

Strategy baseline survey

Child Protection Technical Program

September-November, 2015- data was collected in the field

February, 2016- Report released

World Vision Armenia

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ii. Affirmation

Except as acknowledged by the references in this document to other authors and publications, the report enclosed herein consists of my own work undertaken in compliance with World Vision's Learning through Evaluation with Accountability and Planning (LEAP) Evaluation Report Guidelines and requirements set in the Evidence building plan.

Data collected throughout the evaluation process remains the property of the stakeholders described in this document. Information and data is used with their consent.

February 2016

Abbreviations

AP	Area Program
CDF	Child Development Foundation
CI	Confidence Interval
CP	Child protection
CP TP	Child protection Technical program
DHS	Demographic Health Survey
EBR	Exclusive breastfeeding rate
ECD	Early Childhood Development
ECDI	Early Childhood development Index
FY	Financial Year
GBG	Go Baby, Go!
IPSC	Institute of Political and Sociological Consulting
MEERO	Middle East and Eastern Europe Office
MICS	Multiple Indicator Cluster Survey
R&R	Recording and Reporting
SI	Strategic Indicator
TA	Technical Approach
WVA	World Vision Armenia
MVC	Most Vulnerable children
MV HH	Most vulnerable households
R&R	Reporting and referring

Summary table of indicators

#	SI number	Area and Indicator name	Indicator
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* data for Aps are presented in weighted percents (weighted by AP population figures)

			value
	Outcome 1	Improved system and structures serving for the benefit of the vulnerable children	
1		* Proportion of children, parent /caregivers who would report a case of child right violation	Children 20.1% Caregivers 29.3 %
2		* Communities (incl. children) can identify, understand and respond adequately to violations of child rights in coordination/partnership with local CP mechanisms	Children 49.4% Caregivers 52.4%
3		* Increased % of children with access to community based services	
4		* Increased involvement of the Church in CP (involvement in CPA/SSN) <i>will be measured during "Caring for equality" project" baseline in FY 16</i>	73.3%
	Outcome 2	Empowered families providing care and protection to community children especially the MV	
5		* Proportion of parents or caregivers who used physical punishment or abuse as a means of disciplining their children	74.7%
6		% of parents/caregivers able to provide well for their children	64.1%
7		% of community members(including teachers & other CP actors) who think that child should not be beaten under any circumstances	67.4 %
	Outcome 3	Increased resilience of children to protect themselves and others	
8		The strengths of assets and contexts in which children and youth live, learn and work as reported by children	46
9		Children are able to describe specific ways in which families and communities encourage them in their pursuit of information, activities and relationships, which enable them to discover, grow in and experience God's love* <i>will be measured during "Caring for equality" project" baseline in FY 16</i>	

1 Executive Summary

WVA Child protection TP strategy baseline is designed to provide representative data both for all 14 APs and for national strategy. As well as, CP TP baseline evaluation included population based survey with quasi-experimental design with two control sites for total of 2 target groups.

The household survey was conducted in the World Vision Armenia in 182 targeted communities in seven marzes and 14 Area Programs (APs) of Armenia based on a representative sample. In total about 4,779 caregivers, 5398 12-17 years old children and 336 Child protection actors from WV AP communities have been involved in baseline measurement. In addition to AP intervention communities the surveys with the same instruments have been conducted in 14 non-AP communities (one community per AP) in order to serve as AP control site (in total 220 caregivers from 14 communities have been involved in control group) and 16 communities of Hrazdan region of Kotayk marz serving as second Marz level control site with purpose to control for the effect of external factors on key outcome indicators over the time (361 young people from 12-18 age group, and 361 caregivers have been involved).

Seven in ten children (**74.7%**) aged 6-14 experience some form of psychological or physical punishment during the 30 days preceding the survey. Forty (**39.7**) percent of them experienced physical punishment. Meanwhile only 8.5 percent of respondents believed that children should be physically punished, indicating contradictory attitude and practices regarding children disciplining. Boys tend to experience violence more often than girls do. Urban children (72.3 percent) are more likely than rural children (67.7 percent) to experience any psychological aggression.

Thus the vast majority of caregivers (**67.4 percent**) think that parents should not beat children under any circumstances. Every fifth respondent though thinks that it is reasonable to beat child in when he/she lies and every tenth admits that it is allowed if child goes out without permission. Other options such as arguing with parents, refusing doing homework and beating sibling do reach approval level of not more than 10%.

Those who gave correct responses to suggested statements and questions from the perspective of child protection discipline consist **52.4%** of surveyed caregivers. Inter AP distribution of answers is strikingly diverse which should be further explored. Noyemberyan index (24%) is nearly three times lower than Aparan and Talin (69%).

Five out of six questioned survey participants told that they would not report case of child abuse if family member commits it. Nearly every second is ready to report if child discriminated in community or in the school. Majority of survey participants (58%) are ready to report case of child abuse if neighbor commits it and half of them (52%) are ready if it is the schoolteacher. Only one-third (**29%**) of caregivers are ready to report in all the mentioned case.

In WV Armenia AP communities Access to services is rather high with **73%** of respondents confirming that they could use any of the services enlisted in the questionnaire (list of services is presented in Figure 8) in case of necessity. Most accessible services are Schools, Church provided services and Police with 80% and higher access rate compared to least accessible services, which are State social services (50% Access rate has integrated social service and 51% access rate registered for Regional Child protection unit).

According to the results of the survey eight out of ten respondents consider their family as middle income, 16% think that they are poor or very poor and only 1% think that they are rich. Nevertheless

one fourth of middle income families could not buy new cloths (26%) and new shoes (24%) for children without external support and 13% could not ensure proper food (three times per day). Thus only 64% of AP families could afford all five items without external support. Overall one third of families (33%) cannot afford new cloths, 30% cannot afford new shoes, 27% school items, 18% cannot afford the meal, 20% cannot keep their home adequately warm at wintertime and 24% could not ensure proper medical treatment when it was needed.

2 Introduction

The National Strategy of World Vision Armenia (WVA) in 2014 underwent to a full-scale revision to align to the World Vision Middle East and Eastern Europe Office (MEER) FY14 – FY18 Strategy [1] released in 2014 and to the needs of the new reality in the country. WVA FY 15-FY18 Strategy [2] was elaborated in participatory manner, engaging children, youth, WV Armenia partners and main internal and external stakeholders- according to the process defined in the WV International’s “Strategy Development Toolkit”.

National Strategy is supported by sector-specific Technical Approaches (TA) which outline main models of interventions for upcoming four years and along with goal, outcome and output indicators. Current survey was undertaken to estimate the baseline value of WVA strategy indicators at AP and National level with aim to use them to set area specific target, identify the population group most at risk for more focused intervention and ultimately use them to measure the effectiveness of interventions at the end of strategy circle.

Study design concept and data collection tools were developed by South Caucasus Strategy, Quality and Evidence team members under oversight of MEER Quality and Evidence Manager.

CP TA is targeting all children aged 6-14 years living in AP communities.

Baseline evaluation was conducted to describe the situation prior to commencing implementation of the new CP TP.

Baseline Evaluation objectives were:

- To establish baseline values for indicators of CP TP strategic objectives against which future measurements will be made to see the change over time.
- To provide information for setting targets for strategic objectives.
- To provide specific programmatic recommendations including specific target groups
- To gather and analyze information that will assist programme staff in designing or modifying appropriate interventions or generate information for further refining the strategy logical framework and M&E Plan.
- To assess outcome indicators compliance with intervention logic
- To put appropriate assumptions for output level interventions
- To analyze confounding factors which will enable WVA validate theory of change during evaluation stage

3 Methodology

3.1 Study population and sample size

Study population for the CP TA related indicator measurements are all children aged 12-17 years, Caregivers and CP actors living in 240 communities of WV Armenia Alaverdi, Amasia, Aparan, Chambarak, Gavar, Gyumri, Ijevan, Kapan, Noyemberyan, Vardenis, Sisian, Stepanavan, Talin and Yerevan APs.

Population based household survey was employed to select eligible respondents: primary caregivers of children aged 6-14 years.

Required sample size of young people was calculated for each AP to be representative using on-line sample size calculator with 95% confidence level, 5% margin of error and 50% response distribution. Then the total sample size of the AP was distributed between all AP communities proportionally to actual number of youth living in communities. Thus, for each of the community required number of caregivers to be recruited into study was determined. Recruitment of 12-17 years old youth was done by systematic random sample using class register. For CP actors purposive sampling method have been used. From each community one CP actor have been selected for interview.

In addition to AP intervention site the same surveys have been conducted in 14 non-AP communities (one community per AP) in order to serve as AP control site (in total 220 caregivers from 14 communities have been involved in control group) and 16 communities of Hrazdan region of Kotayk marz serving as second control arm with purpose to control for the effect of external factors on key outcome indicators over the time (361 young people from 12-18 age group, and 361 caregivers have been involved).

Planned and actual Sample size for Caregivers survey

	Caregivers survey		12-17 age group	
	<i>Actual</i>	<i>Planned</i>	<i>Planned</i>	<i>Actual</i>
Alaverdi	357	370	338	331
Amasia	320	370	304	212
Aparan	314	370	365	365
Chambarak	320	370	349	305
Gavar	437	370	332	327
Gyumri	315	370	316	319
Ijevan	357	370	355	344
Kapan	376	370	397	439
Noyemberyan	308	370	347	280
Sisian	337	370	339	331
Stepanavan	280	370	346	333
Talin	329	370	428	406
Vardenis	329	370	348	336
Yerevan	400	370	377	377
Total	4779	5180	4941	4705

3.2 Study instruments

Questionnaire for caregivers was elaborated based on available WV tools applied before, with some adaptation in consultation with WV experts. Interview required approximately 50 minutes to complete it. Structured questionnaire consisted from the following section: demographic characteristics, socio-economic status, Child discipline, Child protection reporting and referring, Access to services.

Questionnaire for youth aged 12-17 was elaborated based on amended DAP tool which was validated by SEARCH institute and IMPACT tools, with some adaptation in consultation with WV experts. Interview required approximately 45 minutes to complete it. Structured questionnaire consisted from the following section: demographic characteristics, socio-economic status, life skills, education, DAP, IMPACT/SKYE tool.

Questionnaire for CP actors was elaborated based on caregivers and CP Learning Hub R&R concept measurement tools survey tool, with some adaptation

3.3 Field work

Fieldwork was implemented from 20 September to 04 of November, 2015 with prior field piloting. Based on tendering process three local organization were selected to conduct field work: Institute of Political and Sociological Consulting (IPSC) in Shirak, Syunik and Hrazdan marzes, Child Development Foundation (CDF) in Aragatsotn, Gegharkunik and Tavush marzes and Empirica organization in Yerevan. Interviewers were trained on data collection procedure and selection of eligible study participants. Field work was coordinated and monitored by field supervisors. Different type of quality control mechanisms were used by organizations:

1. Accompanied visits by field supervisors
2. Interviewers control via GPS recorders
3. Filled in questionnaire monitoring
4. Field phone calls

3.4 Data management

Completed questionnaires were entered into electronic database in SPSS for the further analysis.

All indicators were calculated for each of the AP. The association/correlation with initially defined confounding factors mentioned below were identified and were tested to identify possible risk factors.

