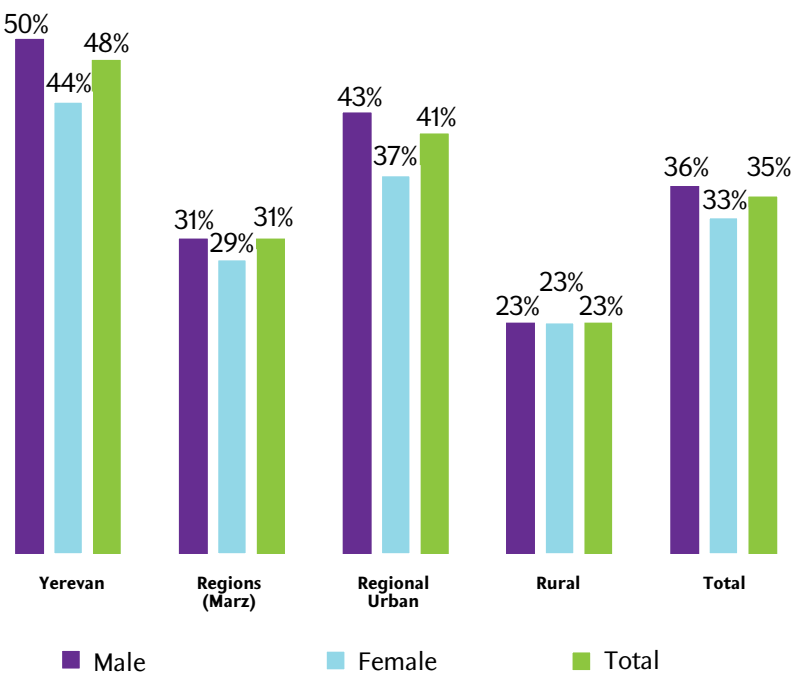


Figure B1. Kindergarten Attendance (past and present) of Children with Disabilities, by Place of Residence and Sex

Figure B2 presents the regional breakdown of the findings: clearly, the highest attendance was reported in Yerevan (48%) and in the Syunik region (46%).

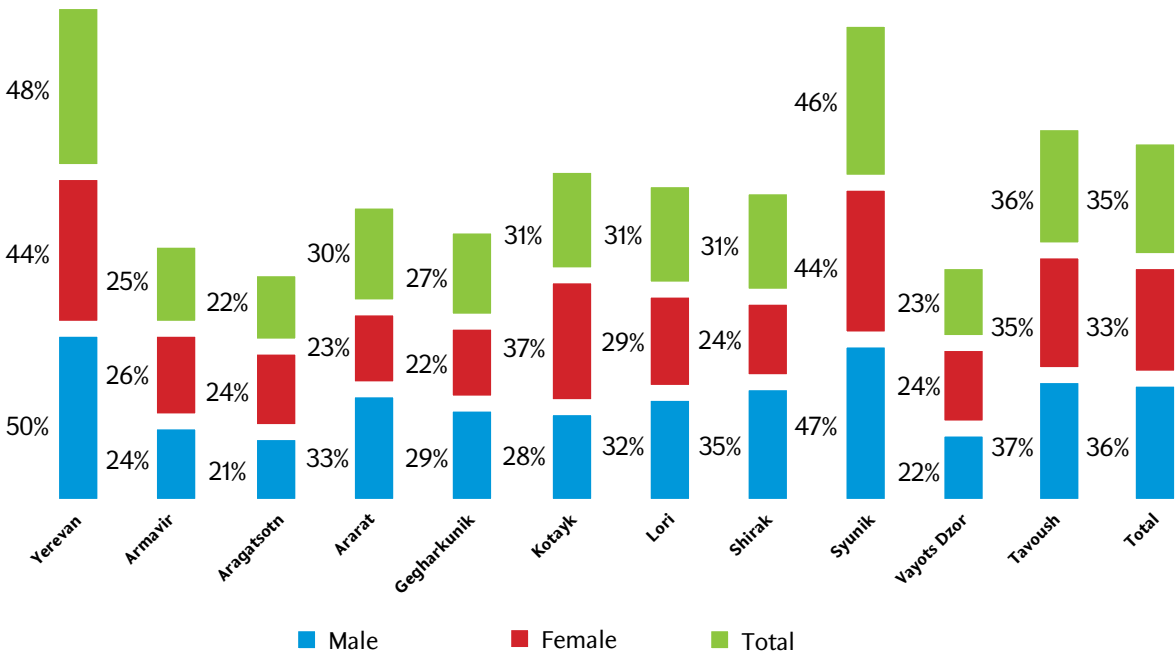


Figure B2. Kindergarten Attendance of Children with Disabilities, by Regions

Figure B3 provides the findings by types of disability: attendance rates are particularly low among children with combined disability (21 per cent), as well as children with motor and intellectual disability (31% and 35%, respectively).

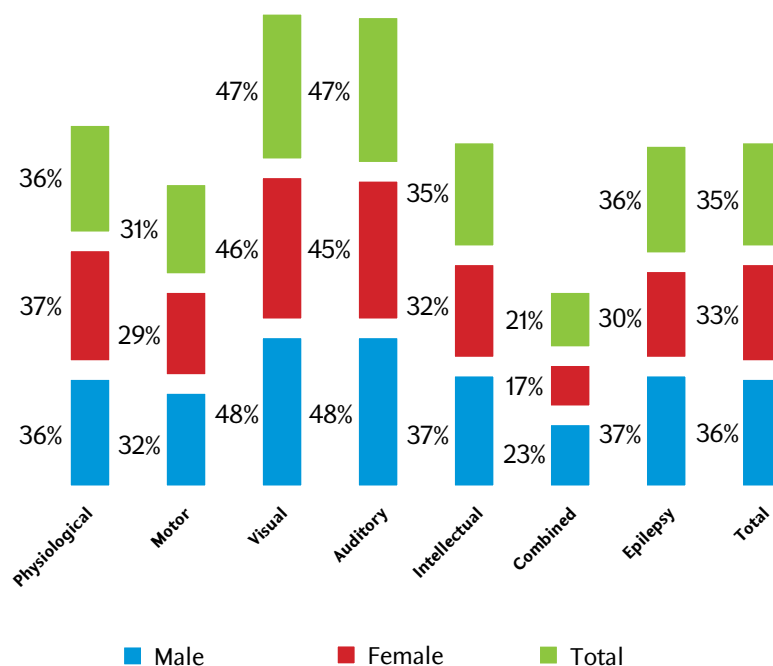


Figure B3. Kindergarten Attendance of Children with Disabilities, by Disability and Sex

Figure B4 provides the reasons for non-attendance, broken down by sex and place of residence. One third of the respondents whose children did not attend said that they saw no need for a kindergarten, 26% said there was no kindergarten in their community, 16% said that the health condition of the child did not permit attendance, and 16% said that the kindergarten lacked sufficient conditions. In rural communities, 47% mentioned the absence of a kindergarten as the reason for non-attendance whereas in urban communities only 8%. Over 40% of urban respondents said that there was no need for a kindergarten. Eight per cent of the Yerevan respondents said their children had been refused admission to a kindergarten.

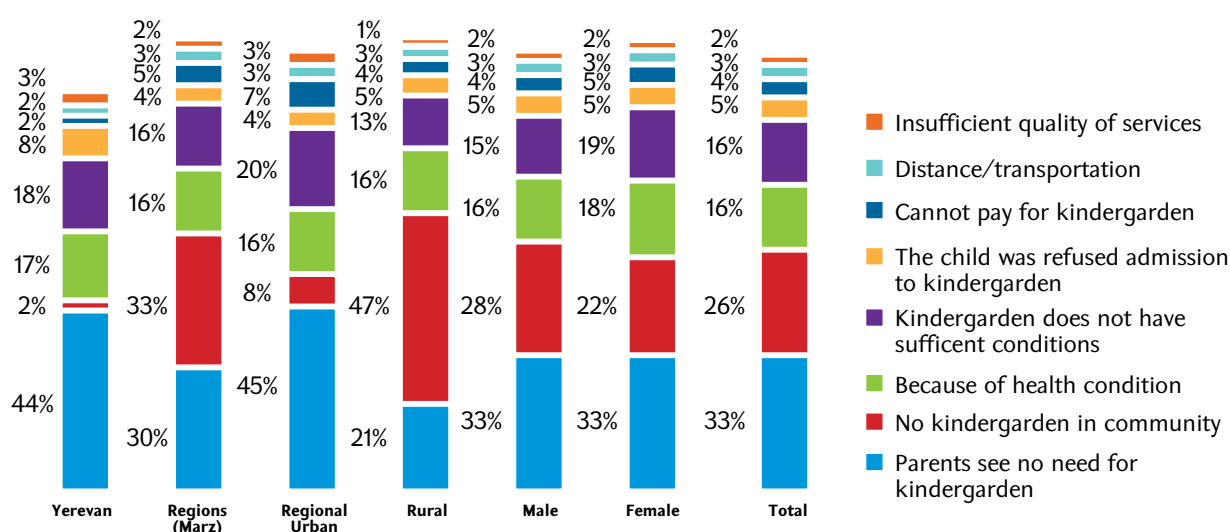


Figure B4. Reasons for Children with Disabilities not Attending a Kindergarten,\* by Place of Residence and Sex

\*As each respondent could state one to three reasons, the sum of the elements in a column may exceed 100 percent.

Table B1 addresses the matter from the standpoint of the type of disability of the child: 11% of the children with intellectual disability and 7% of those with combined disability were refused kindergarten admission. The lack of sufficient conditions in the kindergarten was stated as the primary cause for not taking a child to the kindergarten in 24% of the cases of children with auditory disability.

	Physiological	Motor	Visual	Auditory	Intellectual	Combined	Epilepsy	Total
Parents see no need for kindergarten	40%	30%	32%	34%	32%	31%	34%	33%
No kindergarten in community	27%	26%	37%	27%	21%	14%	36%	26%
Health condition does not permit	13%	21%	7%	9%	16%	14%	15%	16%
Kindergarten does not have sufficient conditions	10%	19%	10%	24%	18%	20%	9%	16%
Cannot pay for kindergarten	5%	3%	6%	5%	5%	8%	4%	4%
Insufficient quality of services	3%	2%	1%	2%	2%	4%	1%	2%
Distance/transportation	2%	5%	1%	2%	3%	2%	0%	3%
Child was refused admission to kindergarten	2%	4%	3%	5%	11%	7%	4%	5%
Other	10%	7%	9%	9%	6%	13%	5%	8%

Table B1. Reasons for Children with Disabilities not Attending a Kindergarten,\* by Disability

\*As each respondent could state one to three reasons, the sum of the elements in a column may exceed 100 percent.



### Assessment of Special Educational Needs of Children

In the Republic of Armenia, special education needs of children are assessed by the Medical-Psychological-Pedagogical Centre of Yerevan and its two branches.

Twenty nine per cent of those living in Yerevan and 8% of those living in rural communities reported having had their children with disabilities assessed by the Centre. Fifteen per cent of all the children had been assessed, while 25% of the respondents did not know whether or not their child had been evaluated by the Centre. There were no differences between boys and girls in this respect.

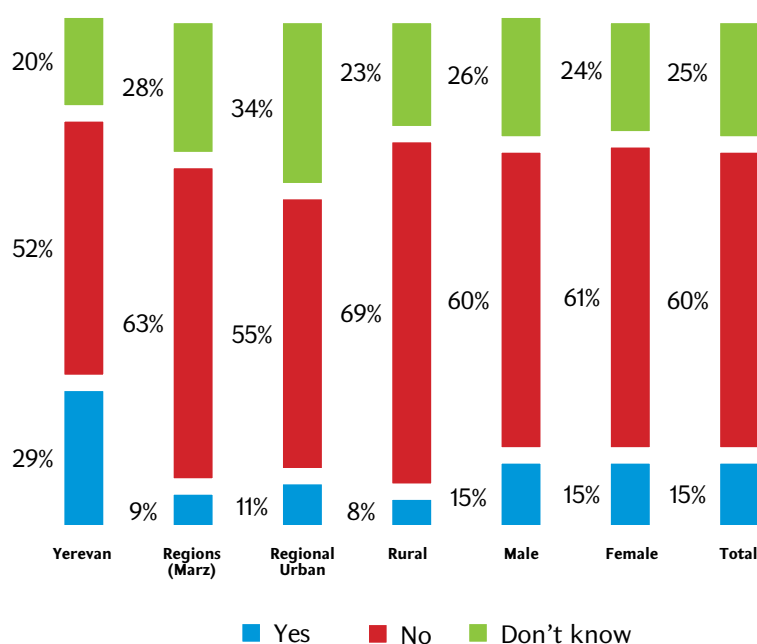


Figure B5. Assessment of Educational Needs of Children with Disabilities by the Medical-Psychological-Pedagogical Centre, by Place of Residence and Sex

Thirty one per cent of the children with intellectual disability had been assessed at the Medical-Psychological-Pedagogical Centre; the percentages of evaluated children with combined disability and auditory disability were the second and third highest (Figure B6).

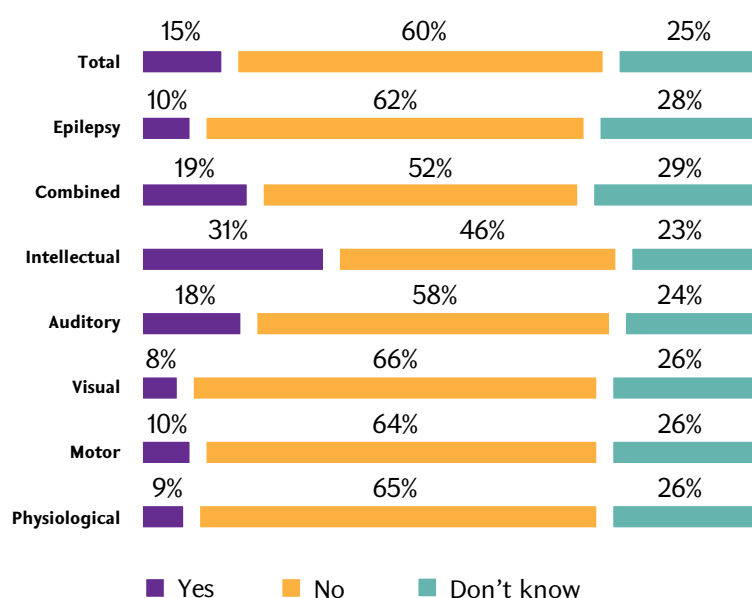


Figure B6. Assessment of Educational Needs of Children with Disabilities by the Medical-Psychological-Pedagogical Centre, by Disability

### School (Secondary) Education

The Republic of Armenia Law on Education states that by the choice of the parent the education of children with special education needs can be implemented in a mainstream school (Article 19.3). The UN CRPD prohibits isolation from the general education system because of disability (Article 24).

The next section of the survey, on the school education of children with disabilities, examines the extent to which the children and their families exercise their rights under the international standards and the Armenian domestic legislation.

Seventy per cent of the respondents<sup>6</sup> reported their children attending (or having graduated from) a general school, while 12% reported their children attending special schools, and 18% said their children did not attend school altogether.<sup>7</sup> In this respect, there are significant differences between Yerevan and the regions, especially rural communities. In Yerevan, 13% of the children do not attend school, compared to 18% in the regions and as high as 23% in the rural communities. Non-attendance is 21% among girls and 17% among boys. The gender discrepancy is greater in the regional towns (15% and 23% non-attendance of boys and girls, respectively) than in Yerevan (11% and 15% in boys and girls).

<sup>6</sup> This question was asked for children above 6 (4454 responses).

<sup>7</sup> This includes children that, according to information provided by their parents, receive some type of home-based education by a specialist (2.8%).

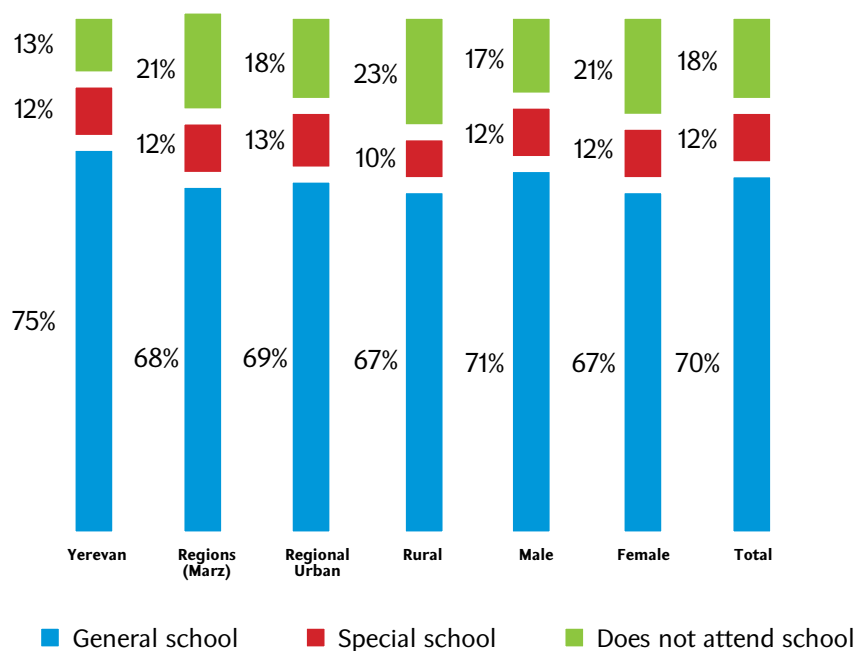


Figure B7. School Attendance of Children with Disabilities, by Place of Residence and Sex

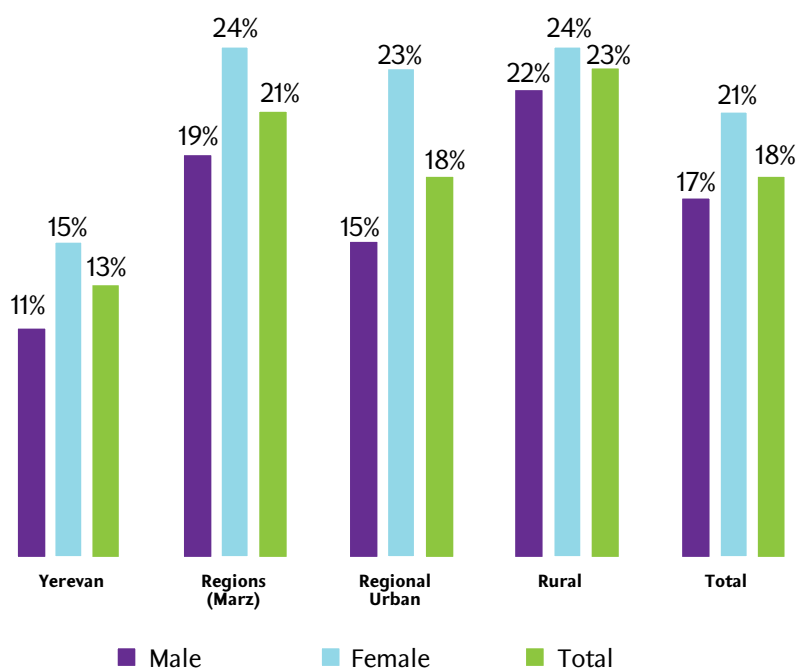


Figure B8. Percentage of Children with Disabilities Not Attending School, by Place of Residence and Sex

Figure B9 provides a breakdown of the findings by the regions: with the exception of Yerevan and the Vayots Dzor region, the percentage of children not enrolled in school varies between 18% and

23%. Special educational institutions are attended the most in the Armavir region (18%) and in the Kotayk and Syunik regions (15% each). In the Tavoush region, very few attend special schools.<sup>8</sup> The highest rates of attendance to general schools were reported in the Vayots Dzor<sup>9</sup> and Tavoush regions as well as Yerevan, and the lowest in Armavir and Kotayk.

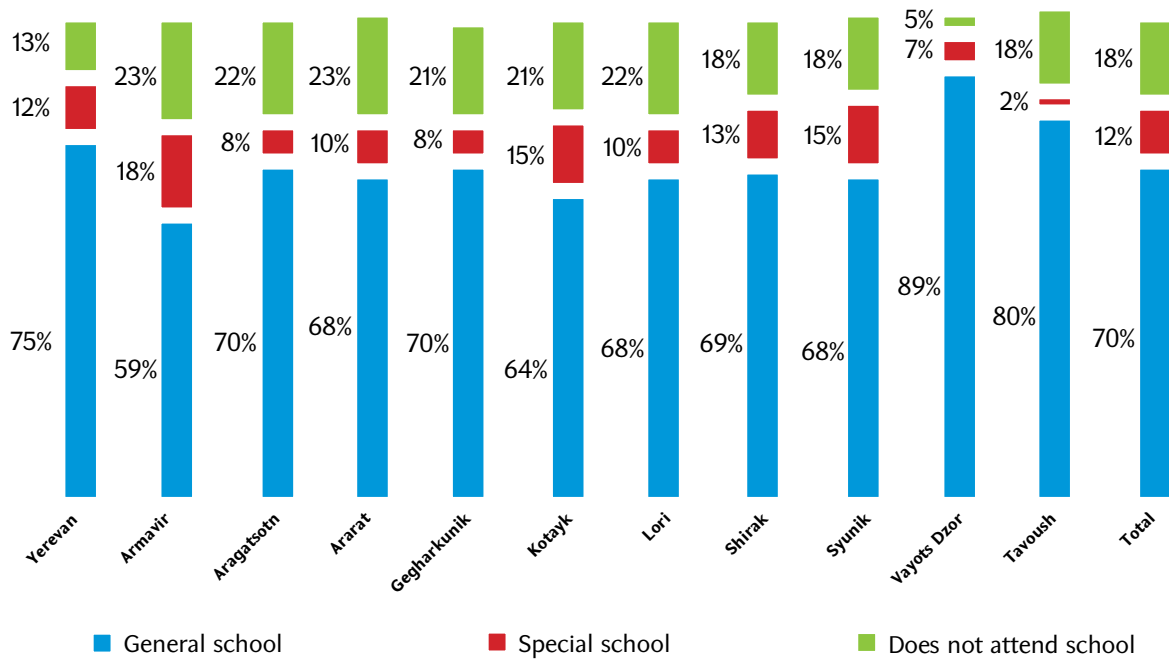


Figure B9. School Attendance of Children with Disabilities, by Regions

The children that more frequently do not attend school are those with intellectual disability (27%), followed by children with motor disability (26%) and combined disability (20%) (See Figure B10). Special schools are attended by 36% of the children with auditory disability and 25% of those with intellectual disability.

<sup>8</sup> There are no special schools in the Tavoush, Vayots Dzor, and Ararat regions.

<sup>9</sup> In view of the small number of respondents in the Vayots Dzor region, the statistical precision of the estimate for this region is relatively smaller.

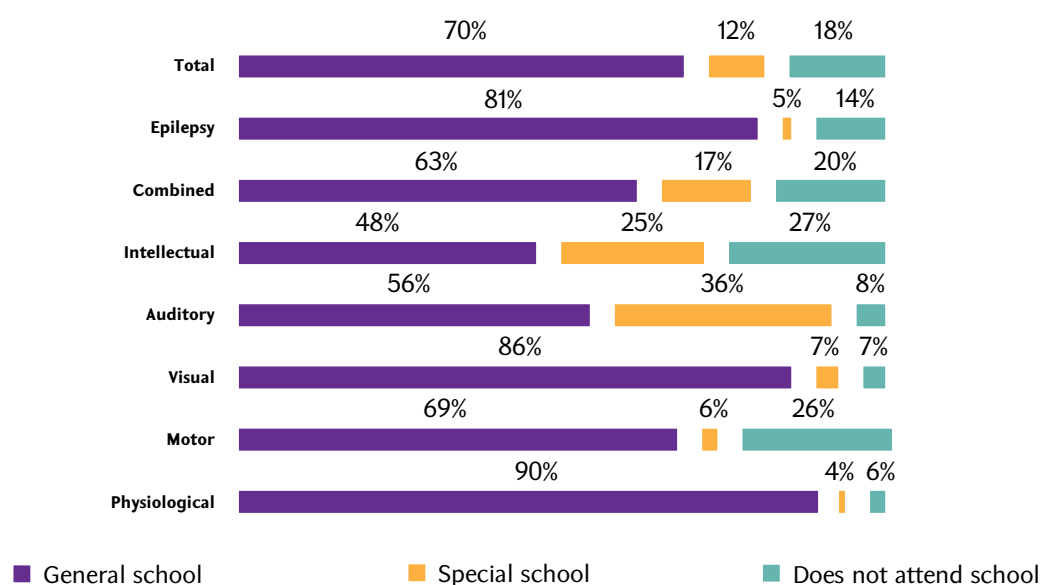


Figure B10. School Attendance of Children with Disabilities, by Disability

The survey also looked into the circumstances that prevented children with disabilities from attending school. Nearly half of the surveyed parents of children not attending school said that the child could not study (learn) in school, 34% said that the child had health problems that did not permit the child to go to school, and 19% said that the school did not have appropriate conditions. Four per cent of the children were refused admission to school.

Fifty four per cent of the parents of the rural communities' children not attending school were of the opinion that the child could not study in school, compared to one third of the parents in Yerevan.

