

PART III: ARMENIA – NON-MATERIAL POVERTY

Chapter 7: Health and Poverty

A healthy population is not only crucial for any country's socioeconomic development, it is also very important for households and individuals well-being.

Armenia has performed well in sustaining certain healthcare outcomes, with relatively low levels of public expenditures as compared to a number of other countries in the Europe and Central Asia (ECA) region.

In 2014, life expectancy at birth was 71.8 years for men – an indicator higher than in most of the ECA countries – and 77.9 years for women. Both indicators exceeded their 1990 level.

Official statistics report declines in infant mortality among the age group below 1 year. In 2014, some 376 cases of under-one infant deaths were reported, and infant mortality rate per 1.000 live births was 8.8 per mille, as compared to 14.7 per mille in 1994 and 11.6 per mille in 2004. Under-five mortality rate per 1 000 live was 10.3 per mille in 2013, as compared to 21.4 per mille in 1994 and 13.0 per mille in 2004. Maternal mortality rate per 100.000 live births was 18.6 per mille in 2014, as compared to 29.0 per mille in 1994 and 26.7 per mille in 2004.

The share of consolidated budget expenditures on healthcare sector in 2014 comprised 6.1%, as compared to 6.0% in 2008 (Table 2.4)

Box 7.1

Laws and Government Decrees Developed and Enacted in 2014 in the Healthcare Sector

1. Republic of Armenia Law No AL-106-N of June 20, 2014 “On Introduction of Amendments in the Republic of Armenia Law “On Advertisement”;
2. Republic of Armenia Law No AL-136-N of November 20, 2014 “On Ensuring Sanitary and Hygienic Safety of Republic of Armenia Population”;
3. Republic of Armenia Law No AL-181-N of November 20, 2014 “ On Introduction of Addendum to Republic of Armenia Law “On Reproductive Health and Reproductive Human Rights”;
4. Republic of Armenia Law “On Promotion of Infant Breastfeeding and Turnover of Baby Food”;
5. Republic of Armenia Law “On Introduction of Addendum and Amendments to Republic of Armenia Code of Administrative Penalties”.

Government Decrees

1. No 8-N of 09.01.2014 “On Introduction of Addenda and Amendments to Republic of Armenia Decree of March 27, 2008 No-276-N”;
2. No 5-N of 09.01.2014 “On Introduction of Addenda to Republic of Armenia Decree No 809-N of July 16, 2009”;
3. No21-N of 16.01.2014 “On Introduction of Addenda to Republic of Armenia Decree 748_n of July 10, 2008”;
4. No 375-N of 27.03.2014 “On Approval of Procedure on Organization and Financing of Free State Guaranteed Medical Care and Services, as well as Establishment and Operation of Electronic Database in order to Enhance Accessibility of the Health Portfolio”;
5. Protocol decision No 15 of 17.04.2014 “On Approval of the Plan of Actions of 2014-2019 Republic of Armenia Government Strategy on Improvement and Protection of Mental Health Care and List of Measures for its Enforcement”;
6. Protocol decision No 22 of 29.05.2014 “On Approval of 2014-2018 Republic of Armenia Government Program of Anti-Infection Transmission Measures and the Plan of Actions Thereof”
7. Decree No 860-N of 14.08.2014 “On Approval of Procedure of Forensic Expertise in Order to Determine the Level of Damage to Health and Percentage of Permanent Working Disability Caused by Different Damages”;
8. Decree No 952-N of 04.09.2014 “On Approval of the List of Medical, Dental, Pharmaceutical, Public Health Specialties and Subspecialties”;
9. Protocol decision No 40 of 29.05.2014 “On Approval of Concept and 2015-2020 Plan of Actions on Improving Child Nutrition”;
10. Protocol decision No 50 of 27.11.2014 “On Approval of Strategy Program and Plan of Actions on Promotion of Healthy Lifestyle”;
11. Decree No 1529-N of 25.12.2014 “On Approval of Reference Models of Polyclinic Institutions and Indicative Figures of Population Served by Narrow Specialists and Specialists Providing Dispensary Services”;
12. Decree No 321-N of 27.03.2014 and No 789-N of 31.07.2014 “On Approval of Addenda to Republic of Armenia Government Decree No 922-N of July 7, 2011”
13. Decree No 963-N of 11.09.2014 “On Approval of Amendment to Republic of Armenia Government Decree No 1242-N of August 15, 2002”;
14. Decree No 971-N of 11.09.2014 “On Approval of Addenda to Republic of Armenia Government Decree No 1717-N of November 23, 2006”;

15. Protocol decision N40 of September 25, 2014 “On Approval of 2015 State Health Target Programs”
16. Decree No 1202-N of 30.10.2014 “On Approval of Amendment to Republic of Armenia Government Decree No 1275-N of October 29, 2009”;
17. Decree No 37-A of 09.01.2014 “On Approval of Proposal to Sign Memorandum of Understanding between Republic of Armenia and Republic of India Governments on Creation of Telemedicine Network in Armenia”;
18. Decree No 1342-N of 27.11.2014 “On Approval of Addendum and Amendments to Republic of Armenia Government Decree No 375-N of March 27, 2014”;

Government approved more than 60 resolutions presented by Ministry of Health.

State Policy Measures Implemented in the Health Sector

Medical Care and Services Sector.

1. Works aimed at standardization of the structure of the health system and functions of the organizations included in it and separation of powers were initiated, including inter alia:

- mapping of the health system in Yerevan and regions;
- pursuant to Government decree No 1529-N of 25.12.2014, Reference Models of Polyclinic Institutions and Indicative Figures of Population Served by Narrow Specialists and Specialists Providing Dispensary Services were established;
- Technical specifications of the rural health institutions, their standard structure, technical capacity, performance guidelines of key medical staff and obstetric nurses, schematic structure of the PHC system were developed;
- Draft procedure and criteria for evaluation (rating) of the performance of medical in institutions, assessment of the quality risks on provision of health services were designed;

2. With the view to regulation and improving the process of medical care and services, the following documents were developed:

- Government protocol resolution No 8 of February 26, 2015 “On Approval of Strategy for Improving the Quality of Hospital Treatment in the Republic of Armenia” ;
- 25 clinical guidelines on medical care and services were developed.

3. Beginning from August 1, 2014, informational analytical system of emergency medical help was operated throughout the whole republic, within the framework of which electronic call forms were prepared, and now all the electronic calls are automatically registered in the system. Website www.1-03.am was introduced, which provides integrated data on emergency medical services. The existing informational system of health specialists allows citizens to choose the appropriate specialists for solving their health problems address those questions and receive answers in online

mode.

4. Current situation in the areas of anesthetic, resuscitation, interventional cardiology, dialysis services was reviewed and analyzed in a comprehensive manner. At present measures are developed in order to improve the quality, and affordability of those services.

5. With the view to carrying out on-site review of the problems existing in the health sector, assessing the current situation and implementing the necessary measures, RoA Minister of health visited around 30 health institutions in regions and 20 in Yerevan.

Maternal and Child Health Care Sector.

1. The following draft papers were submitted to the Government:

- On Approval of Procedure and Requirements to the Beneficiaries of Medical Care and Services System Based on Application of Assisted Reproductive Technologies on Free or Concessional Terms (development of procedures for the use of assisted reproductive technologies by socially vulnerable population on free or concessional terms);

- Draft law “On Introduction of Amendments to the Republic of Armenia Law “On Human Reproductive Health and Reproductive Rights” (prevention of sex-selective abortions). Currently, the draft law is in the stage of revision.

- Draft Government decree “On Introduction of Addendum to Government Decree No 1717-N of 2006 (On Public Procurement of Pharmaceutical Containing Beractant Active Substance For Children Suffering from Respiratory Syndrome Disorder Caused by Immaturity), which was enacted by Government resolution of September 11, 2014;

2. Pursuant to the order of the Minister of Health, the following documents were enacted:

- “Program on Instrumental Antenatal Screening and Surveillance, Fetal Assessment, Early Detection of Malformations”, as well as the respective professional practices and guidelines;

- Order on “Improvement of Phenylketonuria Neonatal Screenings Process”, according to which phenylketonuria neonatal screenings process will be applied on a nation-wide basis;

3. Research program “On Assessment of Prevalence and Causality of Infertility and Demand for Auxiliary Reproductive Technologies”, which will be implemented by the end of this year.

Public Health Protection Sector

1. With the view to prevention of chronic diseases caused by unhealthy lifestyle, reduction of early mortality and significant improvement of the population health, the RoA Ministry of Health developed and enacted:

a) Government protocol decision “Strategy Program On Promotion of Healthy Lifestyle and Plan of Actions for its Enforcement”;

b) Government protocol decision “On Approval of Traumatism Prevention Strategy”;

c) Government protocol decision “Concept Paper on 2015-2020 Development of Health Sector and Plan of Actions to Enforce It” was developed and currently is being implemented;

2. Currently the law “On Protection of Public Health” is in the stage of development;

3. Works on introduction of the electronic health information system are underway. Before the end of the current year, the system will be piloted in several medical institutions

Sanitary-Epidemic Safety Sector

1. In September, the national immunization agenda of vaccination introduced vaccination against pneumococcus.

2. Preparatory works were implemented for the arrangement of preventive vaccination of recruits and inductees in medical aid and service organizations attached to military commissariats.

3. Works were implemented for prevention of the spread of outbreaks (brucellosis, meningitis, intestinal infections) in separate areas, as well as penetration of the Ebola virus in Armenia.

4. Within the framework of program on creation of Global Laboratory Network, the activities of laboratories in Armenia were brought in line with the international standards; systems of laboratory quality management and biosafety were introduced.

5. The necessary orders for the creation of Global Laboratory Network were developed and enacted (some of them together with other ministerial agencies).

Sector of Pharmaceuticals Policy

1. Legislative portfolio consisting of the draft law “On Medicines” and a number of other related laws was fully revised and the revised version was submitted to the Republic of Armenia government.

2. In 2014, another local producer of pharmaceuticals was awarded with the certificate of the State health Agency (SHA), which continues works on quality assurance of the local producers of pharmaceuticals. The other departments receive necessary consultations by the attracted foreign consultants. In order to raise the efficiency of SHA monitoring, process on accession to the international organization Pharmaceutical Inspection Co-operation Scheme (PIC/S) are underway.

3. Negotiations on direct centralized public procurement of pharmaceuticals from their producers in Armenia are underway.

4. In order to check safety of other publicly procured pharmaceuticals, in respect of which complaints of the patients were lodged, monitoring was performed. Works aimed at increasing the efficiency of supervision of the activities in the sector of monitoring adverse drug reactions were carried out.

5. In order to promote rational use of pharmaceuticals, increase the efficiency of fight against infectious diseases, draft government protocol decision “On Approval of the Strategy Program on Security Control and prevention Measures in the Area of Antimicrobial Drugs”, and following the

approval of the IHO European office experts the draft was shared with other relevant governmental agencies.

Health Sector Financing and Public Order

1. Works on the needs assessment of the public health system were implemented and the relevant recommendations prepared, which resulted in the increase of budgetary financing of the health system less than 2015 draft state budget by AMD 7.2 billion over the previous year.

2. In 2015, the state budget will finance introduction of another 5 projects, which are aimed at:

1) conduction of urgent heart surgeries – AMD 500 million;

2) study tours to best international clinics – AMD 36 million;

3) improvement of the availability and affordability of modern contraceptives to prevent unwanted pregnancies – AMD 45.8 million;

4) provision of medical help services for infertile couples by using auxiliary reproductive technologies – AMD 78.0 million;

5) implementation of public awareness raising campaign on healthy nutrition of children - AMD 10.1 million.

3. Beginning from 2014 July 1, works on increasing the salaries of health care providers in outpatient and polyclinic medical organizations were conducted. Average salaries of the doctors of outpatient and polyclinic medical organizations were increased by 60-70 percent, and in case of the optimal number of served population they will total in average around AMD 166,500; whereas in case of non-standard working conditions (mountainous regions, hazardous conditions) together with the increment will reach from AMD 174,500 to AMD 216,450. Currently, work is underway to collect and consolidate data on the actual increase of salaries.

Human Resource Policies

1. Inventory and mapping of human resource potential in regions was carried out with the subsequent analysis aimed at filling the gap through training of new professions and retraining and preparing the list of necessary measures to this end.

2. The list of medical, stomatology, pharmacological, public health specialties and subspecialties in the Republic of Armenia was prepared and approved during Cabinet session on September 4, 2014, which will allow to streamline the list of the authorized medical specialties in Armenia as well as job descriptions for qualification of the medical specialists will be developed, which will streamline the scope of their professional competencies.

3. Government medium-term expenditure framework provides funds for the arrangement of training of the Armenian doctors in leading foreign health institutions (annually 12-13 specialists), focusing on the most demanded and strategically important professions (oncology, hematology, radiation

medicine, etc.).

4. Active work on satisfying the acute needs of specialists in the regions through travel of the specialists from Yerevan is carried out. 9 specialists were seconded to the regions.

Sector of Inspections and Supervision

1. Draft government decree “On Approval of Procedure on State Hygienic and Anti-epidemic Control of Persons and Vehicles Crossing Customs Border of the Customs, Goods Transported through the Customs Border of Customs Union and Goods Transported through the Territory of Customs Union”.

2. 2015-2017 Ministry of Health Draft Plan of Actions Ensuing from Republic of Armenia President Directive No NK-50-N of April 22, 2014 “On Approval of the Concept Paper on Introduction of the One-Stop-Shop Principle in Procedures Applied in Republic of Armenia Border Crossing Points.”

Box 7.2

Description and Basic Indicators of Healthcare System

In 2014, in-patient treatment services were provided to the population by 130 hospitals, 67.7% of which operated under the Ministry of Health. The Ministry also managed operations of 364, or 71.5%, of 509 ambulatory/ polyclinic facilities. Healthcare facilities and potential are mainly concentrated in major towns of the country (basically in Yerevan, which has 69.1% of physicians, 42.3% of in-patient facilities, 62.6% of hospital beds, and 29.5% of ambulatory/ polyclinic facilities).

Aggregate Indicators of Healthcare System, 2009-2014

		2009	2010	2011	2012	2013	2014
Number of physicians of all specialties (person)	Total	13 177	13 591	13 490	12 938	12 664	12 896
	Per 10.000 population	40.6	41.7	41.2	42.7	42.0	42.8
Population headcount, per physician (person)			246.6	239.6	242.3	233.9	238.6
Number of paramedical personnel (person)	Total	18 516	18 649	18 820	18 784	18 426	18 053
	Per 10.000 population	57.0	57.2	57.5	62.1	61.1	60.0
Number of hospital facilities (unit)		130	127	130	130	127	129
Number of hospital beds (unit)	Total	12 068	12 160	12 236	12 241	12 268	12 514
	Per 10.000 population	37.1	37.3	37.4	40.4	40.7	41.6
Number of hospitalized patients (person)	Total	317 726	323 962	346 999	375 316	373 069	406 552
	Per 10.000 population	9.8	9.9	10.6	12.4	12.3	13.5
Average annual bed occupancy rate (day)		223	227	223	225	236	236
Average duration of in-patient treatment (average number of bed-days per patient) (day)		9.0	8.6	8.3	7.9	7.7	7.8
Number of ambulatory/ polyclinic facilities (unit)	Total	487	504	506	513	514	509
	Per 10.000 population	1.5	1.5	1.5	1.7	1.7	1.7
Number of physicians in ambulatory/ polyclinic facilities (person)	Total	4 889	4 968	4 984	5 022	4 928	4 746
	Per 10.000 population	15.0	15.2	15.2	16.6	16.3	15.8
Number of paramedical personnel in ambulatory/ polyclinic facilities (person)	Total	7 865	7 893	7 833	7 784	7 596	7 410
	Per 10.000 population	24.2	24.2	23.9	25.7	25.2	24.6
Number of junior medical personnel in ambulatory/ polyclinic facilities (person)	Total	1 115	1 094	1 098	1 083	1 058	1 021
	Per 10.000 population	3.4	3.3	3.3	3.6	3.5	3.4

Capacity of ambulatory/ polyclinic facilities (number of visitors within one shift)	Total	38 783	39 259	38 734	39 444	39 089	39 861
	Per 10.000 population	119.6	120.6	118.5	130.3	129.3	132.3
Number of visits to ambulatory/ polyclinic facilities	Total (thousand)	11	11	11	11 531.9	11	11
	Per person	212.6	318.0	502.8	3.8	656.1	676.5
Number of pediatric and maternity welfare clinics, independent clinics, facilities with pediatric and maternity welfare departments (unit)	Total	329	353	363	365	375	380
	Per 10.000 women of fertile age	12.7	13.1	13.6	15.9	15.9	16.4
Number of beds for pregnant and parturient women (unit)	Total	1 237	1 197	1 194	1 189	1 184	1 523
	Per 10.000 children	20.8	20.2	20.3	20.8	20.6	26.1
Emergency aid	Number of emergency aid stations (unit)	100	104	106	108	108	104
	Number of emergency aid calls (unit)	384 767	380 636	402 974	423 109	469 833	480 136
	Number of physicians (per 100.000 population, person)	6.7	6.5	6.7	7.4	7.5	7.0

Per Unit Indicators of Health Care System, by Regions and in Yerevan, 2014

	Number of hospitalized patients (per 100 population)	Number of hospital beds (per 10.000 population)	Average duration of in- patient treatment (day)	Average annual bed occupancy (day)	Number of ambulatory/ polyclinic facilities (per 10.000 population)	Number of visits to ambulatory/ polyclinic facilities (per person)
Yerevan	26.1	73.2	7.3	261	1.4	4.7
Aragatsotn	4.6	16.0	5.4	156	1.8	2.5
Ararat	5.8	20.7	8.3	233	2.3	3.4
Armavir	5.2	14.1	5.6	206	2.3	3.3
Gegharkunik	5.4	32.2	17.2	288	1.7	3.2
Lori	8.3	21.3	6.5	256	2.0	3.8
Kotayk	6.5	25.8	8.1	203	1.8	3.3
Shirak	9.3	35.6	7.4	193	1.3	3.4
Syunik	8.1	30.6	8.5	223	1.3	4.5
Vayotz Dzor	3.9	15.6	5.4	132	1.6	3.5
Tavush	5.9	21.5	5.3	147	2.0	2.9
Total	13.5	41.6	7.5	246	1.7	3.9

Number of Physicians and Paramedical Personnel, by Regions and in Yerevan, 2014

(person)

	Number of physicians		Number of paramedical personnel	
	Total	Per 10.000 population	Total	Per 10.000 population
Total	12 896	42.8	18 053	60.0
Of which, within the system of the Ministry of Health				
Yerevan	8 917	83.2	8 778	81.9
Aragatsotn	221	16.8	652	49.7
Ararat	468	18.0	1 032	39.7
Armavir	387	14.5	1 044	39.1
Gegharkunik	326	14.0	957	41.1
Lori	498	21.8	1 178	51.7
Kotayk	500	19.6	1 083	42.5
Shirak	545	22.1	1 429	58.0
Syunik	281	20.0	787	56.1
Vayotz Dzor	110	21.4	258	50.2
Tavush	226	17.8	574	45.3

Activity of ambulatory-policlinic facilities: In 2014, some 71.5% of 509 ambulatory/polyclinic facilities operated under the Ministry of Health.