Confounding factors for target group of 6-14 years age children' caregivers: *child sex, caregivers' age, area of settlement (urban-rural), caregivers' education, and number of children in the household and household wealth status*

Confounding factors for target group 12-17: *gender, age, area of settlement (urban-rural), RC status, membership to school council, academic performance in school*

To assess the statistical significance of difference in proportions across various levels of characteristics, chi2 test of proportions were performed. For the continuous or score variables t test was performed to assess the statistical significance for means.

Indicators were weighted to account true distribution of the study population across APs, which were used as baseline to set the indicator target. In the report, caregivers survey results represented after weighting.

Wealth index variable was generated based on principal factor analysis methodology, described elsewhere.

4 Results

4.1 Characteristics of study population

In total 4,779 (4785 weighted) caregivers¹ were enrolled into the Caregivers survey from the AP intervention communities.

Total number of respondents per APs ranged from 280 in Stepanavan (5.9% of study population in intervention communities) to 400 (8.4%) in Yerevan AP. To adjust the surveyed population with real AP population figures, the data base figures have been weighted by AP population via SPSS statistical package. Thus, all the AP related figures and percent's in the report are presented after weighting of cases.

In AP community control arm and Hrazdan control arm, correspondingly 361 and 220 caregivers were recruited. Control arm were nearly identical with intervention arm by child sex and age groups (Child discipline questions refer to exact child). Caregivers' education is also similar in treatment and control groups

However, by wealth index the intervention and control arms differed notably: While in intervention arm the proportion of population across wealth index was equally distributed (around 20%), in non AP control arms the proportion of wealthy and wealthiest population was lower, while in Hrazdan control arm the proportion of wealthiest population over 3 times exceeded the proportion of poorest population. Arms notably differed by urban and rural composition as well. Thus intervention and control arms in some aspects are not identical at baseline stage, which should be taken into consideration during next series of measurements.

Majority of caregivers survey participants (57%) were from rural communities. Rural residents composed the vast majority of AP control arm (90%) and majority of Hrazdan control arm as well (77%).

The vast majority of caregivers (more than 75% in all control and treatment groups) have secondary or professional education, while 18 percent have higher education in treatment and AP control group and 11% in Hrazdan control arm.

¹ Those who take care of children in the family

* data for Aps are presented in weighted percents (weighted by AP population figures)

Table 1 CHARACTERISTIC OF STUDY POPULATION IN AP INTERVENTION SITE, AP CONTROL SITE, HRAZDAN CONTROL SITE, ARMENIA 2015

Caregivers survey	AP intervention Site (n=4,785)		AP control site (n=220)		Hrazdan control marz (n=361)	
	N*	%	n	%	n	%
All APs	4785	100				
Alaverdi	286	6.0	-	-	-	-
Amasia	224	4.7	-	-	-	-
Aparan	251	5.2	-	-	-	-
Chambarak	192	4.0	-	-	-	-
Gavar	568	11.9	-	-	-	-
Gyumri	315	6.6	-	-	-	-
Ijevan	357	7.5	-	-	-	-
Kapan	376	7.9				
Noyemberyan	277	5.8				
Sisian	337	7.0	-	-	-	-
Stepanavan	224	4.7	-	-	-	-
Talin	329	6.9	-	-	-	-
Vardenis	329	6.9	-	-	-	-
Yerevan	720	15.0	-	-	-	-
Child sex						
Male	2494	52.2	157	47.4	204	56.5
Female	2285	47.8	174	52.6	157	43.5
Child age groups						
5-9years	1971	41.3	147	46.5	149	41.3
10-14years	2530	52.9	159	50.3	188	52.1
15-18years	277	5.8	10	3.2	24	6.6
Area						
Rural	2734	57.1	199	90.5	278	77.0
Urban	2051	42.9	21	9.5	83	23.0
Wealth index quintile						
poorest	752	18.8	57	29.4	23	10.3
poor	793	19.8	29	14.9	40	17.9
average	781	19.5	34	17.5	49	21.9
wealthy	814	20.3	43	22.2	44	19.6
wealthiest	863	21.6	31	16.0	68	30.4
Caregivers's education						
Basic	246	5.1	11	5.0	23	6.4
Secondary	2525	52.8	128	58.2	212	58.7
Secondary specialized	1151	24.0	40	18.2	83	23.0
Higher education	863	18.0	41	18.6	43	11.9
Number of children under 18						
1	416	8.7	19	8.6	38	10.5
2	2423	50.6	113	51.4	166	46.0
3	1465	30.6	72	32.7	127	35.2
4 and more	482	10.1	16	7.3	30	8.3

* data for Aps are presented in weighted percents (weighted by AP population figures)

Table 2 CHARACTERISTIC OF HOUSEHOLDS IN WVA APs

All APs	Number of children in the family				Self-evaluation of family wealth			
	1	2	3	4 and more	Very poor	poor	Middle income	Well-off
Alaverdi	6.6	56.6	25.5	11.2	2.1	14.0	83.9	0.0
Amasia	8.9	45.3	37.8	8.0	1.3	9.8	87.5	1.3
Aparan	7.2	51.0	27.9	13.9	0.0	5.6	94.4	0.0
Chambarak	6.3	49.5	34.9	9.4	0.0	7.3	92.2	.5
Gavar	10.7	53.8	23.4	12.1	.9	6.2	92.2	.7
Gyumri	12.7	52.7	26.7	7.9	4.4	15.6	80.0	0.0
Ijevan	6.4	45.1	38.7	9.8	1.7	11.2	86.3	.8
Kapan	10.1	65.4	18.9	5.6	1.3	10.1	86.4	.5
Noyemberyan	7.2	53.6	31.3	7.9	3.2	14.8	80.5	1.4
Sisian	4.7	32.3	47.8	15.1	3.3	14.2	81.6	.9
Stepanavan	8.1	46.2	32.3	13.5	2.2	8.0	88.9	.4
Talin	6.1	46.2	38.3	9.4	2.1	12.8	85.1	0.0
Vardenis	5.8	36.8	35.3	22.2	5.5	24.0	70.2	.3
Yerevan	12.8	58.9	25.2	3.1	1.2	26.8	71.7	.3

As shown in Table 2 sampled AP households are relatively similar in terms of self-evaluated wealth and number of children in the family. Thus majority of survey participant caregivers evaluate their families as middle income families (In all 14 APs more than 70 percent of questioned consider their families as middle income). Moreover in three APs (Aparan, Chambarak and Gavar) more than 90 percent consider themselves as middle income.

In general every second family in AP communities have two children and every third have three children and this is a common case for the majority of APs. Only Sisian and Vardenis APs do not follow this trend and have more families with three and more children compared to other APs. Sisian and Vardenis have twice as much families with three and more children than Yerevan and Kapan.

4.2 Child discipline

Proportion of parents or caregivers who used physical punishment or abuse as a means of disciplining their children

The indicator “Proportion of children aged 6-14 years who experienced psychological aggression or physical punishment during the last one month” was measured under second strategic outcome hypothesis

Strategy Outcome 2	Empowered families providing care and protection to community children especially the MV
Hypothesis 1	As a result of participation in Celebrating families and Positive discipline trainings the parents, caregivers of children will not use physical punishment or abuse as a means of disciplining their children
Independent variable	Participation in Celebrating families and Positive discipline trainings
Dependent variables	<ul style="list-style-type: none">• Parents handle nonviolent methods of child discipline• School performance of children improved• self-confidence of child is increased

The prevention of exploitation, abuse, and violence against children is a high priority for Armenia and many other international organizations.

According to ODI & Childfund Alliance ‘ The costs and economic impact of violence against children’ (2014) study -1 in 2 children under age 18 – over a billion worldwide – experience violence every year. This happens in every country, in rich and poor households. Exposure to violence while the brain is still growing leaves physical marks on the brain that can impact a person for the rest of their life.

In 1989 Armenia became a signatory to the Convention on the Rights of the Child, a document that recognizes that all children have the right to be protected from any harm, including abuse, neglect, and economic exploitation (UN, 1989). Armenia ratified the Convention on the Rights of the Child in 1992.

The caregivers were asked series of questions on child discipline referring to one of their 6-14 year child. Questions asked referred to practices that may have been used to discipline the child during the 30 days prior to the interview. Specifically, questions were asked about whether anyone in the household had taken away the child’s privileges; forbade something the child liked, or did not allow the child to leave the house; explained why some behavior was wrong; shook the child; shouted, yelled, or screamed at the child; gave the child something else to do; spanked, hit, or slapped on the bottom with a bare hand; hit on the bottom or elsewhere on the body with something like a belt, hairbrush, or stick; called the child dumb, lazy, or a similar name; hit or slapped on the face, head, or ears; hit or slapped on the hand, arm, or leg; or beat the child with an implement. Finally, caretakers

* data for Aps are presented in weighted percents (weighted by AP population figures)

were directly asked if they believe that in order to bring up the child properly, they need to physically punish him/her.

Table 3 shows that seven in ten children (74.7%) age 6-14 experienced some form of psychological or physical punishment during the 30 days preceding the survey. Approximately one-fourth of children (27 percent) experienced only non-violent discipline, and two-thirds of children (70 percent) experienced psychological aggression. Forty (39.7) percent of children experienced physical punishment. Urban children (72.3 percent) are more likely than rural children (67.7 percent) to experience any Psychological aggression.

Children from Ijevan and Gavar are the least likely to have experienced physical punishment or any violent disciplinary method compared with other children. In contrast, nearly half of the children in Chambarak (53.6%), Vardenis (46.2) and Stepanavan (45.5%) have experienced any physical punishment.

Meanwhile only 8.5 percent of respondents believed that children should be physically punished, indicating contradictory attitude and practices regarding children disciplining.

Proportion of children exposed to any violent discipline method was very high in all AP communities ranging from 62% in Gavar up to 82% in Stepanavan AP communities.

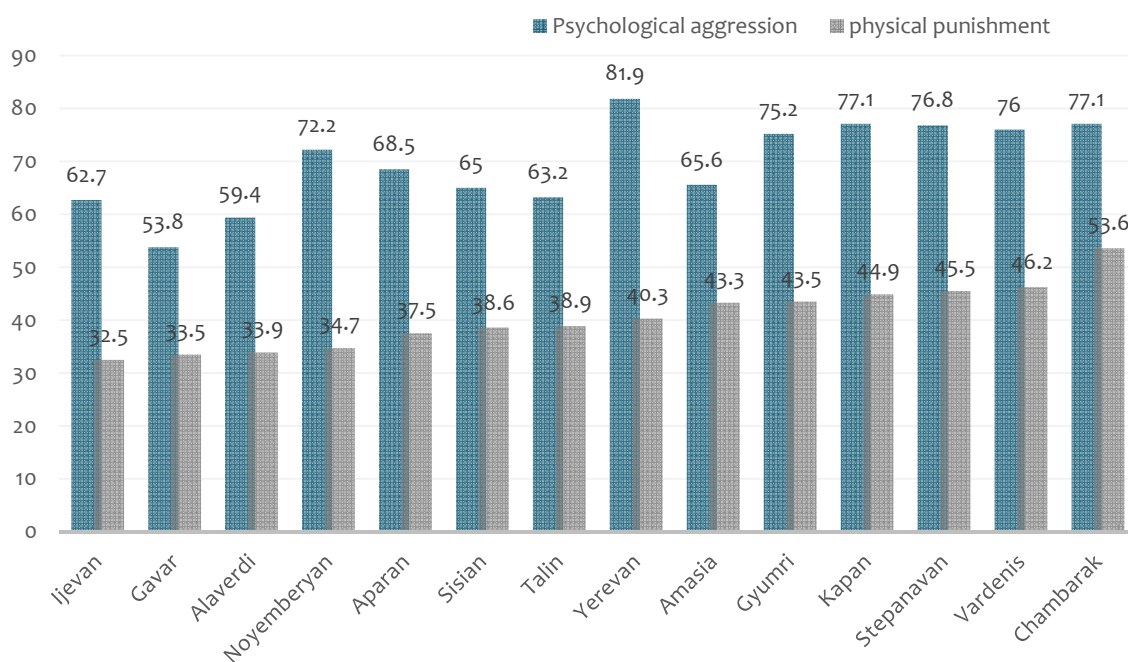


Figure 1 PROPORTION OF CHILDREN AGED 6-14 MONTHS WHO EXPERIENCED PSYCHOLOGICAL AGGRESSION AND CORPORAL PUNISHMENT WITHIN THE FAMILY IN THE PAST MONTH PRECEDING SURVEY IN WV ARMENIA AP COMMUNITIES

According to survey results, there is a slight difference in the prevalence of violent child discipline by the child’s sex (Pvalue =0.023, Phi=0.03). Boys tend to experience violence more often than girls do.