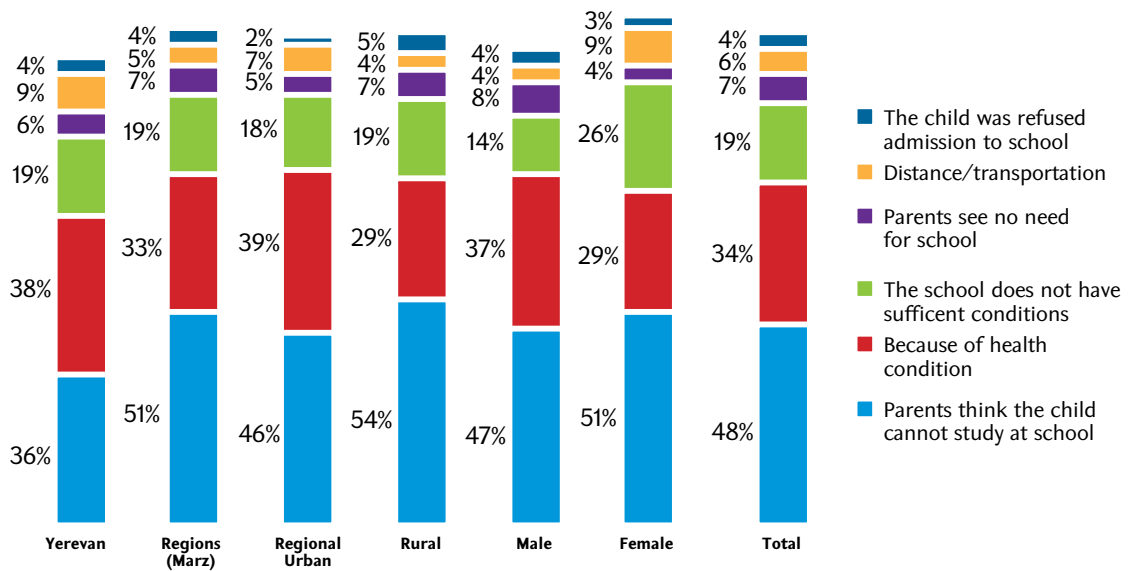


Figure B11. Main Reasons for Children with Disabilities Not Attending School,\* by Place of Residence and Sex

\*As each respondent could state one to three reasons, the sum of the elements in a column may exceed 100 percent

Figure B12 below provides the reasons for children not attending school, broken down by disability: 61% of the parents of children with intellectual disability thought that their children could not study in school; 12% of the families with children with epilepsy said that their children were not admitted to school.

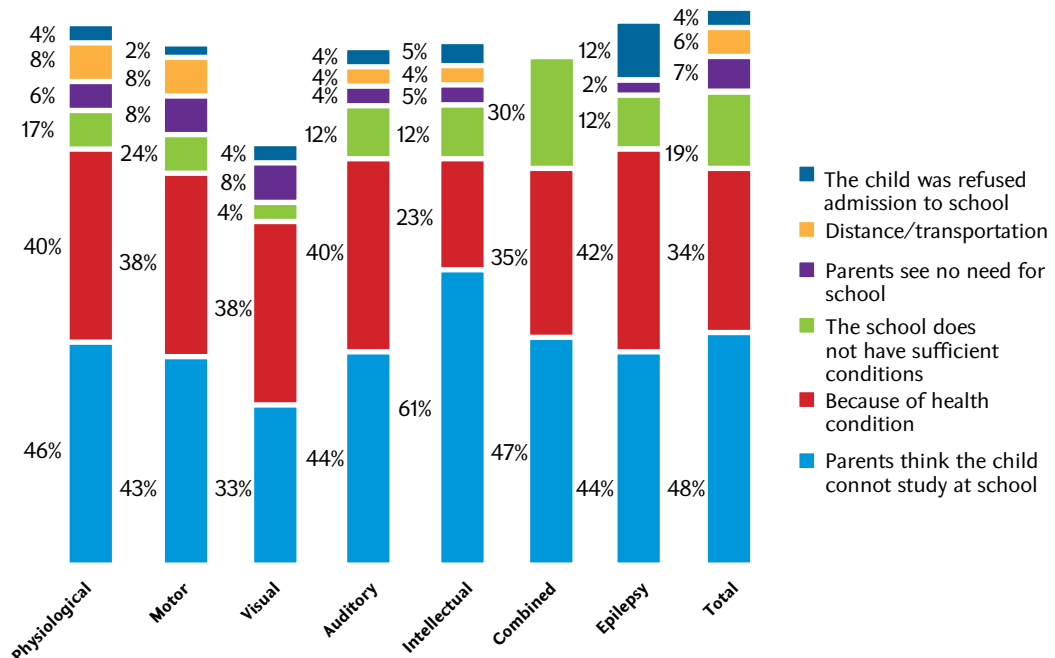


Figure B12. Main Reasons for Children with Disabilities Not Attending School,\* by Disability

\*As each respondent could state one to three reasons, the sum of the elements in a column may exceed 100 percent.



The next two questions were addressed in families that had children with disabilities below the age of six.

Figure B13 shows whether or not parents plan to take the child to school. Clearly, 83% of the respondents in Yerevan said they planned to take the child to school; the percentage of such parents was 76% in the regions overall, 83% in the regional towns, and 70% in the rural communities. Fifteen per cent of the families had still not made up their mind. Of the families that did not plan to have their child educated in school, 30% mentioned health issues as the reason, while 26% thought that their child would be unable to study in school, and 11% said that the school lacked sufficient conditions.

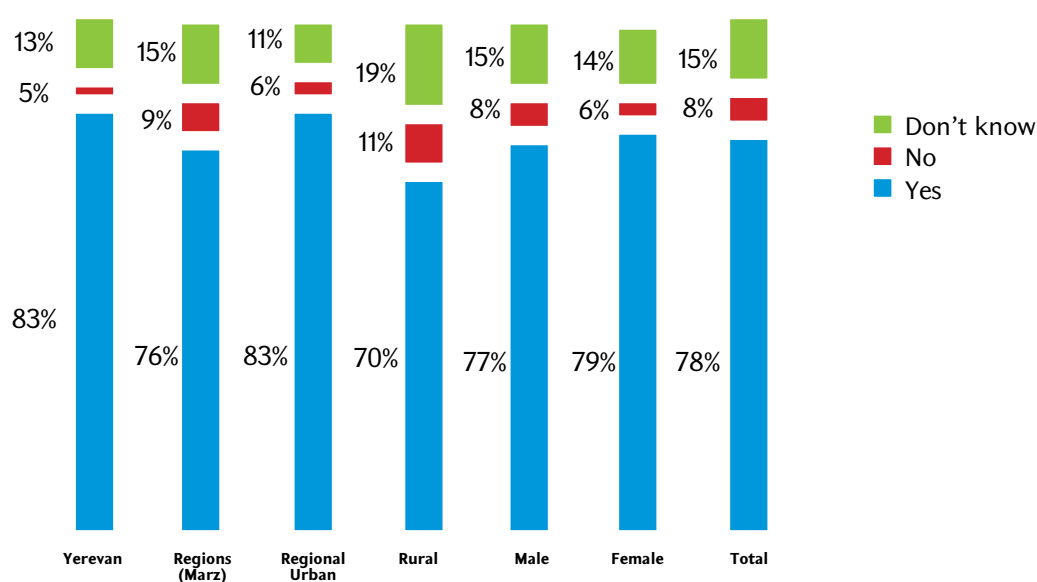


Figure B13. Intention to Take the Child with Disability (below age 6) to School, by Place of Residence and Sex

Figure B14 presents the findings broken down by disability of the child. Ten per cent of the families of children with motor disability, and 9% of the families of children with intellectual disability said they did not plan to take the child to school, compared to 15% of the families of those with combined disability.

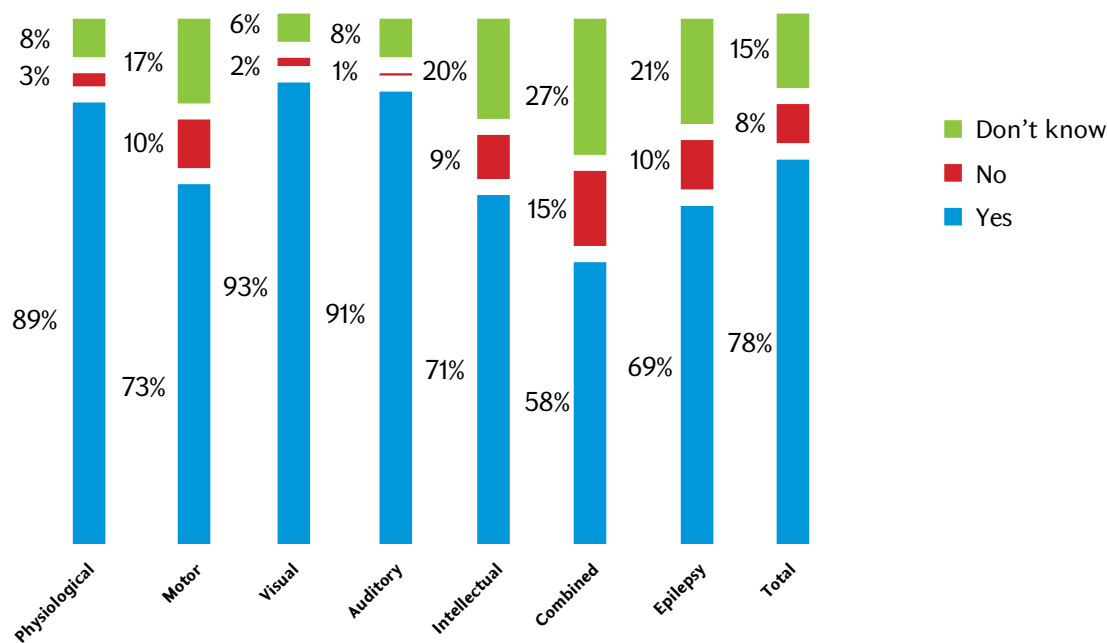


Figure B14. Intention to Take the Child with Disability (below age 6) to School, by Disability

The next two questions were asked only to the 524 families the children of which attended special schools. When asked whether they would agree to transfer their child from a boarding school to a general school if the general school of their community admitted the child, 14% of the respondents answered affirmatively, 10% said they had already graduated, 9% did not know, and the rest answered negatively (see Figure B15). Fifty per cent of the latter thought their child could not study in a general school; 40% of those respondents said that their child would not obtain appropriate education, 6% were concerned that their child would not be treated appropriately by the children, and 4% were concerned about discrimination by the teachers.

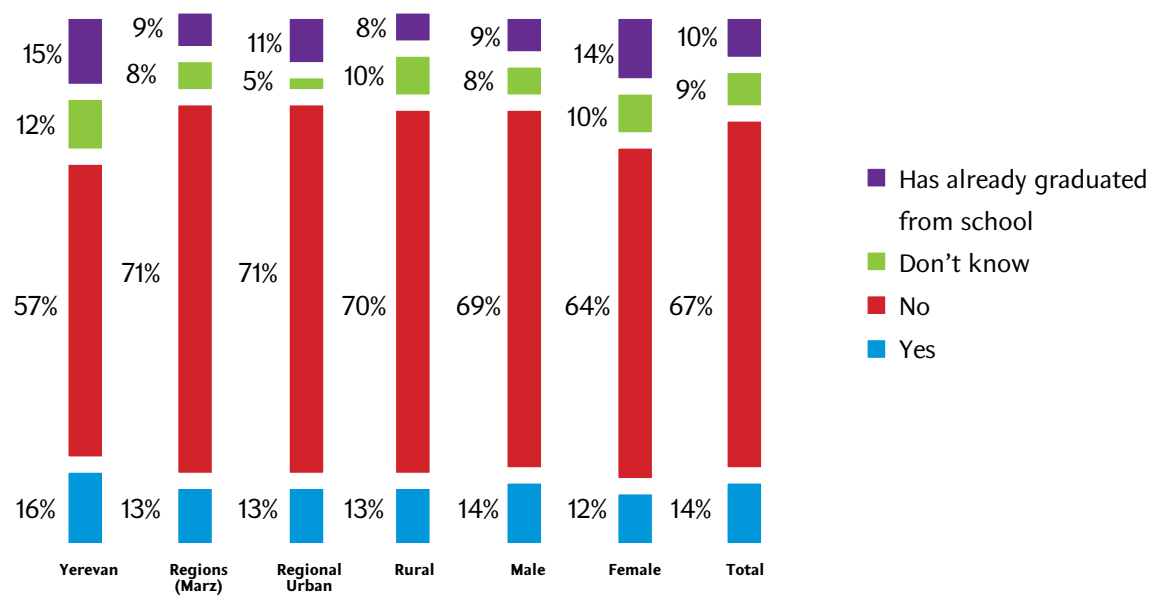


Figure B15. Intention to Transfer Child with Disability from a Special to a General School, by Place of Residence and Sex

C. HEALTHCARE

According to the Convention on the Rights of Persons with Disabilities, States Parties shall “take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation” (Articles 25, 26).

According to the Republic of Armenia Law on Social Protection of Persons with Disabilities, “activities of social protection of persons with disabilities shall be carried out in the time period and procedure stipulated by the Annual Plan. The Annual Plan shall also include measures for persons with disabled persons to access health and health care services” (Articles 41, 42).

Considering that health services are essential to children with disabilities, the survey also addressed access to health services, the satisfaction of parents and caregivers, and the reasons for not accessing such services.

Services of Paediatricians or Family Physicians

Nineteen per cent of the children with disabilities are not under any surveillance by a paediatrician or a family doctor (Figure C1). There are some differences depending on the place of residence: 12% of the children with disabilities in Yerevan, 22% of those in regions, 19% of those in regional towns, and 25% of those in rural communities are not under paediatrician’s care. Figure C1 reveals some gender-based differences, too: 18% of the boys and 21% of the girls are not under paediatrician’s care. The gender discrepancy reaches to 5 percentage points in the rural communities.

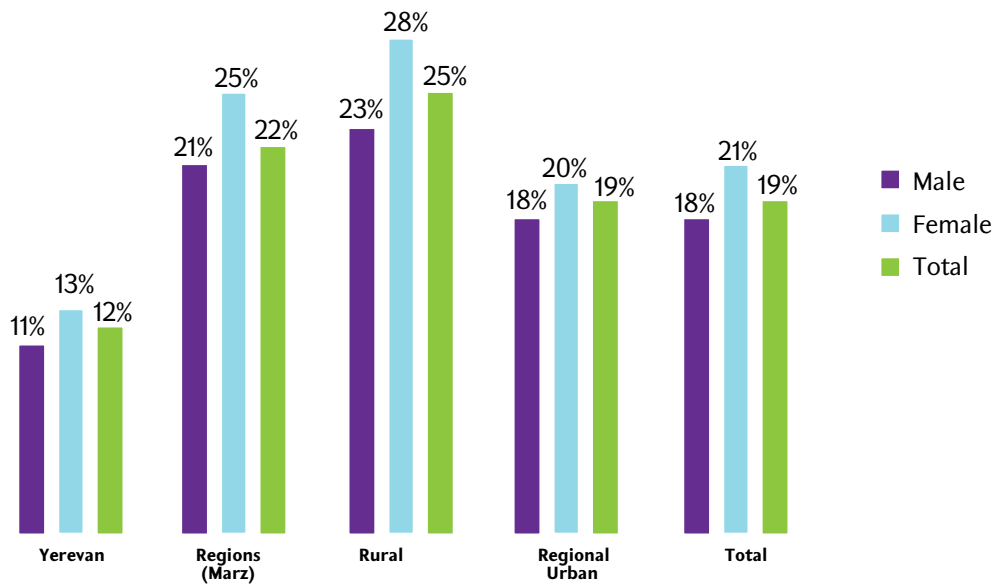


Figure C1. Children with Disabilities Not under Paediatrician’s Care, by Place of Residence and Sex

Figure C2 presents the situation by regions. The highest percentage of children not under medical surveillance was reported in the Syunik region (49%) and the Vayots Dzor region (36%)<sup>10</sup>, while the lowest was reported in Yerevan (12%) and the Kotayk region (11%). The gender discrepancy was particularly large in the Ararat and Aragatsotn regions.

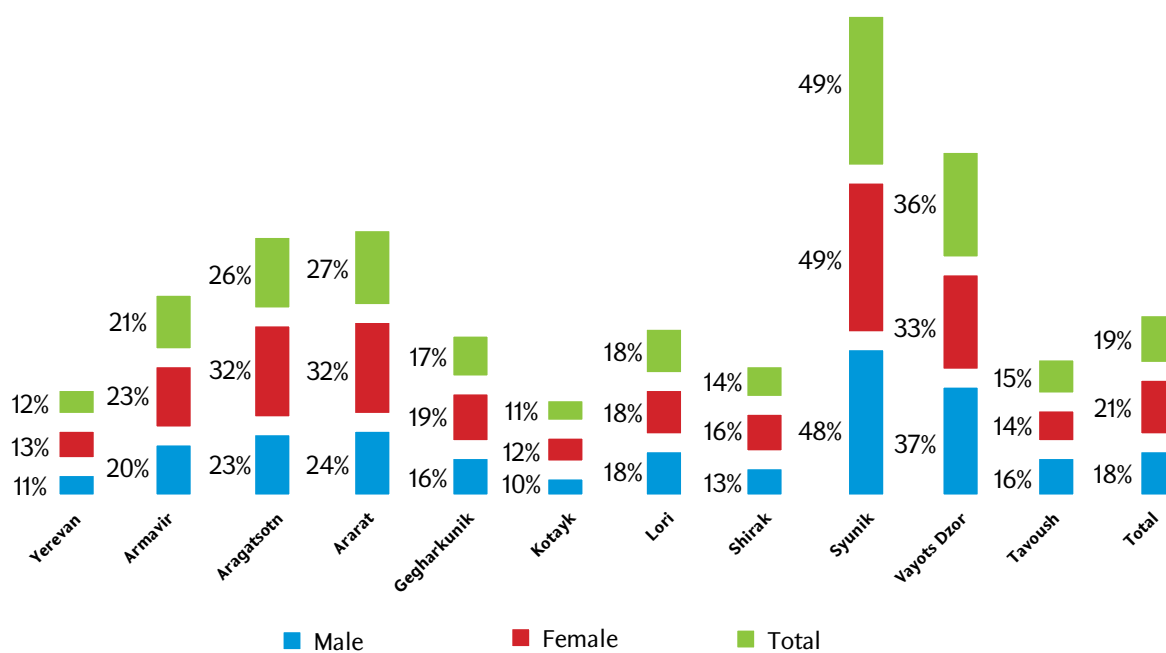


Figure C2. Children with Disabilities Not under Paediatrician's Care, by Regions and Sex

Figure C3 presents the percentage of children with disability not under medical surveillance by disability and sex: children with epilepsy are the least likely not to be under doctor's care (11%), followed by children with physiological disability (12%).

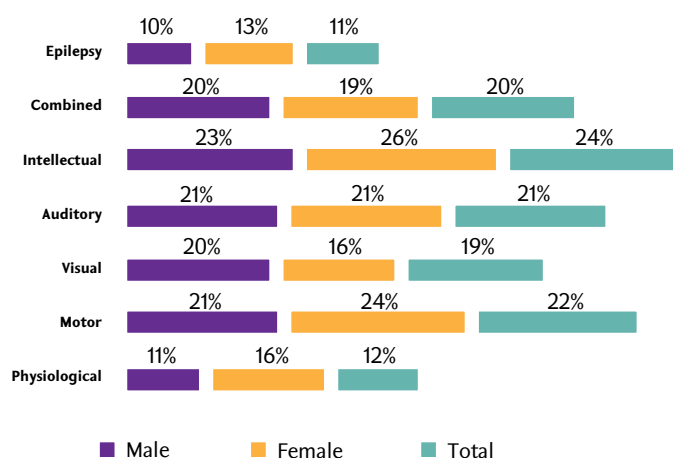


Figure C3. Children with Disabilities Not under Paediatrician's Care, by Disability and Sex

<sup>10</sup> In view of the small number of respondents in the Vayots Dzor region, the statistical precision of the estimate for this region is relatively smaller.

The reasons why children with disabilities are not under medical surveillance are presented in Figure C4. In the opinion of 48% of the parents, there is no need for such services, 26% cannot pay for such services, 16% said such services were lacking in their community, 12% said that they were unaware of the service, and 12% said the quality of services available was insufficient. Respondents in the rural communities mentioned the lack of services and financial obstacles more frequently than those in other areas, while regional town residents complained about the service quality more frequently than respondents in Yerevan or the rural communities.

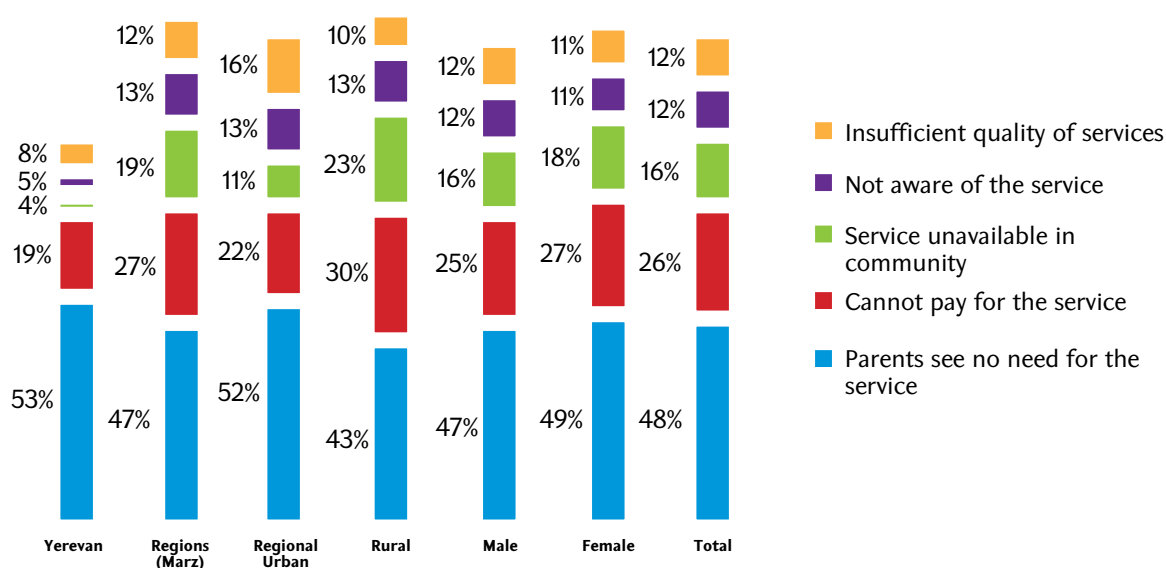


Figure C4. Reasons for Children with Disabilities Not Being under Paediatrician's Care\* by Place of Residence and Sex

\*As each respondent could state one to three reasons, the sum of the elements in a column may exceed 100 percent.

Figure C5 presents how frequently children with disabilities access the services of a paediatrician or family physician: 3% of the respondents said they access the health services once a week, 21% once a month, 21% three or four times a year, and 21% once or twice a year. A third of the respondents said their children used the services of a paediatrician or family doctor only in case of need.

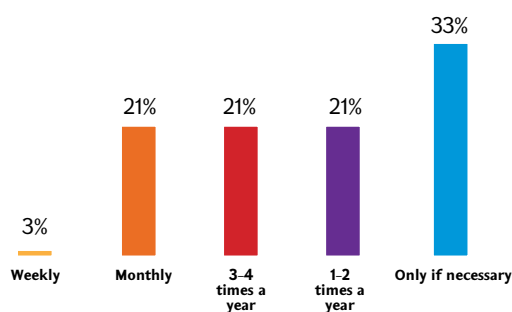


Figure C5. Frequency of Children with Disabilities Using the Services of a Paediatrician



## Rehabilitation Services

According to the Republic of Armenia Law on Social Protection of Persons with Disabilities, “the medical, vocational, and social rehabilitation of persons with disabilities shall be performed on the basis of an individual rehabilitation plan elaborated in accordance with the basic rehabilitation plan of persons with disabilities approved by the state body empowered to perform medical and social assessments. The individual rehabilitation plan shall specify the volume, types, and time periods of rehabilitative activities, the types of social assistance, the necessary working conditions, and the types of services and special technical means required in view of the functional limitations. The individual rehabilitation plan of a citizen with disabilities shall have the nature of a recommendation” (Article 10).

The implementation of the individual rehabilitation plan is crucial to securing the inclusion of children in society. It implies an individualized approach to recognizing the child’s needs and further development of the child.

Fifty six per cent of the respondents said that the child does not have an individual rehabilitation plan, while 16% did not know (Figure C6). There were neither differences based on the place of residence nor gender.

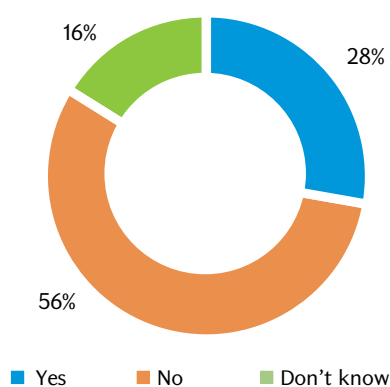


Figure C6.  
Availability of an Individual Rehabilitation Plan of  
Children with Disabilities

Figure C7 presents the availability of an individual rehabilitation plan for children with different disabilities: 38% of the children with motor disability have an individual rehabilitation plan, compared to 14% of children with visual disability.

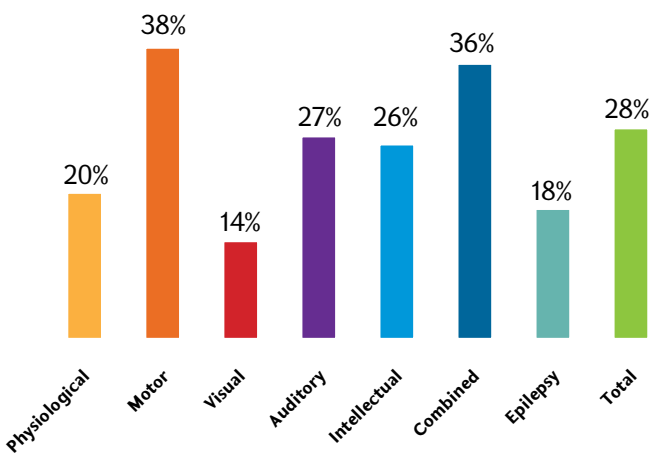


Figure C7. Availability of an Individual Rehabilitation Plan of Children with Disabilities, by Disability

The figures below present whether or not a child receives the necessary services in accordance with the individual rehabilitation plan. The findings show that only 23% of the respondents get the services envisaged by the individual rehabilitation plan.