Types of Ambulatory/ Polyclinic Facilities, by Regions and in Yerevan, 2014

	Independent				Dispensaries	Dental polyclinics		Ambulatory/ polyclinic facilities within the hospital system	Other	Total
	adults	children	health centers	rural clinics		adults	children			
Yerevan	23	2	45	-	5	24	5	36	10	150
Aragatsotn	-	-	-	16	-	2	-	6	-	24
Ararat	-	-	1	49	-	3	-	6	-	59
Armavir	2	-	1	52	-	4	-	2	-	61
Gegharkunik	3	-	-	30	-	2	-	5	-	40
Lori	5	-	4	21	1	7	1	6	-	45
Kotayk	2	-	3	30	1	3	-	6	-	45
Shirak	7	-	-	11	3	1	1	10	-	33
Syunik	-	-	-	10	1	2	-	5	-	18
Vayots Dzor	-	-	-	5	-	-	-	3	-	8
Tavush	1	-	-	18	-	-	-	7	-	26
Total	43	2	54	242	11	48	7	92	10	509

Activity of hospitals: In 2014, some 406,552 patients were admitted for in-patient treatment, which comprised 134.9 persons per 1.000 population. Among the admitted patients, 18.3% were children aged 0-14 years. Average bed occupancy rate constituted 246 bed-days, and average duration of in-patient treatment constituted 7.5 bed-days.

Some 130,303 surgical operations were implemented, of which 11.2% for children aged 0-17 years, including 82.5% for children aged 0-14 years. The share of endoscopic surgeries comprised 7.1%. The number of operated patients was 124, 643, of which 11,895 (9.5%) were children aged 0-14 years, and 2,419 (1.9%) were children aged 15-17 years. Surgeries resulted in the death of 484 patients, of which 9.5% were children aged 0-14 years. During 2014, some 401,400 persons (98.7%) were discharged from hospitals, and 5,078 persons (1.2 %) deceased.

Types of Hospitals, by Regions and in Yerevan, 2014

	Independent hospitals	Merged hospitals	Health centers	Maternity hospitals without antenatal clinic	Maternity hospitals with antenatal clinic	Dispensaries with in-patient facilities	Total
Yerevan	19	28	-	2	2	4	55
Aragatsotn	-	4	2	-	-	-	6
Ararat	1	4	1	1	-	-	7
Armavir	1	2	-	1	-	-	4
Gegharkunik	2	3	1	1	-	-	7
Lori	1	5	1	-	-	1	8
Kotayk	2	4	1	-	1	1	9
Shirak	5	4	5	1	-	2	17
Syunik	1	5	-	-	-	1	7
Vayots Dzor	-	2	1	-	-	-	3
Tavush	-	4	3	-	-	-	7
Total	32	65	15	6	3	9	130

Operations Implemented in Hospitals, by Type of Operation, 2014

	Number of operations (unit)	Of which, persons 0-17 years old		Number of operations by endoscopic method (unit)	Number of the deceased due to operation (person)	Of which, persons 0-17 years old	
		Total	Of which, persons 0-14 years old			Total	Of which, persons 0-14 years old
Nervous system	1 288	189	170	-	55	11	11
Endocrine system	1 145	3	1	1	1	-	-
Optical organs	9 052	661	497	-	-	-	-
Ear, nose, and throat	8 349	1 090	558	34	1	-	-
Respiratory organs	8 675	5 506	5 213	163	36	2	2
Cardiac	4 278	168	157	2 786	39	13	13
Vessels	5 663	32	15	113	31	-	-
Abdominal cavity organs	21 253	2 982	2 155	2 665	209	6	6
Kidneys and ureters	3 141	254	226	632	13	-	-
Prostate	1 616	8	-	694	4	-	-
Female genital organs	10 144	45	16	1 494	2	-	-
Obstetrical	31 529	53	1	148	1	-	-
Musculoskeletal system	10 000	2 181	1 905	389	52	-	-
Breast	1 747	4	4	-	4	-	-
Skin and hypodermic	4 561	978	800	-	1	-	-
Other	7 862	415	309	143	35	14	14
Total	130 303	14 569	12 027	9 262	484	46	46

Basic Indicators of Emergency Aid Service, 2009-2014

		2009	2010	2011	2012	2013	2014
Number of emergency aid stations (unit)		100	104	106	108	108	104
Number of emergency aid calls (unit)		384 767	380 636	402 974	423 109	469 833	480 136
Number of physicians (per 100.000 population, person)		6.7	6.5	6.7	7.4	7.5	7.0
Number of teams (unit)	General profile	332	347	393	399	403	221
	Specialized	28	22	25	25	28	19
	First-aid	112	115	87	81	69	39
Number of patients served by emergency calls (person)	Total	390 983	386 598	409 214	428 831	476 585	486 110
	Per 1.000 population	120.5	118.7	125.0	141.8	157.7	161.3
Emergency and regular consultation sections	Number (unit)	1	1	1	1	1	1
	Number of patients served (person)	3	22	30	68	878	51

7.1. Healthcare Services Affordability

According to ILCS 2014 data, subjective assessment of health status shows that 88.6% of population describes their health as satisfactory, good and very good, while 11.4% describe it as bad or very bad. With regard to poverty profile of subjective assessment of health status, 11.5% of the non-poor, 10.9% of the poor and 12.4% of the extremely poor population reported about bad health status. According to ILCS 2014 data, 15% of the respondents experienced sickness during the month preceding the survey.

37.6% of those, who reported being sick, consulted a primary healthcare facility for advice or treatment. Among them, the residents of other urban had such consultations more often (42.7%) than residents of Yerevan (36.3%) and rural (34.4%) communities. In comparison with the previous year, patients had less often applied for medical advice or treatment, both nationwide and by regions (the relevant indicators in 2013 were, respectively, 29.3%, 31.2%, 32.3% and 25.1%). The proportion of patients having consulted a physician varied by poverty status, as well. While 40.6% of the non-poor applied for medical advice or treatment in case of sickness, only 31.0% of the poor (excluding the extremely poor) and 13.8% of the extremely poor did so.

In case of sickness, people visited primary healthcare facilities for advice or treatment on average 1.6 times per month; at that, the non-poor did it 1.7 times, the poor (excluding the extremely poor) – 1.3 times, and the extremely poor – 1.1 times per month. The distribution of population by the type of medical specialists visited for any reason as of the last interview within the survey month is presented below (data is calculated relative to all responses provided).

Table 7.1: Armenia – Visits to Primary Healthcare Facilities, by Type of Medical Specialists and by Poverty Status, 2014 (as of the Last Interview within the Survey Month)

Types of medical specialists	(percent)			
	Non-poor	Poor (excluding extremely poor)	Extremely poor	Total
Family doctor	23.6	31.0	0.0	25.0
Pediatrician	8.1	9.6	14.8	8.5
Obstetrician/ gynecologist	4.4	3.9	0.0	4.2
Therapist	29.1	27.7	74.8	29.1
Sub-specialty consultant	20.7	17.3	10.4	20.0
Dentist	2.9	0.7	0.0	2.4
Private physician	2.8	1.0	0.0	2.4
Diagnostic center	4.0	3.7	0.0	3.9
Emergency aid	3.0	4.5	0.0	3.3
Other	1.4	0.6	0.0	1.2
Total	100	100	100	100

Source: *ILCS 2014*

It is worth to mention that 29.1% applied for consultation to a therapist, 20.0% to a sub-specialty consultant, 25.0% to a family doctor and only 2.4% consulted a private physician.

Table 7.2: Armenia – Visits to Primary Healthcare Facilities, by Type of Medical Specialists and by Urban/Rural Communities, 2014 (as of the Last Interview within the Survey Month)

(percent)

Types of medical specialists	Yerevan	Other urban	Rural	Total
Family doctor	7.6	35.6	34.5	25.0
Pediatrician	12.5	6.3	6.0	8.5
Obstetrician/ gynecologist	3.1	5.8	3.9	4.2
Therapist	29.6	26.3	31.7	29.1
Sub-specialty consultant	27.0	17.6	13.8	20.0
Dentist	2.2	2.6	2.4	2.4
Private doctor	5.1	0.9	0.8	2.4
Diagnostic center	7.3	1.9	2.0	3.9
Emergency aid	4.6	1.7	3.6	3.3
Other	1.0	1.3	1.3	1.2
Total	100	100	100	100

Source: *ILCS 2014*

It is noteworthy that therapists were visited most often in Yerevan and in rural communities, while family doctors were visited most often in other urban communities.

Table 7.3: Armenia – Payments for Primary Healthcare Services, 2014 (as of the Last Interview within the Survey Month)

(percent)

Types of medical specialists	Total payments	Including		
		Payment personnel by price-list	Gifts or services	Consultancy-related payments (X ray, laboratory examination)
Family doctor	100	40.0	1.7	58.3
Pediatrician	100	53.6	19.2	27.2
Obstetrician/ gynecologist	100	72.8	0.4	26.8
Therapist	100	50.0	3.2	46.8
Sub-specialty consultant	100	48.5	3.7	47.8
Dentist	100	98.5	0.0	1.5
Private physician	100	69.5	0.3	30.2
Diagnostic center	100	57.7	0.0	42.3
Acute care center	100	33.6	0.0	66.4
Other	100	58.0	0.0	42
Total	100	73.3	1.0	25.7

Source: *ILCS 2014*

As of the last interview within the survey month, patients having applied for assistance to the specialists of polyclinic facilities on average incurred expenses comprising 73.3% of payments to personnel by price-list, only 1% of gifts, and 25.7% of X-ray or laboratory examination payments. The amount of payments was different by poverty status. On average, payments made in polyclinics by non-poor patients were 4.0 times higher, than those made by poor patients.

Out-of-pocket payments made to personnel by non-poor patients for consultancy (X ray, laboratory examination) were around 1.7 times higher than those made by poor patients.

Around 41.2% of patients who contacted polyclinics had hypertension. As of the last interview, 37.5% of patients had undergone electrocardiography and 26.5% of patients had been checked for the level of cholesterol.

The main reasons for not applying to primary healthcare facilities were self-treatment (55%) and lack of finance (18%). The table below shows the proportion of population not applying for medical consultation or treatment, by reasons and by urban/rural communities.

Table 7.4: Main Reasons for Not Applying to Primary Healthcare Facilities, by Urban/ Rural Communities, 2014 (as of the Last Interview within the Survey Month)

	Total	Yerevan	Other urban	Rural
Total, including:	100	100	100	100
Self-treatment	55.0	60	47.9	55.0
Lack of finance	18.0	14.0	24.5	17.4
Remoteness	0.5	1.0	-	0.5
Problem was not serious	12.1	4.3	14.4	19.1
Help was not required	5.5	8.1	4.2	3.5
Relative or friend was a physician	5.2	8.2	3.7	2.8
Other	3.7	4.4	5.3	1.7

Source: *ILCS 2014*

When looking across urban/ rural communities, self-treatment as a reason for not applying for medical consultation or treatment was reported by 60% of surveyed population in Yerevan, by 47.9% in other urban communities, and by 55.0% in rural communities; lack of finance was reported by 17.4% in rural communities, by 24.5% in other urban communities, and by 14% in Yerevan. Lack of finance was reported as the second major reason in all types of communities.

Over the 12 months preceding the 2014 survey, population visited hospitals 2.1 times on average; 56% of patients spent at least one night in hospital, and average stay in hospital per patient equaled 7.6 days. Treatment duration in hospital was the following: 65.8% less than a week, 23.4% from 1 to 2 weeks, and 10.8% more than 2 weeks.

Table 7.5: Armenia – Per Patient Payments for Hospital Medical Assistance Services, by Method of Payment, 2014 (as of the Last Interview within the Survey Month)

	Total	Including			
		Payment to hospital cashier	Out-of-pocket payment to personnel (physician, nurse, etc.)	Gift (food, etc.) or service rendered to personnel	Other payments, including for laboratory and X-ray examination or medicaments
Surgeon	100	89.3	4.2	0.4	6.1
Resuscitation specialist	100	63.9	5.5	1.0	29.6
Therapist	100	51.0	7.3	1.2	40.5
Cardiologist	100	87.7	3.6	0.4	8.3
Obstetrician/ gynecologist	100	58.8	23.3	3.3	14.6
Urologist	100	71.1	6.3	0.3	22.3
Gastroenterologist	100	51.0	12.6	0.0	36.4
Oncologist	100	74.1	6.7	0.0	19.2
Endocrinologist	100	51.2	5.7	2.3	40.8
Neurologist	100	68.0	13.4	1.4	17.2
Other	100	61.7	10.2	0.3	27.8
Total	100	81.0	6.4	0.7	11.9

Source: *ILCS 2014*

As shown in the table above, out of the amount paid by each patient on average 81% went to the hospital cashier, 6.4% directly to the medical personnel, the cost of gifts constituted 0.7%, that of other payments (for laboratory and X-ray examination, or medicaments) comprised 11.9%. Subsequently, 81% of hospital payments were made to the cashier, while surgeons, cardiologists and oncologists received the largest share within these payments. The highest out-of-pocket payments were made to therapists and obstetrician/ gynecologists. The largest share of payments made for laboratory and X-ray examination or medicaments went to resuscitation specialists, gastroenterologists, neurologists and therapists.

According to ILCS 2014, health expenses comprised around 1.8% of household consumption expenditures (Table A3.9 of Annex 2) (respectively, 1.9% for non-poor; 0.8% for poor (excluding extremely poor) and 0.4% for the extremely poor households).

According to ILCS 2014, health expenses comprised 7.9% of household total expenditures on services (Table A7.1 of Annex 3).

In Armenia, the importance of the health benefit package for poor households is indisputable. Hence, given that eligibility for such package would depend on entitlement to family benefit, it is crucial not only to improve its targeting, but also to increase enrollment of poor and extremely poor population into it.

Only 7.8% of population was eligible for the basic benefit package. The breakdown by poverty status shows that the package was available for 6.6% of the extremely poor, 7.9% of the poor (excluding the extremely poor), and 7.8% of the non-poor population.