There is no significant difference in the prevalence of physical punishment between urban and rural areas (Pvalue =0.1). However, rural children are more likely than urban children to be subjected to corporal punishment- 40.6 versus 38.5%.

* data for Aps are presented in weighted percents (weighted by AP population figures)

Table 3 PERCENTAGE OF CHILDREN AGED 6-14YEARS WHO EXPERIENCED PSYCHOLOGICAL AND/OR PHYSICAL PUNISHMENT IN THE PAST MONTH, WV ARMENIA INTERVENTION COMMUNITIES, 2015 (N=4,785)

	Percentage of children aged 6-59 months who experienced				Number of children aged 6-59 months	Respondent believe that child needs to be physically punished (%)
	Only nonviolent discipline	Psychological aggression	Any physical punishment	Any violent discipline method		
AP intervention	27	69.6	39.7	74.7	4785	8.5
AP non intervention	31.4	65	48.2	68.6	220	5
Hrazdan control	24.7	71.5	39.9	77.8	361	14.7
AP						
Alaverdi	37.2	59.4	33.9	64.7%	286	6.3%
Amasia	28.6	65.6	43.3	75.0%	224	13.0%
Aparan	28.7	68.5	37.5	72.9%	251	7.2%
Chambarak	19.8	77.1	53.6	80.7%	192	10.4%
Gavar	41.4	53.8	33.5	62.9%	569	10.5%
Gyumri	21.9	75.2	43.5	80.6%	315	10.8%
Ijevan	33.3	62.7	32.5	68.6%	357	3.9%
Kapan	19.4	77.1	44.9	81.4%	376	9.6%
Noyemberyan	25.6	72.2	34.7	74.7%	277	3.2%
Sisian	28.8	65.0	38.6	73.0%	337	11.9%
Stepanavan	18.8	76.8	45.5	81.7%	224	8.0%
Talin	34.3	63.2	38.9	67.5%	329	9.4%
Vardenis	20.7	76.0	46.2	80.5%	329	11.2%
Yerevan	17.2	81.9	40.3	82.8%	720	5.7%
Child sex						
Male	25.9%	70.7%	41.3%	75.4%	2487	1.8%
Female	28.2%	68.5%	38.0%	73.8%	2298	.9%
Setting						
Rural	27.7%	32.3%	40.6%	74.2%	2733	9.7%
Urban	26.0%	27.7%	38.5%	75.3%	2051	6.9%
Wealth quintile						
Poorest	31.2%	64.2%	37.2%	71.3%	751	6.6%
Poor	31.4%	64.3%	39.3%	70.2%	793	8.6%
Average	27.8%	69.6%	39.1%	74.1%	782	7.8%
Wealthy	24.9%	71.3%	40.8%	76.4%	814	8.4%
Wealthiest	24.6%	73.0%	38.7%	76.7%	863	8.6%
Mather's education						
Basic	23.2%	72.9%	47.4%	80.2%	247	13.0%
Secondary	26.6%	69.6%	39.9%	74.9%	2525	8.9%
Second. vocational	27.9%	68.7%	38.8%	73.1%	1151	6.1%
Higher education	28.1%	70.0%	38.1%	74.4%	863	9.2%
Child age						
6-9years	24.8%	71.2%	43.1%	76.6%	1971	7.4%
10-14years	28.1%	69.1%	38.2%	73.6%	2530	9.0%

According to Study findings, the household wealth tend to increase the practice of psychological aggression (Pvalue =0.000, Phi=0.078). Another finding is that with the increase of age the violent discipline decreases in all aspects (See Figure 1). Psychological Aggression/Age P value – 0.02 Cramer's V 0.04, Physical Aggression/Age P value – 0.000 Cramer's V 0.073, Non Violent/Age P value – 0.004 Cramer's V 0.048.

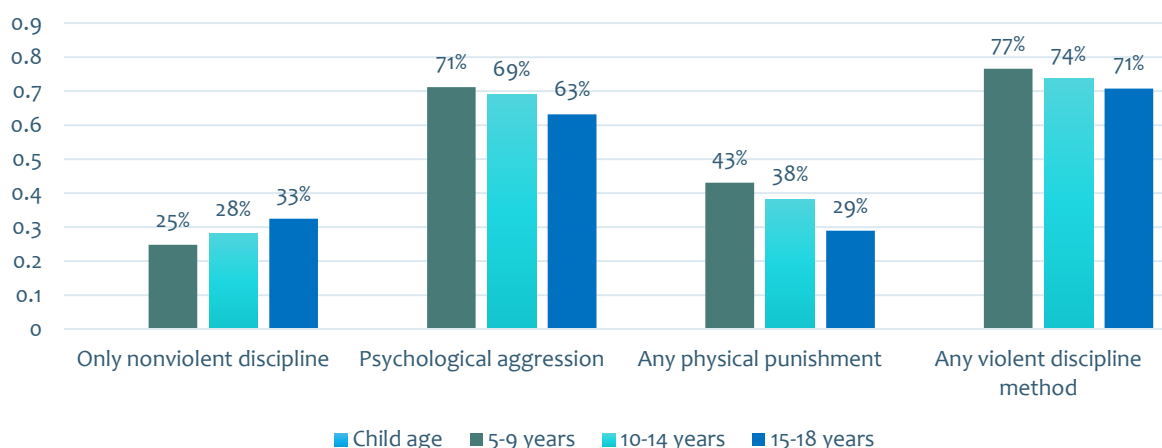


Figure 2 PREVALENCE OF PSYCHOLOGICAL AGGRESSION AND PHYSICAL PUNISHMENT BY AGE GROUP EXPERIENCED BY CHILDREN AGED 5-18 YEARS IN WV ARMENIA AP COMMUNITIES

4.3 Child Discipline 2

% of community members (including teachers & other CP actors) who think that child should not be beaten under any circumstances

The indicator “% of community members (including teachers & other CP actors) who think that child should not be beaten under any circumstances ” was measured under second strategic outcome hypothesis

Strategy Outcome 2 Empowered families providing care and protection to community children especially the MV

Hypothesis 1 As a result of participation in Celebrating families and Positive discipline trainings the parents, caregivers of children will not use physical punishment or abuse as a means of disciplining their children

Independent variable Participation in Positive discipline training and COH for child protection meetings

Dependent variables

- Parents handle nonviolent methods of child discipline
- School performance of children improved
- self-confidence of child is increased
- Community as a whole denies child violent punishment

“Ending abuse, exploitation, trafficking and all forms of violence and torture against children is a high priority for the world and set as Sustainable Development Goal 16, Target 16.2. One of the suggested indicator for measuring Target 16.2 is “ % of children aged 1-14 years who experienced any physical punishment by caregivers in the past month.” An analysis of research on physical punishment of children over the past 20 years indicates that such punishment is potentially harmful to their long-term development. Physical punishment is associated with a variety of mental health problems, such as depression, anxiety and use of drugs and alcohol. Physical punishment may change areas in the brain linked to performance on IQ tests and increase vulnerability to drug or alcohol dependence, as recent neuroimaging studies suggest. "Virtually without exception, these studies found that physical punishment was associated with higher levels of aggression against parents, siblings, peers and spouses," write Dr. Joan Durrant, Department of Family Social Sciences, University of Manitoba, and Ron Ensom, Children's Hospital of Eastern Ontario.

Caregivers' survey participants were asked in which cases beating child as part of disciplinary measures is justified. There were two sets of options suggested to parents for selection (See figures 3 and 4) one referring to parent-child and the second one to teacher-student relations.

Table 4 shows the percent distribution of responses where caregiver selects "Child should not be beaten under any circumstance" in both cases. Thus, the vast majority of caregivers (67.4 percent) think that parents should not beat children under any circumstances. The contradiction between attitude to discussed issue and real life behavior among parents can be explained by the lack or absence of knowledge on alternative methods to bring up child without violent discipline. It is thus essential to provide alternative disciplinary methods that are non-violent and to strengthen existing positive methods and participatory forms of child rearing.

Parents can learn skills such as positive reinforcement (for example, offering praise for desired behaviours), effective limit setting (issuing clear commands and employing non-violent punishments for noncompliance), and response cost strategies (for example, removing reinforcers)². Also WV Armenia Previous experience from discussions with various training participants shows that shaking child or slapping are not really considered as physical punishment i.e beating which can be another explanation of contradicting data mentioned above.

Training programmes and educational materials suggested in TA for SO 2 , such as Positive discipline, Celebrating families can help parents to understand what is child abuse and teach them how to interact with their children in a positive manner and how to use non-violent disciplinary methods.

² UNICEF Child Disciplinary Practices at Home [Evidence from a Range of Low- and Middle-Income Countries Page 62](#)

* data for Aps are presented in weighted percents (weighted by AP population figures)

Below presented Figure 3 and Figure 4

Every fifth respondent though thinks that it is reasonable to beat child in when he/she lies and every tenth admits that it is allowed if child goes out without permission. Other options such as arguing with parents, refusing doing homework and beating sibling do reach approval level of not more than 10%.

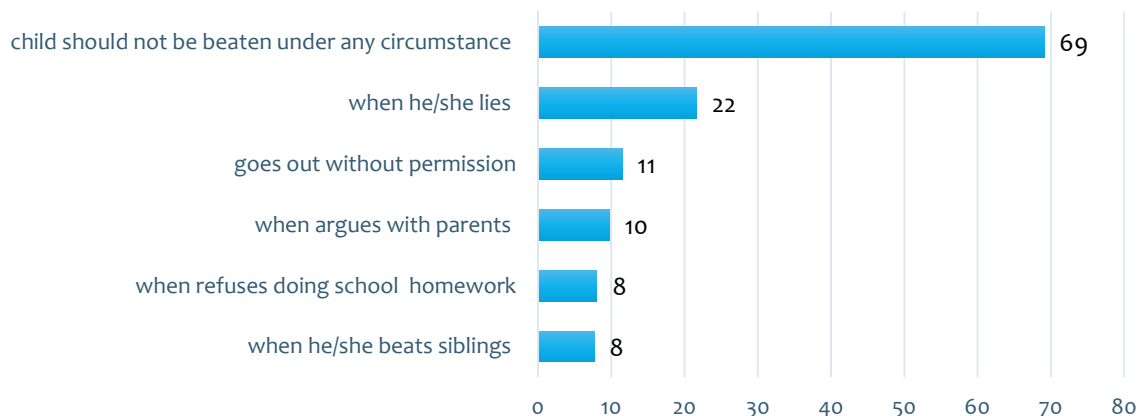


Figure 3 WHEN CHILD CAN BE BEATEN BY PARENT ACCORDING TO CAREGIVERS

Caregivers' survey participants also were asked similar questions but this time referring to teachers. Here as well overwhelming majority of caregivers (87 percent) think that teachers should not beat children under any circumstances. In general, less than 6 percent of questioned bring examples where beating child by teacher is justifiable.