Figure C8 presents the situation by regions. The lowest percentages were reported in the Syunik and Vayots Dzor<sup>11</sup> regions (11% and 12%, respectively), while the highest were reported in Aragatsotn and Tavoush (31% and 27% respectively).

<sup>11</sup> In view of the small number of respondents in the Vayots Dzor region, the statistical precision of the estimate for this region is relatively smaller.

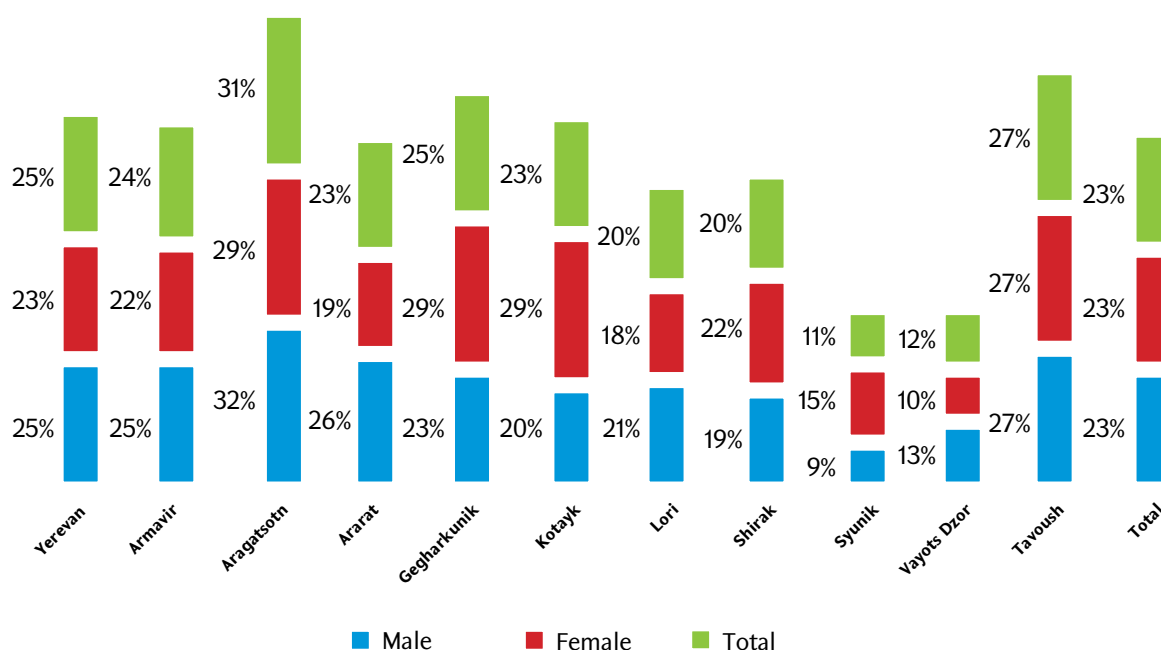


Figure C8. Provision of Services to Children with Disabilities Based on the Individual Rehabilitation Plan, by Regions and Sex

Figure C9 shows that about one third of the children with motor and combined disabilities and only 12% of the children with visual impairment access services in accordance with their individual rehabilitation plans.

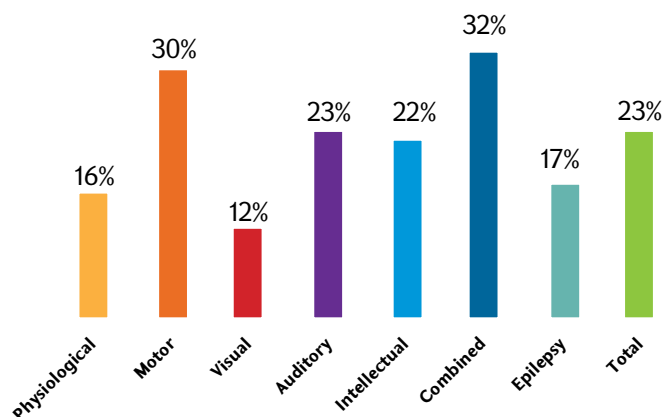


Figure C9. Provision of Services to Children with Disabilities Based on the Individual Rehabilitation Plan, by Disability

Figure C10 below shows the reasons why children do not have individual rehabilitation plans: the main reason reported by the majority (54%) of the respondents was the lack of information. The next reason is the parents' belief that such services are not needed (26%). Thirteen per cent of the

respondents said that they cannot afford such services, and 12% said such services are not available in their communities.

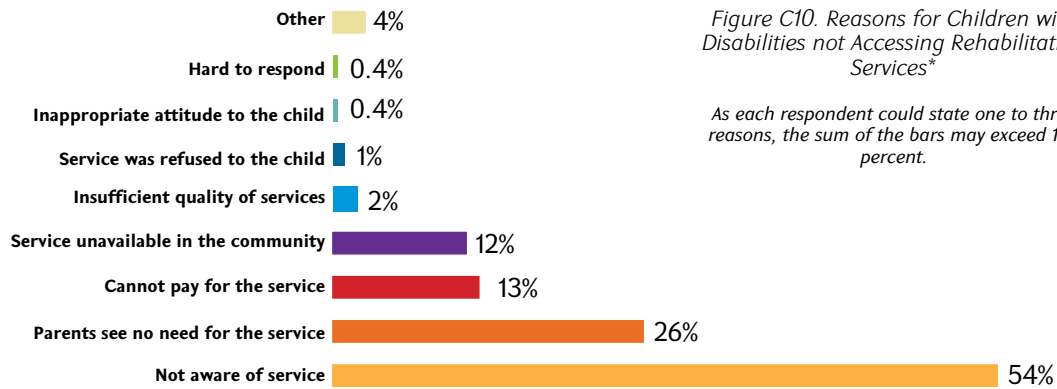


Figure C10. Reasons for Children with Disabilities not Accessing Rehabilitation Services\*

As each respondent could state one to three reasons, the sum of the bars may exceed 100 percent.

### Assistive Technology Devices

The survey also examined whether children with disabilities received assistive technology devices (prostheses, orthopaedic and rehabilitation devices, hearing aids, and the like). As seen in Figure C11, 27% of the respondents said that they did receive them. These devices were more often received in Yerevan. A rather large gender discrepancy was revealed (32% of girls and 25% of boys).



Figure C11. Provision of Assistive Technology Devices to Children with Disabilities, by Place of Residence and Sex

Figure C12 addresses the aforementioned issue in terms of regional differences: the highest figure

was reported in the Syunik and Tavoush regions, where 35% and 31%, respectively, of the children, received technical devices. The lowest figures were reported in the Vayots Dzor<sup>12</sup> and Shirak regions (17% and 19%, respectively).

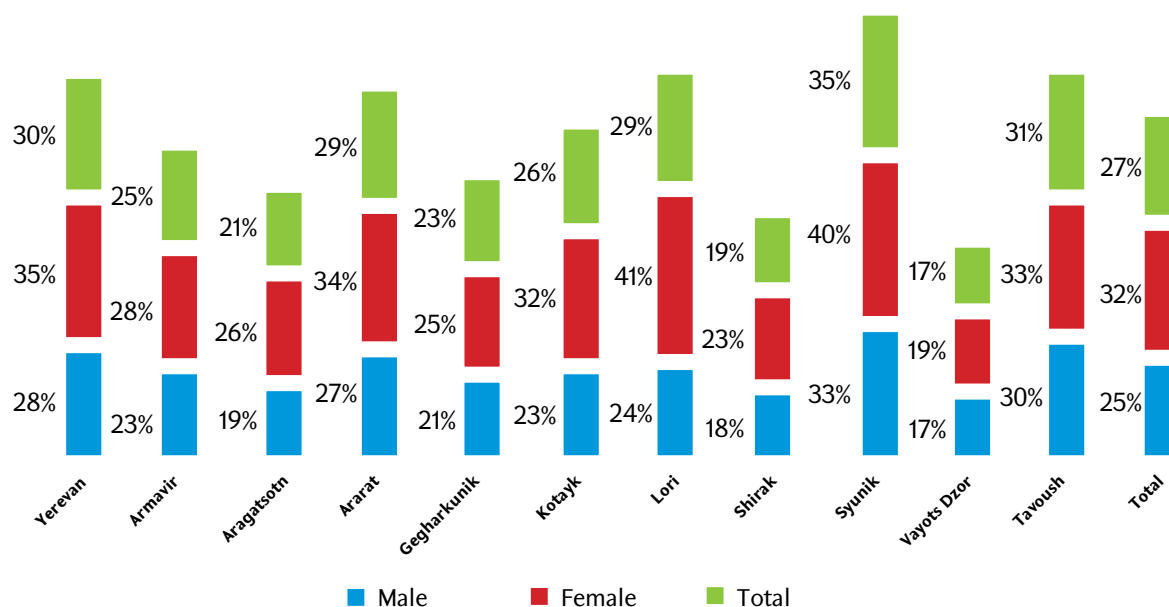


Figure C12. Provision of Assistive Technology Devices to Children with Disabilities, by Region and Sex

Figure C13 presents the situation in terms of the disability of the child: 75% of the children with auditory disability, 43% of those with motor disability, and 33% of those with visual disability received technical devices.

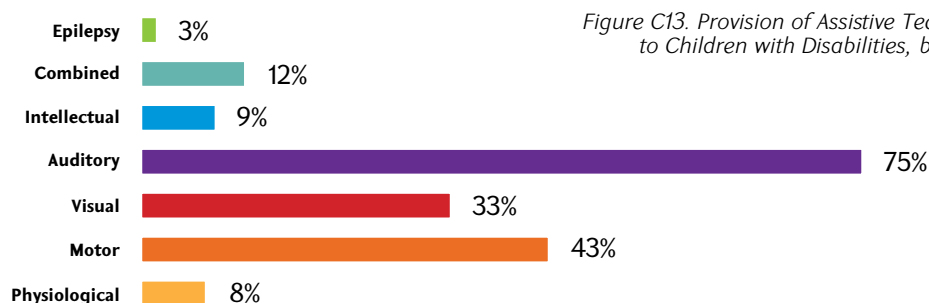


Figure C13. Provision of Assistive Technology Devices to Children with Disabilities, by Disability

The survey also examined the reasons for children with disabilities not receiving assistive technology devices. Figure C14 below shows that 87% of the respondents said they were not needed, while 6% were unaware of such services and 4% said they could not afford them.

<sup>12</sup> In view of the small number of respondents in the Vayots Dzor region, the statistical precision of the estimate for this region is relatively smaller.

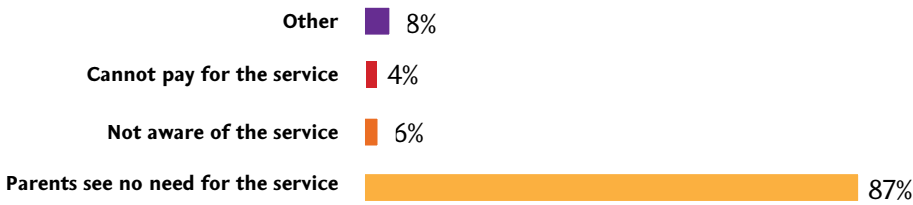


Figure C14. Reasons for Children with Disabilities not Receiving Assistive Technology Devices\*  
\*As each respondent could state one to three reasons, the sum of the bars may exceed 100 percent.

Payment for Healthcare Services

A quarter of the respondents (Figure C15) said that they had paid for technical devices, and 7% said they had paid partially.

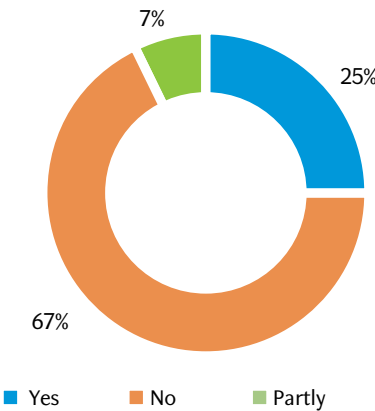


Figure C15.  
Payment for Assistive Technology Devices Necessary  
for Children with Disabilities

Figure C16 shows that the percentage of parents that paid for technical devices is the same in all the different places of residence, but there are obvious gender-based differences, as payment was made more frequently for boys than for girls.



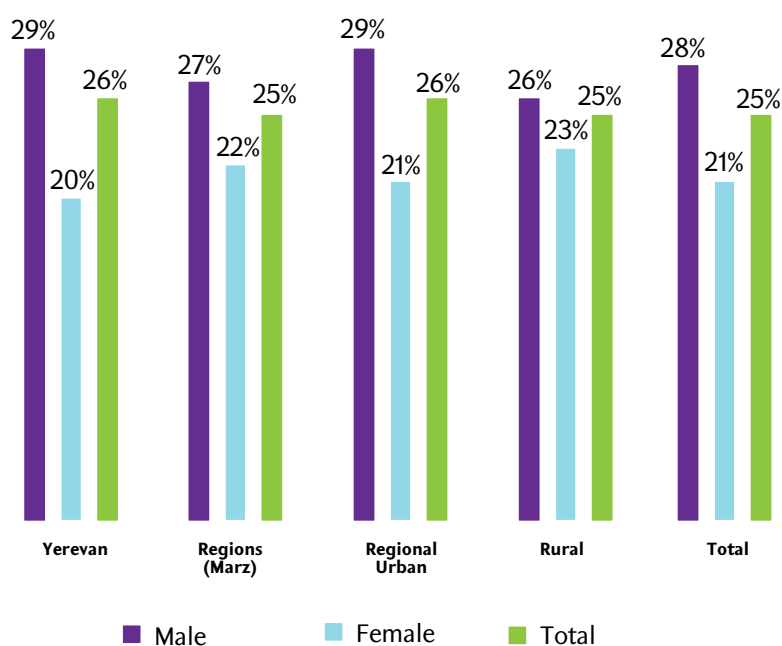


Figure C16. Payment for Assistive Technology Devices Necessary for Children with Disabilities, by Place of Residence and Sex

Figure C17 shows the breakdown of respondents that paid for assistive technology devices by disability: as high as 65% of persons with visual disabilities said that they had paid for their device.

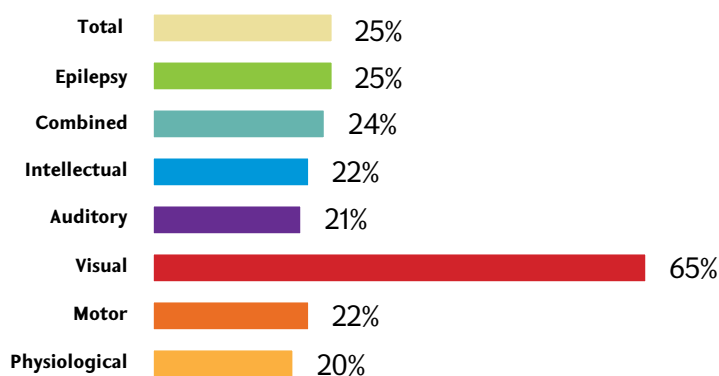


Figure C17. Payment for Assistive Technology Devices Necessary for Children with Disabilities, by Disability

Figure C18 shows the services provided to children with disabilities, for which parents or caregivers made payment: 32% of the respondents stated that they did not make any payment, while 6% reported having paid for equipment, 28% for medical examinations, 52% for medication, and 22% said that they paid to doctors and nurses. In Yerevan, the percentage of families that paid for medication is higher, while regional towns had the smallest share of parents that paid to doctors and nurses. When inquired additionally about purchases of medication, 16% of the respondents

said that medication was provided for free, 39% said that they paid for medication out of the family budget, 11% said that some medication was free and they had to pay for the rest out of the family budget, and 36% said that there was no need for special medication.

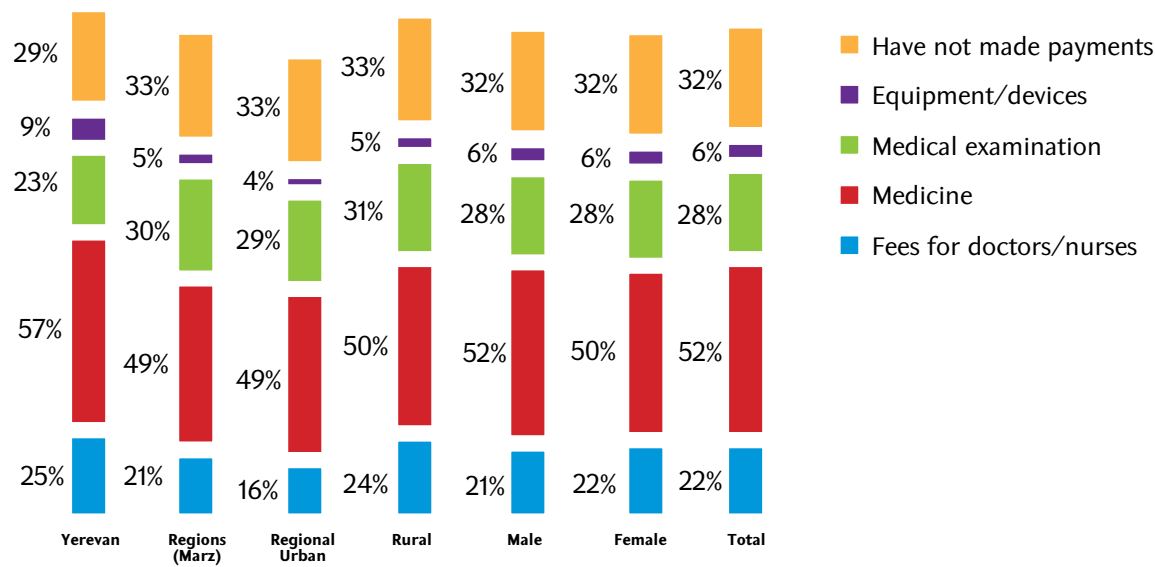


Figure C18. Healthcare Services Provided to Children with Disabilities for which Payment was Made, by Place of Residence and Sex

## D. SOCIAL PROTECTION

According to the Convention on the Rights of Persons with Disabilities, “States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability”, and “shall take appropriate steps to safeguard and promote the realization of this right” (Article 28).

According to the Republic of Armenia Law on Social Protection of Persons with Disabilities, “the state shall guarantee social assistance to persons with disabilities, which may be provided in the form of monetary payments (pensions, welfare benefits, and single payments), technical or other means, and provision of life services and medical and professional social rehabilitation services to persons with disabilities” (Article 28).

### Disability Pension

Figure D1 presents the percentage of surveyed children with disabilities registered in Pyunik Database<sup>13</sup>, who receive a pension. On the whole, 97% of the respondents receive pensions. There are small differences by place of residence. Ninety four per cent of pension recipients are not satisfied with the amount of the pension.

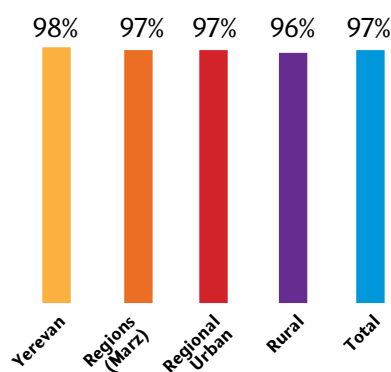


Figure D1. Provision of Disability Pensions to Children, by Place of Residence

Figure D2 reports the findings broken down by the regions.

<sup>13</sup> Apart from children in orphanages who are not entitled to disability pension.

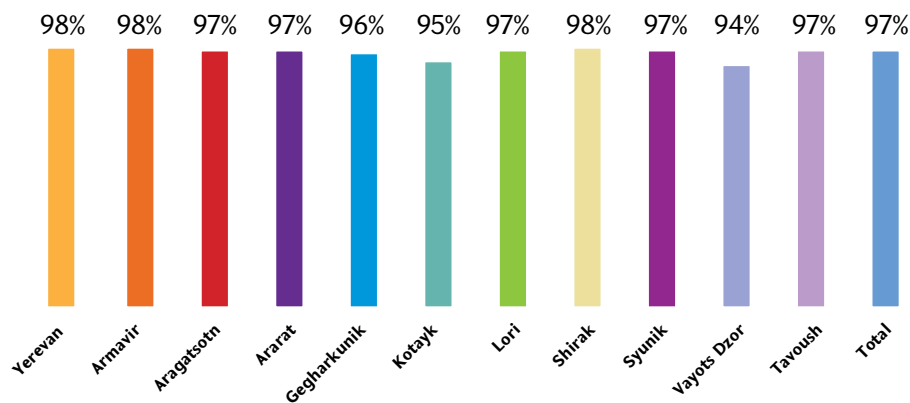


Figure D2. Provision of Disability Pensions to Children, by Regions

The next figure presents the breakdown of the findings regarding disability pensions by disability: the percentage was the lowest for children with physiological disability (94%).

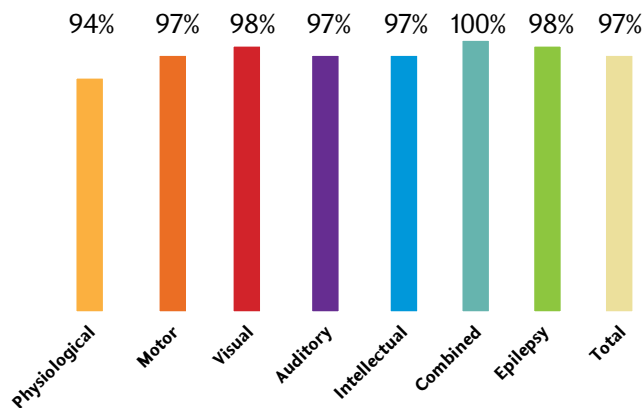


Figure D3. Provision of Disability Pensions to Children, by Disability

Figure D4 presents the opinion of the respondents regarding whether or not the disability pension amount should differ depending on the disability: 74% of the respondents believe that the disability pension amount should be differentiated.

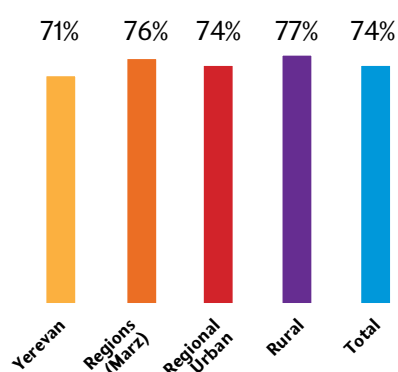


Figure D4. Should the Disability Pension Amount Differ Depending on Disability

## Social Services

The survey also addressed questions about whether or not children with disabilities receive social support from the territorial offices of social services, the marz family, women's, and children's right protection units, or the guardianship and trusteeship commissions of the community. Fourteen per cent of the children with disabilities receive support from the territorial offices of social services, while the majority (81%) of the respondents claimed that they were not receiving services from these bodies.

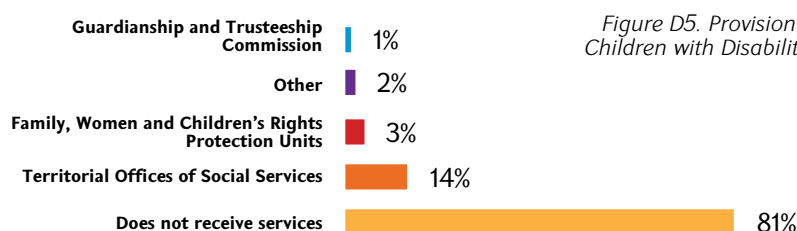
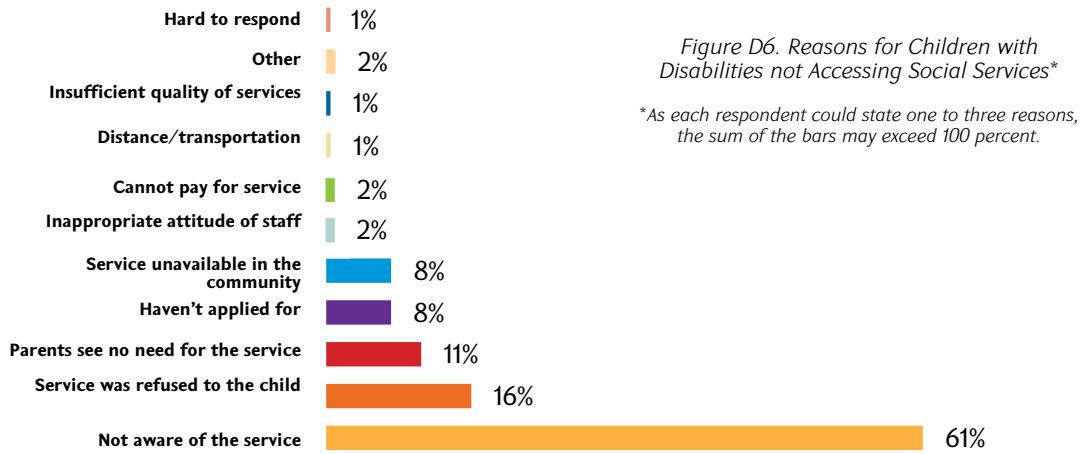


Figure D5. Provision of Social Support to Children with Disabilities and Their Families

In relation to the reasons for not using social services, the survey found that 61% were unaware of such services, while 16% said that the provision of such services to their children had been refused.