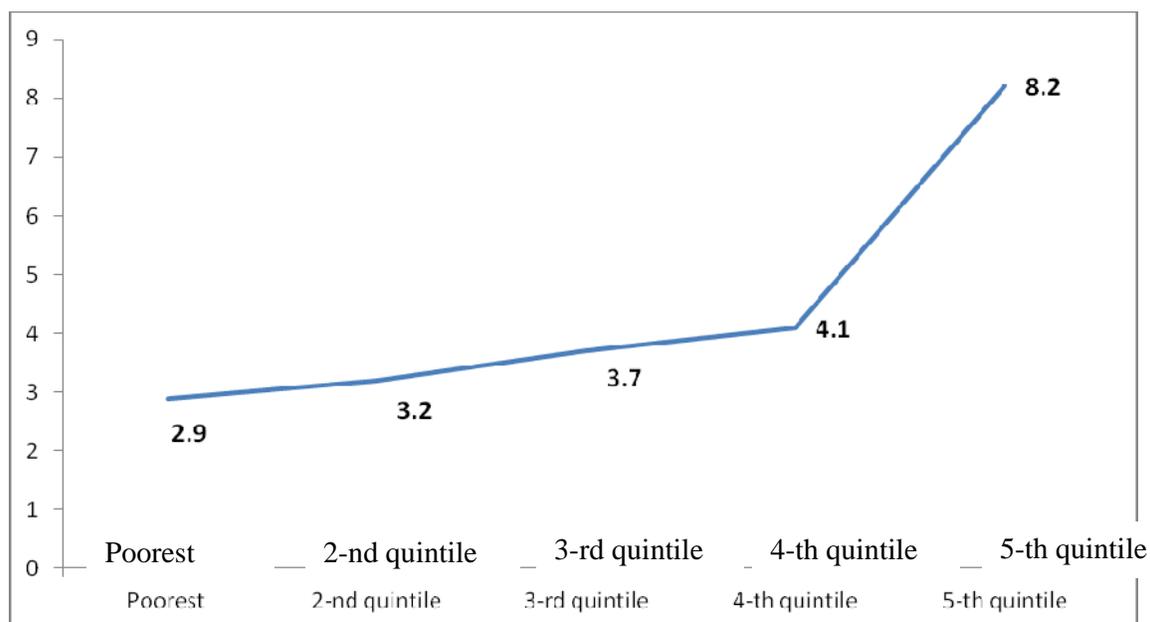
Then, only 12.3% of households receiving family benefit were eligible for the basic benefit package, including 11.8% of the extremely poor, 12.5% of the poor (excluding the extremely poor), and 12.2% of the non-poor population.

Among households not registered in the family benefit system, 7.0% were eligible for the basic benefit package, including 3.4% of the extremely poor, 6.6% of the poor (excluding the extremely poor), and 7.3% of the non-poor population. At that, 1.6% of households were not aware about their eligibility for the basic benefit package; i.e. there was unawareness issue.

Graph 7.1 depicts the share of healthcare expenditures in total consumption by quintile groups. The share of these expenditures relative to the total consumption aggregate was higher in the richest quintile group than that in the poorest quintile group (3.0% versus 0.7%). As clearly demonstrated in Table A3.9 of Annex 2, expenditures on healthcare services in the poorest quintile were more than 5 times lower than the average expenditures on those services, whereas for the richest quintile this indicator was 3.2 times higher than the average.

Graph 7.1 – Armenia: Share of Spending on Healthcare Services in Total Consumption Aggregate, by Quintile Groups, 2014

(percent)



Source: *ILCS 2014*

The distance to the nearest healthcare facility is another important indicator. ILCS 2014 provided relevant data on rural communities only. According to available data, 72.3% of rural households reported that the nearest healthcare facility was within 1 km from their residence. However, 0.5% of households reported that the distance to the nearest healthcare facility was more than 10 km away from their residence. Table 7.6 presents relevant data by quintile groups. There were differences in accessibility of healthcare facilities in rural areas across quintiles. The share of households reporting that the nearest healthcare facility was more than 10 km away from their residence ranged between 0% in the fifth quintile and 0.4% in the first quintile.

Table 7.6 – Armenia: Accessibility of Healthcare Facilities in Rural Communities, by Consumption Quintiles, 2014

(percent)

Distance	Quintiles					Total
	I	II	III	IV	V	
0-1 km	80.7	71.7	75.9	69.6	64.0	72.3
1-3 km	15.6	24.4	19.8	26.3	33.4	24.1
4-5 km	1.3	2.5	1.8	1.9	1.2	1.7
6-10 km	2.0	0.6	1.5	1.8	1.4	1.4
>10 km	0.4	0.8	1.0	0.4	-	0.5

Source: *ILCS 2014*

The share of spending on medicaments constituted 4.0% of total expenditures of surveyed households. Monthly expenditures per household member on medicaments averaged AMD 1,620, varying by poverty status from AMD 2,005 for the non-poor, AMD 752 for the poor, and AMD 320 for the extremely poor population. Monthly per capita expenditures on medicaments of non-poor

households were more than 3 times higher than those of the poor and 6 times higher than those of the extremely poor households.

The distance to the nearest pharmacy is another important indicator. While in urban communities pharmacy network is quite developed, the access appeared to be a problem in rural communities. According to ILCS 2014 data, 31.6% of rural households reported that the nearest pharmacy was within 1 km from their residence, 28.2% reported that the distance to the nearest pharmacy was more than 10 km away from their residence. Table 7.7 presents relevant data by quintile groups. Pharmacy accessibility for the richest quintile was not different than that for the poorest quintile. The share of households reporting that the nearest pharmacy was more than 10 km away from their village ranged between 24%-32% depending on consumption quintile.

Table 7.7 – Armenia: Access to Pharmacies in Rural communities, by Consumption Quintiles, 2014

(percent)

Distance	Quintiles					Total
	I	II	III	IV	V	
0-1 km	34.7	31.3	33.5	29.0	30.2	31.6
1-3 km	15.4	16.9	13.5	15.2	17.1	15.6
4-5 km	6.1	8.3	5.2	5.0	6.2	6.1
6-10 km	19.0	13.2	18.7	19.0	22.6	18.5
>10 km	24.8	30.3	29.1	31.8	23.9	28.2

Source: *ILCS 2014*

Some 35.7% of households having children under the age of 5 years took them to polyclinics for regular examination or post-natal consultancy during the month preceding the survey. The reasons for not visiting polyclinics were distributed as follows (relative to responses): services were not needed – 87%, poor quality of medical services – 0.6%, healthcare facility was too far away – 1.0%, services were too expensive – 0.4% and healthcare facility was closed down – 0.7%. Some 27.3% of households reported that their child was vaccinated, 93.6% said that the weight of the child was measured, 92.2% told that the height of the child was measured, 87.9% received consultancy on the child’s growth and development, and 36.9% reported that blood examination was carried out.

Chapter 8: Education and Poverty

Education can help people to overcome poverty. Education opens doors to employment and loans. Education provides knowledge and skills, which are necessary for increasing income and enhancing employment opportunities. When education is widely available and affordable for the poor, women, and vulnerable groups of population, it also has the potential for broader redistribution of economic growth. On the other hand, poverty forces parents to take their children out of school and send them to work, as they cannot afford educating their children.

Almost the entire population of Armenia is literate. According to the results of Census 2011, only 0.3% of the population is illiterate. Access to general education is universal for boys and girls, but not equally. In academic year 2014/2015, gender equality indicator (the ratio of gross enrollment of boys to that of girls) was 1.05; it comprised 1.01 at elementary, 1.01 at basic, and 1.22 at high school.

In contrast to basic education, enrollment in upper secondary and in tertiary education is relatively low, with rather visible differences between the poor and the non-poor. High costs of tertiary education and specifically its affordability, as well as relatively low perceived returns on education were cited as the main reasons explaining why teens from poor households drop out the educational system after completing basic education and, particularly, general secondary education.

The share of spending on education in consolidated budget expenditures decreased in 2014 (Table 2.4), as compared to 2008 (from 13.7% to 11.9%). In the sectorial composition of expenditures, the main emphasis was placed on secondary education.

Box 8.1

Educational Sector Performance in 2014

The top priority for the education sector is to enhance the quality of education such that the effective functioning of the system is ensured and equal access of people to education commensurates with their aspirations and abilities is provided.

With the view to increasing the efficiency of general education, in 2014, 36 new textbooks piloted under the new curriculum in the secondary schools of Armenia were certified for use. The system of rating general education institutions was endorsed.

In order to ensure transfer from the guaranteed minimum 9-year education to the 12-year system (including vocational training) the relevant amendments were introduced in the laws “On Education” and “On General Education”. The draft laws were submitted first to the government and thereafter to the National Assembly.

The draft standard and syllabus of the new subject “National Songs and Dances”, which will be

introduced in the 5th grade of general school, were developed. Subsequently pilot curriculum of the subjects “National Songs and Dances” and ”Music” were endorsed and are currently delivered in the 5th grade of 13 general schools.

In 2014, processes on improvement of the national minorities’ educational base and professional development of teachers were emphasized. Based on the received applications, budgetary financing was allocated for printing and supply to the relevant schools of the textbooks "Yezidi" for 1st, 6th, 7th, 11th grades and "Kurds" for 5th, 6th and 7th grades of general school.

With the view to developing capacities of national minorities, teacher training courses were arranged for Kurdish teachers in the village Alagyaz of Marz Aragatsotn where 16 teachers were involved.

One of the steps aimed at addressing challenges in the general education sector was the development of the plan of actions relating to the concept paper on development of computer production in Armenia. Given that Armenia already produces laptops, the draft government resolution on approval of multistage program on provision of free computers to 1st grad students “One Child-One Computer” and the description of its piloting stage were completed. Financing of the piloting stage will be provided by the Textbook Revolving Fund, in the framework of which the first grade students of general schools in Marz Vayots Dsor will freely receive “Armtab” tablets. The piloting project will be implemented between 2015 and 2019, when all elementary school classes in Vayots Dsor will become beneficiaries of the project. Starting from 2019, gradual expansion of the project will take place covering 1 to 2 new Marzes.

With the view to strengthening institutional capacities of preliminary (vocational) and secondary vocational system education system various measures were implemented. In order to organize the process of vocational education and training (VET) by credits scheme, “Reference Procedure on Organization of Vocational Education and Training by Credits Scheme” was enacted. Subsequently, training courses on mechanisms of introduction of credits scheme in VET system were arranged. Starting in the academic year 2014-2015, credits scheme on certain specialties was piloted in public colleges.

With the view to introduction of the system of training and certification of directors of preliminary and secondary vocational institutions, procedures were developed on selection of training institution and training of the applicant, organization of examination for certification of the eligibility to manage preliminary and secondary vocational institution, establishment of the certification commission and its activities, which were formally registered by the Ministry of Justice. At the same time procedure on the election of the directors of preliminary and secondary vocational institutions was developed and submitted to the Government.

Works on creation of effective system of vocational orientation and consultation were

implemented in 12 secondary vocational institutions. In order to evaluate the effectiveness of career guidance activities monitoring indicators were developed. Monitoring visits to public colleges were carried out with participation of foreign experts invited by ETF.

In the meantime, another 10 VET institutions were selected and authorized to introduce and develop career promotion subdivisions.

With the view to introduction of new mechanisms on professional development of VET specialists, procedure on training of professors and practical teaching specialists of preliminary and secondary vocational institutions was developed and approved, and formally registered by the Ministry of Justice.

In 2014, works on development of the system of higher professional education and increasing its efficiency were carried out. Within the framework of the process on introduction of national qualifications framework (NQF), revision of the list of professions and awarded qualifications was carried out.

With the view to developing the methodology of specification of the sectoral framework of qualifications, best global practices were reviewed. In cooperation with international experts, the NQF higher education levels and descriptors of the levels of national qualifications framework were revised and designed within the framework of EU project “Tempus Armenia”.

One of the priorities of higher professional education was the expansion of the mechanisms on compensation of education fee and free education of socially vulnerable students. To this end, draft government decree “On Introduction of Amendments and Additions to Government Decree No 1183-N of July 27, 2006” on enhancing support to socially vulnerable students was developed.

Following the analysis of social problems in the higher education system, the threshold of the average qualification score (AQS) of the students of higher education institutions for the eligibility of government partial refund of education fee was set and endorsed. Subsequently, the AQS threshold for bachelor degree students was set at 40% and for master degree students at 50%. Furthermore, with the view to raising public awareness level, a new rating system was piloted in 57 educational institutions (including branches) on nationwide basis

The methodology, indicators and calculation mechanisms for rating the higher education institutions were enacted. As a result in 2014 the system of rating of the HEIs based on 6 criteria was developed and placed on <http://ranking.armedu.am/index.php> website.

In 10 public universities the process of introduction of the innovative grant projects was initiated. The innovative projects in HEIs are implemented given the need of large scale procurement of specific equipment, which is a complicated process monitored in accordance with the World Bank procurement guidelines and procedures. Subsequently, the closing date of the World Bank Education Quality and Relevance Program II was extended with the World Bank consent.

With the view to launching Tertiary Education Management Information System (TEMIS) works on assessment and revision of relevant performance indicators were performed. The company "Synergy International Systems" has been providing guarantee maintenance of TEMIS till January 2015.

In 2014, works on monitoring 2013-2014 comprehensive plan of actions on preventing corruption risks in the sector of education and science and disclosure of the outcome through regular reports were carried out. In particular, the Ministry of Education and Science website (www.edu.am) provides an informational section called "Anticorruption Programs". Amendments and additions were introduced in various statutory acts in the sector of education, and the drafts of new statutory acts were placed on the www.edu.am and www.ktak.am websites for public review, ensuring public take-up of statutory development activities.

Transparency and public disclosure of procurements in HEIs was ensured. A school management information system was installed in 1,386 schools and TEMIS in 188 HEIs.

The system of registration of graduation certificates functioned properly and its integrated database keeps consolidated data of the last 7 academic years on the graduates of secondary schools, vocational and higher education institutions.

With the view to improving dissemination of the activities of the Ministry of Education and Science, mass media provided large overview of the comprehensive anticorruption plan of actions. Within the framework of the anticorruption training programs, the relevant topics are studied in general schools under the subject "Social Sciences", in preliminary (vocational) and secondary vocational institutions under the subject "Basics of Law" and in HEIs under the subjects "Principles of Economics", "Basics of Law" and "Political Principles".

During 2015-2017, corruption prevention measures in the education sector will be carried out within the framework of the works on development of draft anticorruption strategy coordinated by the Ministry of Justice as stipulated by "Concept Paper on Anticorruption Measures in the Public Governance System", which is placed on the website of the Ministry of Justice.

In 2014, works on the streamlining criteria for the award of the academic degrees in the area of science were performed. All the statutes existing in this area were scrutinized. The new list of scientific specialties in Armenia was developed on which academic degrees and titles are awarded. The new network of the professional councils was established and the website of Higher Attestation Commission was modified. The Ministry of Education and Science implemented all the 6 measures in the prescribed in the 2014 Government Plan of Actions within the established timelines.

In 2015, the Ministry of Education and Science will continue works aimed at improving accessibility and quality of pre-school and secondary education, expansion of the system of

provision of food to children of school age and on-going development of professional education. In 2015, it is planned to host in Armenia European Universities Chess Championship.

Box 8.2

Preschool Education Facilities

In 2014, there were 713 community, public and non-public preschool education facilities (PSEF) operating in the country, including 516 kindergartens, 168 nursery-kindergartens and 29 school-kindergartens. Within the total number of PSEFs, 655 operated under community, 6 under public and 52 under non-public administration. Gross PSEF enrollment (children of age group 0-5 years) constituted 28.7%, including 36.0% in urban communities and 16.6% in rural communities. The average number of children per group was 28, and the actual occupancy rate was 90.0%. The average attendance rate per PSEF was 102 and the average child/pedagogue ratio was 12.

Indicators of PSEF Activities, by Regions and in Yerevan, 2014

	Number of PSEFs (unit)	Number of groups (unit)		Number of seats (unit)	Number of children (person)	
		Total	Of which, groups for children of 3 years and above		Total	Of which, girls
Yerevan	214	1 133	1 004	33 886	32 000	15 517
Aragatsotn	23	84	75	2 200	2 256	1 083
Ararat	77	218	202	8 303	6 269	□ 037
Armavir	57	182	165	5 775	4 715	2 314
Gegharkunik	44	113	108	3 694	3 265	1 652
Lori	64	149	137	4 954	4 451	2 169
Kotayk	54	233	192	6 886	6 423	3 029
Shirak	51	175	152	4 799	4 546	2 245
Syunik	51	172	146	4 801	4 352	2 215
Vayotz Dzor	18	41	41	1 □40	1 029	528
Tavush	60	137	123	4 415	3 423	1 680
Total	713	2 637	2 345	80 853	72 729	35 469

Preschool Education Enrollment, by Age and Gender, by Regions and in Yerevan, 2014

(person)

	Under 1.5 years		1.5-3 years		3 - 5 years		6 years		7 years	
	Total	Of which, girls	Total	Of which, girls	Total	Of which, girls	Total	Of which, girls	Total	Of which, girls
Yerevan	84	32	4 191	2 113	19 053	9 117	8 591	4 217	81	38
Aragatsotn	-	-	193	97	1 594	718	408	□36	61	32

Armavir	-	-	287	148	3 072	1 549	1 356	617	-	-
Gegharkunik	-	-	112	57	1 877	942	1 206	603	70	50
Lori	-	-	323	168	2 587	1 250	1 477	725	64	26
Kotayk	-	-	764	367	3 360	1 615	2 184	981	115	66
Shirak	-	-	493	242	2 295	1 128	1 668	819	90	56
Syunik	4	2	561	284	2 579	1 320	1 202	605	6	4
Vayotz Dzor	-	-	3	2	698	353	328	173	-	-
Tavush	-	-	325	173	2 085	1 022	1 013	485	-	-
Total	88	34	7 682	3 858	43 104	20 876	21 331	10 407	524	294

Preschool Education Enrollment, by Gender and Age Group (0-5 Years), 2009-2014

(percent)

		2009	2010	2011	2012	2013	2014
Girls	Total	25.0	26.0	27.4	29.6	28.3	29.9
	Within 0-2 year old children	6.8	6.9	7.4	8.1	6.5	6.6
	Within 3-5 year old children	45.0	47.6	50.1	52.1	49.7	52.9
Boys	Total	22.0	23.1	24.6	26.4	26.4	27.7
	Within 0-2 year old children	5.7	5.7	6.6	7.4	6.1	5.8
	Within 3-5 year old children	39.7	42.7	44.9	46.4	46.3	49.2
Total		23.3	24.4	25.9	27.9	27.3	28.7
Within 0-2 year old children		6.2	6.3	7.0	7.8	6.3	6.2
Within 3-5 year old children		42.2	45.0	47.3	49.1	47.0	50.9

General Education Facilities

Key Indicators of General Education, 2014/2015 Academic Year

Number of schools (unit)	Number of students (person)		Student enrollment (percent)				Number of awarded graduation certificates in 2013 (person)		Number of teachers (person)
			Total	Including, by education level			Basic education	Secondary education	
	Total	Elem.		Basic	High				
1 437	359 559	38 340	87.8	93.1	92.6	72.4	30 030	23 700	39 018

Quantitative distribution of general education facilities: 1437 institutions implementing general education programs operated in 2014/2015 academic year.