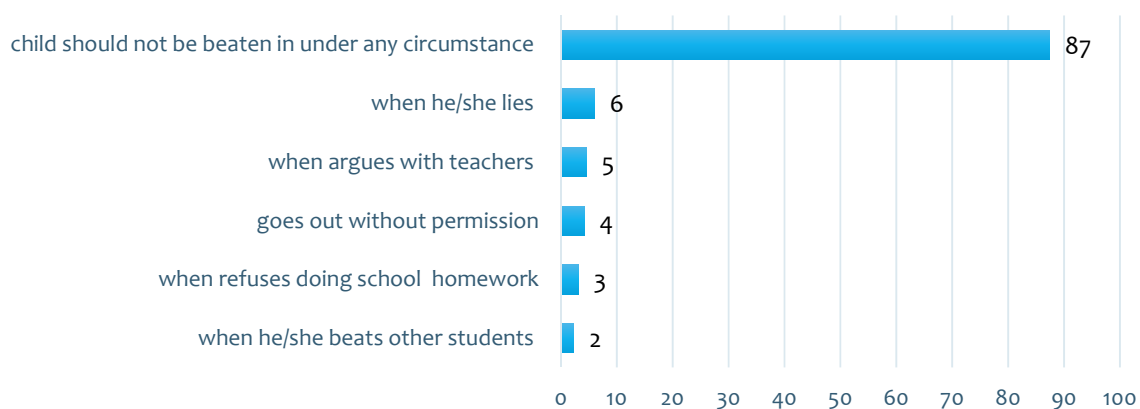


Figure 4 WHEN CHILD CAN BE BEATEN BY TEACHER ACCORDING TO CAREGIVERS

This set of questions have been proposed to teachers and other child protection actors in respective survey. The following table shows the percent distribution of those caregivers and actors who think that children should not be beaten under any circumstances neither in their families nor in their schools. In case of caregivers, the background characteristics is also presented to understand whether socioeconomic characteristics of the latter, education or the size of the family can affect the behavior or shape the approach towards the raised question.

* data for Aps are presented in weighted percents (weighted by AP population figures)

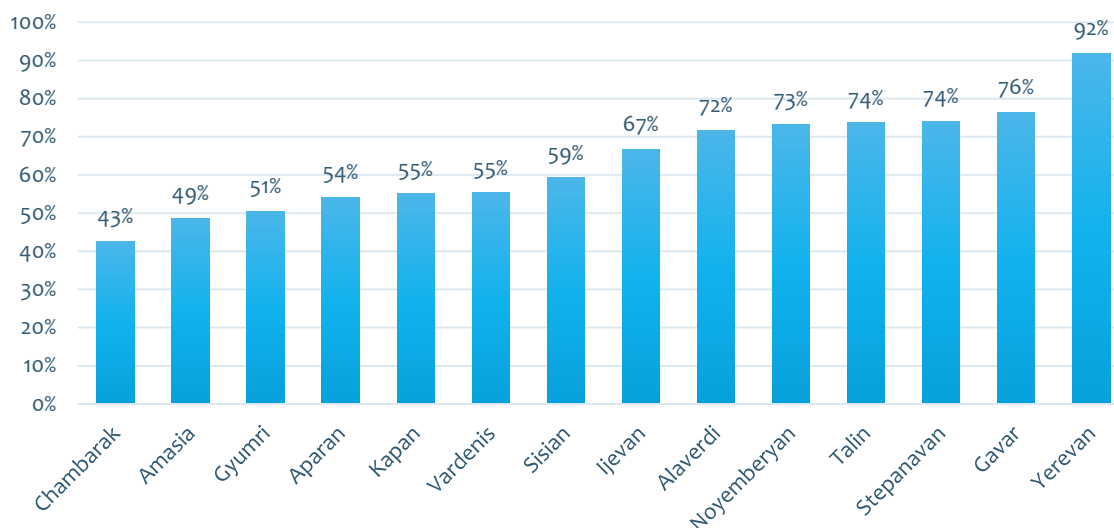
Table 4 % of community members (including teachers & other CP actors) who think that child should not be beaten under any circumstances

% of community members(including teachers & other CP actors) who think that child should not be beaten under any circumstances			
	Number	Percent	Total number of surveyed(AP figures are weighted)
AP intervention communities	3227	67.4	4785
AP control communities	161	73.2	220
Hrazdan control	178	49.3	361
CP actors	283	84.5	336
AP			
Alaverdi	205	71.7%	286
Amasia	109	48.7%	224
Aparan	136	54.2%	251
Chambarak	82	42.7%	192
Gavar	434	76.4%	568
Gyumri	159	50.5%	315
Ijevan	238	66.7%	357
Kapan	207	55.1%	376
Noyemberyan	203	73.3%	277
Sisian	200	59.3%	337
Stepanavan	166	74.1%	224
Talin	242	73.6%	329
Vardenis	182	55.3%	329
Yerevan	662	91.9%	720
Child sex			
male	1651	66.4%	2487
female	1576	68.6%	2298
Setting			
Rural	1723	63.0%	2734
Urban	1504	73.3%	2052
Level of wealth			
Poorest	495	65.8%	752
Poor	506	63.8%	793
Average	528	67.6%	781
Wealthy	542	66.6%	814
Wealthiest	637	73.8%	863
Level of caregivers education			
Basic	150	60.7%	247
Secondary	1618	64.1%	2525
Secondary specialized	810	70.4%	1151
Higher education	649	75.2%	863
Number of siblings in the household			
No sibling	299	74.2%	403

* data for Aps are presented in weighted percents (weighted by AP population figures)

2 children	1672	69.0%	2423
3 and more children	1254	64.1%	1955

AP comparison though shows interesting results. While 9 out of 10 caregiver in Yerevan do think that child should not be beaten under any circumstance in Chambarak AP this approach is shared by only 43 percent. Based on the results one can say that programmatic interventions should be differentiated. For APs where respondents showed lower than 60% results CPA project awareness raising and mobilization component should be strengthened for changing mentality of parents/caregivers as well as local CP actors through using inter alia COH for CP. As for the APs with higher results there is no need for application of specific tool on awareness rising and mentality change rather than teaching them methods of positive discipline.



In case of caregivers, the background characteristics is also presented to understand whether socioeconomic characteristics of the latter, education or the size of the family can affect the behavior or shape the approach towards the raised question.

The size of the family significantly correlated to the approach of the caregivers on the subject matter. Thus those who have less children in the family more likely to think that child should not be beaten (P value 0.04) under any circumstance. Those with higher income also more keen to think so (P value – 0.000 Cramer's V 0.07). Those with higher income also more keen to think so. Accordingly, the parents from low income and large families (having more than one child) should be prioritized but other groups also need to be involved in programming since the inter group difference is not significant.

* data for Aps are presented in weighted percents (weighted by AP population figures)

4.4 UNDERSTANDING OF CHILD RIGHTS

The indicator “Communities (incl. children) can identify, understand and respond adequately to violations of child rights in coordination/partnership with local CP mechanisms ” was measured under first strategic outcome hypothesis

Strategy Outcome I	Improved S&S (system and structures) serving for the benefit of the vulnerable children
Hypothesis I	As a result of establishment and enhancement of community social worker institute communities will identify, understand and respond adequately to violations of child rights in coordination/partnership with local CP mechanisms
Independent variable	Establishment of social worker institute in community level
Dependent variables	<ul style="list-style-type: none">• Parents handle nonviolent methods of child discipline• School performance of children improved• self-confidence of child is increased• Community as a whole denies child violent punishment

Over the past years, the promotion of child protection reporting and referring mechanism has gained increasing relevance, including as a result of the recognition of the right to accessible and effective remedies by international human rights instruments. The CRC Committee has addressed this question in its dialogue with State parties and in several general comments, including the most recent on the right of the child to freedom from all forms of violence. The declaration and call for action agreed upon at the Third World Congress against Sexual Exploitation of Children and Adolescents calls upon States to establish an effective and accessible system for reporting, follow-up and support for child victims of exploitation.

As mentioned above there are lots of cases of child right violation and it is important for all community people, actors to understand and identify those cases and also make sure children are getting adequate support. It is also important not to create parallel structures but cooperate with local CP mechanisms to strengthen the existing one thus ensuring sustainability of initiated activities. Interventions and indicator included to make sure there are ways for community members, including boys and girls, to make a report when a child is being abused, exploited or neglected, to ensure that for every situation the child and his/her family get required help.

To reveal whether respondent understands what is child right, can identify and respond to violations of child rights a combination of statements from real life situations about child work, school

* data for Aps are presented in weighted percents (weighted by AP population figures)

attendance, document registration or access to health services have been used in the current survey. Respondents have been asked to agree or disagree with the approach of the parents of children described in the real life scenes.

The first real life situation is the following: Armen, 12 years old boy, does not go to school because his parents asked him to support them in the field. According to the survey results, caregivers do think that 12-year-old child should not be engaged in manual work at the expense of school lessons. In general, there is no difference between responses of AP population with different socioeconomic and others characteristics on this matter i.e. no difference between rural and urban areas or when comparing wealth, education or age background of respondents. All the responses in this regard lie between 96 and 100 percents with 98.2% average. Caregivers also think (86.6%) that Armen should not work. Here as well there is no significant difference between responses in terms of wealth, education, rural/urban or age background of respondents. Nevertheless, responses vary with nearly 18 percentage points if you take geographical characteristics. In Aparan AP 94 percent of respondents disapprove child work while in Sisian AP only 76%.

The next real life situation is about a child who does not have birth certificate and needs to be taken to hospital but parents keep her at home.

The vast majority of respondents (92.7%) think that Anna's parents should obtain birth certificate. Here as well results differ in terms of geographical distribution. There is a 30% difference between Kapn AP (68%) and Vardenis AP (98%) answers (P value 0.000, Cramer's v 0.252) thus there is a significant association between the attitude to certificates' importance and geographical distribution. Education as well according to Table 5 slightly affects responses. Thus, more educated tend to value the existence of birth certificate more (7% difference, Cramer's v - 0.048).