Payments Made for Social Services

The last question in this section was posed in order to determine the social services delivered to children with disabilities, for which the parents or family members paid. Figure D7 shows that 8% of the respondents reported having paid for the assessment by the Medical-Social Expertise Commission (MSEC)<sup>14</sup>, and 4% for the provision of a disability pension. Eleven per cent of the respondents in the regional towns and 4% in Yerevan reported having paid for the MSEC assessment.

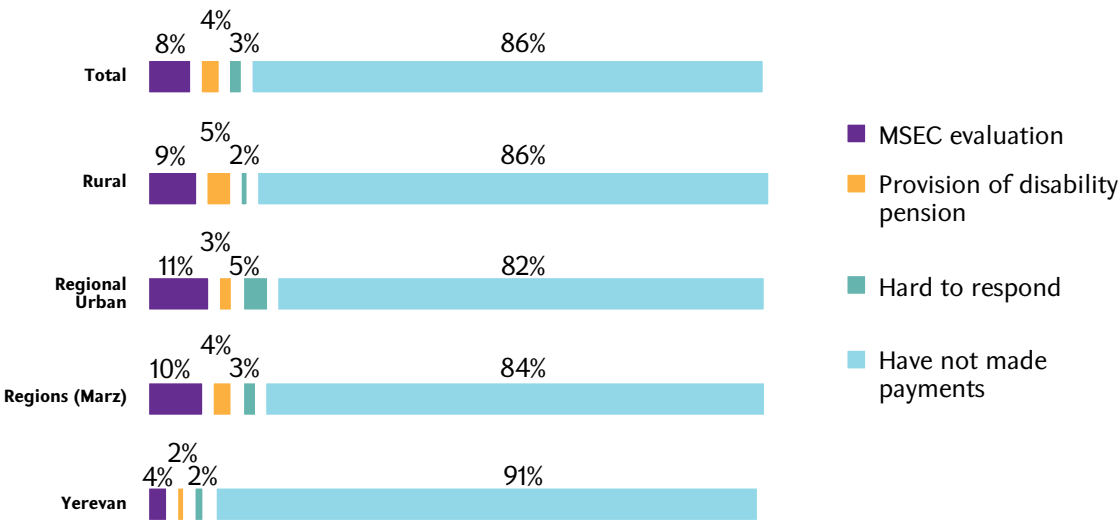


Figure D7. Social Services Paid for by the Family of the Child with Disability, by Place of Residence

Figure D8 provides a breakdown of the findings by the disability of the child. The percentage of

<sup>14</sup> MSEC assessment is necessary for disability certification.

srespondents that paid either for the MSEC assessment or for receiving a pension is much higher among children with visual disabilities (13% and 7%, respectively).

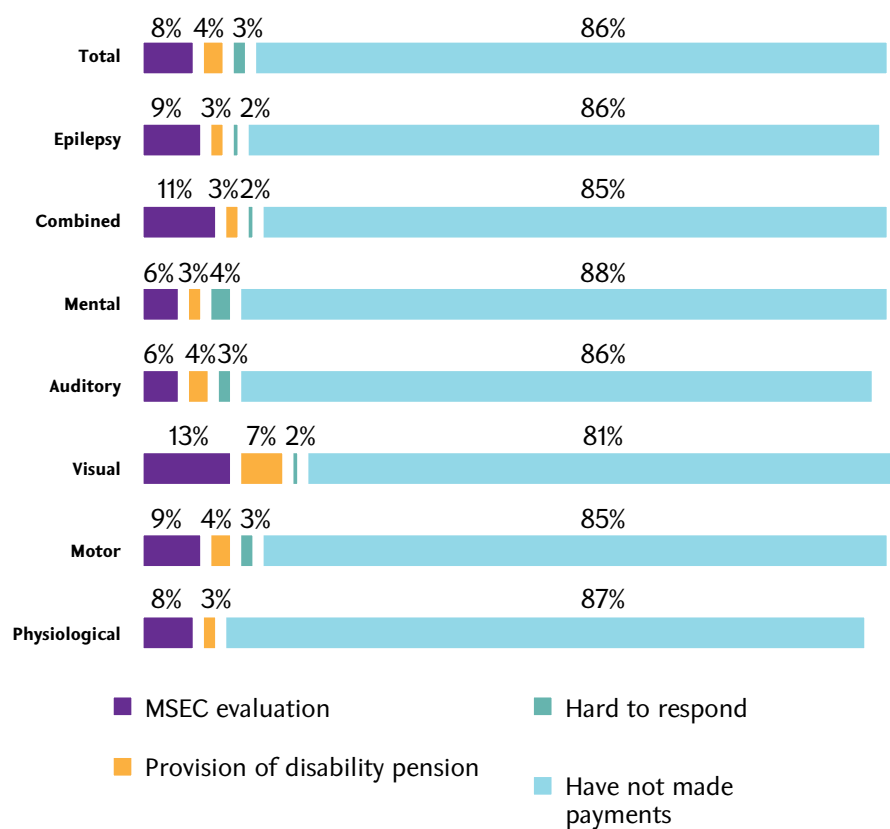


Figure D8. Social Services Paid for by the Family of the Child with Disability, by Disability



### E. COMMUNITY-BASED SUPPORT

Considering that the community, as a micro-environment for the child, plays a crucial role for the development and socialization of the child, it must deliver all of the necessary services to the child. Community-based organizations are more accessible for children, and enable a more flexible and individual needs-based approach to the children. The scope and coverage of community-based services is still quite limited in Armenia. This section addresses the assistance provided by daycare centres<sup>15</sup> and non-governmental organizations.

#### Daycare Centres

Seven per cent of the children with disabilities attend daycare centres. Attendance is the highest in Yerevan (10%). There are virtually no gender-based differences.

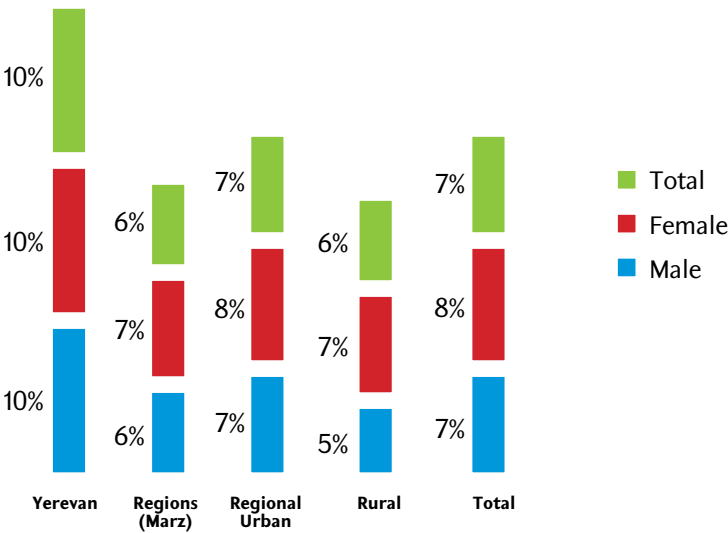


Figure E1. Attendance of Children with Disabilities to Daycare Centres, by Place of Residence and Sex

Figure E2 shows the children’s attendance to daycare centres by regions: the highest figure was reported in the Tavoush region.

<sup>15</sup> In Armenia, there are daycare centers financed or cofinanced by the government, as well as centers supported by international and local organizations.

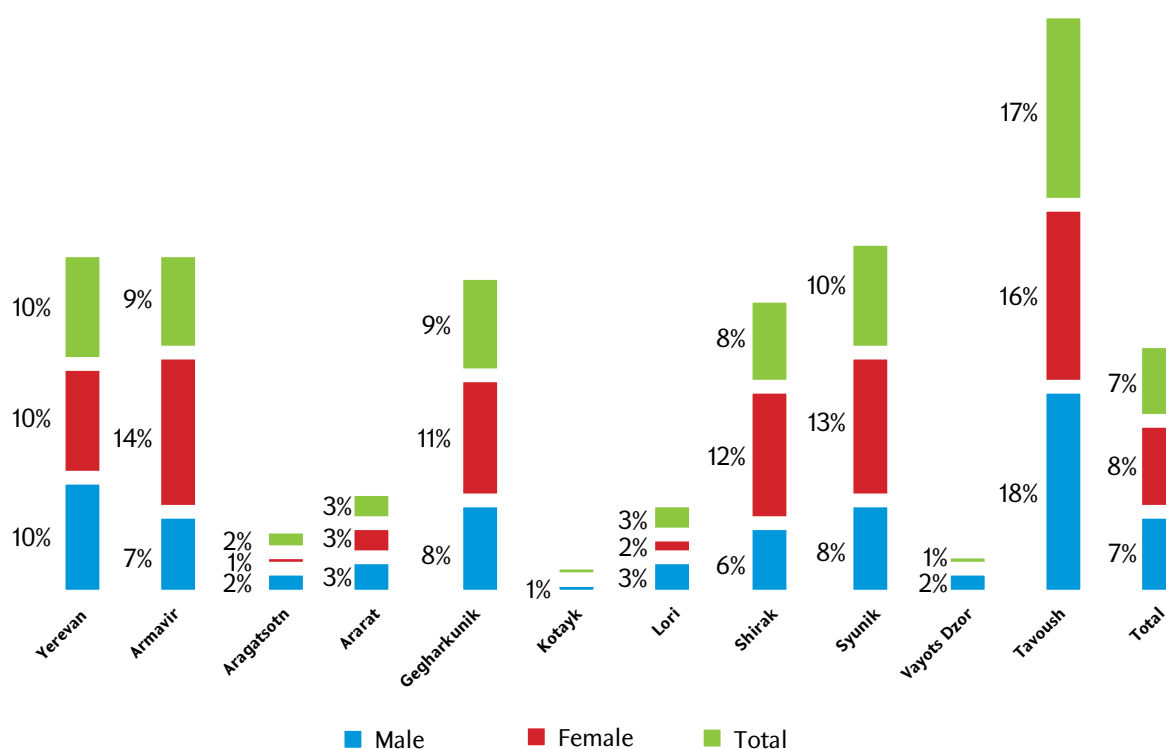


Figure E2. Attendance of Children with Disabilities to Daycare Centres, by Regions and Sex

Figure E3 presents the daycare centre attendance by disability. The survey showed that the rate among the children with auditory and intellectual disabilities was the highest.

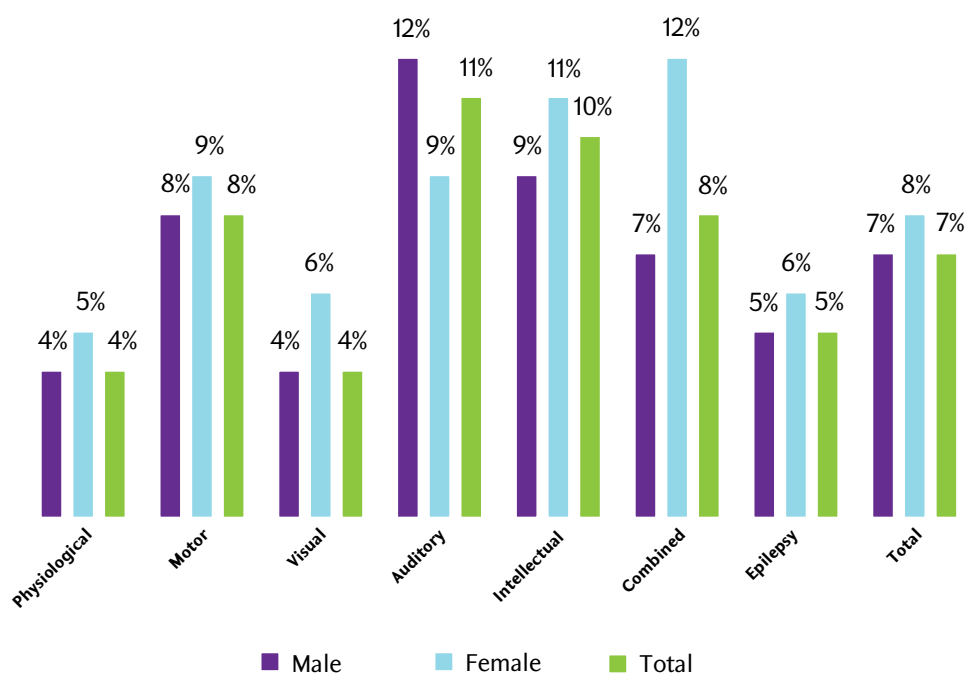


Figure E3. Attendance of Children with Disabilities to Daycare Centres, by Disability and Sex

Figure E4 presents the reasons obstructing the attendance of children with disabilities to daycare centres: 43% of the respondents stated that they did not know about such services, 33% of the parents said that the child did not need it, and 25% said that such a centre did not exist in their community.

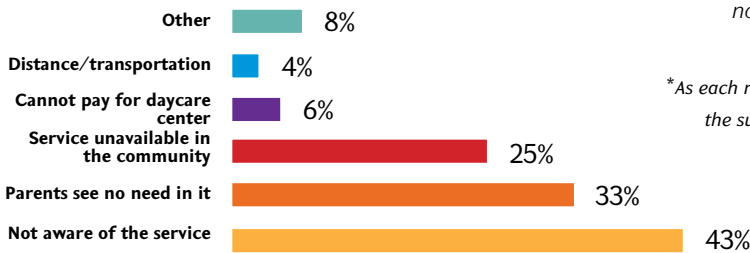


Figure E4. Reasons for Children with Disabilities not Attending a Daycare Centre\*

\*As each respondent could state one to three reasons, the sum of the bars may exceed 100 percent.

Figure E5 provides a breakdown of the findings by disability and place of residence: the lack of daycare centres was more frequently (40%) reported in rural communities. Lack of information about daycare centres exists in all types of communities.

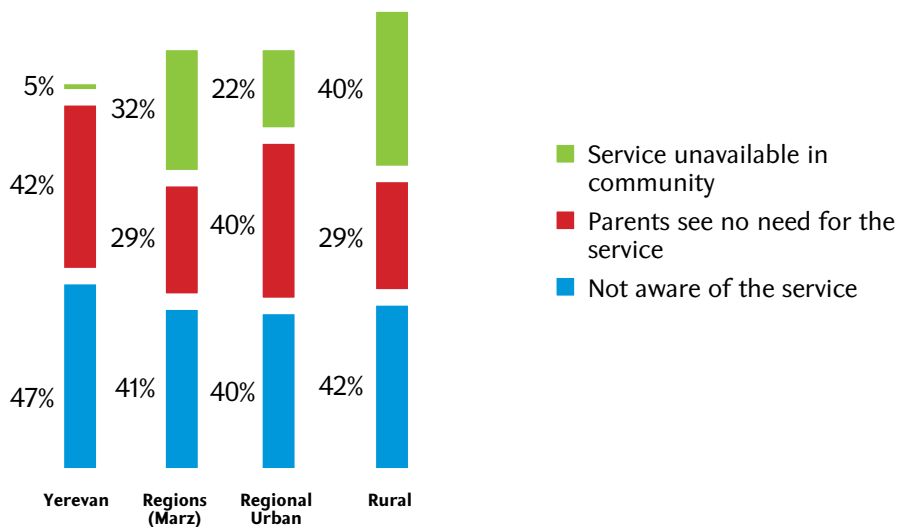


Figure E5. Main Reasons for Children with Disabilities Not Attending a Daycare Centre, by Place of Residence

Non-Governmental Organizations (NGOs)

As Figure E6 shows, 11% of the respondents stated that they were receiving support from the NGOs. As to the place of residence, support was most frequently received in Yerevan (14%) and less in the rural communities (10%). There were also some gender-based differences, especially in Yerevan.

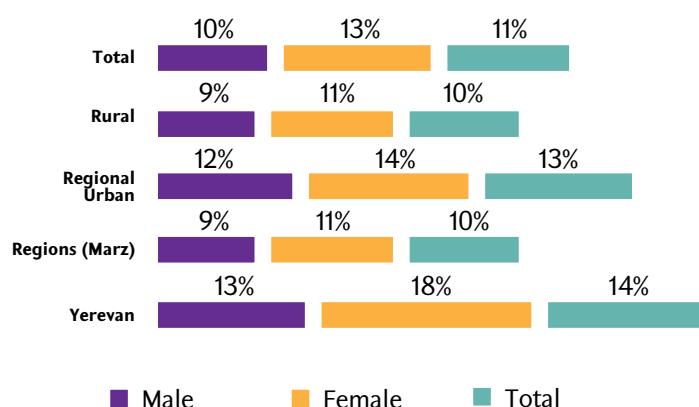


Figure E6. NGO Support to Children with Disabilities, by Place of Residence and Sex

Support provided by NGOs in the regions fluctuated between 2 and 15 percent, with some gender-based differences (Figure E7). The figures were considerably lower in the Kotayk and Armavir regions.

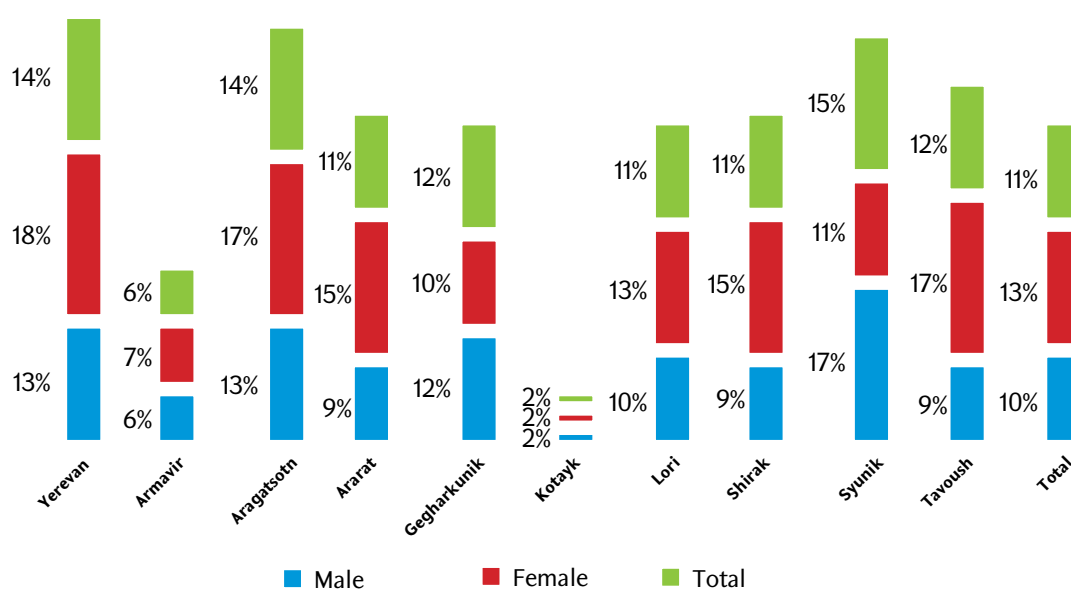


Figure E7. NGO Support to Children with Disabilities, by Regions and Sex

Services provided by NGOs were accessed the least by children with epilepsy, combined disability, and physiological disability (Figure E8). Gender-based differences existed among children with visual and motor disability, as well as children with epilepsy.

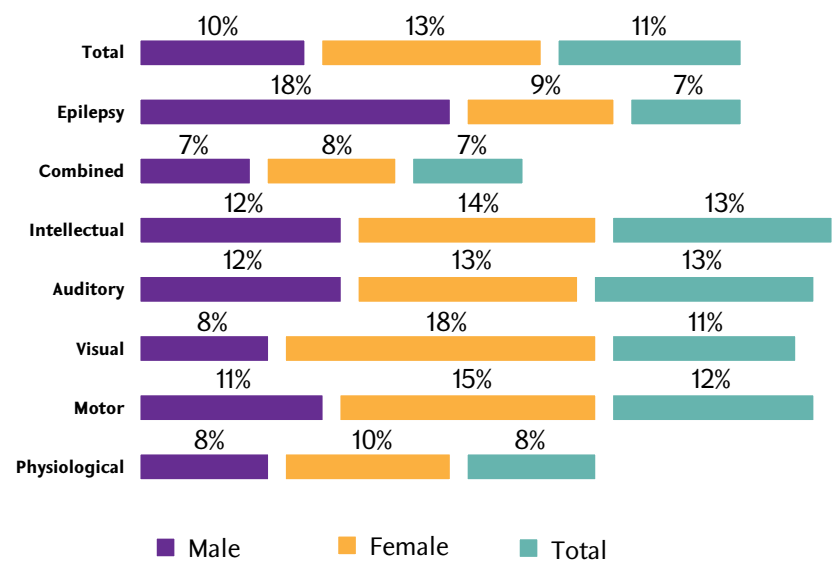


Figure E8. NGO Support to Children with Disabilities, by Disability and Sex

Forty per cent of the respondents, who received NGO support, stated that NGOs helped them with clothes and gifts; 20% mentioned food, and 16% mentioned educational services; 12% said that the NGOs provided financial support (Figure E9).

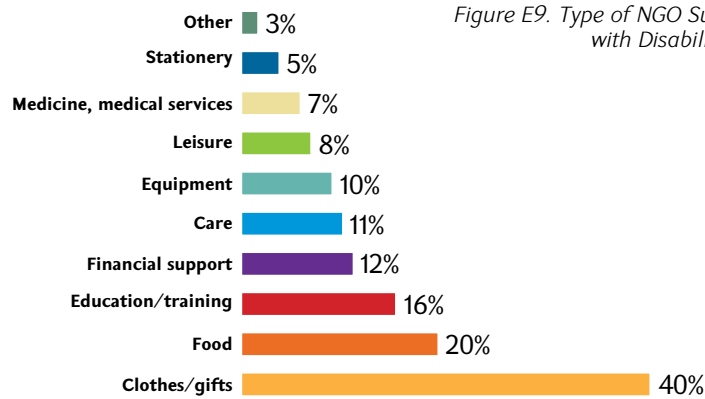


Figure E9. Type of NGO Support to Children with Disabilities

## F. PARTICIPATION

According to the Convention on the Rights of Persons with Disabilities, “States Parties recognize the equal right of all persons with disabilities to live in the community, with choices equal to others”, and “shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community” (Articles 19, 29).

The Convention also prescribes the right of persons with disabilities “to participate, on an equal basis with others, in cultural life, recreation, leisure, and sport” (Article 30).

### Going out of home

Children with disabilities may have to stay at home due to the lack of physical accommodation of the external environment, public attitudes, and psychological reasons. As shown in Figure F1, the majority (86%) of the respondents noted that the child leaves the house regularly, at least several times a week. The frequency is higher in urban communities. Unfortunately, though, 5% of the boys and 7% of the girls with disabilities never leave home or go outside only for visiting a doctor.

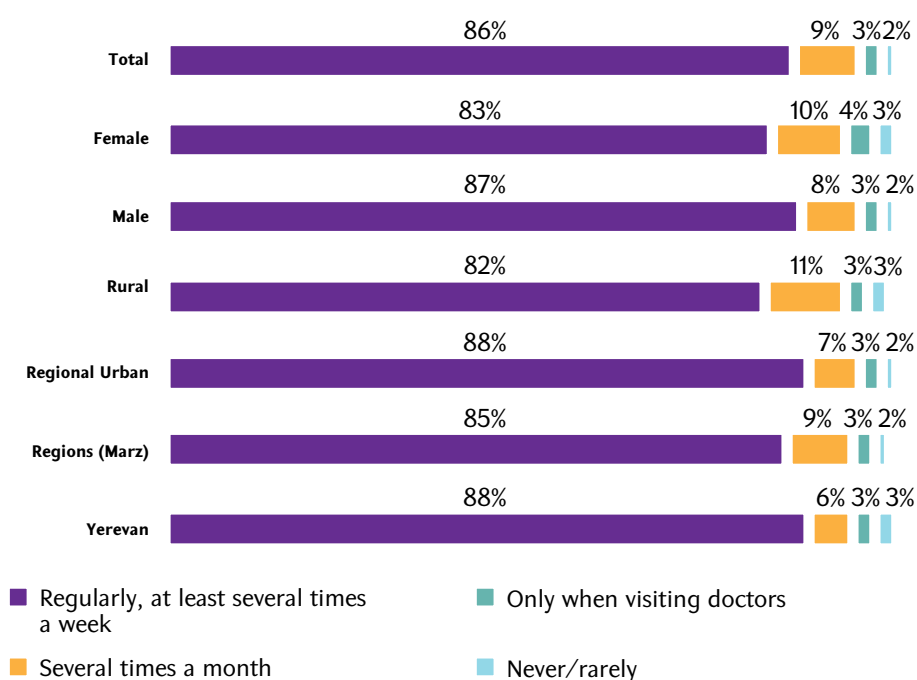


Figure F1. Frequency of Children with Disabilities Leaving the House, by Place of Residence and Sex

Figure F2 below shows that children with motor, combined, and intellectual disability leave the house less frequently than others.