Number of General Education Schools, by Regions and in Yerevan,

2014/2015 Academic Year

(unit)

	Total	<i>Including:</i>		Urban communities			Rural communities		
		Public	Private	Total	<i>Including:</i>		Total	<i>Including:</i>	
					Public	Private		Public	Private
Yerevan	257	220	37	257	220	37	-	-	
Aragatsotn	122	122	-	13	13	-	109	109	-
Ararat	112	112	-	21	21	-	91	91	-
Armavir	123	121	2	28	26	2	95	95	-
Gegharkunik	126	126	-	27	27	-	99	99	-
Lori	168	167	1	65	64	1	103	103	-
Kotayk	105	104	1	39	39	-	66	65	1
Shirak	171	167	4	58	54	4	113	113	-
Syunik	121	121	-	36	36	-	85	85	-
Vayotz Dzor	50	50	-	10	10	-	40	40	-
Tavush	82	81	1	19	18	1	63	63	-
Total	1 437	1 391	46	573	528	45	864	863	1

* The gross enrolment of students in high school classes is low, because after graduation of basic school 19.1% of students continued education in the preliminary vocational (handicraft) and secondary vocational institutions.

Student numbers and distribution: In the academic year 2014/2015, the total capacity (number of available seats) in general education schools totaled 676.558 seats, the number of students totaled 359,559, of which 47.7% were girls. Gross school enrollment constituted¹ 87.8%, 93.1% in elementary, 92.6% in basic and 72.4% in high school. The net enrollment rate² in elementary school totaled 90.8% and in basic school 92.0%. The “adjusted net enrollment rate”³ totaled 91.1% in elementary and 94.5% in basic school. Gender equality indicator (the ratio of gross enrollment of boys to that of girls) was 1.05; it comprised 1.01 at elementary, 1.01 at basic, and 1.22 at high school.

¹ Gross school enrollment indicator is the share of total number of students in the classes of the school system within the total permanent population of the statutory age of the same school system.

² Net school enrollment indicator is the share of the total number of students in the relevant school classes within the total number of total permanent population of the respective statutory age.

³ Adjusted net enrollment rate is the share of total number of students in the classes of the school system within the total permanent population of the same age group.

**Number of Students in General Education Schools, by Regions and in Yerevan,
2014/2015 Academic Year**

(person)

	Public Schools			Private Schools			Total		
	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total
Yerevan	51 879	56 089	107 968	2 908	3 526	6 434	54 787	59 615	114 402
Aragatsotn	8 104	9 379	17 483	-	-	-	8 104	9 379	17 483
Ararat	15 358	16 659	32 017	-	-	-	15 358	16 659	32 017
Armavir	15 376	17 674	33 050	193	203	396	15 569	17 877	33 446
Gegharkunik	13 587	15 714	29 301	-	-	-	13 587	15 714	29 301
Lori	14 342	15 356	29 698	20	42	62	14 362	15 398	29 760
Kotayk	16 061	17 512	33 573	55	75	130	16 116	17 587	33 703
Shirak	14 361	15 844	30 205	194	219	413	14 555	16 063	30 618
Syunik	8 083	8 368	16 451	-	-	-	8 083	8 368	16 451
Vayotz Dzor	2 994	3 524	6 518	-	-	-	2 994	3 524	6 518
Tavush	7 806	7 959	15 765	50	45	95	7 856	8 004	15 860
Total	16 7951	184 078	352 029	3 420	4 110	7 530	171 371	188 188	359 559

Student Drop-Outs, by Regions and in Yerevan, as of the Beginning of 2014/2015 Academic Year

(person)

	Total	Including, by reason:							
		Poor social-economic conditions	Parents do not send (do now allow to go) to school	Disability			Multiple disabilities	Transferred to penitentiary institution	Deceased
				Auditory disorder	Musculoskeletal system disorders	Mental retardation			
Yerevan	15	11	-	-	1	2	-	-	1
Aragatsotn	3	2	1	-	-	-	-	-	-
Ararat	23	16	5	-	1	1	-	-	-
Armavir	57	45	10	-	-	-	-	-	2
Gegharkunik	17	14	9	-	1	-	3	-	-
Lori	19	9	9	-	-	-	-	-	1
Kotayk	8	6	2	-	-	-	-	-	-
Shirak	45	10	11	-	-	-	-	24	-
Syunik	11	6	3	1	-	-	-	-	1
Vayotz Dzor	4	4	-	-	-	-	-	-	-
Tavush	32	20	9	-	-	2	-	1	-
Total	244	143	59	1	3	5	3	25	5

**Number of Basic Education Graduates of General Education Schools,
by Regions and in Yerevan, 2014**

(person)

	Number of awarded graduation certificates		Including:					
			Graduated with high achievements		Continued study in high school		Admitted to vocational education institutions	
	Total	Of which, girls	Total	Of which, girls	Total	Of which, girls	Total	Of which, girls
Yerevan	8 860	4 324	426	264	4 174	2 184	1 978	888
Aragatsotn	1 534	716	48	23	1 015	522	132	30
Ararat	2 634	1 229	73	46	1 658	846	424	153
Armavir	2 849	1 293	113	68	1 826	868	352	151
Gegharkuni k	2 640	1 254	192	121	1 802	907	361	128
Lori	2 571	1 242	55	33	1 567	804	410	175
Kotayk	2 912	1 366	94	65	1 803	982	566	179
Shirak	2 668	1 271	185	136	1 965	983	336	122
Syunik	1 399	729	138	83	923	496	165	52
Vayotz Dzor	609	280	32	20	491	243	27	4
Tavush	1 354	651	43	30	776	415	220	74
Total	30 030	14 355	1 399	889	18 000	9 250	4 971	1 956

Continuation

	Dropped out studies		Remained in 9 th grade		Put out of school	
	Total	Of which, girls	Total	Of which, girls	Total	Of which, girls
Yerevan	19	6	11	6	-	-
Aragatsotn	7	3	9	3	10	7
Ararat	15	3	16	5	6	1
Armavir	18	12	9	3	30	9
Gegharkuni k	13	4	2	1	6	-
Lori	9	2	3	1	14	8
Kotayk	2	-	12	3	-	-
Shirak	11	1	5	1	11	-
Syunik	5	1	-	-	2	1
Vayotz Dzor	-	-	1	-	-	-
Tavush	6	3	4	1	1	1
Total	105	35	72	24	80	27

**Number of Secondary Education Graduates of General Education Schools,
by Regions and in Yerevan, 2014**

(person)

	Number of awarded graduation certificates		Including:					
			Graduates with excellence medals		Did not receive a graduation certificate due to failing graduation exam(s) in previous academic years		Enrolled to PVI GVI or HEI	
	Total	o/w girls	Total	o/w girls	Total	o/w girls	Total	o/w girls
Yerevan	5 85	2 91	16	10			4 33	2 34
Aragatsotn	1 42	71			1		59	39
Ararat	2 14	1 17	9	6			86	54
Armavir	2 30	1 20	6	3	1		1 16	70
Gegharkunik	2 52	1 34	9	6	1		93	58
Lori	2 03	1 13	1		3	2	1 02	63
Kotayk	2 09	1 14					95	57
Shirak	2 30	1 18	1	1	1		1 11	64
Syunik	1 19	61	1				80	46
Vayots Dzor	57	29	1				26	14
Tavush	1 25	70	3	2			73	46
Total	23 70	12 43	51	32	9	3	12 78	7 50

Gross Enrollment in Public and Non-Public General Education Schools, by Gender, 2009-2014

(percent)

	Total	Girls	Boys
2009	90.2	91.7	88.9
2010	90.1	91.8	88.6
2011	86.3	88.5	84.4
2012	89.2	91.7	86.9
2013	87.9	90.5	85.7
2014	87.8	89.9	85.9

Gender Equality Ratio (the ratio of gross enrollment of males to that of females) in Public and Non-Public General Education Schools, 2009-2014

	Elementary school	Basic school	High school	Total
2009	1.00	1.01	1.12	1.03
2010	1.01	1.01	1.16	1.04
2011	1.01	1.01	1.20	1.05
2012	1.02	1.02	1.21	1.06
2013	1.01	1.02	1.22	1.06

Preliminary Vocational (Technical) Education

In the academic year 2014/2015, there were 44 public educational institutions in preliminary vocational (technical) education, of which 24 provided preliminary vocational (technical) and 20 provided secondary vocational education. Students were trained by basic and secondary education curricula. The number of students totaled 7,295, of which 25.2% were females. Some 98.1% of students were enrolled on tuition-free basis and 1.9% on tuition-paying basis. The gross enrollment rate was 7.4% (4.0% for females and 10% for males). Gender equality indicator (the ratio of gross enrollment of males to that of females) constituted 0.38.

Number of Students Admitted to Educational Institutions on Tuition-Free and Tuition-Paying Basis, by Regions and in Yerevan, 2014/2015 Academic Year

(person)

	Number of admitted students		Including:			
	Total	Of which, females	Tuition-free basis		Tuition-paying basis	
			Total	Of which, females	Total	Of which, females
Yerevan	1 137	312	1 097	303	40	9
Aragatsotn	210	103	210	103	-	-
Ararat	60	6	60	6	-	-
Armavir	84	28	84	28	-	-
Gegharkunik	210	54	210	54	-	-
Lori	247	58	238	57	9	1
Kotayk	375	144	375	144	-	-
Shirak	572	227	547	208	25	19
Syunik	182	85	182	85	-	-
Vayots Dzor	41	24	41	24	-	-
Tavush	149	57	148	57	1	-
Total	3 267	1 098	3 192	1 069	75	29

Number of Students Studying in Educational Institutions on Tuition-Free and Tuition-Paying Basis, by Regions and in Yerevan, 2014/2015 Academic Year

(person)

	Number of institutions (unit)		Number of students (person)		Including			
	Preliminary vocational (technical)	Secondary vocational	Total	Of which, females	Tuition-free basis		Tuition-paying basis	
					Total	Of which, females	Total	Of which, females
Yerevan	7	5	2 762	674	2 664	664	98	10

Aragatsotn	1	1	306	123	306	123	-	-
Ararat	-	1	169	11	169	11	-	-
Armavir	1	-	232	86	228	86	4	-
Gegharkunik	1	2	519	82	519	82	-	-
Lori	2	2	574	101	561	100	13	1
Kotayk	5	3	823	190	823	190	-	-
Shirak	5	-	1 106	353	1 081	334	25	19
Syunik	1	3	355	107	355	107	-	-
Vayotz Dzor	-	1	107	31	107	31	-	-
Tavush	1	2	342	81	341	81	1	-
Total	24	20	7 295	1 839	7 154	1 809	141	30

Number of Students Graduated from Educational Institutions on Tuition-Free and Tuition-Paying Basis, by Regions and in Yerevan, 2014/2015 Academic Year

(person)

	Number of graduates		Including:			
	Total	Of which, females	Tuition-free basis		Tuition-paying basis	
			Total	Of which, females	Total	Of which, females
Yerevan	805	215	777	208	28	7
Aragatsotn	108	47	108	47	-	-
Ararat	51	-	51	-	-	-
Armavir	18	18	18	18	-	-
Gegharkunik	147	29	147	29	-	-
Lori	186	33	178	33	8	-
Kotayk	284	136	284	136	-	-
Shirak	338	140	313	121	25	19
Syunik	119	77	117	76	2	1
Vayotz Dzor	33	17	33	17	-	-
Tavush	155	55	155	55	-	-
Total	2 244	767	2 181	740	63	27

Secondary Vocational Education

In the academic year 2014/2015, 8,470 students (of which, females 56.2%) were admitted to 99 public and non-public secondary vocational education institutions (SVEI), the total number of students constituted 28,483 (of which, females 54.5%), and the number of graduates constituted 7,578 (of which, females 56.7%). Students were trained by basic and secondary education curricula. The gross enrollment rate was 12.2% (13.9% for females and 10.7% for males). Gender equality indicator (the ratio of gross enrollment of males to that of females) constituted 1.29.

**Student Flows in Secondary Vocational Education Institutions,
by Regions and in Yerevan, 2014/2015 Academic Year**

	Number of SVEI (unit)	Admitted (person)		Number of students (person)		Graduated in 2013 (person)	
		Total	Of which, females	Total	Of which, females	Total	Of which, females
Yerevan	37	4 344	2 501	16 189	9 161	4 540	2 661
Aragatsotn	1	91	51	189	84	75	36
Ararat	4	511	286	1 383	649	454	250
Armavir	5	335	182	1 120	607	266	165
Gegharkunik	9	491	285	1 487	785	252	130
Lori	9	614	366	1 958	1 182	360	170
Kotayk	6	433	206	1 328	575	300	114
Shirak	12	709	402	2 389	1 256	751	431
Syunik	7	523	274	1 329	680	283	197
Vayots Dzor	3	93	53	280	172	53	28
Tavush	6	326	152	831	364	244	113
Total	99	8 470	4 758	28 483	15 515	7 578	4 295

Tertiary Education

Bachelor's Degree: In 2014/2015 academic year, 62 public and non-public higher education institutions (HEI) and 12 branches provided professional education at the first level of higher education under bachelor's programs. Some 17,473 students (of which, females 51.5%) were admitted to these institutions, the total number of students constituted 79,623 (of which, females 52.2%), and the number of graduates constituted 19,702 (of which, females 59.7%). The gross enrollment rate was 46.8% (49.4% for females and 44.2% for males). Gender equality indicator (the ratio of gross enrollment of males to that of females) constituted 1.12.

**Bachelor Degree Student Flows in Higher Education Institutions,
by Regions and in Yerevan, 2014/2015 Academic Year**

	Number of HEIs (unit)	Number of branches (unit)	Admitted (person)		Number of students (person)		Graduated in 2013 (person)	
			Total	Of which, females	Total	Of which, females	Total	Of which, females
Yerevan	51	-	14 979	7 609	68 178	35 255	16 592	10 015
Armavir	2	-	64	15	249	51	79	16
Gegharkunik	2	-	309	171	1 482	779	420	261
Lori	2	2	581	370	3 341	1 970	900	594
Kotayk	1	-	23	17	217	125	65	43

Shirak	2	5	685	390	2 739	1 636	789	359
Syunik	2	2	394	194	1 720	807	441	214
Vayotz Dzor	-	1	47	33	158	99	14	9
Tavush	-	2	391	202	1 539	857	402	252
Total	62	12	17 473	9 001	79 623	41 579	19 702	11 763

Master's Degree: In 2014/2015 academic year, 33 public and non-public higher education institutions and 9 branches, as well as 3 academic institutions provided professional education at the second level of higher education under master's programs. Some 7,373 students (of which, females 63.8%) were admitted to these institutions, the total number of students constituted 14,476 (of which, females 65.8%), and the number of graduates constituted 7,522 (of which, females 67.3%). The gross enrollment rate was 13.5% (17.3% for females and 9.5% for males). Gender equality indicator (the ratio of gross enrollment of males to that of females) constituted 1.81.