Table 5 PERCENTAGE OF CAREGIVERS, CHILDREN AND CAREGIVERS WHO CAN UNDERSTAND, IDENTIFY AND RESPOND TO CHILD RIGHTS VIOLATIONS

	Armen 12 years old boy, does not go to school because his parents asked him to support them in the field.		Those who think it is important to report child violation cases in the community	Anna is seriously ill but her parents can take her to hospital since she has no birth registration and try to cure her at home		Percent of those who can identify, understand and respond child rights violations
	Percent of those who think that it is not ok that Armen does not go to school	Percent of those who think that it is not ok that Armen works		Percent of those who think that Anna's parents should obtain birth certificate	Percent of those who think that Anna's should be taken to hospital	
AP intervention	98.2	86.6	71.8	92.7	93.1	52.4
AP control						50.7
Hrazdan control						58.4
APs						
Alaverdi	94.8%	88.8%	74.8%	86.0%	85.3%	37
Amasia	98.7%	77.2%	87.1%	97.3%	92.0%	56
Aparan	99.6%	94.4%	82.1%	97.2%	96.8%	69
Chambarak	99.5%	88.5%	56.3%	86.0%	91.1%	42
Gavar	97.9%	91.7%	68.4%	95.1%	97.0%	57
Gyumri	96.5%	88.6%	79.0%	96.8%	94.3%	62
Ijevan	98.9%	90.8%	59.4%	84.0%	91.6%	40
Kapan	98.1%	85.4%	82.7%	68.6%	87.5%	64
Noyemberyan	97.5%	93.5%	54.0%	98.2%	84.8%	24
Sisian	99.4%	76.3%	83.1%	88.4%	92.6%	56

* data for Aps are presented in weighted percents (weighted by AP population figures)

Stepanavan	99.1%	93.3%	90.6%	93.6%	92.0%	67
Talin	99.7%	86.6%	86.0%	94.2%	96.4%	69
Vardenis	96.0%	93.0%	62.6%	98.2%	93.6%	51
Yerevan	99.0%	76.5%	59.8%	86.0%	98.2%	45
Area						
Rural	98.5%	88.1%	73.8%	91.1%	92.2%	53.4
Urban	97.8%	84.6%	60.8%	94.9%	94.5%	51.1
Wealth index quintile						
poorest	98.5%	89.1%	69.5%	90.8%	92.6%	51.8%
poor	98.2%	90.2%	72.2%	89.0%	92.3%	51.3%
average	97.2%	87.3%	73.6%	93.7%	94.0%	53.0%
wealthy	99.1%	88.7%	71.3%	93.5%	93.7%	54.1%
wealthiest	98.1%	84.0%	70.3%	92.7%	92.9%	50.6%
Mather's education						
Basic	98.8%	85.8%	68.42%	88.7%	89.1%	41.1%
Secondary	98.0%	88.2%	72.24%	91.7%	92.6%	53.0%
Secondary	99.1%	88.5%	72.63%	93.7%	93.1%	55.2%
Higher education	97.5%	79.8%	70.45%	95.5%	95.9%	50.2%
Caregivers age group						
20-34 years	98.2%	88.1%	72.8%	92.2%	93.1%	53.9%
35-49 years	98.1%	83.8%	71.6%	93.1%	92.4%	49.9%
50-64 years	98.6%	87.7%	65.1%	96.2%	97.2%	51.9%
65 and above	100.0%	90.6%	56.3%	93.8%	98.4%	54.7%

In addition to real life situation statements the question about the level of importance of reporting child violation cases in the communities also have been applied. According to survey results majority (71%) of respondents think that it is very important or somehow important to report occurring child rights violation cases such as physical abuse, neglect or exploitation. As in previous cases in case of reporting issue as well, the decisive factor, which determines responses, is the geography. There is around 30-percentage points difference between WV APs regarding the necessity of reporting the issues. While in Stepanavan 9 out of 10 respondents think that it is important to report child right violation case in Noyemberyan only 54 percent think so. Also younger generation values reporting more than elderly (20-34 years- 73% VS 65 and above group's 56%) (cramers' v test (0.094) revealed slight positive relationship between the age of respondents and attitude to reporting child violation case).

Respondents have been asked to point out any agency responsible for child protection. Thus 70% mentioned different organizations, NGOs, state agencies, schools, healthcare institution etc. 34% could not name any institution. WV have been mentioned by 15 percent of the respondents.

Eventually to come up with one single index describing peoples' understanding of child rights and readiness to respond the combination of appropriate answers to proposed questions is used as indicator. The last column of Table 5 shows the percent of those who gave correct responses to suggested statements and questions from the perspective of child rights. Overall, every second respondent (52.4%) showed satisfactory result. Nevertheless inter AP distribution of answers is strikingly diverse which should be further explored. Noyemberyan index (24%) is nearly three times

lower than Aparan and Talin (69%) (See Figure 5).

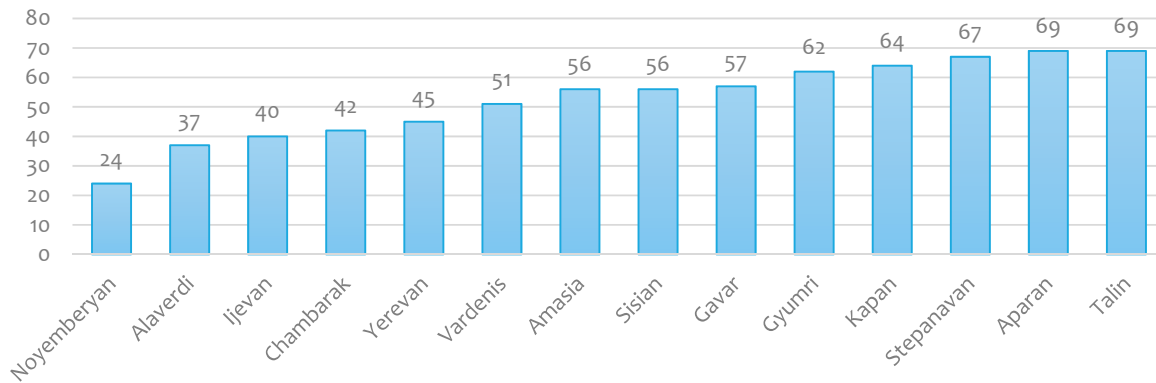


Figure 5

4.5 REPORTING

Proportion of children, parent /caregivers who would report a case of child right violation.

The indicator “Proportion of children, parent /caregivers who would report a case of child right violation” was measured under first strategic outcome hypothesis

Strategy Outcome I	Improved S&S (system and structures) serving for the benefit of the vulnerable children
Hypothesis I	As a result of participation in Child Protection local level advocacy initiatives children and parents will report case of child right violation
Independent variable	Participation in Child Protection local level advocacy initiatives
Dependent variables	<ul style="list-style-type: none"> • readiness to report case • increased civic activism among parents and children • increased access to community based services

Alarming statistical data of child abuse (primarily physical abuse) - 70 %³, children out of school (10.2 % 5-14 years old do not attend school, primarily children with disabilities), poverty rates (poverty 34% and extreme poverty 3.3%), as well as situation with abusive environment in schools provided by WHO⁴ are justifying the vital need to address the issues of child protection (CP) in Armenia.

³70 PERCENT of children 2-14 who experience any form of violent discipline (psychological aggression or physical punishment)./ UNICEF, The State of World Children, 2013 based on DHS 2010 data (357,680 children aged 2-14 experience violent discipline, based on own calculations is (UN Statistics Division Armenia 2010 Demographic data

⁴HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN, WORLD HEALTH ORGANIZATION COLLABORATIVE CROSS-NATIONAL

SURVEY <http://www.hbsc.org/publications/international/>

* data for Aps are presented in weighted percents (weighted by AP population figures)

One of the causes of extreme child right violation cases is the lack of reporting culture of child right violation cases. CP experts during strategy development process indicating the following root causes of not reporting: low level of trust towards existing system, cultural perception that they can't intervene to other families' relationships, "beating child is good for growing up well educated person", indifference, fear that if they report they will be punished later, etc. So proper interventions and the mentioned indicator included to make sure willingness of reporting practice of child right violation cases is improved.

In WV Armenia Communities as shown in Table 6 the idea of reporting of cases of child rights violation has low support among population. The index for measurement of reporting willingness includes combined responses to five type of situations. Respondents asked to answer whether they are ready to report case if their child rights are violated by any community members, teachers or by their own family member or whether they are ready to report case if any child in community or school discriminated. Proportion of children, parent/caregivers thus calculated based on the respondent's readiness to report in each mentioned case.

In general only one third (29%) of caregivers are ready to report in all the mentioned case though in previous table it is shown that generally caregivers' majority (71.8%) think that it is important to report child rights violation. Five out of six questioned survey participants told that they would not report case of child abuse if family member commits it. Nearly every second is ready to report if child discriminated in community or in the school. Majority of survey participants (58%) are ready to report case of child abuse if it is committed by neighbor and half of them (52%) are ready if it is the school teacher.

In terms of readiness to report in general there is only 4 percentage point difference between rural and urban areas (31% vs 27% respectively). Application of chi square test reveals associatin between rural urban setting and readiness to report - $P= 0.007$, $\Phi= -0.039$ when. Similar trend is seen when cases discussed individually. Rural areas are more ready to report child abuse and discrimination cases. Wealth status of the family does not affect the readiness (P value – 0.788) while more educated tend to be slightly more ready (Cramer's $V = 0.029$ which means Negligible positive relationship exists between education and readiness).

Table 6 Readiness to report child rihgts violation cases

	Percentage of caregivers who are ready to report case of child abuse against their own child if it is committed by			If any child in community is discriminated	If any child in the school is discriminated	Proportion of children, parent /caregivers who would report a case of child right violation
	Community member	teacher	Family member			
WV AP communities	58.4	52.3	14.5	45.6	47.8	29.3
Non AP communities	58.2	45.9	13.7	42.9	42	26.5
Hrazdan control	69.5	65.9	17.2	61.8	58.2	34.9

* data for Aps are presented in weighted percents (weighted by AP population figures)

AP						
Alaverdi	44.1	43	9.9	32.7	37.2	19.6%
Amasia	65.8	67	36.6	65.2	58.5	37.9%
Aparan	61.8	48.2	17.9	41	44.4	26.7%
Chambarak	52.9	38	6.8	39.3	51.3	14.1%
Gavar	60.7	57.4	22.7	50.6	55.2	32.0%
Gyumri	64.8	61.3	22.2	57.1	64.4	31.7%
Ijevan	57.4	53.5	11.2	23	30	15.4%
Kapan	65.2	55.9	22.3	55.1	58	34.6%
Noyemberyan	29.1	29.9	6.5	30.9	28.1	18.0%
Sisian	70	64.4	19.3	62.6	56.4	39.8%
Stepanavan	79	67.9	26.6	59.9	62.5	45.3%
Talin	75.4	70.5	29.2	61.5	61.4	47.1%
Vardenis	53.5	42.1	21.1	35.5	41.3	27.0%
Yerevan	48.5	41	8.8	22.3	35	24.0%
Area						
Rural	61	54.3	20.5	46.6	48.9	30.9%
Urban	55	49.8	14.8	44.2	46.3	27.3%
Wealth index quintile						
poorest	57.6	53.1	16.1	42	46.4	28.6%
poor	59.9	52.4	20.5	45.8	47.2	29.8%
average	56.8	50.8	19.5	43.1	47.1	28.8%
wealthy	61.5	54.8	16.7	45.3	47.6	30.1%
wealthiest	56	50.7	17	45.6	46.6	27.5%
Mather's education						
Basic	51.4	44.5	17.4	42	43.1	24.4%
Secondary	58.8	53	17.3	43.9	47.8	29.9%
Sec. vocational	62.6	55.3	17.7	50.2	50	29.9%
Higher education	53.5	48.8	20.8	45.4	46.2	28.3%

The respondents also have been asked whether they have reported any case of child rights violation during past 6 months. Only 0.8 percent of survey participants told that they have reported such a case. The next question was about potential obstacle which can stop them from reporting the case of child rights violations. Majority (60%) thus told that they do not have right to intervene to others family internal issues. Other justifications such as do not trust the child protection system (8%), do not want to be named whistleblower (7.7%) to not reach 10 percent.