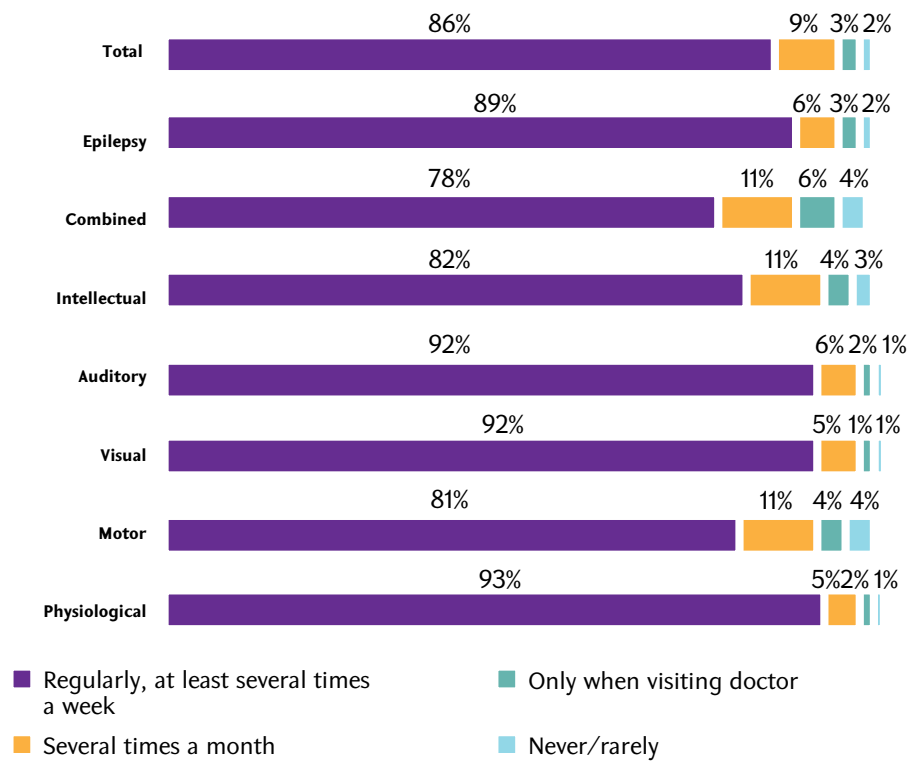


Figure F2. Frequency of Children with Disabilities Leaving the House, by Disability

Friends

The next question addresses who the child’s friends are (Figure F3): 71% of the respondents stated that the main friends of the child are the neighbours’ children, 65% mentioned the children of relatives, 44% mentioned the classmates that have no disabilities, and 12% mentioned the classmates with disabilities. Twelve per cent of the respondents said that their child did not have friends.



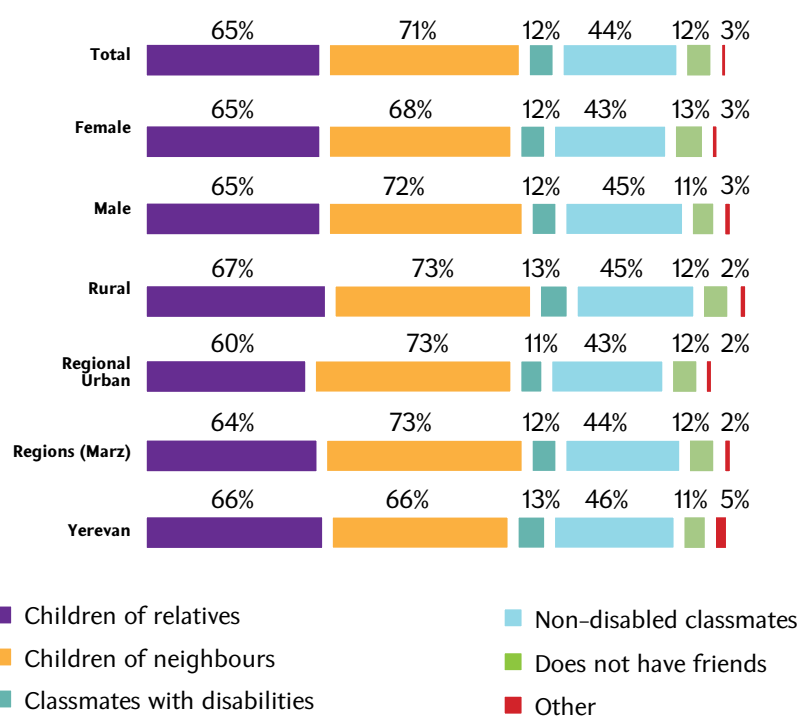


Figure F3. Friends of Children with Disabilities, by Place of Residence and Sex

The survey showed that 20% of the children with intellectual and combined disability had no friends (Figure F4).

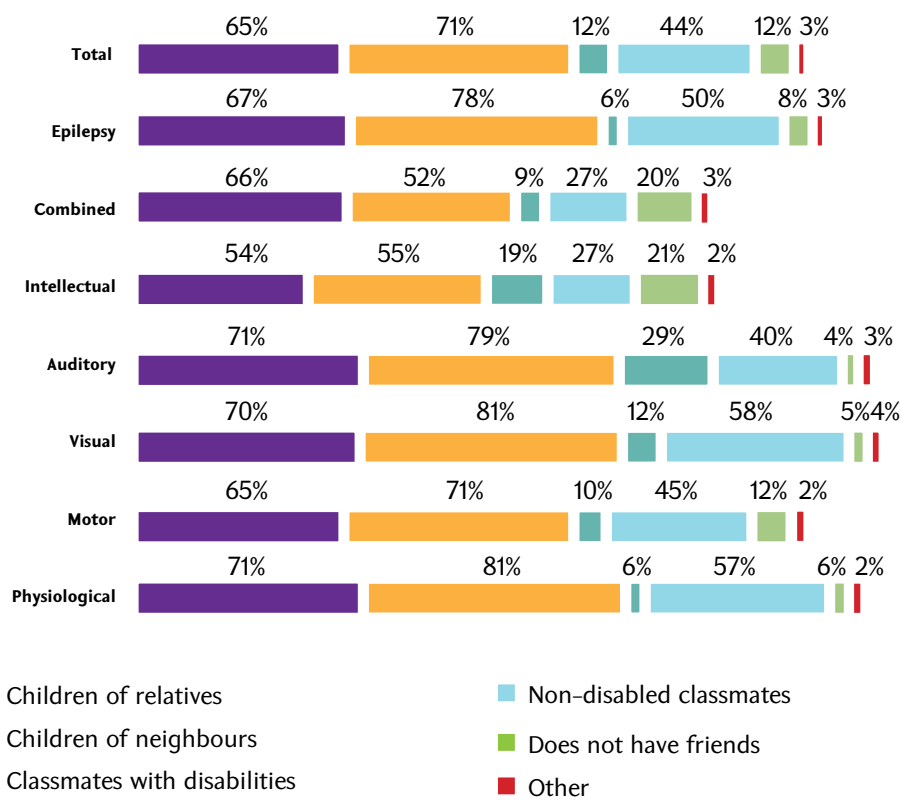


Figure F4. Friends of Children with Disabilities, by Disability

Participation in Community and Cultural Events

One third of the children with disabilities do not participate in community events and activities (celebrations, birthdays, weddings, and community games, etc.). No gender-based differences can be observed. The highest rate of participation (70%) of children was observed in Yerevan.

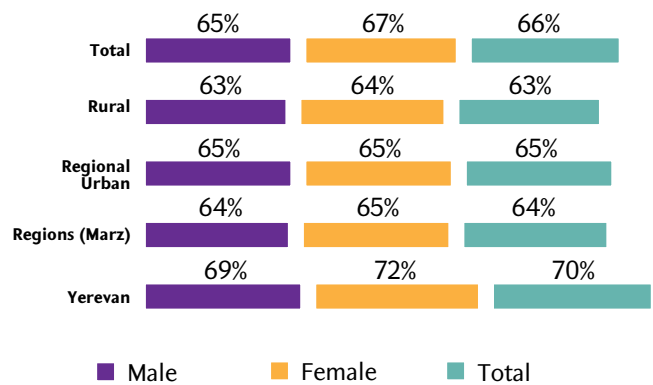


Figure F5. Participation of Children with Disabilities in Community Events, by Place of Residence and Sex

As shown in Figure F6, children with intellectual and combined disabilities participate the least in events (54% and 55%, respectively).

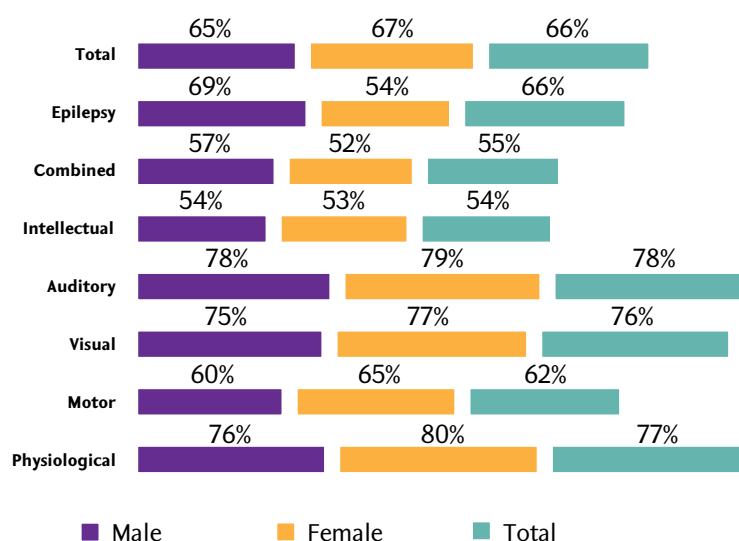


Figure F6. Participation of Children with Disabilities in Community Events, by Disability and Sex

The next question aimed at finding out whether the children attend cultural events (concerts, theatres). Again, there is a difference depending on the place of residence: 59% of the children with disabilities in Yerevan and 33% of those in the rural communities attend cultural events.

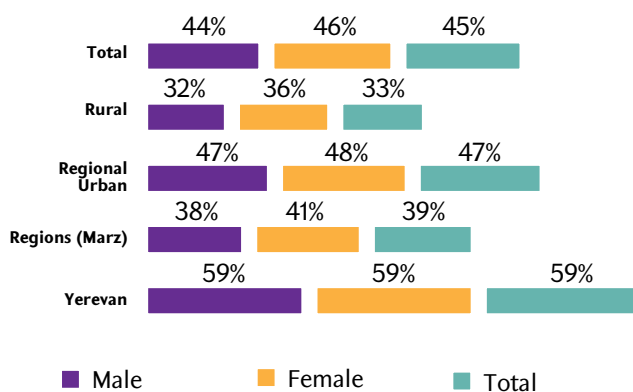


Figure F7. Participation of Children with Disabilities in Cultural Events, by Place of Residence and Sex

Figure F8 presents participation in cultural events according to the disability of the child. Here, too, the rate of participation was the lowest among the children with intellectual and combined disability (34% and 37%, respectively).

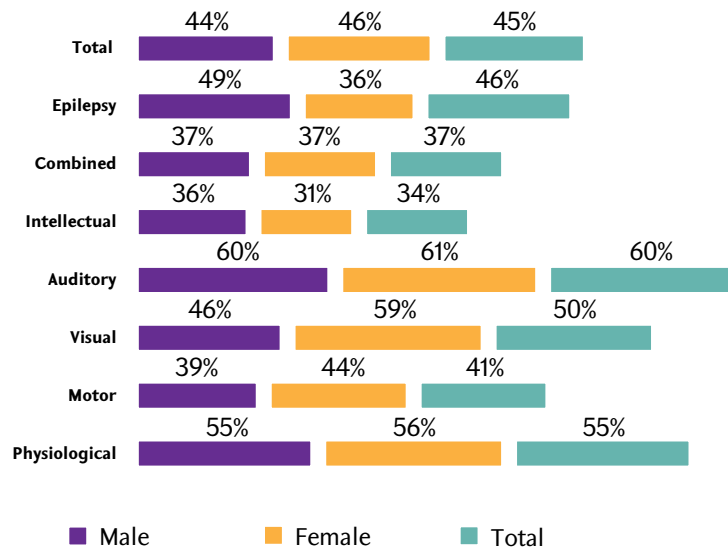


Figure F8. Participation of Children with Disabilities in Cultural Events, by Disability and Sex

### Engagement in Sport and Art

In terms of participation in sport, there are considerable discrepancies depending on the place of residence and sex of the child (Figure F9): 10% of the boys and 5% of the girls participate in a sport. In Yerevan, 15% of the children with disabilities participate in sport, compared to 4% of those living in rural areas and 6% of the children with disabilities living in the regions. The gender-based differences are greater in the regions.

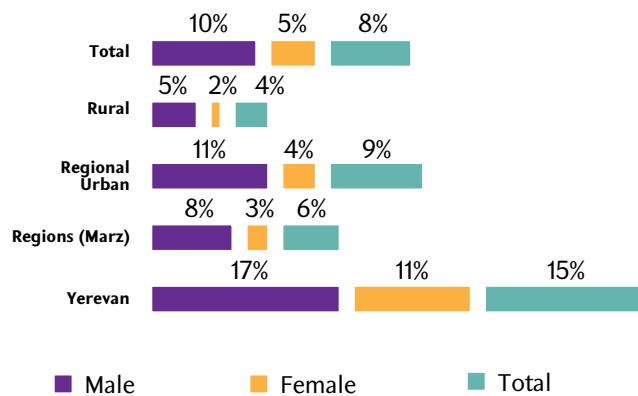


Figure F9. Engagement of Children with Disabilities in Sport, by Place of Residence and Sex

In this area, there are also differences depending on the disability of the child (Figure F10): children with auditory, physiological, and visual disabilities participate in sport more than the others (13%, 11%, and 11%, respectively). Children with intellectual and combined disability are the least

involved in sport (5%).

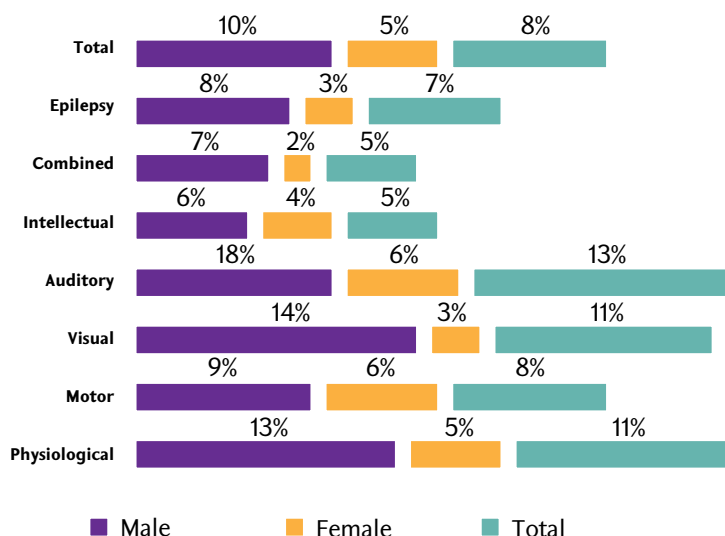


Figure F10. Engagement of Children with Disabilities in Sport, by Disability and Sex

As to cultural activities, 4% of the respondents stated that their children were engaged in drawing, 3% danced, and 2% played musical instruments. Girls were more engaged in arts than boys.

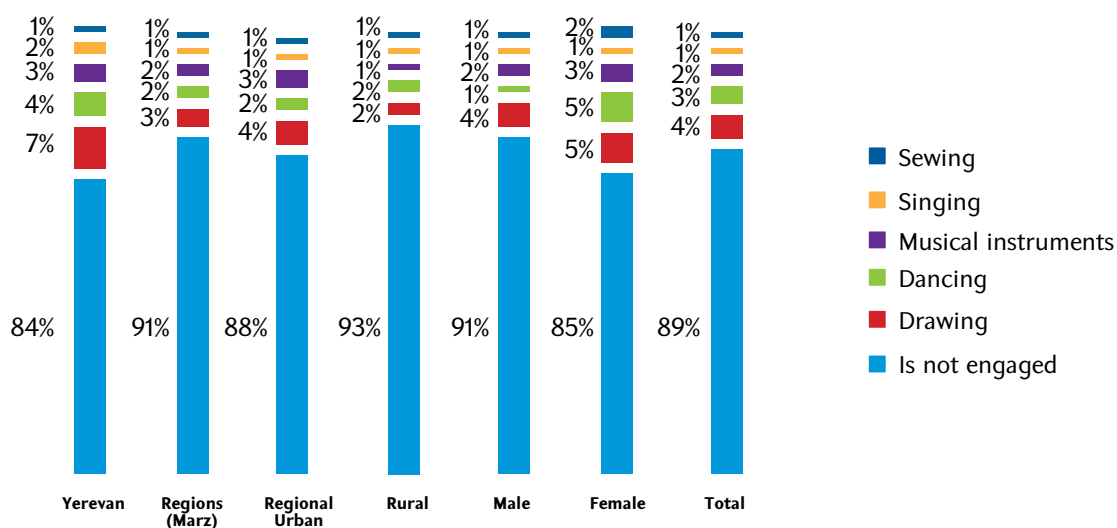


Figure F11. Engagement of Children with Disabilities in Cultural Activities, by Place of Residence and Sex

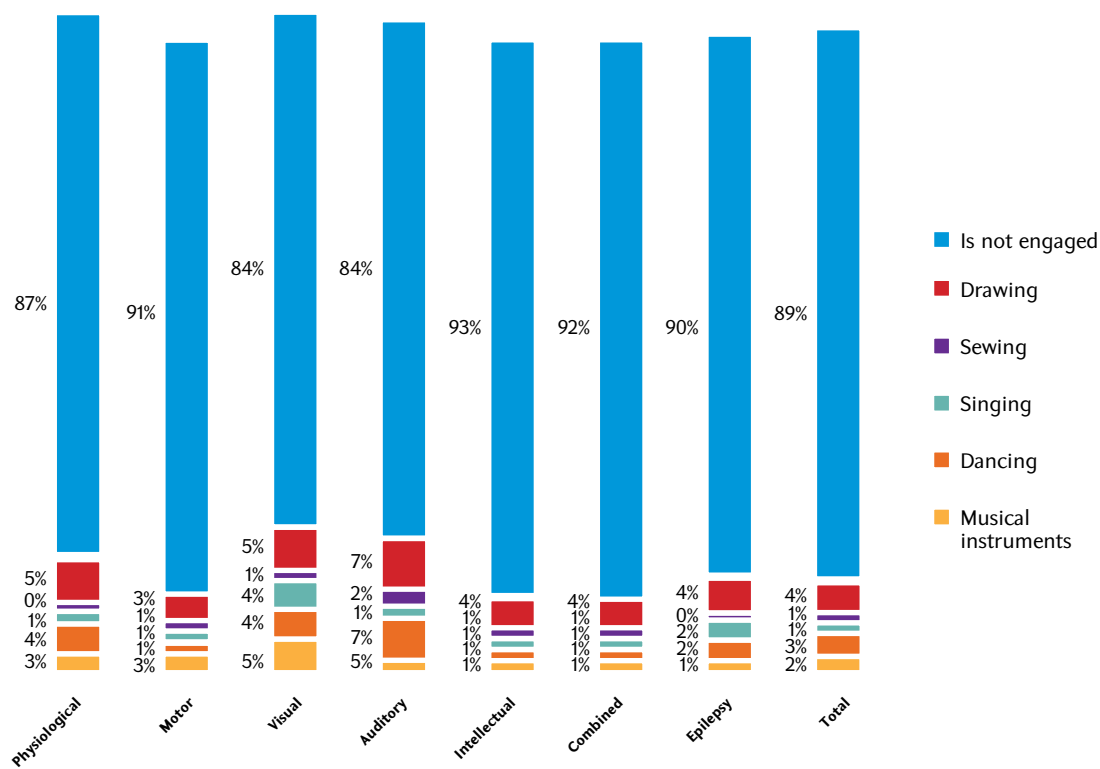


Figure F12. Engagement of Children with Disabilities in Cultural Activities, by Disability

## G. AWARENESS AND ATTITUDES

According to the Convention on the Rights of Persons with Disabilities, “States Parties undertake to adopt immediate, effective and appropriate measures to raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities” (Article 8).

### Awareness

Awareness is the cornerstone for the exercise of all rights. Lack of access to information is the main obstacle to accessing the needed services, especially in the case of vulnerable groups.

Figure G1 shows the extent to which the family members of children with disabilities are aware of their rights and the relevant laws and conventions prescribing such rights. The level of awareness is generally low: nearly two thirds of the respondents have not heard about the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, the Republic of Armenia Law on Persons in Need of Special Conditions for Education, and the Republic of Armenia Law on Social Protection of Persons with Disabilities. Interestingly, the territorial (urban/rural) differences in the level of awareness are insignificant.

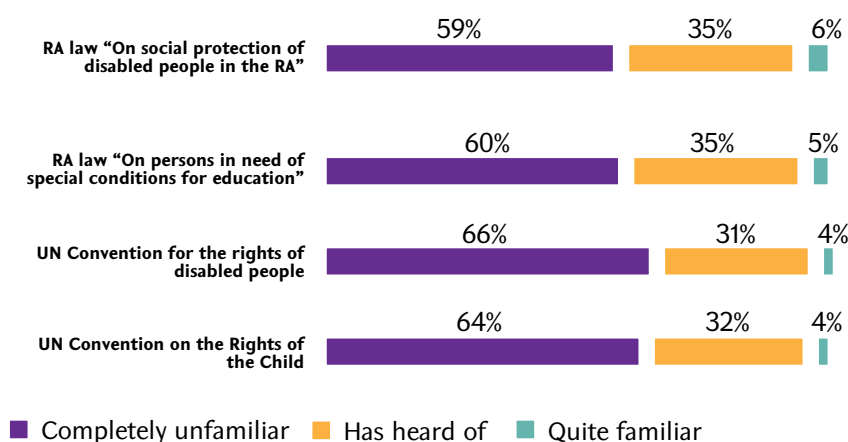


Figure G1. Awareness of Family Members of Children with Disabilities about Relevant Legislation

Figure G2 presents whether the family members of children with disabilities are aware that the person with disability has rights, regardless of the type of disability. As can be seen, the respondents were the least aware of “the right to receive free education.”

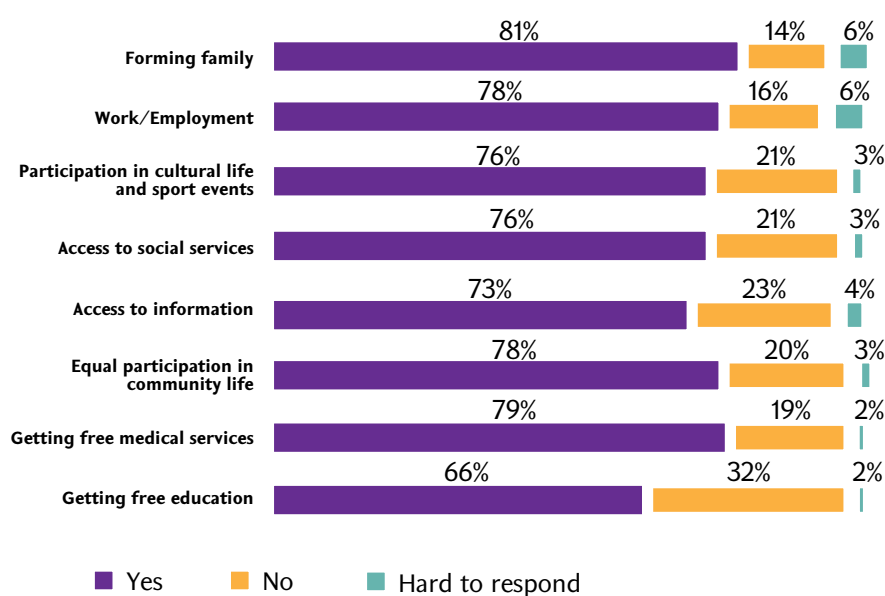


Figure G2. Awareness of Family Members of Children with Disabilities about their Rights

## Attitudes

Negative attitudes of society and the families of children with disabilities, including attitudes based on stereotypes and prejudice towards disability seriously impede progress in the field of social inclusion.

The Convention on the Rights of Persons with Disabilities requires the States Parties to “undertake measures to combat stereotypes” and to “promote awareness of the capabilities and contributions of persons with disabilities” (Article 8).

Figure G3 presents the attitudes of parents or caregivers towards disability: 59% of the respondents stated that disability is a disease, while 38% thought that it was a life condition. Slightly more than half of the respondents in Yerevan and 61% in the regions treated disability as a disease.

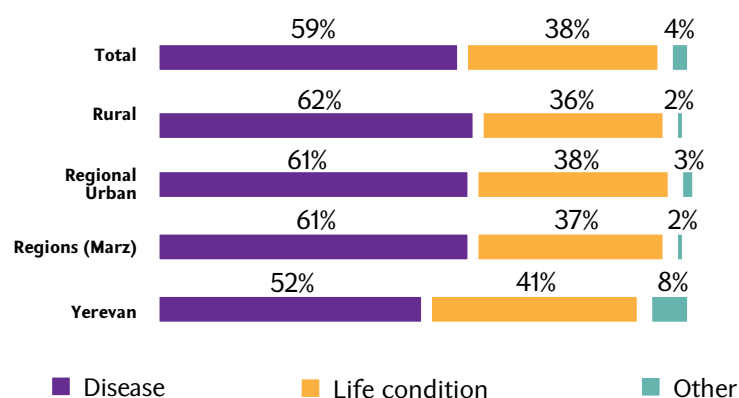


Figure G3. Definition of Disability, by Place of Residence



Figure G4 below presents the opinions of the respondents regarding the impact of communication between children with disabilities and other children on both the former and the latter. The majority of the respondents believed that such communication positively influences both the children with disabilities and the other children involved in such communication (68% and 69%, respectively). Only 5% of the respondents believed that the influence can be negative, while the others had difficulty to respond.