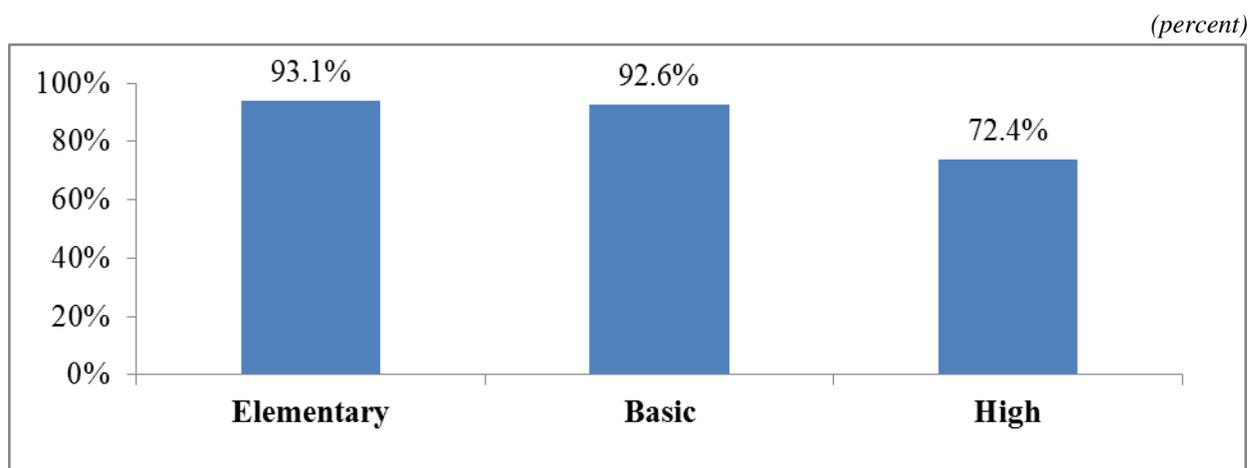
**Master Degree Student Flows in Higher Education and Scientific Institutions,
2014/2015 Academic Year**

	Number of HEIs (unit)	Number of branches (unit)	Number of scientific institutions (unit)	Admitted (person)		Number of students (person)		Graduated in 2013 (person)	
				Total	Of which, females	Total	Total	Of which, females	Total
Yerevan	28	-	3	6 584	4 153	12 968	8 461	6 781	4 501
Armavir	1	-	-	20	-	46	-	32	-
Gegharkunik	1	-	-	98	69	205	132	80	50
Lori	2	1	-	218	143	432	297	191	155
Shirak	1	5	-	339	264	615	486	329	277
Syunik	-	1	-	84	58	151	111	72	55
Vayotz Dzor	-	1	-	30	20	55	31	28	17
Tavush	-	1	-	-	-	4	4	9	7
Total	33	9	3	7 373	4 707	14 476	9 522	7 522	5 062

8.1. Enrollment in Educational System

Gross enrollment rates in general education schools in the 2014/2015 academic year, by education programs, are presented in Figure 8.1¹.

Figure 8.1 – Armenia: Enrollment in General Education Schools, by Educational Programs, 2014/2015 Academic Year



Source: RA NSS 2014

According to administrative statistical data, in 2014 enrollment in preschool education facilities (children of age group 0-5 years) totaled 28.7%, including 36.0% in urban and 16.6% in rural communities. In 2014, enrollment in preschool facilities for 3-5 year old children totaled 50.9%.

According to ILCS data, enrollment rate in preschool facilities (children of age group up to 6 years) constituted 27% and varied depending on poverty status. Particularly, enrollment among non-poor households was 29%, among poor households (excluding the extremely poor) 24%, and among extremely poor households 19%. Gross enrollment rate in preschool facilities (children of age group up to 6 years) varied by quintile groups of the consumption aggregate. Thus, it was 21% in the first quintile, 27% in the second quintile, 29% in the third quintile, 23% in the fourth quintile, and 38% in the fifth quintile.

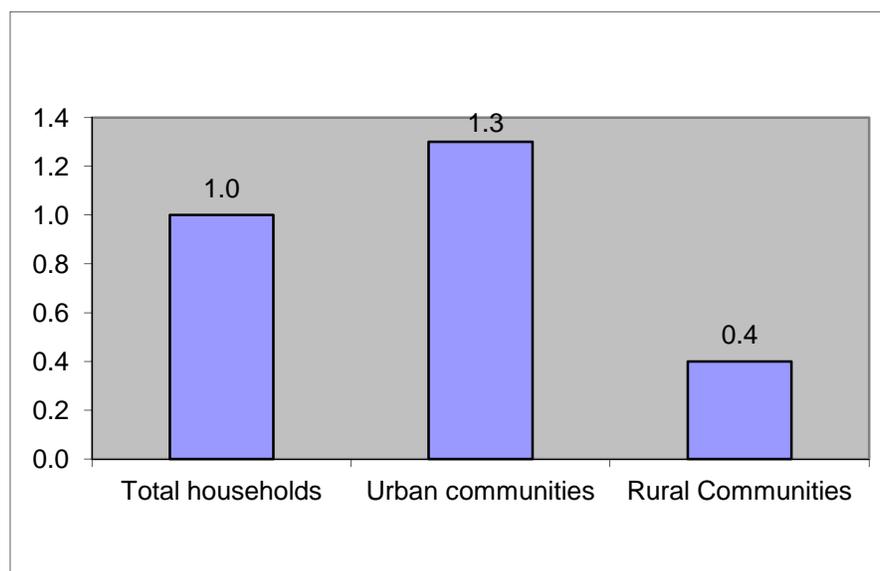
Household Spending on Education

According to ILCS data, spending on education in 2014 comprised 1.0% of total household expenditures on non-food goods and services (Table A6.1; Figure 8.2).

¹ Enrollment rates in the education system are estimated on basis of data received from administrative registers and may differ from those obtained through the ILCS.

Figure 8.2 – Armenia: Share of Spending on Education within Total Household Expenditures on Non-Food Products and Services, 2014

(percent)



Source: *ILCS 2014*

In 2014, according to ILCS data, approximately seven out of ten children of the age group up to 6 years did not attend a preschool facility. As indicated by respondents, the reasons for non-attendance were as follows: the child had a non-working mother – 59.4%, there was no kindergarten – 6.4%, the services were too expensive – 2.1%, or the preschool facility was closed down – 2.4% (Table 8.1).

Table 8.1 – Armenia: Reasons for Non-Enrollment in Preschool Education, 2014

(percent)

	Quintile					Total
	I	II	III	IV	V	
Too expensive	5.9	1.7	0.3	-	0.7	2.1
Poor feeding	0.4	-	-	-	-	0.1
Working hours not suitable	-	-	-	-	1.2	0.2
Risk of infectious diseases	0.5	-	1.4	1.2	3.2	1.1
Preschool facility closed down	2.6	1.3	2.6	1.9	3.9	2.4
Low quality of services	-	1.6	-	1.0	0.7	0.6
Non-working mother	62.5	62.0	60.4	52.1	58.2	59.4
No kindergarten	10.1	7.5	3.8	7.0	-	6.4
Already at school	1.0	2.0	0.1	-	3.2	1.1
Other	17.0	23.9	31.4	36.8	28.9	26.6
Total	100	100	100	100	100	100

Source: *ILCS 2014*

There was a difference between the poorest and the richest quintile groups. Some 5.9% of respondents in the poorest quintile reported that preschool education was too expensive, while this reason was reported by 0.7% of respondents in the richest quintile (Table 8.1).

The distance to the closest preschool facility from the household is considered as one of the key indicators of accessibility. According to ILCS 2014 data, 46% of rural residents reported that the preschool facility was up to 1 km away (respectively 45% and 46% of the richest and poorest quintiles). Meanwhile, 12% of households responded that it was more than 10 km away. Then, 5% of the richest and 11% of the poorest households reported that the closest preschool facility was more than 10 km away. Table 8.2 provides data by quintiles.

Table 8.2 – Armenia: Accessibility of Preschool Education in Rural Communities, 2014

(percent)

Rural communities	Quintile					Total
	I	II	III	IV	V	
<i>Distance to closest preschool facility</i>						
0-1 km	45.3	43.2	46.5	46.4	45.6	45.5
1-3 km	17.9	25.8	19.7	27.1	35.8	25.3
4-5 km	4.2	5.1	3.8	4.0	4.1	4.2
6-10 km	21.7	10.5	14.6	11.2	10.0	13.4
>10 km	10.9	15.4	15.4	11.3	4.5	11.6
Total	100	100	100	100	100	100
<i>Transportation means used for reaching preschool facility</i>						
Car	4.7	16.0	18.2	11.4	12.5	12.8
Bus	36.9	25.1	25.2	22.8	17.1	25.0
Taxi	1.0	0.8	0.7	0.4	-	0.6
On foot	57.4	58.1	55.9	65.4	70.4	61.6
Total	100	100	100	100	100	100

Source: ILCS 2014

Elementary School (1-4 Grades)

According to ILCS data, in 2014 gross enrollment in elementary education (1-4 grades) constituted 96% and did not significantly vary by poverty status. Enrollment in elementary education was 95% for non-poor households and 97% for poor households and extremely poor households. Gross enrollment constituted in the first poorest and third quintiles 96%, while in the second, fourth and fifth quintile respectively 98%, 95% and 94%.

In 2014, average monthly per student expenditures of households with children in elementary school totaled AMD 2 387, of which 40% was spent on textbooks, 49% on other expenses, 2% on tuition fees, and 9% on private lessons. In comparison with the average AMD 2 387, these

expenditures totaled AMD 2 692 for non-poor, AMD 1 874 for poor (excluding the extremely poor), and AMD 1 558 for extremely poor households.

Basic School (5-9 Grades)

According to ILCS data, in 2014 gross enrollment in basic education (5-9 grades) constituted 93%. Enrollment in basic education was 94% for non-poor households, 90% for poor households (excluding the extremely poor), and 92% for extremely poor households. Gross enrollment constituted 90% in the poorest quintile, 91% in the second quintile, 93% in the third quintile, and 95% in the fourth and fifth quintile.

In 2014, average monthly per student expenditures of households with children in basic school totaled AMD 3 119, of which 39% was spent on textbooks and writing utensils, 1% on tuition fees, 19% on private lessons and 41% on other expenses. In comparison with the average AMD 3 119, these expenditures totaled AMD 3 504 for non-poor, AMD 2 361 for poor (excluding the extremely poor), and AMD 1 319 for extremely poor households.

Basic education is mandatory in Armenia. After completing basic education, a small part of children of the relevant age drops out of school. According to ILCS data, in 2014 some 14.2% individuals of 15-17 years of age did not attend school. The majority of them, 89.5%, told that they had completed schooling or educational studies, whereas 1% was not willing to study anymore, 0.3% noted poor health as a reason for not continuing their education, and 1.5% reported that educational services were too expensive for them to continue studies. The rest did not attend school for other reasons.

As mandatory education in Armenia is free-of-charge, schooling expenses for elementary and secondary education are not a major problem for households. However, even this category of expenses constitutes a burden for the poor, which is more significant for the households with students at higher grades.

High School (10-12 Grades)

According to ILCS data, in 2014 gross enrollment in high school (of the age group 15-17 years) constituted 72%. At that, it was 77% for non-poor, 63% for poor (excluding the extremely poor) and 61% for extremely poor households.

In 2014, average monthly per student expenditures of households with children in high school totaled AMD 6 232, of which 21% was spent on textbooks, 25% on other expenses, 47% on private lessons, and 7% on tuition fees. Expenditures varied by poverty status, as follows: for the non-poor AMD 7 522, of which 18% was spent on textbooks, 22% on other expenses, 52% on private lessons, and 8% on tuition fees; for the poor (excluding the extremely poor) AMD 3 427, of which 34% was spent on textbooks, 37% on other expenses, 24% on private lessons, and 5% on tuition fees;

and for the extremely poor AMD 1 756, of which 40% was spent on textbooks, 44% on other expenses, 16% on private lessons and nil on tuition fees.

Higher Education Institutions

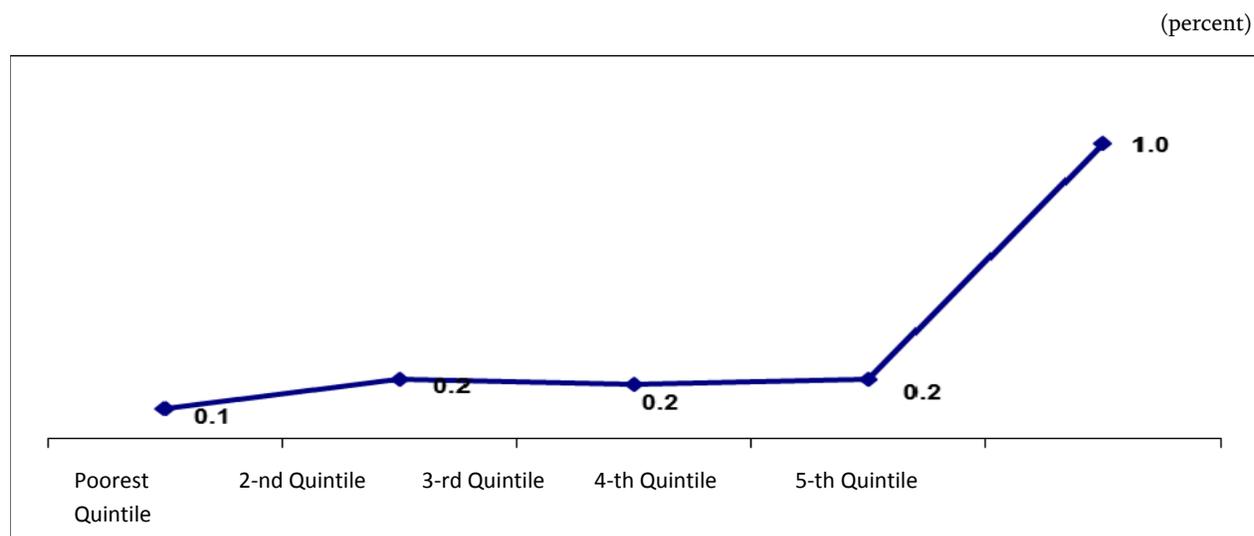
As articulated above, in contrast to basic education, enrollment in upper secondary school and in tertiary education is relatively low, with rather visible differences between the poor and the non-poor. High costs of tertiary education and relatively low perceived returns on education were cited as the main reasons explaining why teens from poor households drop out the educational system after completing basic education and, particularly, general secondary education.

According to ILCS data, in 2014 gross enrollment in tertiary education (of the age group 18-22 years) constituted 43%. Enrollment in tertiary education institutions was 47% for non-poor households, 34% for poor households (excluding the extremely poor), and 26% for extremely poor households. Gross enrollment constituted 35% in the poorest quintile, 37% in the second quintile, 42% in the third quintile, 39% in the fourth quintile, and 60% in the fifth quintile.

In 2014, average monthly per student expenditures of households with members in higher education institutions totaled AMD 31 386, of which 86% was spent on tuition fees, 6% on textbooks, 7% on other expenses, 1% on private lessons.

Figure 8.3 presents the share of spending on education in the population’s total consumption, by quintile groups. The data presented in Table A3.9 of Annex 2 suggests that the average expenditures on education for the poorest quintile were 7 times lower than the average, whereas the same indicator for the fifth quintile was 4 times higher than the average.

Figure 8.3 – Armenia: Share of Spending on Education in Total Expenditures, by Quintile Groups, 2014



Source: ILCS 2014

Some 7.6% of households reported that during the current and previous academic years they were requested to give a gift to a teacher or a lecturer. Then, 12.3% of households reported that the gift was given to the teacher or the lecturer at their personal initiative or by others' request.

One of the most important indicators of education accessibility is the distance between the household and the closest (secondary) school. According to ILCS 2014 data, 72% of respondents in rural communities reported that the secondary school was up to 1 km away. Meanwhile, 1.6% of households cited that it was more than 4 km away, whereas 0.2% of households reported that the distance to closest secondary school was more than 10 km. Table 8.3 presents these findings by quintile groups.

Table 8.3 – Armenia: Rural Communities - Distance to Closest (Secondary) School and Transportation Means Used for Reaching School, 2014

(percent)

Rural communities	Quintile					Total
	I	II	III	IV	V	
<i>Distance to closest secondary school</i>						
0-1 km	77.6	72.3	76.9	68.3	64.8	71.9
1-3 km	21.4	25.9	20.7	29.6	34.3	26.5
4-5 km	0.3	0.8	0.9	0.2	-	0.4
6-10 km	0.3	0.7	1.2	1.7	0.8	1.0
>10 km	0.4	0.3	0.3	0.2	0.1	0.2
Total	100	100	100	100	100	100
<i>Transportation means used for reaching school</i>						
Car	3.4	6.6	6.3	4.4	5.3	5.2
Bus	2.0	2.6	4.8	3.5	3.4	3.4
Taxi	0.1	-	-	0.1	-	0.0
On foot	94.5	90.8	88.9	92.0	91.3	91.4
Total	100	100	100	100	100	100

Source: ILCS 2014

For both boys and girls within the age group of 16-20 years, the main reason for not continuing education was that they completed the secondary school (63% and 58%, respectively). At the same time, the high cost of education was reported by 5.1% of boys and 5.0% of girls. The data by quintile groups is presented in Table 8.4.