Caregivers do not have clearly defined approach towards reporting of cases by their children. According to survey results every third parent (29%) will refer negatively to the fact, every fourth (25%) will have neutral attitude and only 24% supports that idea. Nevertheless only 7.8 think that their community will support their child when he/she would report case of child rights violations. Nearly one third (28%) of respondents think that community will not support the child and 44% do not know how their neighbors will treat child in such a case.

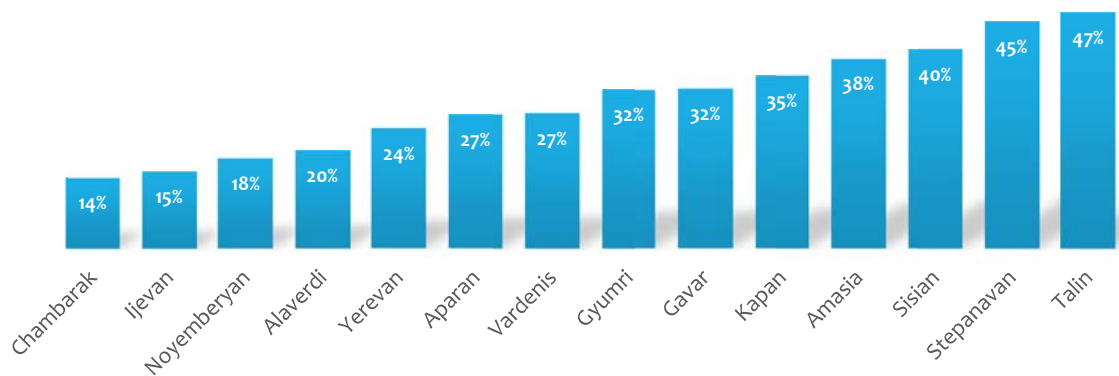


Figure 6 Readiness to report child rights violations

Figure 6 Shows that overall there is three time difference between the Chambarak and Talin APs when it comes to readiness to report child rights violations.

In case of reporting of child abuse cases the percentage of those who are ready to report is very different from one AP to other. For example in case of Noyemberyan only 30% are ready to report abuse case committed by teacher while in Talin 70% (40 percent difference). In Noyemberyan only 7% are ready to report case committed by own family member while in Amasia 37 percent (6 time difference).

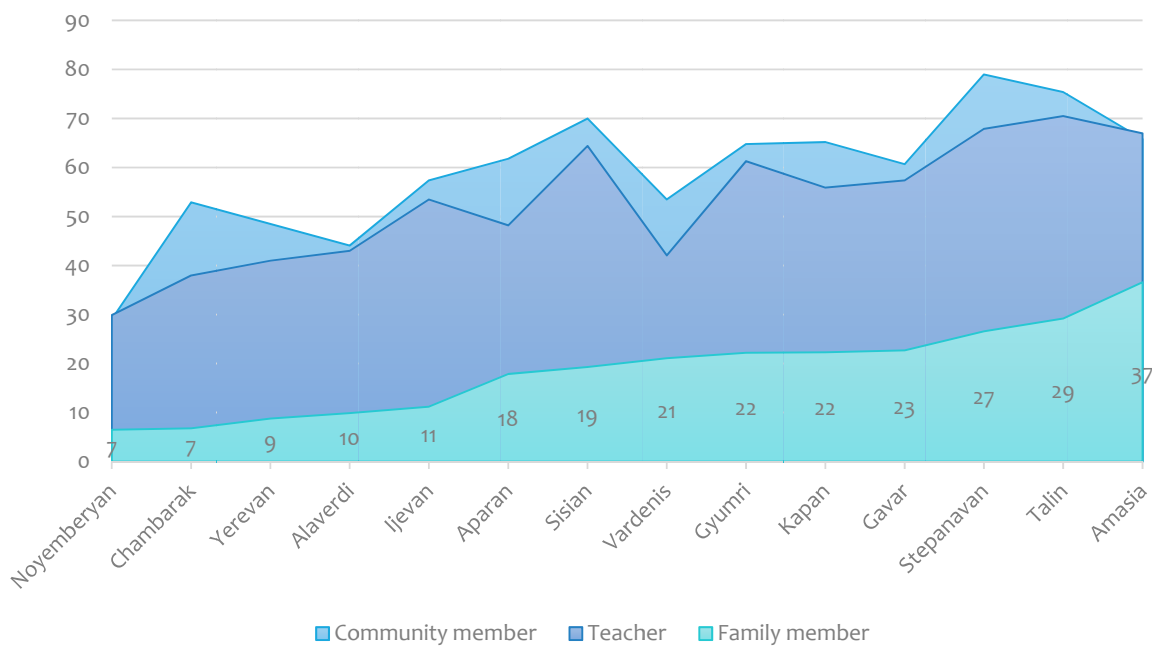


Figure 7 READINESS TO REPORT CHILD ABUSE CASES IF IT IS COMMITTED BY OWN FAMILY MEMBER, TEACHER OR NEIGHBOR

* data for Aps are presented in weighted percents (weighted by AP population figures)

4.6 ACCESS TO SERVICES

Increased % of children with access to community based services

The indicator “Increased % of children with access to community based services” was measured under first strategic outcome hypothesis

Strategy Outcome I	Improved S&S (system and structures) serving for the benefit of the vulnerable children
Hypothesis I	As a result of participation in Child Protection local level advocacy initiatives more children will have access to community level services
Independent variable	Participation in Child Protection local level advocacy initiatives
Dependent variables	<ul style="list-style-type: none"> • increased access to community based services • increased civic activism among children

Community-based social services are necessary to support living and inclusion of children in the community, especially the most vulnerable and to prevent their isolation or segregation from the community. Ensuring access to community-based services is a matter of achieving respect for human rights and a good quality of life for all those who require care and/or support, as well as prevent and respond to child abuse, neglect, exploitation and other child right violation cases.

In WV Armenia AP communities Access to services is rather high with 73% of respondents confirming that they could use any of the services enlisted in the questionnaire (list of services is presented in Figure 8) in case of necessity (See Table 7). Most accessible services are Schools, Church provided services and Police with 80% and higher rate compared to least accessible services which are State social services (50% Access rate has integrated social service and 51% access rate registered for Regional Child protection unit).

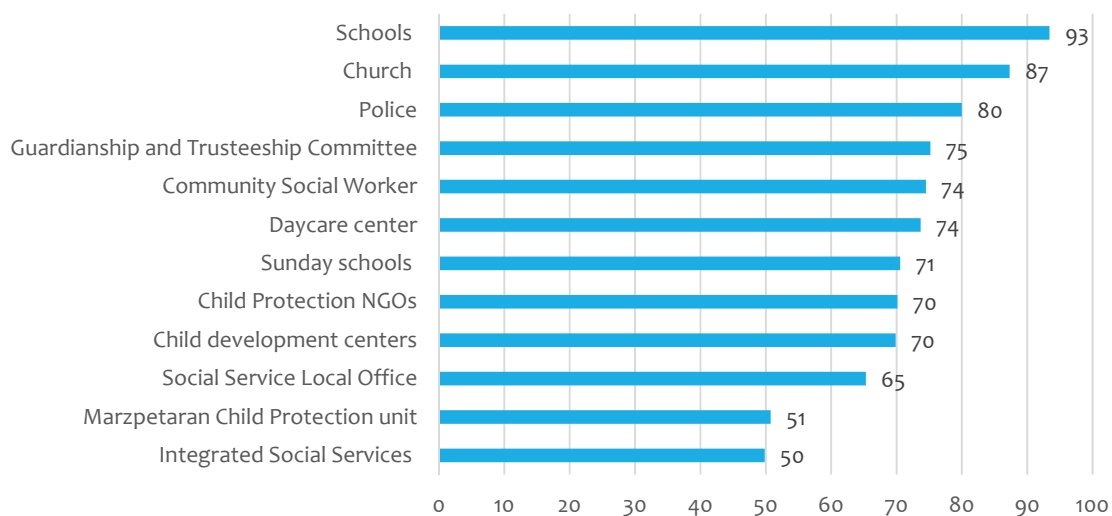


Figure 8 ACCESS RATE TO ENLISTED SERVICES (%)

* data for Aps are presented in weighted percents (weighted by AP population figures)

The respondents also have been asked to rate aforementioned services. Thus as seen from Figure 9 majority are satisfied from education provided by schools while other services related to child protection do not show similar results. Instead one can see from chart that majority of services related to child protection are generally unknown among people. Majority of surveyed do not know anything about Territorial Centers of Integrated Social Services (86%), Child Protection regional units named Department for Family, Women and Children Issues (78%), Social Service Local units named territorial centers for social assistance (68%) and Community Social worker (59%).

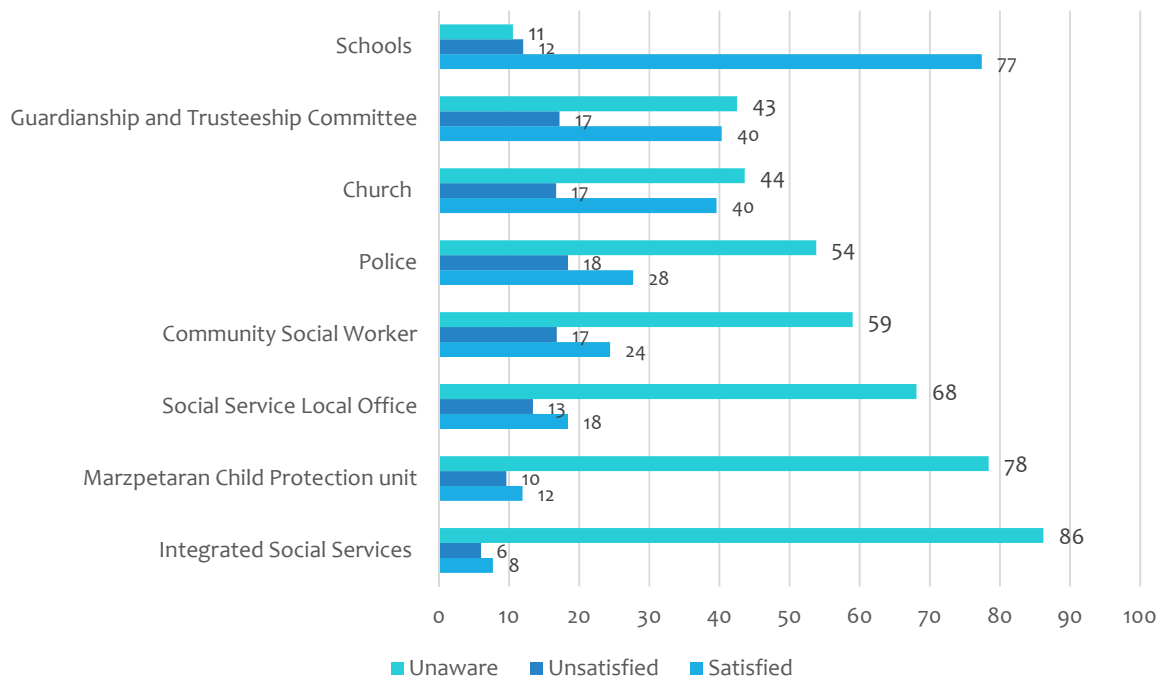


Figure 9 SATISFACTION RATE FROM SERVICES

To the question in which cases parents will refer to pastor for support majority (65%) told that they will not apply for church support. 4.5% will ask for support in case of child abuse, 2.4% - in case of child exploitation and 3.2% in case of conflicts within family. The low trust towards church's role in child protection could be explained with limited capacity and involvement of the church in addressing CP issues, which will be fulfilled through series of interventions in terms of application of COH for child protection and Celebrating families' tools within WV strategy.