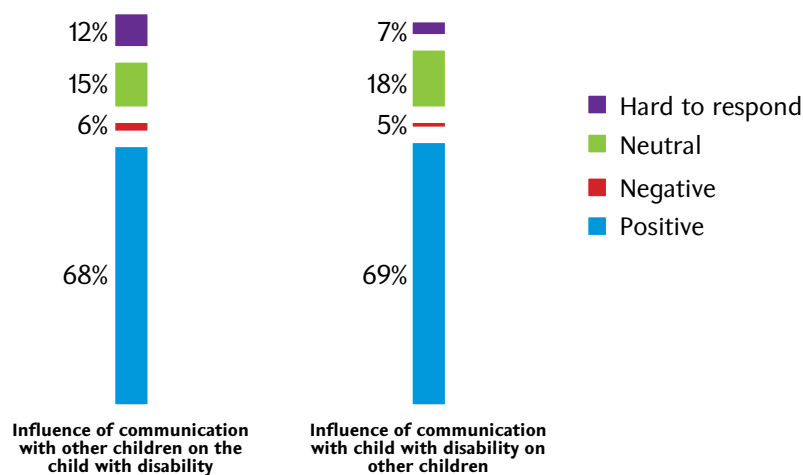


Figure G4. Impact of Interaction between Children with Disabilities and Other Children

Figure G5 presents the opinion of parents or caregivers about whether children with disabilities should attend mainstream kindergartens or schools. Two thirds of the respondents believed that children with disabilities should attend mainstream kindergartens or schools together with other children.

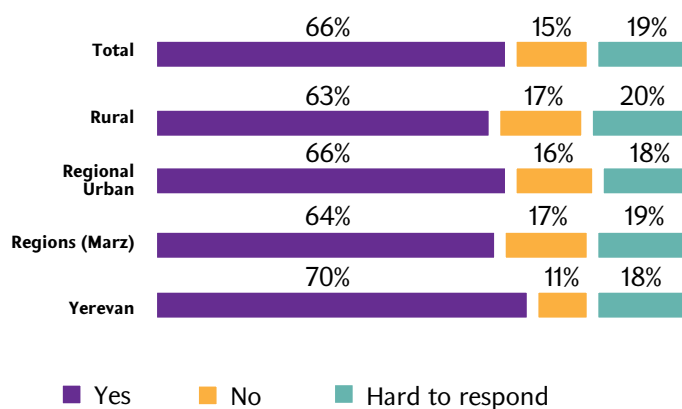


Figure G5. Should Children with Disabilities Attend Mainstream Kindergartens or Schools, by Place of Residence

When inquired about the priority services that they would like to have available in the community for their children, 58% of the respondents stated the need for specialized health services, 34% referred to the need for inclusive schools and kindergartens, 32% to special transport, 30% to employment opportunities, and 10% to leisure programs and playgrounds. Only 8% considered financial assistance to be a priority.

The responses somewhat differed depending on the place of residence: as can be seen from Figure G6, specialized health services and inclusive schools were mentioned as a priority more frequently in the regions, especially in rural communities, than in Yerevan.

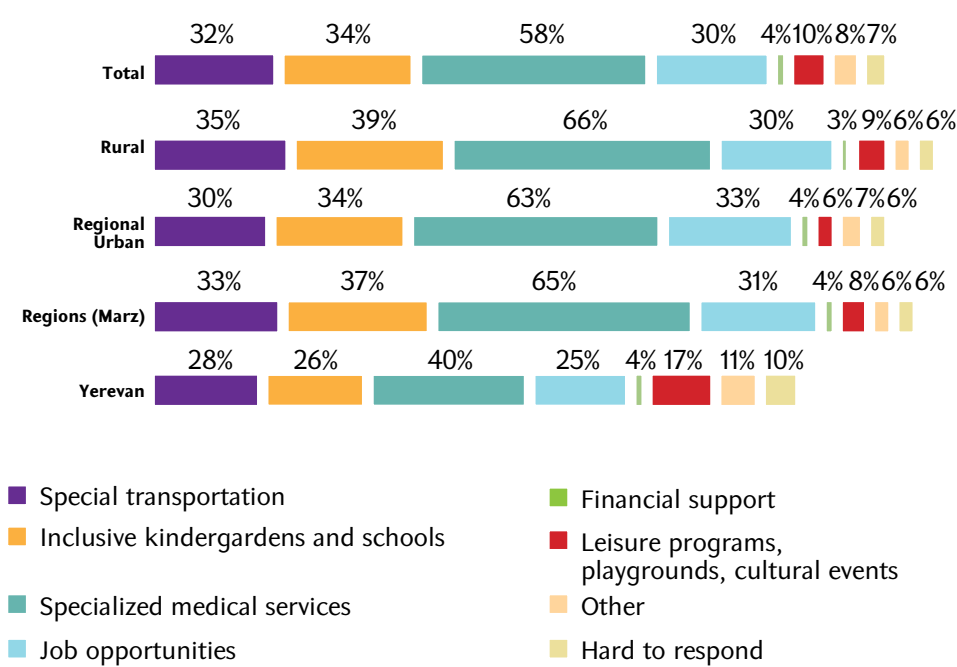


Figure G6. Priority Services Desired for Children with Disabilities, by Place of Residence



**3.2**

## **ANALYSIS OF THE FINDINGS**

Children in the Care of Orphanages



Research in different residential institutions (orphanages, special boarding schools, nightcare institutions, etc.) of the world has long proved the adverse impact that growing up in institutions has on the development of the child. Institutionalized children are more likely to suffer worse health outcomes, delays in brain growth and development, and emotional attachment disorders. Therefore their physical, intellectual, emotional, behavioural and social abilities develop worse than those of the children raised in a family environment<sup>1</sup>. Apart from that, there is a higher risk of abuse and children's rights violations in institutions.

As a result of the discriminatory attitude of the society, the lack of alternative community-based services and psycho-social support to the family, children with disabilities are particularly prone to a more early and longer institutionalization. Addressing this issues, the Convention of the Rights of Persons with Disabilities has stipulated the right to family life, obligating the States Parties to “give early and comprehensive information, support and services to children with disabilities and their families. If the immediate family is unable to care for the child States Parties should undertake effort to provide alternative care within the wider family, and failing that, within the community in a family setting” (Article 23). Meanwhile in Armenia there has been an increase in the number of and proportion of children with disabilities in orphanages in the last years.

Interviews were conducted at the Marie Izmirlian and “Mankan Tun” (lit. “Child Home” in English) orphanages in Yerevan, Orphanage of Charity Organization of Missionaries Armenia Branch in Yerevan, the “Yerekhaneri Tun” (lit. “Home for Children” in English) orphanage in Gyumri, Vanadzor orphanage and at the specialized orphanage of Nor Kharberd for children with disabilities under 18 years of age. The interviews for 55 of the children in orphanages were conducted with the parent. In all other cases, the questions were answered by the orphanage caregivers, including social and health workers.

Orphanage	Number of Interviews Conducted
Specialized Orphanage in Kharberd	169
“Home for Children” in Gyumri	138
Marie Izmirlian Orphanage in Yerevan	29
“Child Home” in Yerevan	25
Orphanage of Charity Organization of Missionaries Armenia Branch in Yerevan	19
Vanadzor Orphanage	5
<b>TOTAL</b>	<b>385</b>

Table O1. Breakdown of Interviews by Orphanages

<sup>1</sup> Browne, K. (2009)

## A. GENERAL CHARACTERISTICS

This section presents the breakdown of children with disabilities in orphanages by sex, age, disability as well as ties with the family.

Figure O1 presents the sex breakdown of children with disabilities: 55% of the children with disabilities residing in orphanages are boys and 45% are girls. Interestingly, this is different from the breakdown of children with disabilities in the care of families (68% boys and 32% girls). One can therefore assume that girls with disabilities are more often placed in orphanages than boys.

Figure O2 presents the age breakdown of children with disabilities. Children under 3 account for 20% , children between 4 to 6 are 20%, children between 7 and 9 are 16%, children between 10 and 12 are 12%, children between 13 to 15 are 16%, and children 16 to 18 are 17%.

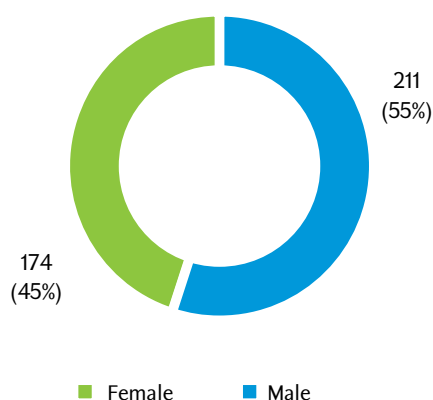


Figure O1. Sex Breakdown of Children with Disabilities Cared for in Orphanages

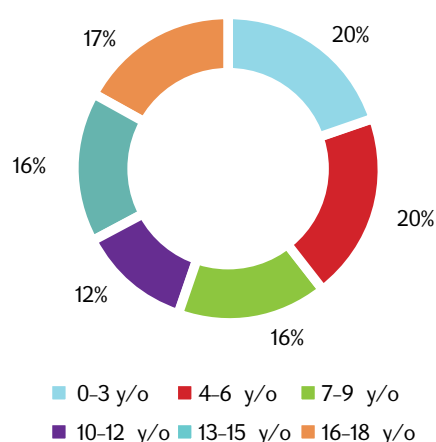


Figure O2. Age Breakdown of Children with Disabilities Cared for in Orphanages

Most of the children cared for in orphanages have motor, intellectual, and combined disabilities (Figure O3). As was stated in the Data Analysis Methodology, this classification is based on medical diagnosis alone.

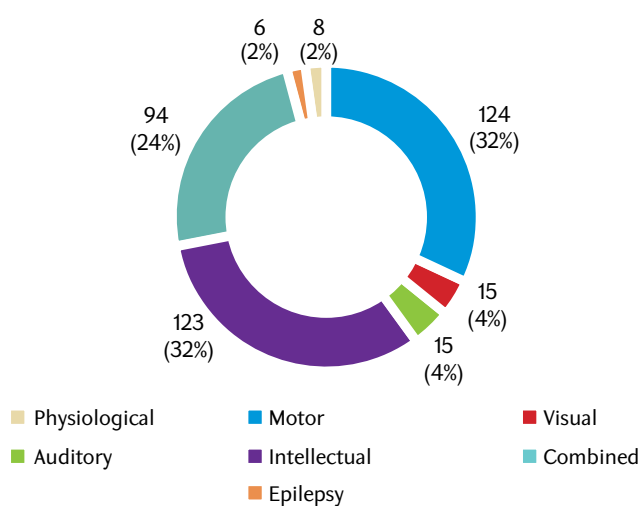


Figure O3. Disability Breakdown of Children with Disabilities Cared for in Orphanages

### Ties with the Family

Some of the children with disabilities living in orphanages return home during holidays (Figure O4). Ten per cent of all the children (including 12% of the boys and 7% of the girls) spend the holidays at home.

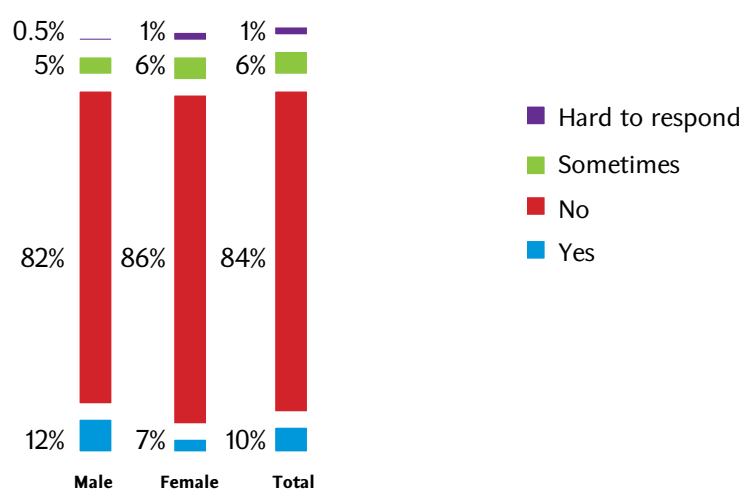


Figure O4. Home Returns of Children with Disabilities during Holidays, by Sex

Figure O5 shows the frequency of children's returns home, other than holidays: 82% of the children never go home. Significantly more boys than girls spend holidays or other days at home.

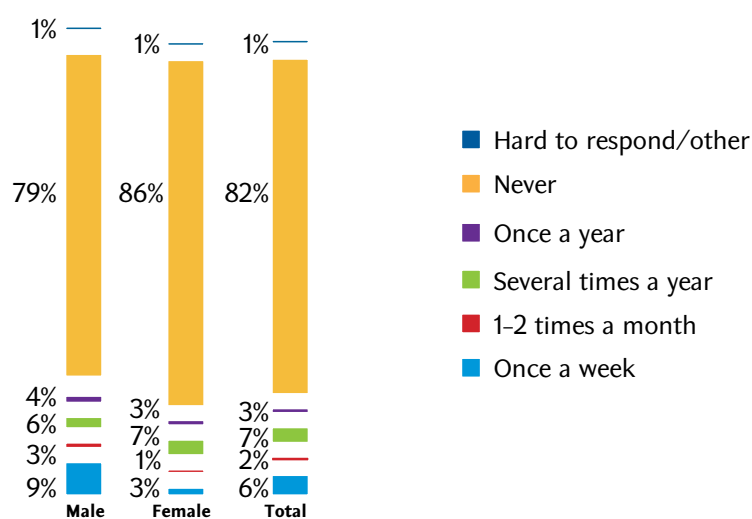


Figure O5. Frequency of Children with Disabilities Cared for in Orphanages Returning Home, by Sex

Figure O6 presents the frequency at which parents visit children in the orphanages: 9% of the children are visited once a week, 10% once a month, and 28% once a year. Half of the children are never visited in the orphanages. Parents visit boys much more frequently. 23% of the boys and 15% of the girls are visited by the parents once a week or month.

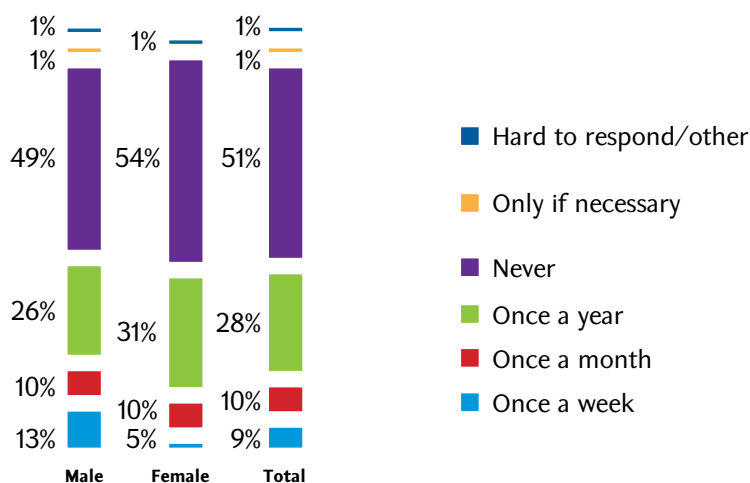


Figure O6. Visits of Parents to Orphanages, by Sex of the Child



## B. EDUCATION

### Early Childhood (Pre-School) Education

Figure O7 shows that 12% of the children with disabilities in orphanages currently attend or have attended kindergarten. In this case, the rate for girls is slightly better than that for boys.

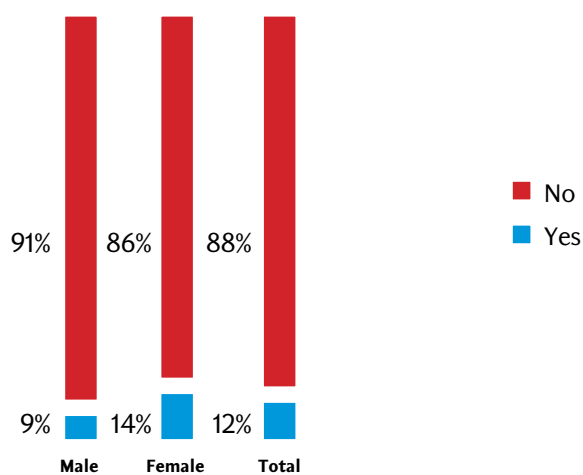


Figure O7. Kindergarten Attendance of Children with Disabilities Cared for in Orphanages, by Sex

The reasons mentioned for not attending a kindergarten are the absence of need (47%), fear or concern of caregivers (37%), and the child's health condition (9%).

### Assessment of the Special Educational Needs of the Child

As can be seen, 84% of the children with disabilities living in orphanages have been assessed at the Medical-Psychological-Pedagogical Assessment Centre.

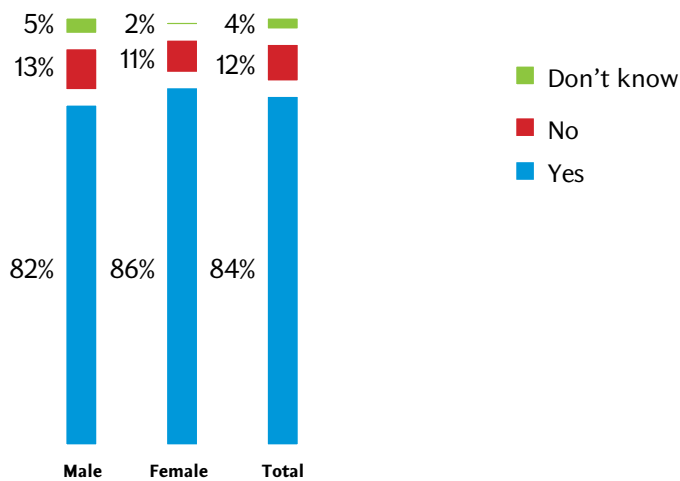


Figure O8. Assessment of the Educational Needs of Children with Disabilities Cared for in Orphanages by the Medical-Psychological-Pedagogical Assessment Centre, by Sex

School (Secondary) Education

The next group of questions concerns secondary education: 5% of the children cared for in orphanages receive general education and 23% receive special education (with the vast majority of them boarding in special schools), and 72% do not attend school. In general schools girls' enrolment rate is higher than the boys', the situation is reversed in special schools. The child's inability to study in school was mentioned as the reason for not attending school for virtually all the out-of-school children.

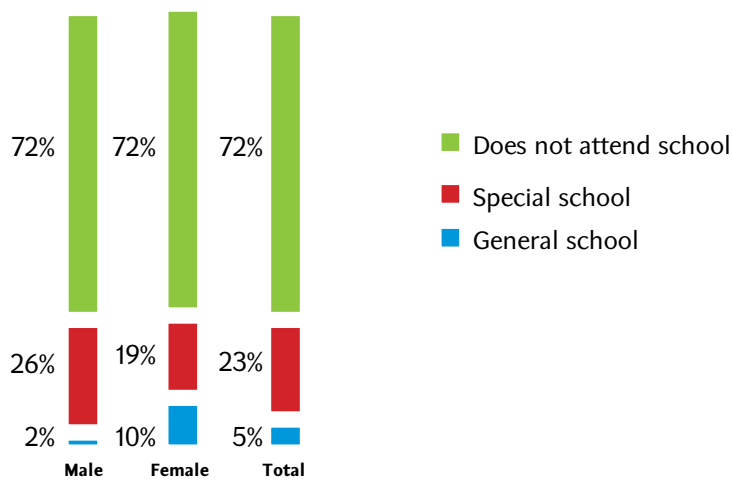


Figure O9. School Attendance of Children with Disabilities Cared for in Orphanages, by Sex

C. HEALTHCARE

Services of Paediatricians and Family Physicians

As Figure O10 shows, 98% of the children with disabilities cared for in orphanages are under surveillance by a paediatrician, and the majority (82%) use these services daily.

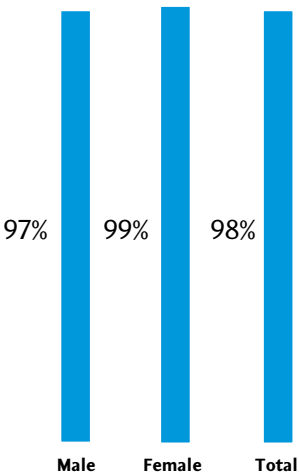


Figure O10. Children with Disabilities Cared for in Orphanages, under Paediatrician’s Care, by Sex

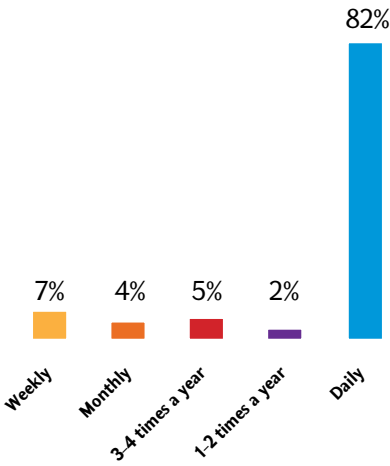


Figure O11. Frequency of Use of Paediatrician’s Services by Children with Disabilities Cared for in Orphanages

Rehabilitation Services

As the two figures below indicate, 83% of the children with disabilities cared for in orphanages have individual rehabilitation plans, and their vast majority receives services according to the plan.

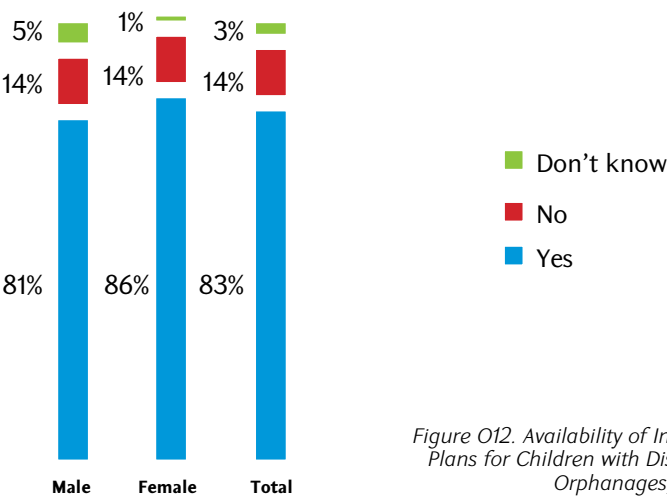


Figure O12. Availability of Individual Rehabilitation Plans for Children with Disabilities Cared for in Orphanages, by Sex

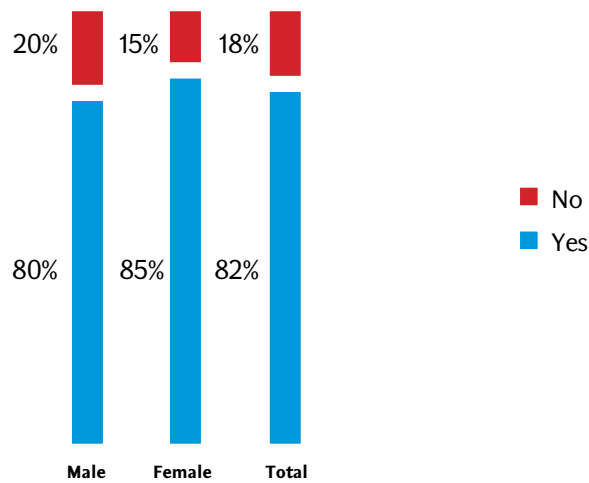


Figure O13. Provision of Services based on the Individual Rehabilitation Plan to Children with Disabilities Cared for in Orphanages, by Sex

Assistive Technology Devices

As Figure O14 shows, 28% of the children received assistive technology devices (prostheses, orthopedic and rehabilitation devices, hearing aids, and the like). Girls received these more than boys (34% of the girls vs. 22% of the boys). According to the care-givers or the parents, the rest of children did not need such devices.

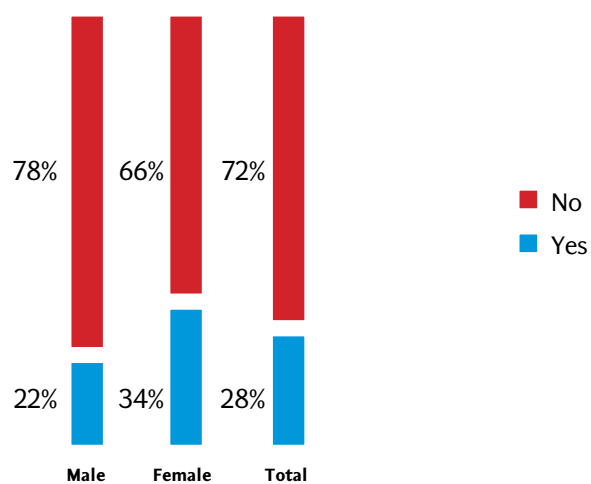


Figure O14. Provision of Assistive Technology Devices to Children with Disabilities Cared for in Orphanages, by Sex

D. COMMUNITY – BASED SUPPORT

Non-Governmental Organizations

Eighty three per cent of the children cared for in orphanages receive support from non-governmental and other organizations (Figure O15).

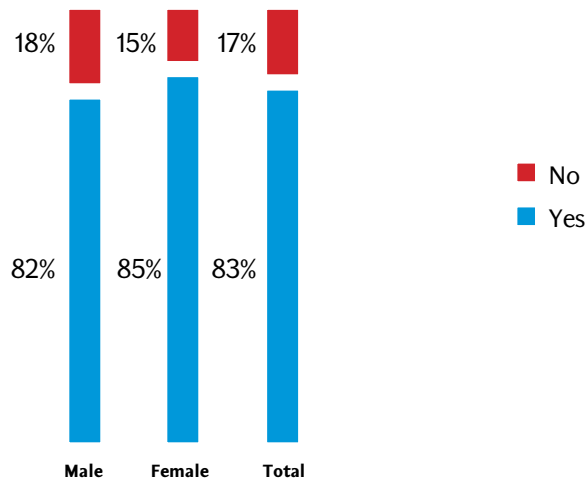


Figure O15. Provision of Support by NGOs to Children with Disabilities Cared for in Orphanages, by Sex

Figure O16 shows that most of the support provided by NGOs included food, financial assistance, and equipment.