Table 8.4 – Armenia: Reasons for Individuals of Age Group 16-20 Years Not to Go for Further Education, by Gender, 2014

	Quintile					Total
	I	II	III	IV	V	
Boys						
Illness	-	0.7	-	-	-	0.1
Has to work	-	0.4	-	-	-	0.1
Transportation problems	-	-	-	-	-	-
Too expensive	0.7	6.7	10.3	6.9	-	5.1
Does not want to study	2.4	2.6	-	0.4	-	1.2
Does not attend temporarily, but intends to continue studies	1.4	-	2.8	-	-	0.9
Family reasons	-	-	-	-	-	-
Finished basic school (9 th grade)	14.3	20.3	18.5	8.1	11.2	14.9
Finished secondary school (12 th grade)	77.7	54.7	55.3	64.4	58.0	62.7
Finished educational studies	3.5	14.6	13.1	17.2	30.8	14.3
Other	-	-	-	3.0	-	0.7
Total	100	100	100	100	100	100
Girls						
Illness	-	-	-	-	-	-
Has to work	-	-	-	-	-	-
Transportation problems	-	-	-	-	-	-
Too expensive	3.2	11.6	3.3	4.7	-	5.0
Does not want to study	-	-	-	-	-	-
Does not attend temporarily, but intends to continue studies	1.9	2.0	-	-	4.7	1.8
Family reasons	-	-	-	-	-	-
Finished basic school (9 th grade)	17.1	3.2	13.4	-	5.6	8.7
Finished secondary school (12 th grade)	57.9	75.0	60.8	68.3	21.3	57.9
Finished educational studies	18.1	8.2	20.0	27.0	62.1	24.6
Other	1.8	-	2.5	-	6.3	2.0
Total	100	100	100	100	100	100

Source: *ILCS 2014*

According to ILCS data, 79% of students in higher education institutions were from non-poor households, 20% from poor households (excluding the extremely poor), and around 1% from extremely poor households.

8.2. Courses for Individuals (14 Years and Above) Not Enrolled in Educational Institutions

According to ILCS data, in 2014 only 0.6% of persons aged 14 years and above not enrolled in an educational institution had attended any course within the 12 months preceding the survey. The composition of courses by duration was as follows: more than one month, 32.4%, up to two weeks, 45.5%, from two weeks to one month, 11.2%, one month, 10.9%. The state or the community had paid for the courses in most cases, 48.0%. The main objective of the courses was reported as advanced training, 38.9%, study, 22.7%, and retraining, 38.4%. The following courses were attended most often: foreign language, 15%, accounting, 10.9%, computer, 9.5%, and handicraft, 3.9%. Average monthly per course expenses of households totaled more than AMD 34 thousand, and the maximum fee constituted AMD 400 thousand.

Chapter 9: Social Transfers and Their Impact on Poverty Reduction

9.1. System of Social Transfers in Armenia

Social transfers include pensions and monetary social assistance. Pensions are an important source of income for the population, especially as far as pensioners are concerned, who often have it as the only source of income. Therefore, general welfare of the population pertaining to this group is dependent on the amount of pension (Table A9.1 of Annex 4 provides the number of pensioners in Armenia, by different types of pensions). As for monetary social assistance, the Family Benefit Program is the largest one in Armenia. It is the largest in terms of population coverage, as well as of the funds allocated from the state budget.

9.2. Perceived Impact of Social Transfers on Poverty Reduction

Although expenditures on social transfers from the consolidated budget increase every year, they still remain at a rather limited level as a share of GDP (7.2% in 2014). Nonetheless, social transfers considerably contribute to the reduction of poverty. If payments of social transfers were to be terminated and households were not able to compensate for this loss from other sources, poverty rate would significantly increase for the whole population. Thus, total poverty rate would increase by 12.7 percentage points or by 42% (from 30.0% to 42.7%), while poverty gap and severity would also considerably increase. The situation would deteriorate particularly for the population receiving social transfers.

In comparison with monetary social assistance, pensions, as a larger component of social transfers, have more significant impact on poverty reduction. However, the role of monetary social assistance, and particularly that of the family benefit, should not be diminished as well. Albeit the limited coverage of the family benefit system, it has rather good targeting since 74.1% of all beneficiaries receiving 75.9% of funds allocated to the program belong to the two bottom consumption quintiles. This, however, does not rule out the need for further improvement of program targeting, since some 49% of the poorest 20% of the population is not covered by monetary assistance programs.

Methodology

The impact of social protection programs on poverty rate in the country is assessed through the Integrated Living Conditions Survey. The analysis covers two main programs of social assistance – pensions and state monetary assistance, which include all types of monetary social assistance. With the exception of family benefit (FB), all other types of state benefits are allocated to rather narrowly

defined groups of the population; therefore, the number of persons reporting them in the ILCS is low, often not large enough to draw statistically significant conclusions

The following approach is used for assessing the impact of social transfers (pensions and state monetary assistance) on poverty rate: observed poverty indicators (“post-transfers” poverty rate) are compared with those that would be obtained if the transfers would not have been paid (“pre-transfers” poverty rate). The assessment methodology is as follows: “pre-transfers” consumption aggregate is calculated by subtracting the amount of transfers (pensions, monetary social assistance, or both) from the observed total consumption aggregate, assuming that the total amount of social transfers is converted into consumption (situation most likely for developing countries such as Armenia). Thus, the difference between the poverty rate measured using the “pre-transfers” consumption and the poverty rate that correspond to the “post-transfers” consumption provides an estimate of the impact of social transfers on poverty. This methodology is especially important for the improved targeting of social assistance. The population that should be targeted by social assistance is “pre-transfers” poor, as after having received social assistance some poor households might move out of poverty, thus affecting the validity of using the “post-transfers” population as targeted population.

The impact of pensions on poverty rate is calculated comparing the “pre-transfers” poverty rate with the poverty rate after pensions are paid, i.e., the “post-pensions” but “pre-social assistance” poverty rate¹.

9.3. What is the Impact of Social Transfers on Poverty Rate in Armenia?

In 2014, AMD 347.7 billion or 7.2% of GDP (as compared to AMD 207.9 billion or 5.8% of GDP in 2008, AMD 240.2 billion or 7.6% of GDP in 2009, AMD 244.0 billion or 7.1% of GDP in 2010, AMD 256.4 billion or 6.8% of GDP in 2011, AMD 288.5 billion or 6.8% of GDP in 2012 and AMD 294.9 billion or 6.5% of GDP in 2013) was allocated to social benefits and pensions from the state budget of Armenia. The largest constituent in social transfers is pensions, which include retirement, military, and social pensions.

Social transfers in 2014 constituted 15.8% of the gross average monthly per capita income for Armenian households, thus maintaining a higher level as compared to the previous years (16.5% in 2008, 17.5% in 2011, 17.1% in 2012 and 16.6% in 2013) (Table 6.1). Social transfers made up 25.7% of the average monthly income per adult household member in the lowest consumption quintile, whereas for households in the top consumption quintile they made up 9.2% only (Table A.3.10 of Annex 2). Looking across the types of communities, social

¹ Findings of the survey provide the picture of Armenian population with certain statistical error (deviation). “Pre-transfers” and “post-transfers” poverty rates also contain such statistical error. The impact of social transfers on poverty rate is statistically significant if the confidence intervals around the average “pre-transfers” and “post-transfers” poverty rates do not overlap.

transfers were an important source of income at 16.0% mainly for urban households outside Yerevan, whereas for households in Yerevan and for rural households they made up 13.8% and 13.5% of the average monthly income (Table A.3.10 of Annex 2).

According to ILCS 2014, family benefit was reported as a source of income by 13.3%, pensions – by 55.2%, childbirth and childcare allowances – by 1.3%, and other benefits, including privileges – by 2.3% of households (Table 9.1).

Table 9.1 – Armenia: Share of Households Having Reported Social Transfers as a Source of Income, 2008-2014

	<i>(percent)</i>						
	2008	2009	2010	2011	2012	2013	2014
Pension	50.5	51.9	52.5	53.3	53.9	53.7	55.2
Family benefit	15.3	12.2	13.4	10.2	13.5	12.2	13.3
Unemployment benefit	0.6	1.1	1.3	1.2	0.5	0.4	0.0
Childcare and childbirth allowance	0.5	0.7	1.1	1.1	1.4	1.0	1.3
Other benefits	3.7	4.2	3.1	3.2	2.6	1.6	2.3

Source: *ILCS 2008-2014*

Based on the 2014 survey findings, one can conclude that social transfers, although constituting a small share of GDP, still remain an important tool for the poverty reduction policy. If payments of social transfers (pensions and monetary social assistance) were to be terminated and the poor were not able to compensate for this loss from other sources, poverty and extreme poverty rates would significantly increase (Table 9.2). Particularly, poverty rate would increase from 30.0% to 42.7%; the poor would become even poorer since the poverty gap, i.e. the shortfall of their average consumption relative to poverty line would increase from 4.5% to 16.6%. Also, poverty would become more severe, as the poverty severity index would increase from 1.3% to 10.5%. Such unfavorable effect would be more significant for the extremely poor population. If payments of social transfers (pensions and monetary social assistance) were terminated and the extremely poor were not able to compensate for this loss from other sources, extreme poverty rate would increase from 2.3% to 17.5%; the extremely poor would become even poorer since the poverty gap, i.e. the shortfall of their average consumption relative to extreme poverty line would increase from 0.3% to 7.9%. Also, extreme poverty would become more severe, as the poverty severity index would increase from 0.1% to 7.0%.

Table 9.2 – Armenia: Poverty Mitigation Impact of Social Transfers, 2014

	<i>(percent)</i>					
	Poor			Extremely poor		
	Poverty rate	Poverty gap	Poverty severity	Poverty rate	Poverty gap	Poverty severity
Post-transfers (post-pensions and post-social assistance)	30.0	4.5	1.3	2.3	0.3	0.1

	Poor			Extremely poor		
	Poverty rate	Poverty gap	Poverty severity	Poverty rate	Poverty gap	Poverty severity
Pre-transfers (pre-pensions and pre-social assistance)	42.7	16.6	10.5	17.5	7.9	7.0
Before payment of pensions (pre-pensions and post-social assistance)	41.4	14.6	8.7	14.7	6.2	5.4
Before payment of all social assistance (pre-family benefits and other social assistance, post-pensions)	30.6	6.1	2.2	4.3	0.9	0.4
Before payment of family benefit (pre-family benefits, post-pensions and other social assistance)	30.6	6.0	2.1	4.2	0.9	0.3

Source: *ILCS 2014*

Pensions, as a larger component of social transfers, have stronger impact on poverty reduction. However, the role of social assistance, and particularly that of the family benefit, should not be diminished as well. For instance, if payments of only the family benefit were to be terminated, extreme poverty would increase by 1.9 percentage points (from 2.3% to 4.2%), and poverty rate would increase by 0.6 percentage points (from 30.0% to 30.6%). Poverty gap and severity, in turn, would increase by 1.5 and 0.8 percentage points respectively, whereas extreme poverty gap and severity would increase by 0.6 and 0.2 percentage points, respectively (Table 9.2). These indicators reflect the fact that family benefits have a particularly significant impact on extreme poverty. Observations of poverty rate impact on social transfers over 2010-2014 demonstrate the vital importance of social transfers. Non-payment of social transfers would result in the increase of poverty by 51.4% or 18.4 percentage points in 2010, by 52.0% or 18.2 percentage points in 2011, by 40.1% or 13.0 percentage points in 2012, by 43.4% or 13.9 percentage points in 2013 and by 42.3% or 12.7 percentage points in 2014 (Table 9.3). The importance of family benefit was essential for extremely poor households; thus, non-payment of family benefit would result in the increase of extreme poverty rate by 7 times in 2010, by 6 times in 2011, by 6.5 times in 2012, by 6.7 times in 2013 and by 7.6 times in 2014.

Table 9.3 – Armenia: Poverty Mitigation Impact of Social Transfers, 2010 and 2014

	(percent)			
	Poverty rate		Extreme poverty rate	
	2010	2014	2010	2014
Post-transfers (post-pensions and post-social assistance)	35.8	30.0	3.0	2.3
Pre-transfers (pre-pensions and pre-social assistance)	54.2	42.7	20.9	17.5

	Poverty rate		Extreme poverty rate	
	2010	2014	2010	2014
Before payment of pensions (pre-pensions and post-social assistance)	51.9	41.4	17.3	14.7
Before payment of all social assistance (pre-family benefits and other social assistance, post-pensions)	39.4	30.6	6.8	4.3
Before payment of family benefit (pre-family benefits, post-pensions and other social assistance)	38.8	30.6	6.5	4.2

Source: *ILCS 2010 and 2014*

Table 9.4 presents pre-transfers and post-transfers poverty indicators only for the households, which received social transfers. Non-payment of social transfers would worsen the living conditions of those households significantly. Obviously, this impact is understandably higher than when looking at the poverty impact of social transfers across the entire population, as presented in the previous table. If pensions were not to be paid and pensioners were not able to compensate for this loss from other sources, poverty rate among pensioners would considerably increase, from 33.3% to 54.0%, and the share of the extremely poor among pensioners would increase from 2.8% to 25.2%. Poverty rate among households receiving FB was much higher compared to the nationwide average; even with the receipt of FB it comprised 51.1% against 30.0% average poverty rate. Termination of FB would lead to an increase of poverty among such households from 51.1% to 56.0%, and the respective increase of the share of extremely poor from 6.3% to 20.9%.

Table 9.4 – Armenia: Poverty Reduction Impact of Social Transfers on Households Receiving Pensions and/ or Other Social Assistance, 2014

	Extremely poor	Poor	Poverty gap (P1/P0)	Poverty severity
(percent)				
<i>Households receiving pension</i>				
After receipt of pension	2.8	33.3	5.6	1.5
Before receipt of pension	25.2	54.0	23.3	14.9
<i>Households receiving social assistance</i>				
After receipt of social assistance	5.2	46.2	8.8	2.8
Before receipt of social assistance	17.7	50.2	18.1	8.3
<i>Households receiving family benefit</i>				
After receipt of family benefit	6.3	51.1	10.0	3.2
Before receipt of family benefit	20.9	56.0	21.0	9.8

Source: *ILCS 2014*

Note: Poverty gap (P1/P0) indicates the average shortfall of consumption of the poor or extremely poor population relative to, respectively, the total or food poverty line.

Termination of monetary assistance would not only increase the number of persons below the poverty line, but also intensify poverty gap and severity. Hence, the social transfers have a significant poverty reduction effect on households who receive them: the transfers might not lift all

of the recipient households out of poverty, but they significantly reduce the poverty gap and severity of poverty among them.

Looking at the impact of family benefit in terms of poverty reduction across regions also highlights its importance, especially for the extremely poor population. The impact of family benefit on reduction of extreme poverty remains significant in Yerevan and in all regions. If family benefits were not to be paid, and the households were not able to compensate for this loss from other sources, the increase in extreme poverty would range between 0.3% - 5.9%. Family benefits were quite vital for the extreme poor population in Tavush, Vayots Dsor, Shirak, Lori and Gegharkunik regions, given the fact that non-payment family benefits would result in an increased share of extremely poor population within the range of 2.0 - 3.2 times.

Non-payment of family benefits would lead to an increase of total poverty rate by 11% in Tavush region, by 5% in Lori region and by almost 3% in Vayotz Dzor, Shirak and Syunik regions (Table 9.5).

Table 9.5 – Armenia: Poverty Reduction Impact of Family Benefit, by Regions, 2014

(percent)

	Post-transfers (post-pensions and social assistance)		Before payment of family benefit (pre-family benefits, post-pensions and other social assistance)		Impact of non-payment of family benefit, percentage point	
	Extreme poverty rate	Poverty rate	Extreme poverty rate	Poverty rate	Extreme poverty rate	Poverty rate
Yerevan	2.0	25.2	2.9	25.4	0.9	0.2
Aragatsotn	0.5	18.7	0.8	18.9	0.3	0.2
Ararat	1.6	28.5	3.7	28.5	2.1	0
Armavir	2.9	29.0	3.8	29.0	0.9	0
Gegharkunik	2.1	32.3	4.3	32.6	2.2	0.3
Lori	3.0	36.4	6.7	38.3	3.7	1.9
Kotayk	2.9	37.2	4.1	37.7	1.2	0.5
Shirak	3.8	44.2	8.7	45.4	4.9	1.2
Syunik	1.0	24.2	1.4	24.8	0.4	0.6
Vayotz Dzor	0.6	18.2	1.9	18.8	1.3	0.6
Tavush	2.7	30.6	8.6	34.1	5.9	3.5
Total	2.3	30.0	4.2	30.6	1.9	0.6

Source: *ILCS 2014*

9.4. Effectiveness of Social Transfers

Who receives the social transfers? In order to estimate the effectiveness of social transfers based on the findings of the household survey, the coverage of the “pre-transfers” poor, extremely poor, as well as non-poor population in social assistance programs has been examined. The higher is the coverage of poor and extremely poor population and the lower is that of non-poor population, the more effective are the social transfers in reaching the needy population.