Table 7 ACCESS TO SERVICES IN WV ARMENIA COMMUNITIES (N=4785)

	Number	Percent	N
AP intervention communities	3509	73.3	4785
AP control communities			
Hrazdan control			
AP			
Alaverdi	186	65.0%	286
Amasia	178	79.5%	224
Aparan	201	80.1%	251

* data for Aps are presented in weighted percents (weighted by AP population figures)

Chambarak	103	53.6%	192
Gavar	334	58.8%	568
Gyumri	274	87.0%	315
Ijevan	263	73.7%	357
Kapan	295	78.5%	376
Noyemberyan	182	65.7%	277
Sisian	265	78.6%	337
Stepanavan	148	66.1%	224
Talin	269	81.8%	329
Vardenis	225	68.4%	329
Yerevan	587	81.5%	720
Setting			
Rural	2012	73.6%	2733
Urban	1496	72.9%	2051
Level of wealth			
Poorest	494	65.7%	752
Poor	576	72.6%	793
Average	556	71.2%	781
Wealthy	586	72.0%	814
Wealthiest	666	77.1%	864
Education			
Basic	171	69.2%	247
Secondary	1852	73.3%	2525
Secondary specialized	832	72.3%	1150
Higher education	654	75.8%	863
Age of caregiver			
20-34 years	2080	73.4%	2835
35-49 years	1230	73.8%	1666
50-64 years	146	68.9%	212
65 and above	48	75.0%	64

4.7 ABILITY OF PARENTS OR CAREGIVERS TO PROVIDE ALL THE CHILDREN IN THE HOUSEHOLD, AGED 5-18 YEARS, WITH IMPORTANT ITEMS

% of parents/caregivers able to provide well for their children

The indicator “% of parents/caregivers able to provide well for their children” was measured under first strategic outcome hypothesis

Strategy Outcome 2 Empowered families providing care and protection to community children especially the MV

Hypothesis 1 Targeted interventions through the IDPs will increase proportion of

parents or caregivers of MVC that would be able to provide well for their children

Independent variable

Targeted resilience interventions through IDPs

Dependent variables

- Ability to provide heating, clothes, school stationery and food

A regular household income strengthened by asset ownership is the foundation for household economic well-being and livelihood security. Sustained household economic well-being is necessary for sustained child well-being. Without it, families cannot send children to school take them for medical treatment or protect them from life's risks.

Income can sometimes go up without resulting well-being for children. By measuring, the following indicator programme will be informed whether increases in household income or production have translated to a better standard of living for the household, including boys and girls.

According to the results of the survey presented in the Figure 10 eight out of ten respondents consider their family as middle income, 16% think that they are poor or very poor and only 1% think that they are rich. Nevertheless one fourth of middle income families could not buy new cloths (26%) and new shoes (24%) for children without external support and 13% could not ensure proper food (three times per day).

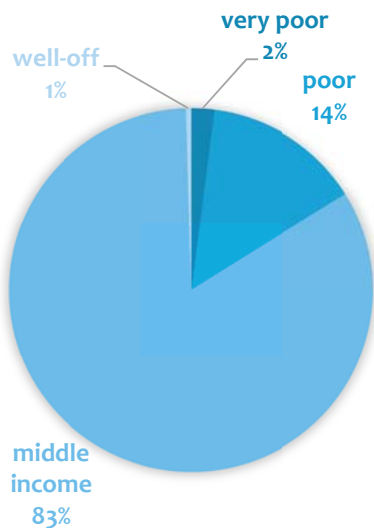


Figure 10 SELF-EVALUATION OF FAMILY WEALTH “POOR TO RICH SCALE”

To measure child wellbeing’s economic aspect survey team used indicator proposed by Compendium of Indicators for Measuring Child Well-being Outcomes. Indicator uses the Percent of parents or caregivers who are able to provide all the children in the household, aged 5-18 years, with important items, through their own means (assets/production/income), without external assistance (from

* data for Aps are presented in weighted percents (weighted by AP population figures)

outside the family, NGO or government) in the past 12 months. For Armenia the heating, medical treatment, new clothes, new shoes and school belongings have been considered of utmost importance in this regard. Thus only 64% of AP families could afford all five items without external support. Overall one third of families (33%) cannot afford new cloths, 30% cannot afford new shoes, 27% school items, 18% cannot afford the meal, 20% cannot keep their home adequately warm at wintertime and 24% could not ensure proper medical treatment when it was needed.

◆ **Ability to buy new cloths:** majority of families (67%) could buy new clothes without external support. Rural communities' capabilities are higher compared to urban ones (72% vs. 61%) as well as wealthiest ones compared to poorest ones (79% vs. 67%). More educated caregivers families also do better compared to those who have less years of education. Families with 4 and more children have 23% less opportunities to buy cloths without external support compared to families where there is only one child. As already noted in this report, the split is more apparent when looking at respondents' geographical characteristics. In Sisian AP only 45% of families could ensure new clothes while in three other APs (Gavar, Chambarak and Aparan) 88% could afford it (See Table 8).

◆ **Ability to buy new shoes:** in case of ability to buy shoes without external support the situation is nearly repeating. Majority of families (70%) could buy new shoes without external support. Rural communities' capabilities are higher compared to urban ones (75% vs. 62%) as well as wealthiest ones compared to poorest ones (81% vs. 69%). More educated caregivers' families also do better compared to those who have less years of education. Families with 4 and more children have 20% less opportunities to buy new shoes without external support compared to families where there is only one child. In Sisian AP every second (50%) family could not ensure new shoes while in Aparan AP 90% could afford it without external support (See Table 8).

◆ **Ability to buy new school items:** Majority of families (72.7%) could buy school items without external support. Rural/urban settlement, parent's education and family's wealth all make a difference to abilities of buying school items in a way shown in cases of clothes and shoes.

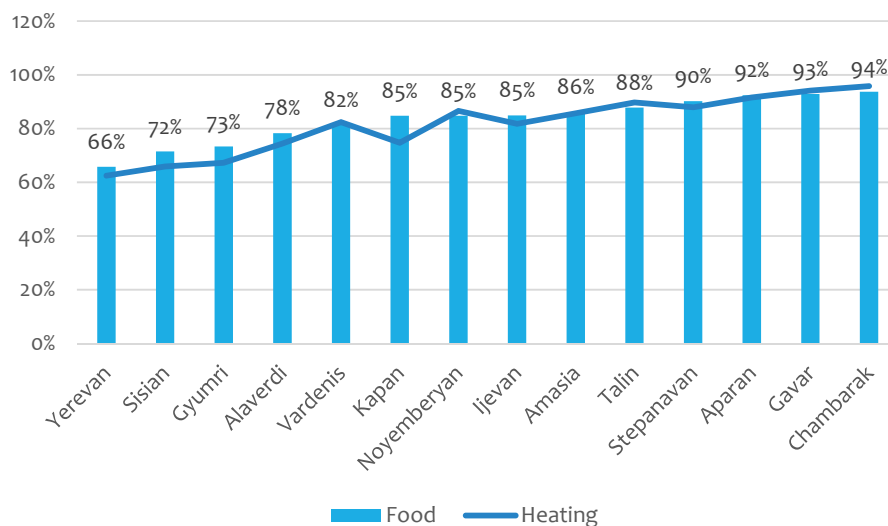


Figure 11 ABILITY OF FAMILIES TO PROVIDE MEAL AND PROPER HEATING DISAGGREGATED BY APs

◆ **Ability to provide proper food:** Survey results confirm that 82% of families can afford proper meal without external support. There is 12 percentage point difference between rural and urban settings (87% vs. 75%) and families with lowest and highest level of caregiver. Also 14 percentage points difference observed when comparing families with one child and 4 and more children. Families wealth have lowest impact compared to other characteristics (8% difference) described above.

* data for Aps are presented in weighted percents (weighted by AP population figures)

◆ **Ability to provide heating:** As shown in Table 8 families' ability to ensure proper heating during wintertime nearly replicates the results of ability to provide food. The Figure 11 explicitly shows the similarities.

◆ **Ability to provide medical treatment:** In terms of medical treatment as well the most striking differences, are recorded between people from different Area programs. Thus the lowest access to medical treatment was registered in Sisian AP with 55% and the highest in Aparan and Chambarak APs (90% and 91% respectively). Urban communities had more difficulties (7% difference) compared with rural ones in terms of ensuring needed medical treatment, poorest compared to wealthiest (75% vs. 85%), most educated compared to least educated (83% vs. 67%) and families with one child compared with ones with 4 and more children (77% vs. 66%),

Table 8 Families who can provide well for their children

	New cloths	New shoes	School items	3 time food daily	Heating during winter	Medical treatment	% of parents/ caregivers able to provide well for their children
WV AP communities	67.2%	69.8%	72.7%	81.9%	79.9	76.2	64.1
Non AP communities	82.7	83.2	88.2	93.2	91.4	88.3	78.6
Hrazdan control AP	78.9	83.4	84.5	93.9	88.9	87.4	69.8
AP							
Alaverdi	65.3%	69.8%	72.7%	78.3%	74.4%	78.9%	61.9%
Amasia	62.5%	68.3%	75.4%	86.2%	85.7%	69.2%	54.7%
Aparan	88.4%	89.7%	88.8%	92.4%	91.6%	89.9%	87.3%
Chambarak	87.6%	88.1%	89.5%	93.7%	95.8%	90.6%	81.5%
Gavar	82.7%	86.8%	90.8%	92.9%	94.1%	85.7%	80.7%
Gyumri	60.6%	63.5%	64.1%	73.3%	67.3%	71.3%	53.0%
Ijevan	73.7%	75.6%	77.3%	84.9%	81.8%	89.3%	72.5%
Kapan	57.7%	59.8%	64.9%	84.8%	74.7%	78.1%	50.5%
Noyemberyan	79.8%	78.8%	79.5%	84.8%	86.6%	79.5%	78.0%
Sisian	44.8%	50.4%	55.2%	71.5%	65.9%	54.6%	37.4%
Stepanavan	70.1%	70.5%	77.7%	90.2%	87.9%	83.9%	61.0%
Talin	75.1%	77.8%	79.6%	87.8%	89.7%	86.9%	72.0%
Vardenis	68.1%	69.6%	69.6%	81.5%	82.4%	75.7%	60.4%
Yerevan	49.5%	51.5%	55.2%	65.8%	62.5%	62.7%	47.8%
Area							
Rural	71.8%	75.0%	77.8%	86.7%	86.0%	79.3%	67.0%
Urban	61.0%	62.8%	66.0%	75.4%	71.3%	72.1%	57.3%
Wealth index quintile							
poorest	67.6%	69.5%	71.3%	80.9%	79.4%	75.0%	63.3%
poor	62.4%	65.7%	69.3%	79.2%	77.9%	74.2%	57.3%
average	68.7%	70.7%	75.2%	82.9%	80.6%	76.0%	63.1%
wealthy	70.9%	73.7%	77.1%	85.7%	84.1%	81.2%	68.7%
wealthiest	78.9%	81.0%	82.8%	89.1%	86.6%	85.2%	75.2%
Mather's education							
Basic	58.3%	60.7%	65.2%	73.3%	73.1%	66.7%	49.2%
Secondary	66.0%	68.7%	71.8%	80.7%	79.4%	75.9%	62.0%
Sec. vocational	65.5%	67.8%	70.6%	82.7%	78.2%	73.2%	59.8%
Higher education	75.1%	78.1%	80.3%	86.8%	84.2%	83.3%	73.0%
Number of children in the family							
1	75.0%	76.0%	77.9%	86.0%	83.5%	77.7%	68.7%
2	70.1%	72.6%	76.2%	84.9%	81.1%	80.7%	66.5%
3	64.8%	67.7%	70.2%	79.4%	79.2%	71.8%	59.7%
4 and more children	52.8%	56.3%	58.8%	70.9%	70.3%	66.1%	48.6%