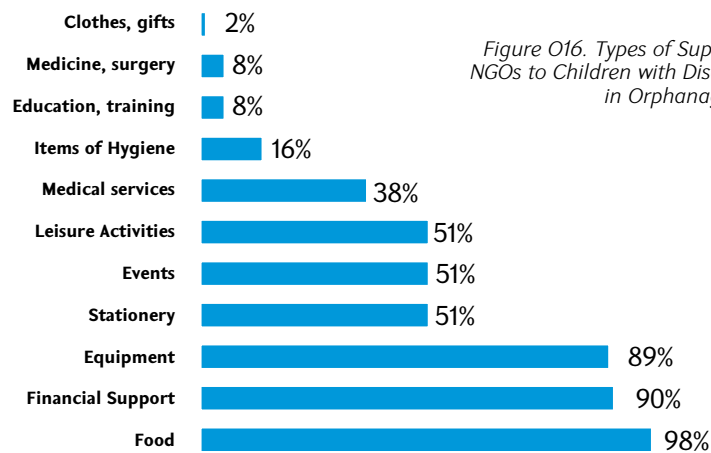


Figure O16. Types of Support Provided by NGOs to Children with Disabilities Cared for in Orphanages

## E. PARTICIPATION

### Leaving the Orphanage Premises

Forty two per cent of the children with disabilities come out of the orphanages regularly, several times a week. A quarter of the children (23%) never come out of the orphanage or come out only for visits to doctor (Figure O17).

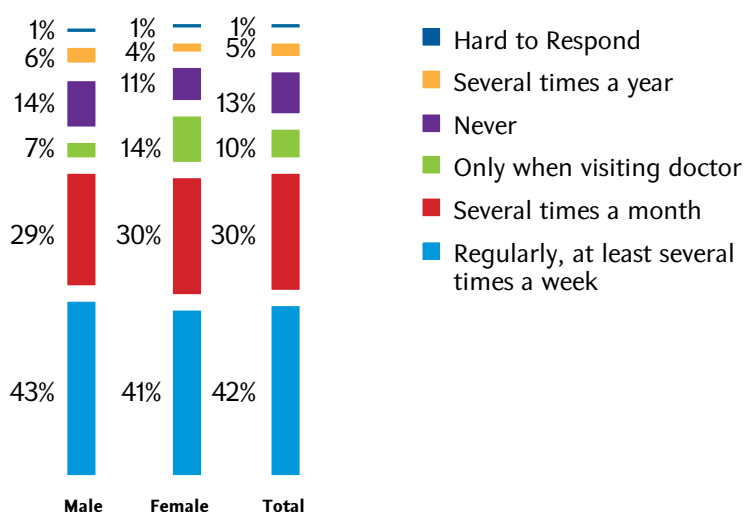


Figure O17. Frequency of Children with Disabilities Leaving the Orphanage Premises, by Sex

### Friends

Figure O18 provides information about the friends of children with disabilities cared for in orphanages. Sixteen per cent of them do not have friends. The absence of friends is more common among boys.

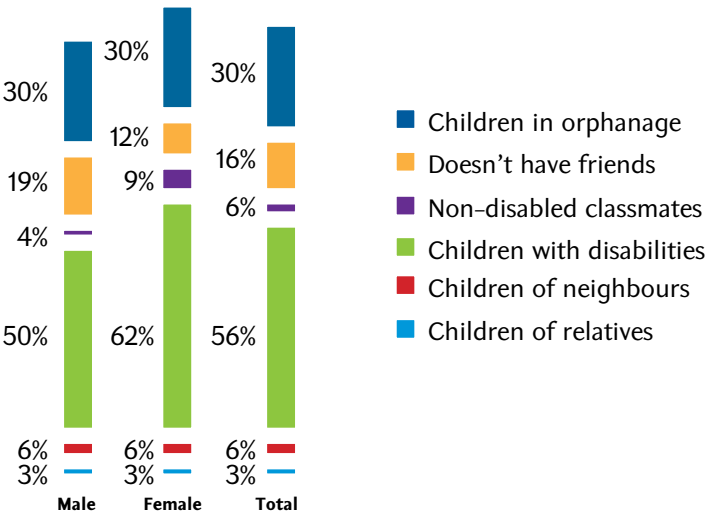


Figure O18. Friends of Children with Disabilities Cared for in Orphanages, by Sex

Participation in Community and Cultural Events

Twenty eight per cent of the children with disabilities participate in community events, and 24% in cultural activities. Participation of girls is higher in both cases.

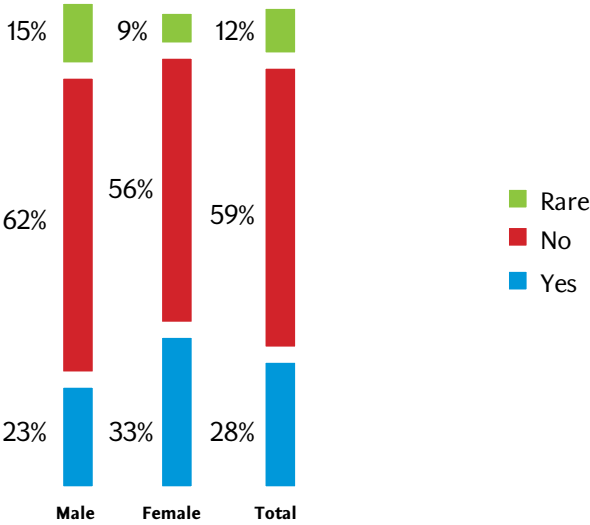


Figure O19. Participation of Children with Disabilities Cared for in Orphanages in Community Events, by Sex



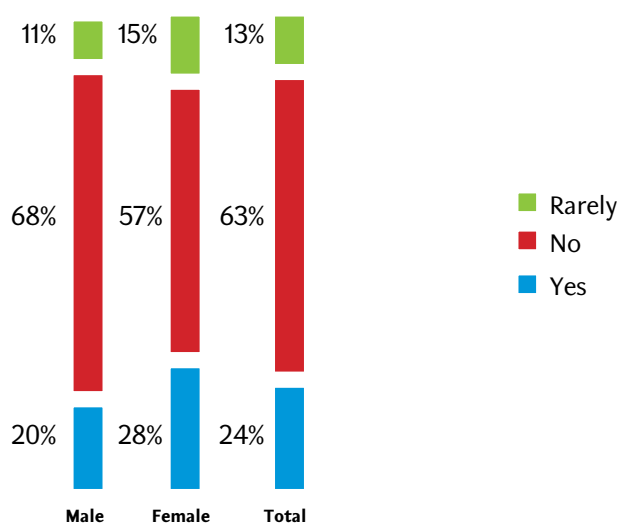


Figure O20. Participation of Children with Disabilities Cared for in Orphanages in Cultural Events, by Sex

Only two children with disabilities cared for in orphanages do sports, and 34 children (9%) are engaged in various arts and crafts.

# 4

## RECOMMENDATIONS



## 1. Improve identification and assessment procedures

The European Academy of Childhood Disabilities considers a disabled children rate of at least 2.5 per cent<sup>1</sup> to be the expected 'norm' (with 1 per cent having serious conditions<sup>2</sup>).<sup>3</sup> The number of certified children with disabilities in Armenia (7958) is close to 1 per cent of the child population. This means that, based on these estimates, there may be around 12,000 children with different kinds of disabilities that are not certified and therefore are ineligible to receive services entitled to them by the law. Some families do not apply for disability certification to avoid stigmatization or because they do not see its benefit for the child. The other possible reason is that the criteria for defining disability status in Armenia depend too heavily on medical diagnosis and thus leave out many children that need disability related services while including more children with chronic diseases.

To address these problems, the Medical Social Expertise Commission, in cooperation with health and social services, needs to raise awareness about the importance of getting certification, as well as to simplify its bureaucratic processes. The social services should actively seek out children with disabilities.

The Armenian Government needs to make a transition from the medical model to the bio-psychosocial model of disability, on which International Classification of Functions, Disability and Health (ICF) is based. The recent initiative of the Armenian government to revise disability assessment criteria should focus on ensuring that the new system reflects not only the language but also the underlying principles of ICF and is in line with the Convention on the Rights of Persons with Disabilities.

## 2. Create a continuum of services for the child throughout the life-cycle

The survey showed a very low usage of rehabilitation services, and social services, most often because of absence of services, perceived lack of need for such services as well as unawareness.

Disability affects a child's health, development, education, mobility and participation in social activities. To provide equal opportunities and access to services to persons with disabilities, the Armenian Government should set up networks of services to respond to the child's/person's needs from birth throughout the life cycle; i.e. a "continuum of services". Health, education and social protection services should cooperate through mechanisms of referral, exchange of information and coordinated service provision to children. In addition, new community level prevention services, as well as health and social rehabilitation and care services should be created to fill the current gaps.

In the light of the Integrated Social Services reform and the introduction of the institute of Case

<sup>1</sup> This does not include chronic diseases such as diabetes.

<sup>2</sup> European Academy of Childhood Disabilities (2003)

<sup>3</sup> WHO Global Burden of Disease offers an even higher estimate of disabilities for children 0-14 years old - 5.1 per cent.

Managers (social workers), the Armenian Government is well positioned to set up the aforementioned cooperation mechanisms between services to ensure

- early intervention and rehabilitation to prevent disability when possible, and to reduce the impairments of functions caused by the disability
- social assistance and psychosocial support to the family
- early childhood development (inclusive preschools)
- primary and secondary education (inclusive schools).

### 3. Enable access to all mainstream preschools and schools

The survey showed that two thirds of children with disabilities nationwide never attend preschool. A fifth of children with disabilities nationwide do not go to school, and the proportion increases significantly in rural communities and for girls in regional towns. Children with intellectual or motor disabilities are facing particular disadvantage. Twelve per cent of children study in special schools, isolated from their community peers. Many parents, especially in rural areas, think that their child cannot learn in school. This way of thinking is partly a social stereotype, and partly reflects the reality of today's schools many of which are not creating a suitable environment where every child, regardless of needs and abilities, can develop his/her potential to the fullest.

Preschool and school inclusion are key to the social inclusion of children with disabilities. Not only do they enable to unlock the child's full potential in physical, cognitive, emotional and social development that is possible when the child receives family care and is in active interaction with his/her peers, but they also make social inclusion a norm and fight stereotypes about disabilities. To this end, the Armenian school system should adapt to the special needs of children not only in terms of physical infrastructure, but also through improved needs assessment, individual education planning and adjusted teaching-learning methodologies. A decade of experience of inclusive education in Armenia has produced inspiring stories of success but there are still many hurdles in universally inclusive education. Legislation changes and efficient reallocation of resources from special schools to inclusive schools are necessary to create an enabling environment for inclusive education. Special schools have valuable expertise that can be rechanneled into supporting their beneficiaries not in isolated settings, as is the case now, but in mainstream schools. Teacher sensitization and training is another crucial component but the experience of other countries shows that training is the most useful when the children with special needs are already in school, as the art of teaching is in many cases "learning by doing" and teachers find creative solutions for

individual needs of the child. There is also a strong need to sensitize parents as the primary duty-bearers (the states are the principal duty-bearers) for the rights of their children.

#### 4. Prevent institutionalization of children with disabilities

The adverse impacts of institutionalization on children have long been proven by researchers around the world. Children in residential institutions face higher chances of having poor health, physical underdevelopment, motor skill delays, hearing and vision problems, reduced cognitive and social ability<sup>4</sup>. In addition, there is a risk of bullying and abuse.

Children with disabilities living in orphanages in Armenia are the most disadvantaged group. They have barely any access to mainstream schools, 23 per cent are in special schools and 72 per cent do not attend any type of school in major violation of their rights and the Armenian legislation.

Following the provision of CPRD, the Armenian Government should prevent child abandonment through providing early and comprehensive information, services and support to children with disabilities and their families, and in cases when it is impossible or not in the best interests of the child, provide alternative care within the wider family or within the community in a family setting.

While increasing all the possible efforts to ensure the reunification of children with families, efforts, the Armenian Government should ensure that the fundamental rights of children currently living in institutions are not violated. In particular, Ministry of Education and Science and Ministry of Labour and Social Issues should cooperate to ensure that all the children attend regular school outside residential care institutions.

#### 5. Promote awareness to improve participation

The survey shows a low level of participation of children with disabilities in the social and cultural life of their communities, and lack of social connections (there are children that have no friends, or have friends only inside the family). It also reveals stereotypical attitudes of viewing disability as a disease, and low awareness about children's rights among their parents and caregivers.

Negative attitudes of parents towards inclusion, often influenced by a lack of awareness of their children's rights, and fear of stigmatization from the community serve as a major barrier towards inclusive practices. Growing awareness of the potential for community based services is very gradually leading to parents becoming more assertive about their children's rights<sup>5</sup>.

The Armenian Government and NGOs working towards the social inclusion of children with disabilities should actively engage families of children with disabilities in their programmes and ac-

<sup>4</sup> Carter, R. (2005)

<sup>5</sup> UNICEF (2012)

company their programmatic interventions with awareness raising and sensitization of the service providers and the general public. It should be noted however, that the personal contact with persons with disabilities is the most effective way to influence the way of thinking about disability<sup>6</sup>. Therefore more emphasis should be put on starting inclusive practices as early as possible, in parallel launching public awareness and sensitization campaigns (posters, leaflets, PSAs) in public areas such as polyclinics, community centres, schools and kindergartens, as well as promoting the use of appropriate language when speaking about disability. In addition, media should be actively engaged in voicing the issues faced by persons with disabilities and alarming the society and authorities on the violation of their rights. Coverage of issues regarding disabilities should avoid reinforcing negative or patronising stereotypes<sup>7</sup>.

UNICEF also recommends the Government of Armenia to follow the general recommendations of World Disability Report 2011 that can be found in the Appendix 2.

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<sup>6</sup> Scope (2007)

<sup>7</sup> UNICEF (2012)









## Annex 1: Survey Questionnaire

Questionnaire number	Interviewer Code	Date	Community Code	Respondent Telephone Number and Name	Address
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A1. ID	A2. Date of birth	A3. Disease, disease code
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**B1. Family composition of child with disability, \_\_\_\_\_ persons in total, including:**

1. Father	2. Mother	3. Grand-mother	4. Grand-father	5. Sister, brother	6. Other relative	7. Other _____
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**B2. The child has disability status**

1. From birth	2. Because of an illness	3. Because of an accident/trauma	4. Other _____
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**Q0. What limitations of life activities does the child with disability face?**

1. Movement / ask questions Q6, Q7 /	2. Self-care	3. Self-control	4. Communication	5. Learning	6. Playing	7. Other _____
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**Q1. Where does the child with disability live?**

1. At home, with the family	2. In an orphanage or boarding institution / Provide the code _____ /JUMP TO Q3/	3. In a special educational institution with a boarding mode / Provide the code _____ /JUMP TO Q3/	4. Other _____
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**Q2. Type of housing JUMP TO Q6 IF THE CHILD HAS MOVEMENT PROBLEMS, OTHERWISE JUMP TO I1**

1. Family house	2. Apartment	3. Dormitory	4. Temporary shelter	5. Other _____
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**Q3. What is the main reason for moving the child to an orphanage/boarding institution?**

1. Appropriate care could not be provided at home	2. Social-economic situation of the family / could not afford the necessary expenses / ASK QUESTION Q 3.1	3. Attitude of neighbours and society	4. Did not want the child with disability to live in the same house with the sister/brother	5. Other reasons /specify/ _____
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**Q3.1 If the family received adequate social assistance, would they move the child home from the orphanage/boarding institution?**

1. Yes	2. No	3. Do not know / Hard to respond
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**Q3.2** On a scale of 1 to 5, please, assess your satisfaction with the institution where your child lives (1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means “Hard to respond” )

1. Distance, transportation	1	2	3	4	5	6	9
2. Infrastructure /condition of premises/	1	2	3	4	5	6	9
3. Cost	1	2	3	4	5	6	9
4. Quality of care/services	1	2	3	4	5	6	9
5. Food	1	2	3	4	5	6	9
6. Attitude of teachers	1	2	3	4	5	6	9
7. Effectiveness/benefit for the child	1	2	3	4	5	6	9
8. Other _____	1	2	3	4	5	6	9

**Q4.1** Does the child with disability return home during holidays?

1. Yes	2. No	3. Sometimes / not always	9. Hard to respond
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**Q4.2** Apart from the holidays, how frequently does the child with disability visit home?

1. Once a week	2. Once or twice a month	3. Several times a year	4. Once a year	5. Never	6. Other _____
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**Q5.** How frequently do the family members visit the child with disability in the institution?

1. Once a week	2. Once a month	3. Once a year	4. Never	5. Other _____
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**Q6.** Are there obstacles that limit the movement around the house of the child with disability?

1. Yes	2. No	9. Hard to respond
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**Q7.** Facilities available at home, in the building or in the yard for the movement of the child with disability?

1. An elevator	2. A ramp at the entrance	3. Wider doorways inside the house	4. Wider entrance of the corridor or the family home	5. Other facilities / specify/ _____
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## AWARENESS

**I1.** How familiar are the family members of the child with disability with the following documents?

	Never heard	Heard	Quite familiar
1. UN Convention on the Rights of the Child	1	2	3
2. UN Convention on the Rights of Persons with Disabilities	1	2	3
3. Republic of Armenia Law on Persons in Need of Special Conditions for Education	1	2	3
4. Republic of Armenia Law on Social Protection of Persons with Disabilities	1	2	3

**12. Are the family members of the person with disability aware that the person with disability, regardless of the disability type, has the following rights?**

1. The right to free education	1. Yes	2. No	9. DA
2. The right to free health care	1. Yes	2. No	9. DA
3. The right to participate in the community life, equal to all others	1. Yes	2. No	9. DA
4. The right to accessible information	1. Yes	2. No	9. DA
5. The right to access social services	1. Yes	2. No	9. DA
6. The right to participate in cultural life and sport activities	1. Yes	2. No	9. DA
8. The right to employment	1. Yes	2. No	9. DA
9. The right to form a family	1. Yes	2. No	9. DA

## HEALTHCARE

**M1. Is the child with disability under surveillance by a paediatrician or family physician?**

1. Yes	2. No /JUMP TO QUESTION M4/
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**M2. If yes, then at what frequency?**

1. Weekly	2. Monthly	3. Three to four times a year	4. Once or twice a year	5. Only in case of necessity	6. Other _____
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**M3. On a scale of 1 to 5, please, assess your satisfaction with the following components of the services delivered by the paediatrician or the family physician (1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means “Hard to respond” /JUMP TO QUESTION M5)**

1. Quality of services	1	2	3	4	5	6	9
2. Attitudes/discrimination	1	2	3	4	5	6	9
3. Cost	1	2	3	4	5	6	9
4. Frequency of visits	1	2	3	4	5	6	9
5. Distance, transportation	1	2	3	4	5	6	9
6. Other _____	1	2	3	4	5	6	9

**M4. Why is the child with disability not under surveillance by a paediatrician or family physician /UP TO 3 RESPONSES: PLEASE, MARK BY PRIORITY/ /DO NOT READ THE OPTIONS/**

1. The service is not available in the community	4. The child was denied the service	7. Cannot afford to pay for the service
2. Not aware of the service	5. The attitude towards the child was improper or discriminatory	8. Other _____
3. The parents do not consider the service necessary	6. The quality of the services provided is inadequate	9. Other _____

**M5. Does the child with disability have an individual rehabilitation plan (IRP)?**

1. Yes	2. No	3. Do not know
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**M6. Does the child with disability receive services in accordance with the IRP?**

1. Yes	2. No /JUMP TO QUESTION M8/
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**M7. On a scale of 1 to 5, please, assess your satisfaction with the following standards of the IRP (1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means “Hard to respond” /JUMP TO M9)**

1. Service quality	1	2	3	4	5	6	9
2. Attitudes/discrimination	1	2	3	4	5	6	9
3. Cost	1	2	3	4	5	6	9
4. Frequency of visits	1	2	3	4	5	6	9
5. Distance, transportation	1	2	3	4	5	6	9
6. Effectiveness/benefit for the child	1	2	3	4	5	6	9
7. Other _____	1	2	3	4	5	6	9

**M8. Why does the child with disability not use the rehabilitation services? /UP TO 3**

**RESPONSES: PLEASE, MARK BY PRIORITY/ /DO NOT READ THE OPTIONS/**

1. The service is not available in the community	4. The child was denied the service	7. Cannot afford to pay for the service
2. Not aware of the service	5. The attitude towards the child was improper or discriminatory	8. Other _____
3. The parents do not consider the service necessary	6. The quality of the services provided is inadequate	9. Other _____

**M9. Has the child with disability received prosthetic/orthopaedic and rehabilitative devices (prosthesis, hearing aids, a wheelchair, and the like)?**

1. Yes, please, specify _____	2. No /JUMP TO QUESTION M12/	9. DA
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**M10. Did you pay for the technical devices provided?**

1. Yes	2. No	3. Partially
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**M11. On a scale of 1 to 5, please, assess your satisfaction with the following components of the prosthetic/orthopedic and rehabilitative devices (1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means “Hard to respond” /JUMP TO M13)**

1. Waiting time	1	2	3	4	5	6	9
2. Quality	1	2	3	4	5	6	9
3. Cost	1	2	3	4	5	6	9

**M12. Why did the child with disability not receive prosthetic/orthopedic and rehabilitative devices? /UP TO 3 RESPONSES: PLEASE, MARK BY PRIORITY/ /DO NOT READ THE OPTIONS/**

1. The service is not available in the community	4. The child was denied the service	7. Cannot afford to pay for the service
2. Not aware of the service	5. The attitude towards the child was improper or discriminatory	8. Other _____
3. The parents do not consider the service necessary	6. The quality of the proposed means is inadequate	9. Other _____

**M13. How is the medication necessary for the child with disability obtained?**

1. The medication is provided free of charge	2. The medication is purchased by the family	3. A part of the cost of the medication is covered, and the family has to pay for the rest	4. There is no need for special medication
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**M14. Specify the services provided to the child with disability, for which payment is/was made**

1. Doctors and nurses	2. Medication	3. Medication examinations	4. Equipment	5. Other _____
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## EDUCATION

**K1. Does or did the child with disability attend a kindergarten?**

Yes	NO /JUMP TO QUESTION K3/
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**K2. On a scale of 1 to 5, please, assess your satisfaction with the following components of the kindergarten services (1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means “Hard to respond” /JUMP TO K4)**

1. Distance, transportation	1	2	3	4	5	6	9
2. Infrastructure (condition of premises)	1	2	3	4	5	6	9
3. Cost	1	2	3	4	5	6	9
4. Service quality	1	2	3	4	5	6	9
5. Attitudes/discrimination by the children	1	2	3	4	5	6	9
6. Attitudes/discrimination by the staff	1	2	3	4	5	6	9
7. Effectiveness/benefit for the child	1	2	3	4	5	6	9
8. Other	1	2	3	4	5	6	9

**K3. Why does or did the child with disability not attend a kindergarten? /UP TO 3 RESPONSES: PLEASE, MARK BY PRIORITY/ /DO NOT READ THE OPTIONS/**

1. There is no kindergarten in the community	5. Improper attitudes/discrimination by the staff	9. The kindergarten lacks appropriate conditions
2. Not aware of the kindergarten	6. Improper attitudes/discrimination by the children	10. Transportation, distance
3. Parents do not consider a kindergarten necessary	7. Inadequate quality of services provided	11. Other _____
4. The child was denied admission to the kindergarten	8. Cannot afford to pay for the kindergarten	

**K4. Did the child with disability undergo an assessment at the Medical-Psychological-Pedagogical Assessment Centre**

Yes	No	Do not know
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**K5. Does the child with disability receive education?**

1. Mainstream School Specify the school _____	2. Mainstream, inclusive / Specify the school _____	3. Special school with boarding / Provide the code _____	4. Special school without boarding / Provide the code _____	5. Receives home educa- tion by the parents / JUMP TO QUESTION K8/	6. Receives home educa- tion by specialist teachers /JUMP TO QUESTION K8/	7. Does not receive edu- cation /JUMP TO QUES- TION K8/	8. Other /specify/ _____
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**K6. How does the child with disability attend school or kindergarten?**

1. On his or her own	2. With a parent, by foot	3. By transport provided by the government or an NGO	4. By transport, at his or her expense	5. Other _____
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**K7. On a scale of 1 to 5, please, assess your satisfaction with the following components of the education services (1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means "Hard to respond" /JUMP TO QUESTION K11/**

1. Distance, transportation	1	2	3	4	5	6	9
2. Infrastructure /condition of premises/	1	2	3	4	5	6	9
3. Cost /education costs/	1	2	3	4	5	6	9
4. Service quality	1	2	3	4	5	6	9
5. Attitudes of children	1	2	3	4	5	6	9
6. Attitudes of teachers	1	2	3	4	5	6	9
7. Food /in case of a boarding facility/	1	2	3	4	5	6	9
8. Effectiveness/benefit for the child	1	2	3	4	5	6	9
9. Other	1	2	3	4	5	6	9

**K8. What are the reasons for the child with disability not attending school/UP TO 3 RESPONSES: PLEASE, MARK BY PRIORITY/ /DO NOT READ THE OPTIONS/**

1. There is no school in the community	5. The child was denied admission to a school	9. Cannot pay for the school expenses
2. Are not aware that the child can attend a mainstream school	6. Improper attitudes/discrimination by the teachers	10. The school lacks the necessary conditions
3. The parents think that the child does not need a school	7. Improper attitudes/discrimination by the children	11. Transportation, distance
4. The parents think that the child cannot study in school	8. Inadequate quality of the services provided	12. Other _____

**ASK THIS QUESTION IN FAMILIES IN WHICH THE CHILD WITH DISABILITY IS UNDER 6 YEARS OF AGE**

**K9. Do you plan to take the child with disability to school?**

Yes /JUMP TO QUESTION K11/	No	Do not know
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**K9.1. If no, then why? /UP TO 3 RESPONSES: PLEASE, MARK BY PRIORITY/ /DO NOT READ THE OPTIONS/**

1. There is no school in the community	5. The child was denied admission to a school	9. Cannot pay for the school expenses
2. Are not aware that the child can attend school	6. Improper attitudes/discrimination by the teachers	10. The school lacks the necessary conditions
3. The parents think that the child does not need a school	7. Improper attitudes/discrimination by the children	11. Transportation, distance
4. The parents think that the child cannot study in school	8. Inadequate quality of the services provided	12. Other _____

**QUESTIONS K10, K10.1 ASK IN THE FAMILIES IN WHICH THE CHILD WITH DISABILITY ATTENDS A BOARDING SCHOOL**

**K10. If the mainstream school in your community admits your child, will you agree to move the child from the boarding school?**

Yes /JUMP TO QUESTION K11/	No	Do not know/Hard to respond
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**K 10.1 Why would you not transfer the child to a mainstream school? /UP TO 3 RESPONSES: PLEASE, MARK BY PRIORITY/**

1. The parents think that the child cannot study in a mainstream school?	3. Concerned that there will be improper attitudes/discrimination by the teachers	5. Concerned that the child will not receive appropriate education
2. Concerned that there will be improper attitudes/discrimination by the children	4. Do not want the child to live in their house	6. Other

**K11. Does the child with disability attend a daycare centre?**

Yes. Specify the type. Daycare Centre Community Centre Specialized Centre Other _____	JUMP TO QUESTION K13	No
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**K12. If no, why? /UP TO 3 RESPONSES: PLEASE, MARK BY PRIORITY/ /DO NOT READ THE OPTIONS/ /JUMP TO K14/**

1. There isn't one in the community	5. Improper attitudes/discrimination by the staff	9. The Centre lacks appropriate conditions
2. Are not aware of such services	6. Improper attitudes/discrimination by the children	10. Transportation, distance
3. The parents think that the child does not need it	7. Inadequate quality of the services provided	11. Other _____
4. The child was denied admission to a daycare Centre	8. Cannot afford to pay	

**K13. On a scale of 1 to 5, please, assess your satisfaction with the following components of the Centre's services (1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means "Hard to respond").**

1. Distance, transportation	1	2	3	4	5	6	9
2. Infrastructure /condition of premises/	1	2	3	4	5	6	9
3. Cost	1	2	3	4	5	6	9
4. Service quality	1	2	3	4	5	6	9
5. Attitudes of children	1	2	3	4	5	6	9
6. Attitudes of staff	1	2	3	4	5	6	9
7. Effectiveness/benefit for the child	1	2	3	4	5	6	9
8. Other	1	2	3	4	5	6	9

**K14. Specify the educational services provided to the child with disability, for which payment was/is made.**

1. Admission to school	2. Medical-psychological-pedagogical assessment	3. Other _____
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## SOCIAL PROTECTION

**N1. Does the child with disability receive a disability pension?**

1. Yes	2. No JUMP TO N4
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**N2. Are you satisfied with the pension provision services?**

1. Yes	2. No	3. Partially
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**N3. Please, specify the main problems with which you are not satisfied?**

1. Pension size	2. Service delivery fee	3. Payment regularity	4. Other _____
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**N4. On a scale of 1 to 5, please, assess your satisfaction with the following components of the services provided by the Medical-Social Expertise Commissions/the state bodies**



performing medical-social examinations, which defined the disability status of your child (concerning the following components of the services provided, where 1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means “Hard to respond” .