Study of the family benefit system shows that the coverage of the extremely poor by the FB system changed – in 2014 only 65.8% of the “pre-FB” extremely poor households received family benefit, as compared to 77.5% in 2008 (Table 9.6). At the same time, in 2014 some 8.4% of the “pre-FB” non-poor households received family benefit, which constituted a growth compared to the previous period (7.4% in 2008).

It should be noted that pension, as opposed to family benefits, are supposed to be paid to all eligible individuals irrespective of their poverty status. Therefore, there is no coverage issue related to pensions. However, coverage of the poor and non-the poor by the family benefit program needs improvement.

Table 9.6 – Armenia: Beneficiaries of Social Transfers, 2008 and 2014

(percent)

	Before receipt of social assistance		Before receipt of family benefit		Before receipt of pension	
<i>Coverage of “pre-transfers” population by pension and social assistance programs</i>						
	2008	2014	2008	2014	2008	2014
Poor	37.6	27.1	33.8	24.2	70.9	72.0
Extremely poor	79.3	67.4	77.5	65.8	95.4	94.9
Non-poor	11.2	11.9	7.4	8.4	36.5	43.4

Source: ILCS 2008 and 2014

Note: Coverage of the poor and extremely poor is higher than coverage of the non-poor

Social transfers and inequality: The ILCS estimates indicate that social transfers contribute to the reduction of inequality in the distribution of consumption. In 2014, the “pre-transfers” Gini coefficient for consumption distribution is reduced from 0.377 to 0.289 when pensions are added to the consumption aggregate, and is further reduced to 0.277 when all social transfers are added (Table 9.7).

Table 9.7 – Armenia: Impact of Social Transfers on Inequality in Distribution of Consumption Aggregate (Gini Coefficients of Consumption Aggregate), 2008-2014

	2008	2009	2010	2011	2012	2013	2014
Pre-transfers (before payment of pensions and social assistance)	0.316	0.346	0.359	0.357	0.359	0.354	0.377
Before payment of social assistance (including pensions, excluding social assistance)	0.258	0.272	0.282	0.280	0.282	0.282	0.289
Post-transfers (after receipt of all social transfers)	0.242	0.257	0.265	0.267	0.269	0.271	0.277

Source: ILCS 2008-2014

9.5. Family Benefit

According to ILCS 2014 outcomes, 12.6% of Armenia’s households applied for FB, were found eligible and received the benefit, 0.5% was registered in the FB system but did not receive the

benefit, and 0.3% was registered in the system and received emergency assistance. The vast majority of households, 86.6%, never applied for FB; among them, 54.1% did so because they were not sure they would qualify, while 19.9% believed they were well-off and did not need it. The longest benefit eligibility period constituted 2 years (14.1% of households), followed by 1 year (13.6%) and three years (13.3%). Among households that were awarded with emergency assistance during the last 12 months, 40.3% received it once, 29.6% 4 times, 27.9% 3 times and 2.2% two times.

In 2014, 13.4% of households applied for family benefit and 94% of the applicants were found eligible.

However, the share of households disqualified for the benefit in 2014 was rather low (around 1%). Among them, 87% were verbally informed about the termination or denial of the benefit; at that, the reasons for termination or denial were clear for 31%, but 9% appealed the decision, whereas such reasons were not clear for 21% and they sought clarification. Some 47% of households definitely indicated that it was not easy to get all the necessary documents for registration, and 15% have paid to get the documents.

Some 95% of the registered households were fully or partially satisfied with the services of social inspectors. Only 33% of households reported the changes occurred in the family after registration to the social service, and 59% of them had no changes to report.

Only 26% of households considered that FB system is fair, whereas 16% found it to be unfair, 24% were not sure about it and 34% couldn't state their opinion. As to the question on the proportion of FB beneficiaries who were really needy, the majority of households (48%), felt hard to answer and opinions of the others were distributed as follows: 12% thought that almost all beneficiaries were needy, 10% thought that more than half were needy, 12% thought that half of them were needy, 12% thought that less than half were needy and 6% thought that a very small part of the beneficiaries were needy. Over the 12 months preceding the survey, only 5.3% of households received humanitarian aid.

Table 9.8 presents the distribution of the FB budget and the FB beneficiaries by "pre-FB" consumption quintile groups, based on the ILCS findings. The available data clearly show that in 2014 some 74.1% of the beneficiaries were in the lowest "pre-FB" consumption quintiles receiving 75.9% of the FB budget. The factual "leakage" of FB funds was the resources distributed to the beneficiaries in upper consumption quintiles; that is 14.4% of the beneficiaries receiving 13.0% of the FB budget, were not needy. This is indicative of the need for further improvement of program targeting, since some 49% of the poorest 20% of the population is not covered by cash support programs.

Table 9.8 – Armenia: Distribution of Family Benefit and Other Social Assistance Recipients and Resources across “Pre-PFB” Consumption Quintiles, 2014

(percent)

	Quintile				
	Lower	II	III	IV	Upper
<i>Family benefit</i>					
Beneficiaries	50.6	23.5	11.5	8.9	5.5
Resources	53.3	22.6	11.1	8.3	4.7
<i>Social assistance (including family benefit)</i>					
Beneficiaries	47.5	22.7	11.7	9.3	8.8
Resources	25.0	21.8	19.0	17.3	16.9

Source: *ILCS 2014*

Which groups of the population are more likely to be included into or excluded from the FB system? According to the ILCS estimates, households with 4 and more children and with no labor force active member or labor income have higher poverty risk.

Poverty rate is also high among households without migrant members (Table 9.9).

Table 9.9 – Armenia: Poverty Status and “Pre-FB” Coverage, by Specific Groups of Households, 2008 and 2014

(percent)

Household type	Extreme poverty rate		Poverty rate		Coverage of the “pre-FB” poor	
	2008	2014	2008	2014	2008	2014
With 4 and more children	23.1	13.4	56.7	50.6	76.7	62.5
No labor force active member	11.6	10.2	43.6	41.5	71.1	65.7
No labor income	8.3	6.5	37.6	35.0	69.4	56.7
Rural landless	4.0	4.6	28.3	30.7	65.8	59.4
No migrant member	4.8	4.3	31.1	32.0	68.3	57.3

Source: *ILCS 2008 and 2014*

Determinants of likelihood to receive the family benefit: In order to identify the factors that have a decisive influence on the likelihood of a particular household to receive the family benefit, parameters of a statistical model were estimated (for regression results see Table A9.2 in Annex 4). The examined factors, which may be closely associated with the incidence of the family benefit are the following: characteristics of the household, i.e. size of the household, age, education and gender of the household head; economic variables of the household, i.e. labor market status of household members and consumption per adult equivalent; as well as other characteristics such as housing conditions (house, apartment, temporary lodging or other), and car and land ownership¹. These

¹ Most of these factors are included in the formula that is applied for the eligibility testing of the applicant households.

factors are used as explanatory variables in a probit model, where incidence of social assistance represents the dependent variable.

Families with children children, as compared to other age categories, are more likely to receive FB. The larger the share of children in the household, the higher the probability that the household receives FB relative to the reference category (the share of adults between 45 and 60), keeping the household size constant. Household members aged 0-5, 6-14, and 15-18 years have a positive effect on the likelihood of receiving FB (by 10.2, 9.8 and 9.8 percentage points, respectively).

Female-headed households are more likely to receive FB (by 3.8 percentage points) than male-headed households, being similar in other characteristics.

Households with heads having tertiary education have, on average, much lower probability of receiving FB relative to those with heads having primary education only.

Labor market status of the household head is tightly associated with the incidence of FB. If the household head is unemployed, the likelihood of receiving FB for such household is higher (by 9.5 percentage points) relative to the reference category, i.e. households with an employed headed.

Another factor explaining the incidence of FB is car ownership; it reduces the likelihood of receiving family benefit (by 5.4 percentage points).

Contrary to what could be logically anticipated, living in temporary lodgings reduces the likelihood of receiving FB (by 5.2 percentage points).

Chapter 10: Housing Conditions

Integrated Living Conditions Surveys (ILCS) provide a unique opportunity to collect data on housing conditions of the population, accessibility of utility services, and other data related to housing issues. This chapter presents a comparative analysis of the main indicators of housing conditions for the period of 2008-2014, based on ILCS data.

10.1. Housing Conditions

As of 2014, most of the households in Armenia (92%) owned their homes. Multi-apartment buildings were most common in urban communities – with 67.5% share in total dwelling, whereas private houses with 94.0% share in total dwelling dominated in rural communities (Table 10.1). In 2014, the majority of people living in hostels resided in Yerevan. The proportion of residents of hostels, temporary dwellings and other abode was 4.7% in urban and 1.8% in rural communities. Most of the people living in temporary dwellings were poor and belonged to the first quintile.

Table 10.1 – Armenia: Households, by Type of Dwelling, Domicile, Poverty Rate, and Quintile Group of Consumption, 2014

	Total	Including, by type of dwelling					(percent)
		House	Apartment	Hostel	Temporary dwelling	Other abode	
<i>By domicile</i>							
Urban, <i>including</i>	100	27.8	67.5	1.9	2.5	0.3	
Yerevan	100	23.8	73.3	2.1	0.3	0.5	
Other urban	100	32.0	61.4	1.7	4.8	0.1	
Rural	100	94.0	4.2	-	1.8	0.0	
Total	100	50.2	46.1	1.3	2.2	0.2	
<i>By poverty rate</i>							
Non poor	100	50.1	47.3	1.3	1.2	0.1	
Poor	100	51.1	42.8	0.9	4.8	0.4	
Extremely poor	100	43.1	41.7	3.5	11.7	-	
<i>By quintile groups of consumption aggregate</i>							
First	100	52.6	39.9	1.3	5.9	0.3	
Second	100	51.8	43.9	0.6	3.5	0.2	
Third	100	52.8	43.7	1.6	1.9	-	
Forth	100	51.7	45.5	1.8	0.8	0.2	
Fifth	100	43.8	54.5	1.0	0.5	0.2	

Source: ILCS 2014

Occupancy rates are a serious problem in the country. According to 2014 survey data, the average occupancy rate of a 1-room apartment was 2.32 persons. Occupancy rates differed by poverty status. Thus, according to survey data, occupancy rate of 1-room apartments in the bottom quintile was 1.5 times higher than in the top quintile. In 2014, this occupancy rate comprised 2.76 persons in the bottom and 1.89 persons in the top quintile. Some 623 (as compared to 877 in 2008 and 594 in

2013) out of 1000 households living in a 1-room apartment had 2 or more habitants. Rural households in 2014 had more living space than urban ones (Table 10.2). However, in terms of the availability of necessary amenities, urban housing was in a much better situation than the rural one. Only 14.4% of rural households reported having in-house (functional) kitchen, cold water supply, flush toilet, and bathtub, whereas in urban communities such households comprised 88.7%.

Table 10.2 – Armenia: Availability of Living Space, 2014

(per household member, square meter)

Total availability of living space, including	24.15
Urban communities	21.83
Rural communities	28.21

Source: *ILCS 2014*

Survey findings also reflect on the surveyed households' subjective assessment of their dwelling conditions (Table 10.3). In 2014, most of the households, particularly 60.1%, rated their dwelling conditions as satisfactory (as compared to 60.2% in 2008, and 63.1% in 2013). Every sixth household (around 18%) rated their dwelling conditions as bad, and a further 4% – as extremely bad. Only 17.6% considered their dwelling conditions to be good or very good (as compared to 12.2% in 2008 and 16.9% in 2013). The subjective assessment of dwelling conditions was further broken down by the domicile, poverty status, and quintile groups of consumption aggregate. In 2014, urban households were more satisfied with their dwelling conditions than comparable rural households (Table 10.3).

Poorer households in the lower quintile groups were less satisfied with their dwelling conditions than the non-poor, and the level of satisfaction was higher in upper quintiles. In the bottom consumption quintile 40% assessed their dwelling as bad or extremely bad, whereas in the top quintile such assessment was reported by 13% of households.

Table 10.3 – Armenia: Households' Subjective Assessment of Dwelling Conditions, 2014

(percent)

	Total	Subjective assessment of dwelling conditions				
		Very good	Good	Satisfactory	Bad	Very bad
<i>By domicile</i>						
Urban, including	100	1.0	18.3	59.5	16.8	4.4
Yerevan	100	1.2	15.4	63.1	16.7	3.6
Other urban	100	0.7	21.3	56.0	16.9	5.1
Rural	100	0.5	13.8	61.3	20.9	3.5
Total	100	0.8	16.8	60.1	18.2	4.1
<i>By poverty rate</i>						
Non poor	100	1.0	19.0	62.5	14.9	2.6
Poor	100	0.2	11.1	54.8	26.6	7.3
Extremely poor	100	-	0.8	36.5	41.4	21.3
<i>By quintile groups of consumption aggregate</i>						
First	100	0.2	9.0	51.3	29.4	10.1
Second	100	0.6	11.7	61.2	21.9	4.6
Third	100	0.4	16.0	60.8	19.4	3.4
Forth	100	0.5	18.5	65.1	13.6	2.3
Fifth	100	2.0	24.8	60.5	11.0	1.7

Source: *ILCS 2014*

Note: *The poor in this table are defined as the total number of the poor minus the extremely poor cohort*

Poor and, particularly, extremely poor households were more likely to reside in substandard dwelling. While in general 23.2% of households were not satisfied with the size of their living space, the share of the essentially dissatisfied respondents was 29.9% among the poor and 45.9% among the extremely poor (Table 10.4). Similarly, the main complaints from the extremely poor were about poor heating and dampness, as well as damaged walls and floor, leaking roof, poor lighting and water supply.

Table 10.4 – Armenia: Household Complaints about Housing Conditions, by Poverty Rate, 2014

	(percent)		
	Non poor	Poor	Extremely poor
Total	100*	100*	100*
Insufficient living space	20.4	29.9	45.9
Noisy neighbors and surroundings	5.1	4.6	4.2
Poor lighting	8.7	21.1	31.7
Poor heating	40.6	55.9	75.5
Dampness	27.9	40.5	60.2
Leaking roofs	13.6	18.3	36.4
Dilapidated walls and floor	17.5	31.4	60.3
Broken frames and doors	14.3	25.8	49.4
Heavy traffic	3.4	1.7	1.8
Industrial pollution	3.8	2.2	-
Frequent breakdowns of elevator	4.8	3.2	5.7
Poor water supply	17.5	20.9	34.7
Poor garbage disposal	20.4	28.4	31.8
Poor maintenance of public areas and yards of multi-apartment buildings	17.2	17.0	27.3
Lack of green zones	45.8	49.5	55.0
Other	0.3	0.4	-

Source: *ILCS 2014*

Note: * *The total amount exceeds 100% as the households might have chosen several options of responses*

In 2014, only 3.1% or 25.2 thousand households reported to have renovated their dwelling in the year prior to the survey; most of them (85.6%), were non-poor households, whereas the same indicator for poor households totaled 14.3% and 0.1% for extremely poor.

10.2. Access to Drinking Water, Sewerage, and Garbage Disposal

Access to drinking water: According to ILCS 2014, the majority of households reported having access to a centralized water supply system. Such systems were available to about 99.7% of urban and 95.5% of rural households (Table 10.5).

Among the households with centralized water supply, 93.4% had in-house water supply, 5.0% had a water tap in the yard, and the remaining 1.6% used a tap on the street.

Table 10.5 – Armenia: Access to Drinkable Water, 2008 and 2014

(percent)

Main source of water	Country total		Urban communities		Rural communities	
	2008	2014	2008	2014	2008	2014
Centralized water supply	97.1	98.3	99.5	99.7	92.4	95.5
Less than one hour	0.7	0.0	0.1	0.0	1.9	0.1
1-5 hours	31.3	12.8	31.2	8.6	31.4	21.5
6-12 hours	28.6	16.2	32.6	14.3	20.5	20.0
13-23 hours	5.7	8.8	5.9	10.1	5.3	6.2
24 hours	33.7	62.2	30.2	67.0	40.9	52.2
Spring water, well	1.2	0.5	0.1	0.3	3.1	0.8
Own system of water supply	0.5	0.8	0.1	-	1.3	2.7
Delivered water	1.1	0.2	0.2	-	3.0	0.5
Other sources	0.1	0.2	0.1	0.0	0.2	0.5

Source: *ILCS 2008 and 2014*

However, access to a centralized water supply system did not necessarily amount to appropriate water supply services. In 2014, water was available to households only for about an average of 18 hours daily. Only 62.2% of households with centralized water supply systems reported to have 24-hour supply. While this was an obvious improvement as compared to 2008, still 12.8% of households had water for only 1-5 hours daily. Moreover, not all communities in the country had water supply on daily basis. On average, households had water supply for 29.6 days within a month. In 2014, as much as 0.2% of urban households had water supply for 1-7 days, 0.1% – for 2 weeks, and 2.0% – for 3 weeks within a month. None of the rural households was cut from water supply 1-7 days in a month. 1.9% of rural households had water supply for 2 weeks and 6.7% – for 3 weeks within a month. Overall, 0.1% of households in the country had water supply for 1-7 days, 0.7% – for 2 weeks, and 3.5% – for 3 weeks within a month.