* data for Aps are presented in weighted percents (weighted by AP population figures)

4.8 THE STRENGTHS OF ASSETS AND CONTEXTS IN WHICH CHILDREN AND YOUTH LIVE, LEARN AND WORK AS REPORTED BY CHILDREN

The indicator “The strengths of assets and contexts in which children and youth live, learn and work as reported by children” was measured under first strategic outcome hypothesis

Strategy Outcome 3 Hypothesis 1	Increased resilience of children to protect themselves and others As a result of participation in peace road clubs, debate clubs, forum theatre and asset building activities children will have increase in strenght of assets and contexts in which children and youth live, learn and work
Independent variable	Participation in peace road clubs, debate clubs, forum theatre, asset building activities
Dependent variables	<ul style="list-style-type: none"> • Core competencies developed

World Vision has selected the Developmental Assets Profile (DAP) as the recommended tool to measure the World Vision child well-being target ‘children report an increase in level of wellbeing’. The DAP was selected because it is an effective and cost-efficient DME tool for use with children ages 12-18.

The DAP is a measurement tool that yields quantitative scores for each of the asset categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity. The DAP can also measure five broad context areas (personal, social, school, community and family).

DAP overall score is **46** for WV treatment communities.

	Amasia	Gyumri	Alaverdi	Aparan	Talin	Noyemberya	Ijevan	Gavar	Vardenis	Chambarak	Stepanavan	Kapan	Yerevan	Sisian
DAP score	48	46	47	46	46	45	46	46	44	45	47	46	44	49
External Assets	23	23	23	23	23	22	23	23	22	22	23	23	22	24
Internal Assets	25	23	24	23	23	23	23	23	22	23	24	23	22	25
Support Asset	26	26	26	25	25	25	25	25	24	25	26	25	24	26
Empower Asset	24	23	23	22	23	22	22	23	22	22	24	22	21	24
Boundaries & Expect Asset	26	25	26	25	25	25	25	25	25	25	26	25	23	26
Construct Use of Time Asset	18	20	18	19	18	17	18	19	17	16	18	18	19	19
Commit to Learning Asset	25	23	23	24	23	24	23	24	23	23	24	23	21	25

* data for Aps are presented in weighted percents (weighted by AP population figures)

Positive Values Asset	24	23	23	23	23	23	23	23	21	22	24	23	21	25
Social Competencies Asset	25	23	23	23	23	23	23	23	21	22	24	23	22	25
Positive Identity Asset	24	24	25	24	24	24	24	24	23	23	25	25	23	26
Personal Context	25	24	24	24	23	24	24	24	23	23	25	25	23	25
Social Context	25	24	24	24	23	24	24	24	23	24	25	24	23	25
Family Context	27	27	27	26	27	26	27	27	26	26	27	27	26	27
School Context	25	24	24	24	24	24	23	24	23	23	24	23	21	25
Community Context	20	20	20	20	19	19	19	19	18	18	21	19	18	21

5 Discussion and Recommendations

5.1 Key findings

Proportion of parents or caregivers who used physical punishment or abuse as a means of disciplining their children

Seven in ten children (74.7%) aged 6-14 experience some form of psychological or physical punishment during the 30 days preceding the survey. Forty (39.7) percent of them experienced physical punishment. Meanwhile only 8.5 percent of respondents believed that children should be physically punished, indicating contradictory attitude and practices regarding children disciplining. Boys tend to experience violence more often than girls do. Urban children (72.3 percent) are more likely than rural children (67.7 percent) to experience any psychological aggression.

If we compare the data with the 2010 ADHS study we will see that during the 5 years the situation is almost remain the same seven in ten children continue experiencing some form of psychological or physical punishment and every 4 in 10 experiencing physical punishment during 30 days preceding the survey. Thus, active steps should be taken to mobilize key CP actors and other sectors to jointly act to end violence against children. Partnering with different child focused and other stakeholders is key to have more impact, influence and sustainability. It is important to engage as many interested partners as possible to support parents in learning positive discipline and preventing further abuse cases. Including “End Violence against children” campaign in TPs will greatly support to reduce the big percentage of child abuse that remains high and with no improvement during recent five years.

% of community members (including teachers & other CP actors) who think that child should not be beaten under any circumstances

Thus, the vast majority of respondents (**67.4 percent off caregivers and 84.5 percent of CP actors**) think that parents should not beat children under any circumstances. Every fifth respondent though thinks that it is reasonable to beat child in when he/she lies and every tenth admits that it is allowed if child goes out without permission. Other options such as arguing with parents, refusing doing homework and beating sibling do reach approval level of not more than 10%.

Though only 8 % think that physical punishment is effective way to bring up children, 32.6 % of parents think that it is reasonable to beat child because of some reasons. It is important to continue engaging church through raise awareness on negative consequences of physical punishment on children development and mobilize community to act against physical punishment. For parents who think that child should not be beaten under any circumstance but use physical punishment as a way to discipline their children “Positive discipline” training will enable them using non violent methods instead.

It is recommended to use social media and other platforms to raise awareness on the issue and through different campaigns, networks mobilize actors and people to end violence and especially physical punishment against children.

Communities (incl. children) can identify, understand and respond adequately to violations of child rights in coordination/partnership with local CP mechanisms

Those who gave correct responses to suggested statements and questions from the perspective of child rights consist **52.4% of surveyed caregivers and 49.4% of surveyed children**. Inter AP distribution of answers is strikingly diverse which should be further explored. Noyemberyan index for caregivers (24%) is nearly three times lower than Aparan and Talin (69%).

It is important to continue investing in violence free schools through establishing reporting and referring mechanisms inside the schools with clear links to other CP actors and structures in the community. Collection of evidence on best practices and case studies is important to use it for national level advocacy to spread the practice in other schools in the country thus ensuring more influence and possibility to have violence free schools.

Intentional engagement of children in activities, which equip them to support having violence free schools is key and activities, should be added to strengthen this in upcoming years. CPP LH evaluation showed that only training children in signs and reporting is not enough to bring changes, engagement in actions is important. Children engagement in development of reporting and referring action plan and also implementation of some actions is important. Article 15 project can be a great help for children to act and bring changes.

TOTs for children on Child rights awareness also will be used to spread information among children about their rights and existing child protection system in Armenia and reporting and referring mechanism.

More investment and partnering opportunities should be explored for APs where the percentage of reporting and respond is very low, like Noyemberyan and Alaverdi.

Proportion of children, parent /caregivers who would report a case of child right violation.

Only one-third (**29%**) of caregivers are ready to report in all the mentioned case. Five out of six questioned survey participants told that they would not report case of child abuse if family member

* data for Aps are presented in weighted percents (weighted by AP population figures)

commits it. Nearly every second is ready to report if child discriminated in community or in the school. Majority of survey participants (58%) are ready to report case of child abuse if neighbor commits it and half of them (52%) are ready if it is the schoolteacher.

The baseline data is confirming that child abuse is continuing to be closed thread within family and big majority of participants mentioned that they will not report if it is committed by family member. It is important to make work the mandatory action of reporting child abuse cases in schools and kindergarten, like it is quite well established in health sector (hospitals, policlinics, etc). Meantime, action plans developed by schools should indicate the cases when school staff should report to Social Support territorial agency and CP units and cases when they can respond by themselves to prevent them becoming extreme. Other interventions proposed by TP aimed strengthening CP system is important to increase reporting and reduce violence against children.

Increased % of children with access to community based services

In WV Armenia AP communities Access to services is rather high with **73%** of respondents confirming that they could use any of the services enlisted in the questionnaire (list of services is presented in Figure 8) in case of necessity. Most accessible services are Schools, Church provided services and Police with 80% and higher access rate compared to least accessible services, which are State social services (50% Access rate has integrated social service and 51% access rate registered for Regional Child protection unit).

It is recommended to change the indicator and define “ Increased % of MVC with access to community based services.” or “ Increased % of children with access to state social services (Department for Family, Women and Children Issues and territorial centers for social assistance), since it is obvious that half of participants have no access or not familiar with key CP structures of the community/region. It is important both raising awareness about such services among MVC through announcements, booklets and community social workers and continue intentional cooperation of community social worker and Social support territorial agency to make those services accessible for MVC and their families.

% of parents/caregivers able to provide well for their children

According to the results of the survey presented in the Figure 10 eight out of ten respondents consider their family as middle income, 16% think that they are poor or very poor and only 1% think that they are rich. Nevertheless one fourth of middle income families could not buy new cloths (26%) and new shoes (24%) for children without external support and 13% could not ensure proper food (three times per day). Thus only **64%** of AP families could afford all five items without external support. Overall one third of families (33%) cannot afford new cloths, 30% cannot afford new shoes, 27% school items, 18% cannot afford the meal, 20% cannot keep their home adequately warm at wintertime and 24% could not ensure proper medical treatment when it was needed.

It is important intentional integration of economic development programme, local marketing, state social agencies and community social workers' efforts to support identified families who can't provide well for their children in a way which will build resilience of those families and prevent making them passive recipients. Household economic assessment form⁵ can be contextualized or developed to assist professionals for making correct decisions and further actions to build resilience of those households. One of the way to increase resilience of families is enlarging social support network of those families. Home visiting model is currently being piloted in Yerevan AP through CPP

⁵ This tool is developed by Save the Children

LH and the results will inform our further actions. Based on the results the model can be promoted to other partners, like church for further usage and application since it is very much close to church mandate and vision.

5.2 Study strengths and limitations

Our study has number of important strengths:

- First of all large sample size allowed to receive rather precise estimates for the most of indicators, not only at national but also at AP level, which will allow to track the indicator over the time across the geographic regions to assess the trends and test the intervention models and related hypothesis. In addition enrollment control study arms will allow to control for the external factors to ascertain that observed changes of indicators if any are due to programmatic interventions.
- Secondly, we used standard, internationally tested and validated tools which will allow to compare the indicators across the countries.
- And finally, study evolved collection of large number of risk factors and details on population characteristics. This information was used to assess the groups at risk for the more targeted interventions, as well as will be used in the future during the comparison stage to control for possible confounding factors.

However, study had number of limitations as well. Among them:

- The questionnaires of other TAs were extremely long and there was no requirement of limitation of questionnaire length. Administering of long questionnaires were exhausting both for interviewers and respondents and lead to unnecessarily increasing study cost.