1. Distance, transportation	1	2	3	4	5	6	9
2. Cost	1	2	3	4	5	6	9
3. Service quality	1	2	3	4	5	6	9
4. Attitudes/discrimination	1	2	3	4	5	6	9
5. Other	1	2	3	4	5	6	9

**N5. Does the family receive any support from NGOs?**

1. Yes Specify the NGO _____	2. No JUMP TO N8
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**N6. Please, specify the type of assistance received by the family from NGOs.**

1. Financial assistance	2. Equipment	3. Food	4. Education/training	5. Care	6. Other _____
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**N7. On a scale of 1 to 5, please, assess your satisfaction with the following components of the services provided by the NGO (1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means “Hard to respond” .**

1. Distance, transportation	1	2	3	4	5	6	9
2. Cost	1	2	3	4	5	6	9
3. Service quality	1	2	3	4	5	6	9
4. Attitudes/discrimination	1	2	3	4	5	6	9
5. Effectiveness/benefit for the child	1	2	3	4	5	6	9
6. Other	1	2	3	4	5	6	9

**N8. Do you receive social assistance/support from the following bodies?**

1. Territorial agencies of social services	3. Guardianship and Trusteeship Commission of the Community	5. Does not receive JUMP TO N10
2. Marz Family, Women, and Children's Right Protection Units	4. Other _____	

**N9. On a scale of 1 to 5, please, assess your satisfaction with the following components of the services provided by such bodies (1 means completely dissatisfied, 5 means completely satisfied, 6 means N/A, and 9 means “Hard to respond”/JUMP TO N11**

1. Distance, transportation	1	2	3	4	5	6	9
2. Cost	1	2	3	4	5	6	9
3. Service quality	1	2	3	4	5	6	9
4. Attitudes/discrimination	1	2	3	4	5	6	9
5. Other _____	1	2	3	4	5	6	9

**N10. Why don't you receive support from the social/protection programs? /UP TO 3**

**RESPONSES: PLEASE, MARK BY PRIORITY/ /DO NOT READ THE OPTIONS/**

1. There isn't any in the community	4. The child was denied such services.	7. Cannot afford to pay
2. Not aware of such services	5. Improper attitudes/discrimination by the staff	8. Transportation, distance
3. Parents do not consider necessary	6. Inadequate quality of the services provided	9. Other _____

**N11. Does the child receive other types of assistance (including assistance by neighbours and relatives)?**

Yes/Specify _____	No
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**N12. How frequently does the child go out of the house/institution?**

1. Regularly, at least several times a week	2. Several times a month	3. Only when visiting the doctor	4. Never	5. Other _____
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**N13. Please, say who the friends of the child are.**

1. Children of relatives	2. Children of neighbors	3. Classmates with disabilities	4. Classmates without disabilities	5. Does not have friends	6. Other _____
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**N14. Does the child practice any sport?**

1. Yes Specify _____	2. No
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**N15. Is the child engaged in any cultural/artistic activity?**

1. Musical instruments	2. Dancing	3. Singing	4. Handicrafts	5. Painting	6. Crafts	7. Not engaged	8. Other ____
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**N16. Does the child participate in community activities (celebrations/birthdays, weddings, games)?**

1. Yes	2. No	3. Seldom
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**N17. Does the child participate in cultural activities (concerts, theatre)?**

1. Yes	2. No	3. Seldom
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**N18. Specify the social services provided to the child with disability, for which payment was/is made?**

1. MSEC assessment	2. Provision of disability pension	3. NGO services	4. Other _____
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**ATTITUDES**

**G1. What is disability in your opinion?**

1. An illness	2. A life condition	3. Other _____	9. Hard to respond
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**G2. In your opinion, what is the impact of the interaction between child with disability and other children (including siblings) on the former and the latter?**

1. Impact on the child with disability	1. Positive	2. Negative	3. Neutral	9. Hard to respond
2. Impact on other children	1. Positive	2. Negative	3. Neutral	9. Hard to respond

**G3. Do you think that the disability pension size should be different depending on the type of disability?**

1. Yes	2. No	9. Hard to respond
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**G4. What services would you like to have in your community, which would help your child (mark the most important 3 in the priority order)?**

1. Special transportation	3. Inclusive schools	5. Employment opportunities
2. Inclusive kindergartens	4. Specialized health services	6. Other _____

**G5. Do you think that children with disabilities should attend mainstream kindergartens or schools?**

1. Yes	2. No	9. Hard to respond
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## GENERAL QUESTIONS

D 1. Sex of the respondent 1. Male 2. Female	D 2. Age of the respondent ____/complete age/
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**D3. Relationship to the child.**

1. Father or mother	2. Caregiver	3. Adult sister or brother	4. Grandmother or grandfather	5. Relative	6. Other _____
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**D4. What is the education of the parents or caregiver of the child with disability?**

1. Father		2. Mother		3. Caregiver	
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1. Elementary or lower	3. Secondary	5. Incomplete higher/no less than 3 university years/
2. Incomplete secondary	4. Vocational	6. Higher /4 years and more/

**D5. What is the sum of all types of income of all the members of your family per month, including the pensions, allowances, and other income?**

1. Under 100,000 drams	2. 100,000 to 200,000 drams	3. 200,000 to 300,000 drams	4. 300,000 drams or more	99. Refused to answer
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## Annex 2.1: Satisfaction with Services

Table 1: Satisfaction with Preschool (Kindergarten)

	Distance/ transportation	Infrastructure/ facilities	Cost	Quality of services	Attitude of Children	Attitude of Staff	Effectiveness for the child
Fully dissatisfied	3%	1%	3%	1%	1%	1%	2%
Somewhat dissatisfied	3%	1%	3%	1%	1%	1%	1%
Neither satisfied nor dissatisfied	7%	6%	12%	4%	3%	2%	3%
Somewhat satisfied	20%	22%	23%	19%	16%	15%	16%
Fully satisfied	64%	60%	34%	74%	77%	80%	76%
Non Applicable	3%	8%	22%	0%	0%	0%	0%
Hard to respond	2%	2%	3%	2%	3%	2%	2%

Table 2: Satisfaction with School Services

	Distance/ transportation	Infrastructure/ facilities	Cost	Quality of services	Attitude of children	Attitude of teachers	Food (board- ing schools)	Effectiveness for the child
Fully dissatisfied	5%	1%	3%	1%	0%	0%	1%	1%
Somewhat dissatisfied	5%	1%	3%	1%	1%	0%	0%	1%
Neither satisfied nor dissatisfied	11%	5%	10%	3%	3%	2%	1%	3%
Somewhat satisfied	21%	20%	17%	18%	15%	14%	3%	16%
Fully satisfied	55%	62%	28%	75%	79%	82%	15%	77%
Non Applicable	3%	8%	37%	1%	1%	1%	79%	1%
Hard to respond	1%	3%	2%	2%	2%	1%	2%	2%

Table 3: Satisfaction with Daycare Centre Services

	Distance/ transportation	Infrastructure/ facilities	Cost	Quality of services	Attitude of Children	Attitude of staff	Effectiveness for the child
Fully dissatisfied	10%	0%	3%	0%	0%	0%	1%
Somewhat dissatisfied	10%	1%	3%	1%	0%	1%	2%
Neither satisfied nor dissatisfied	21%	5%	4%	3%	2%	2%	4%
Somewhat satisfied	14%	16%	11%	14%	12%	10%	13%
Fully satisfied	37%	67%	37%	80%	75%	84%	76%
Non Applicable	8%	9%	40%	1%	7%	1%	1%
Hard to respond	1%	3%	3%	1%	4%	2%	4%

Table 4: Satisfaction with the Services of Paediatrician (Family Doctor)

	Quality of services	Attitude	Cost	Frequency of visits	Distance
Fully dissatisfied	1%	1%	4%	2%	13%
Somewhat dissatisfied	1%	1%	3%	3%	9%
Neither satisfied nor dissatisfied	6%	4%	6%	9%	11%
Somewhat satisfied	15%	14%	8%	16%	17%
Fully satisfied	75%	78%	28%	67%	47%
Non Applicable	1%	1%	49%	1%	1%
Hard to respond	1%	1%	2%	1%	1%

Table 5: Satisfaction with Rehabilitation Services

	Quality of services	Attitude	Cost	Frequency of visits	Distance/transportation	Effectiveness for the child
Fully dissatisfied	1%	1%	4%	2%	15%	3%
Somewhat dissatisfied	1%	1%	5%	3%	13%	4%
Neither satisfied nor dissatisfied	4%	2%	7%	9%	17%	9%
Somewhat satisfied	12%	10%	7%	16%	14%	15%
Fully satisfied	81%	85%	32%	69%	39%	68%
Non Applicable	1%	1%	43%	1%	1%	1%
Hard to respond	1%	1%	2%	1%	1%	1%

Table 6: Satisfaction with Prosthetic and Other Rehabilitation Equipment

	Time for registration	Quality	Cost
Fully dissatisfied	3%	5%	8%
Somewhat dissatisfied	2%	3%	3%
Neither satisfied nor dissatisfied	6%	7%	7%
Somewhat satisfied	19%	19%	7%
Fully satisfied	61%	63%	11%
Non Applicable	8%	2%	64%
Hard to respond	2%	2%	1%

Table 7: Satisfaction with the Services of Medical-Social Expertise Commission

	Distance/ transportation	Cost	Quality of services	Attitude/dis- crimination
Fully dissatisfied	9%	3%	2%	2%
Somewhat dissatisfied	7%	3%	1%	1%
Neither satisfied nor dissatisfied	16%	5%	7%	6%
Somewhat satisfied	21%	9%	22%	20%
Fully satisfied	37%	22%	58%	61%
Non Applicable	5%	52%	4%	4%
Hard to respond	5%	6%	6%	6%

Table 8: Satisfaction with NGO Services

	Distance/ transportation	Cost	Quality of services	Attitude/dis- crimination	Effectiveness for the child
Fully dissatisfied	6%	1%	1%	1%	1%
Somewhat dissatisfied	6%	2%	0%	0%	2%
Neither satisfied nor dissatisfied	9%	4%	4%	2%	6%
Somewhat satisfied	18%	4%	11%	10%	12%
Fully satisfied	48%	23%	81%	85%	72%
Non Applicable	11%	66%	1%	1%	3%
Hard to respond	3%	2%	2%	2%	4%

## Annex 2.2:

Table 1: Number and Percentage of Out-of-School Children with Disabilities in the Care of Families (among Those Surveyed), by Region and Sex

Region	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Yerevan	92	11%	59	15%	151	13%
Armavir	75	24%	31	22%	106	23%
Aragatsotn	38	20%	20	24%	58	21%
Ararat	71	23%	31	21%	102	23%
Gegharkunik	58	20%	28	27%	86	21%
Kotayk	47	19%	29	25%	76	21%
Lori	51	19%	33	30%	84	22%
Shirak	34	16%	22	22%	56	18%
Syunik	34	15%	27	23%	61	18%
Vayots Dzor	3	7%	0	0%	3	5%
Tavoush	19	14%	18	26%	37	18%
<b>Total</b>	<b>522</b>	<b>17%</b>	<b>298</b>	<b>21%</b>	<b>820</b>	<b>18%</b>

Table 2. Preschool Attendance of Children 2-6 Years Old in the Care of Families, by Residence and Sex

	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Yerevan	71	39%	29	34%	100	37%
Regional Urban	66	32%	33	34%	99	33%
Rural	54	20%	25	19%	79	20%
<b>Total attending</b>	<b>191</b>	<b>29%</b>	<b>87</b>	<b>28%</b>	<b>278</b>	<b>29%</b>
<b>Total not attending</b>	<b>466</b>	<b>71%</b>	<b>224</b>	<b>72%</b>	<b>690</b>	<b>71%</b>

## Annex 3: Bibliography

- Browne, K. (2009). *The Risk of Harm to Young Children in Institutional Care*. London: Save the Children.
- Carter, R. (2005). *A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union*. London: EveryChild.
- Centre for Educational Research and Innovation & Organisation for Economic Co-operation and Development. (2007). *Students with disabilities, learning difficulties and disadvantages: Policies, statistics and indicators*. Paris: OECD.
- Engle, P. (2011). *Why invest in early childhood education*. regional Parliamentary Conference, Yerevan: UNICEF.
- European Academy for Childhood Disability (2003). *Provision of services for children with disabilities in central and eastern Europe and the Commonwealth of Independent States*. Groningen, European Academy for Childhood Disability.
- Guralnick, M. (2004). *The developmental systems approach to early intervention*. Baltimore: Brookes Pub. Co.
- Kleeman, J. & Wilson, E. (2007). *Seeing is believing: changing attitudes to disability*. Melbourne: Scope (Vic.).
- Republic of Armenia *Law on Education* (1999).
- Republic of Armenia *Law on the Social Protection of Persons with Disabilities in Armenia* (1993).
- Republic of Armenia National Statistical Service (2011). *Social Snapshot and Poverty in Armenia*. Yerevan: National Statistical Service.
- UNICEF (2012). *The Right of Children with Disabilities to Education: A Rights-Based Approach to Inclusive Education*. Geneva: UNICEF regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS).
- United Nations Office of the High Commissioner for Human Rights (2010). *Monitoring the Convention on the Rights of Persons with Disabilities: Guidance for human rights monitors*. New York: United Nations.
- United Nations. (2007). *Convention on the Rights of Persons with Disabilities and Optional protocol*. New York: United Nations.
- World Health Organization. (2001). *International classification of functioning, disability and health: ICF*. Geneva: WHO.
- World Health Organization. (2008). *International classification of functioning, disability and health-Children and Youth version: ICF-CY*. Geneva: WHO.
- World Health Organization., & World Bank. (2011). *World report on disability*. Geneva, Switzerland: World Health Organization.
- WHO (2008). *The Global Burden of Disease 2004*. Geneva: World Health Organization.



## Appendix 1: UN Convention on the Rights of Persons with Disabilities

### (Quoted Articles)

#### Article 1 – Purpose

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

#### Article 8 – Awareness-raising

1. States Parties undertake to adopt immediate, effective and appropriate measures:
  - a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;
  - b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;
  - c) To promote awareness of the capabilities and contributions of persons with disabilities.
2. Measures to this end include:
  - a) Initiating and maintaining effective public awareness campaigns designed:
    - i. To nurture receptiveness to the rights of persons with disabilities;
    - ii. To promote positive perceptions and greater social awareness towards persons with disabilities;
    - iii. To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;
  - b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;
  - c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;
  - d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.

### Article 23 – Respect for home and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:
  - a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;
  - b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;
  - c) Persons with disabilities, including children, retain their fertility on an equal basis with others.
2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.
3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.
4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.
5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

### Article 24 – Education

1. States Parties recognize the right of persons with disabilities to education. With a view to realiz-

ing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:

- a. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
- b. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
- c. Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:

- a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
- b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
- c) Reasonable accommodation of the individual's requirements is provided;
- d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
- e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

- a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
- b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
- c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

### **Article 26 – Habilitation and rehabilitation**

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:
  - a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;
  - b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.
2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.
3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

### **Article 30 – Participation in cultural life, recreation, leisure and sport**

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:
  - a) Enjoy access to cultural materials in accessible formats;
  - b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;
  - c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.
2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for

their own benefit, but also for the enrichment of society.

3. States Parties shall take all appropriate steps, in accordance with international law, to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.
4. Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.
5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:
  - a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
  - b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
  - c) To ensure that persons with disabilities have access to sporting, recreational and tourism venues;
  - d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;

### Article 31 – Statistics and data collection

1. States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:
  - a) Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities;
  - b) Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics.
2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.
3. States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

## Appendix 2: Recommendations of World Report on Disability<sup>1</sup>

### Recommendation 1: Enable access to all mainstream systems and services

People with disabilities have ordinary needs – for health and well-being, for economic and social security, to learn and develop skills. These needs can and should be met through mainstream programmes and services.

Mainstreaming is the process by which governments and other stakeholders address the barriers that exclude persons with disabilities from participating equally with others in any activity and service intended for the general public, such as education, health, employment, and social services. To achieve it, changes to laws, policies, institutions, and environments may be indicated. Mainstreaming not only fulfils the human rights of persons with disabilities, it also can be more cost-effective.

Mainstreaming requires a commitment at all levels – considered across all sectors and built into new and existing legislation, standards, policies, strategies, and plans. Adopting universal design and implementing reasonable accommodations are two important approaches. Mainstreaming also requires effective planning, adequate human resources, and sufficient financial investment – accompanied by specific measures such as targeted programmes and services (see recommendation 2) to ensure that the diverse needs of people with disabilities are adequately met.

### Recommendation 2: Invest in specific programmes and services for people with disabilities

In addition to mainstream services, some people with disabilities may require access to specific measures, such as rehabilitation, support services, or training. Summary

Rehabilitation – including assistive technologies such as wheelchairs or hearing aids – improves functioning and independence. A range of well-regulated assistance and support services in the community can meet needs for care, enable people to live independently and participate in the economic, social, and cultural lives of their communities. Vocational rehabilitation and training can open labour market opportunities.

While there is a need for more services, there is also a need for better, more accessible, flexible, integrated and well coordinated multidisciplinary services, particularly at times of transition such as between child and adult services. Existing programmes and services need to be reviewed to assess their performance and make changes to improve their coverage, effectiveness and efficiency. The changes should be based on sound evidence, appropriate to the culture and

<sup>1</sup> World Health Organization., & World Bank. (2011).

other local contexts, and tested locally.

### **Recommendation 3: Adopt a national disability strategy and plan of action**

A national disability strategy sets out a consolidated and comprehensive long-term vision for improving the well-being of persons with disabilities and should cover both mainstream policy and programme areas and specific services for persons with disabilities. The development, implementation, and monitoring of a national strategy should bring together the full range of sectors and stakeholders.

The plan of action operationalizes the strategy in the short and the medium term by laying out concrete actions and timelines for implementation, defining targets, assigning responsible agencies, and planning and allocating needed resources. The strategy and action plan should be informed by a situation analysis, taking into account factors such as the prevalence of disability, needs for services, social and economic status, effectiveness and gaps in current services, and environmental and social barriers. Mechanisms are needed to make it clear where the responsibility lies for coordination, decision-making, regular monitoring and reporting, and control of resources.

### **Recommendation 4: Involve people with disabilities**

People with disabilities often have unique insights about their disability and their situation. In formulating and implementing policies, laws, and services, people with disabilities should be consulted and actively involved. Disabled people's organizations may need capacity building and support to empower people with disabilities and advocate for their needs.

People with disabilities are entitled to control over their lives and therefore need to be consulted on issues that concern them directly – whether in health, education, rehabilitation, or community living. Supported decision-making may be necessary to enable some individuals to communicate their needs and choices.

### **Recommendation 5: Improve human resource capacity**

Human resource capacity can be improved through effective education, training, and recruitment. A review of the knowledge and competencies of staff in relevant areas can provide a starting point for developing appropriate measures to improve them. Relevant training on disability, which incorporates human rights principles, should be integrated into current curricula and accreditation programmes. In-service training should be provided to current practitioners providing and managing services. For example, strengthening the capacity of primary health-care workers,

and ensuring availability of specialist staff where required, contribute to effective and affordable health care for people with disabilities.

Many countries have too few staff working in fields such as rehabilitation and special education. Developing standards in training for different types and levels of personnel can assist in addressing resource gaps. Measures to improve staff retention may be relevant in some settings and sectors.

### **Recommendation 6: Provide adequate funding and improve affordability**

Adequate and sustainable funding of publicly provided services is needed to ensure that they reach all targeted beneficiaries and that good quality services are provided. Contracting out service provision, fostering public-private partnerships, and devolving budgets to persons with disabilities for consumer-directed care can contribute to better service provision. During the development of the national disability strategy and related action plans, the affordability and sustainability of the proposed measures should be considered and adequately funded.

To improve the affordability of goods and services for people with disabilities and to offset the extra costs associated with disability, consideration should be given to expanding health and social insurance coverage, ensuring that poor and vulnerable people with disabilities benefit from poverty-targeted safety net programmes, and introducing fee-wavers, reduced transport fares, and reduced import taxes and duties on durable medical goods and assistive technologies.

### **Recommendation 7: Increase public awareness and understanding**

Mutual respect and understanding contribute to an inclusive society. Therefore it is vital to improve public understanding of disability, confront negative perceptions, and represent disability fairly. Collecting information on knowledge, beliefs, and attitudes about disability can help identify gaps in public understanding that can be bridged through education and public information. Governments, voluntary organizations, and professional associations should consider running social marketing campaigns that change attitudes on stigmatized issues such as HIV, mental illness, and leprosy. Involving the media is vital to the success of these campaigns and to ensuring the dissemination of positive stories about persons with disabilities and their families.

### **Recommendation 8: Improve disability data collection**

Internationally, methodologies for collecting data on people with disabilities need to be developed, tested cross-culturally, and applied consistently. Data need to be standardized and internationally comparable to benchmark and monitor progress on disability policies and on the implementation of the CRPD nationally and internationally.

Nationally, disability should be included in data collection. Uniform definitions of disability, based



on the ICF, can allow for internationally comparable data. As a first step, national population census data can be collected in line with recommendations from the United Nations Washington Group on Disability and the United Nations Statistical Commission. A cost-effective and efficient approach is to include disability questions – or a disability module – in existing sample surveys. Data also need to be disaggregated by population features to uncover patterns, trends and information about subgroups of persons with disabilities.

Dedicated disability surveys can also gain more comprehensive information on disability characteristics, such as prevalence, health conditions associated with disability, use of and need for services, quality of life, opportunities, and rehabilitation needs.

### **Recommendation 9: Strengthen and support research on disability**

Research is essential for increasing public understanding about disability issues, informing disability policy and programmes, and efficiently allocating resources.

This Report recommends areas for research on disability including the impact of environmental factors (policies, physical environment, attitudes) on disability and how to measure it; the quality of life and well-being of people with disabilities; what works in overcoming barriers in different contexts; and the effectiveness and outcomes of services and programmes for persons with disabilities.

A critical mass of trained researchers on disability needs to be built. Research skills should be strengthened in a range of disciplines, including epidemiology, disability studies, health, rehabilitation, special education, economics, sociology, and public policy. International learning and research opportunities, linking universities in developing countries with those in high-income and middle-income countries, can also be useful.

# **IT'S ABOUT INCLUSION**

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