Table 10.6 – Armenia: Availability of Water Supply Services, by Quintile Groups of Consumption Aggregate, 2008 and 2014

(percent)

	First quintile		Second quintile		Third quintile		Forth quintile		Fifth quintile	
	2008	2014	2008	2014	2008	2014	2008	2014	2008	2014
Centralized water supply	96.6	98.2	96.4	97.0	96.0	98.3	97.8	98.3	98.2	99.1
Less than 1 hour	1.1	-	1.0	-	0.5	-	0.5	-	0.5	0.1
1-5 hours	35.5	15.7	33.8	14.3	28.6	12.5	30.1	13.4	29.4	9.6
6-12 hours	24.0	16.8	26.9	14.6	28.2	17.4	32.7	17.7	30.3	14.4
13-23 hours	4.5	8.0	6.5	10.0	6.2	10.4	5.1	9.2	6.1	7.0
24 hours	34.9	59.5	31.8	61.1	36.5	59.7	31.6	59.7	33.7	68.9
Spring water, well	1.6	0.5	1.2	0.4	1.1	0.5	1.4	0.4	0.6	0.5
Own system of water supply	0.5	0.9	0.7	2.0	0.8	0.7	0.3	1.1	0.5	0.3
Delivered water	1.0	0.1	1.7	0.4	2.0	0.3	0.3	0.1	0.7	-
Other sources	0.3	0.3	-	0.2	0.1	0.2	0.2	0.1	0.0	0.1

Source: *ILCS 2008 and 2014*

In 2014, availability of centralized water supply in households did not significantly differ across quintiles of consumption aggregate and ranged between 97-99%.

Nevertheless, 17.5% of non-poor households, 20.9% of poor households and 34.7% of extremely poor households reported about poor water supply services (Table 10.4).

Centralized sewerage system: More households had access to a centralized sewerage system in 2014, as compared to 2008 (68.5% and 66.7%, respectively) (Table 10.7).

Table 10.7 – Armenia: Access to Centralized Sewerage System, 2008 and 2014

	Urban		Yerevan		Other urban		Rural		Total	
	2008	2014	2008	2014	2008	2014	2008	2014	2008	2014
Centralized sewerage system	91.1	94.9	96.5	98.1	85.5	91.6	19.0	16.5	66.7	68.5
Centralized sewerage system not operational	0.2	5.0	0.1	1.8	0.3	8.4	1.3	83.5	0.6	31.5
No sewerage system	8.7	0.1	3.4	0.1	14.2	0.0	79.7	0.0	32.7	0.0

Source: *ILCS 2008 and 2014*

With respect to the access to a centralized sewerage system, differences between urban and rural areas were rather significant. Residents of Yerevan had almost universal access to a centralized sewerage system (98.1%). Other urban communities reported 91.6% accessibility of centralized sewerage systems, whereas in rural communities this indicator was 16.5% only. This is an important issue since availability of a sewerage system has strong implications in terms of sufficient sanitary conditions and healthcare.

Data on availability of a centralized sewerage system differentiated by quintile groups of consumption aggregate (Table 10.8) demonstrates that the richest fifth quintile group had better access to such systems than the poorest quintile group (76.2% versus 62.1%).

Table 10.8 – Armenia: Availability of Centralized Sewerage System, by Quintile Groups of Consumption Aggregate, 2014

	Quintile groups of consumption aggregate				
	I	II	III	IV	V
Centralized sewerage system	62.1	66.9	67.0	67.2	76.2
Centralized sewerage system not operational	37.7	33.1	32.9	32.8	23.8
No sewerage system	0.2	-	0.1	-	-

Source: *ILCS 2014*

Garbage disposal: In 2014, the share of households using centralized garbage disposal services (garbage collector system, disposal by truck, garbage piled up for disposal) increased in comparison with 2008 (87.2% versus 80.9%) (Table 10.9). Urban communities and, in particular, Yerevan are relatively better served in terms of garbage disposal than rural communities, where households often

rely on burning or burying garbage. A certain part of the households, 31.8% of the extremely poor, 28.4 % of the poor, and 20.4% of the non-poor were dissatisfied with garbage disposal services (Table 10.4).

Table 10.9 – Armenia: Garbage Disposal, 2008 and 2014

	(percent)									
	Urban		Yerevan		Other urban		Rural		Total	
	2008	2014	2008	2014	2008	2014	2008	2014	2008	2014
Garbage collector system and/ or disposal by truck, garbage piled up for disposal	98.0	99.3	99.5	100	96.5	98.6	47.4	63.3	80.9	87.2
Garbage burned	0.8	0.5	0.1	0.0	1.5	1.1	31.9	26.7	11.3	9.4
Garbage buried	0.4	0.0	0.1	0.0	0.6	0.0	10.4	7.8	3.8	2.6
Other	0.8	0.2	0.3	0.0	1.4	0.3	10.3	2.2	4.0	0.8

Source: *ILCS 2008 and 2014*

10.3. Heating

Most of the surveyed households both in urban and rural communities reported to have heated their dwellings. In 2014, the share of such households constituted 98.4% (Table 10.10).

Households relied on the following types of fuel for heating: natural gas – 43.8% (as compared to 57.1% in 2010), wood – 33.2% (as compared to 25.8% in 2010), electricity – 16.8% (as compared to 11.7% in 2010) etc.

In comparison with the previous year, the share of households using electricity and wood for heating purposes increased, respectively, from 14.7% to 16.8% and from 30.1% to 33.2%. The share of households using other types of fuel for heating purposes also increased, from 3.8% to 6%. As of 2014, some 99.7% of households had electricity supply, some 81.8% of households had centralized natural gas supply.

Table 10.10 – Armenia: Heating Options, 2010 and 2014

	(percent)									
	Urban		Yerevan		Other urban		Rural		Total	
	2010	2014	2010	2014	2010	2014	2010	2014	2010	2014
Total	100	100	100	100	100	100	100	100	100	100
Not heated	1.7	2.2	2.4	2.6	1.1	1.7	0.5	0.5	1.3	1.6
Heated, including by the use of the following options	98.3	97.8	97.6	97.4	98.9	98.3	99.5	99.5	98.7	98.4
Central heating	0.4	0.0	0.1	0.0	0.7	0.1	-	0.0	0.3	0.0
Oil, diesel	-	0.0	-	0.0	-	0.0	0.1	0.0	0.0	0.0
Electricity	17.2	24.8	23.2	29.5	11.0	20.0	1.0	1.2	11.7	16.8
Natural gas	69.4	58.5	70.1	64.4	68.7	52.3	33.2	16.1	57.1	44.0
Wood	12.0	14.9	6.0	5.1	18.2	25.0	52.5	68.5	25.8	33.2
Other	1.0	1.8	0.6	1.0	1.4	2.6	13.2	14.2	5.1	6.0

Source: *ILCS 2010 and 2014*

In 2014, natural gas was the main option for heating of household dwellings (44%). Overall, natural gas remains the main heating option both in Yerevan and in other urban communities (Table 10.10), whereas rural communities still rely on wood as the main option for heating purposes.

As far as the types of appliances used for heating are concerned, in 2014 the most commonly used options were both home-made ovens (39%) and factory-made ovens (25.7%). The population in urban communities preferred factory-made ovens (32%), as opposed to rural population giving preference for home-made ovens (81.9%).

Table 10.11 – Armenia: Types of Appliances Used for Heating, 2014

	Urban	Yerevan	Other urban	Rural	Total
Electric stove	10.3	13.6	6.8	0.3	6.9
Electric heater	14.3	15.4	13.2	0.7	9.7
Gas stove	1.8	2.7	0.9	0.1	1.2
Home-made oven	16.8	6.3	27.7	81.9	39.0
Factory-made oven	32.0	28.6	35.6	13.5	25.6
Local individual boiler	24.4	32.8	15.6	2.9	17.1
Local collective boiler (for the whole building)	0.1	0.1	0.1	0.1	0.1
Central heating	-	-	-	-	-
Other	0.3	0.5	0.1	0.5	0.4
Total	100.0	100.0	100.0	100.0	100.0

Source: *ILCS 2014*

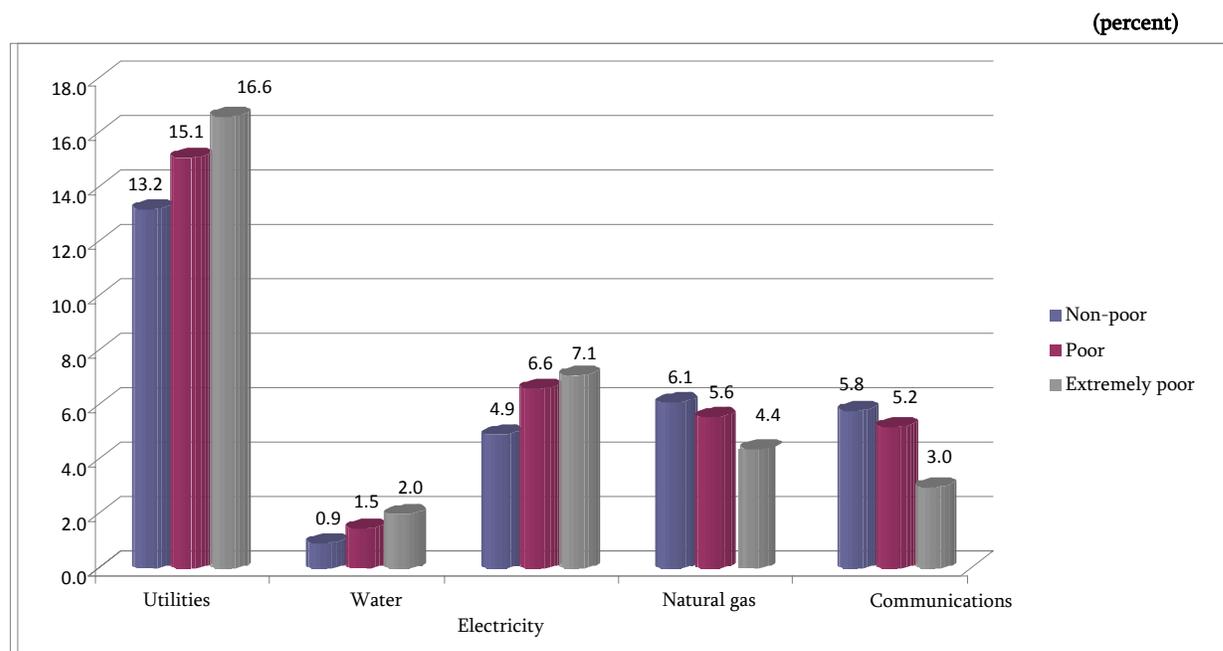
In general, spending on utilities made up 13.5% of the average monthly consumption expenditures of households, whereas that on natural gas comprised the largest portion as compared to other utility services; in 2014, it constituted 44.5% of all utility expenses. The share of spending on electricity in the previous years is shown in Table A6.1 of Annex 3. Communication expenses comprised 5.7% in the average monthly consumption expenditures of households.

Comparative analysis of the shares of spending on different services within the average monthly consumption expenditures of non-poor, poor, and extremely poor households is presented in Graph 10.1.

In 2014, expenditures of non-poor households on utility services (monthly average per capita) were 4.4 times higher, and those on natural gas were 6.0 times higher than the same of the extremely poor households. In the same period, expenditures of the non-poor households on communication services (monthly average per capita) were 8.4 times higher than those of the extremely poor households.

Average monthly per capita spending on natural gas only constituted AMD 3 015 for non-poor households, AMD 1 203 for poor households and AMD 500 for extremely poor households.

Graph 10.1 – Armenia: Household Spending on Different Services within Total Consumption Expenditures, by Poverty Rate, 2014



Source: ILCS 2014

Note: Expenses on communication services include phone bills, telegraph, and Internet connection payments

10.4. Availability of Durable Goods

Armenian households reported owning durable goods, most of which was acquired a long time ago. Nearly all households, regardless of the domicile, reported having a TV set, and a substantially large number of respondents had a refrigerator, mobile phone, gas stove and washing machine.

In 2014, the most frequently purchased durables were refrigerators, washing machines, computers, mobile phones and TV sets.

Table 10.12 – Armenia: Availability of Durable Goods, 2008 and 2014

(per 100 households, percent)

	Total		Urban		Rural	
	2008	2014	2008	2014	2008	2014
TV set	98	98.3	99	99.1	98	96.8
Refrigerator	91	95.4	94	95.6	85	94.9
Washing machine	79	90.6	82	90.5	73	90.6
Vacuum cleaner	46	70.6	52	74.4	33	63.1
Sewing machine	42	50.5	41	49.2	45	53.0
Gas stove	86	91.0	89	91.3	80	90.4
Satellite dish	7	26.0	6	19.3	9	39.1
Mobile phone	72	95.1	75	95.1	68	95.4
Video player	35	33.8	37	34.7	31	31.9
Video camera	3	7.3	3	8.4	1	5.1

	Total		Urban		Rural	
	2008	2014	2008	2014	2008	2014
Photo camera	22	34.4	21	34.0	23	35.3
Music center	23	33.4	26	29.6	19	40.8
Computer	10	57.0	14	62.8	2	45.5

Source: ILCS 2008 and 2014

In 2014, some 99.7% of population (99.6% in urban communities and 99.9% in rural communities) had electricity supply; 95.2% of population (95.1% in urban communities and 95.4% in rural communities) had mobile phones; 25.9% of population (27.7% in urban communities and 22.3% in rural communities) had radio receivers; 62.3% of population (77.6% in urban communities and 32.4% in rural communities) had landline telephone.

Over the recent years, the number of households having mobile phones sharply increased, especially among rural residents, where the share of such households in 2014 reached 95.4%. According to the statistical reports of communication service providers, the number of active subscribers to mobile communication services reached 3459.1 thousand in 2014, which was a 3.4% increase from the respective indicator of 2013. Then, the number of subscribers with Internet access totaled 2 084.2 thousand, of which 1 561.8 thousand or 74.9% through mobile connection.

According to the survey, 57% of households owned a personal computer.

Table 10.13 – Armenia: Household Members’ Access to Computer and Internet Connection during the last 3 months, 2008 and 2014

(percent)

	2008			2014		
	Total	Urban	Rural	Total	Urban	Rural
Total households; including	100	100	100	100	100	100
Computer accessible (available) for any household member *	17.9	21.8	10.3	58.4	63.7	48.1
At home	10.2	14.3	2.1	57.0	62.4	46.2
Elsewhere	10.5	11.2	9.2	8.1	7.7	8.8
Household members use the Internet	...	...	...	54.6	61.0	43.6
At home, permanently and non-permanently	5.9	8.6	0.5	53.1	59.8	41.6
Elsewhere*; including	5.8	...	...	15.8	17.2	13.3
At work	...	...	...	2.6	3.1	1.7
At an educational institution	...	...	...	1.4	1.4	1.5
At others’ home	...	...	...	1.9	1.9	1.9
At an Internet (free) access point	...	...	...	0.2	0.2	0.2
At an Internet (paid) access point	...	...	...	0.1	0.1	0.2
Everywhere, via mobile phone	...	...	...	12.4	13.5	10.4
Elsewhere, via mobile device	...	...	...	0.7	0.4	1.2

Source: ILCS 2008 and 2014

Note: * The sum total is greater than 100, since a household member might be using the computer both at home and elsewhere.

In 2014, some 54.6% of household members had access to Internet connection (Table 10.13), including 61.0% of urban households and 43.6% of rural households. Internet was accessible both at home and elsewhere. Particularly, 53.1% of households had permanent or non-permanent Internet connection at home, while 15.8% of households used the Internet connection at other places, including at work – 2.6%, educational institution – 1.4%, Internet free access point – 0.2%, Internet paid access point – 0.1%, everywhere via mobile phone – 12.4%, and elsewhere via mobile device – 0.7%.

The main findings on accessibility of Internet connection for household members are presented below by gender and age of household member:

Table 10.14 – Armenia: Accessibility of Internet Connection over Last 12 Months, by Gender and Age of Household Member, 2014

	Total population	Gender		Age				(percent)
		Male	Female	<5	5-14	15-24	25+	
		Any household member uses the Internet	54.6	56.6	53.0	17.6	52.8	69.7	56.0
At home, permanently and non-permanently	53.1	55.1	51.5	17.5	51.1	66.6	54.7	
Elsewhere*; <i>including</i>	15.8	18.3	13.6	0.3	8.3	16.4	18.7	
At work	2.6	2.9	2.4	-	0.3	2.0	3.4	
At an educational institution	1.4	1.5	1.3	-	4.5	5.9	0.1	
At others' home	1.9	2.0	1.8	0.3	3.0	3.8	1.5	
At an Internet (free) access point	0.2	0.2	0.2	-	0.4	0.7	0.1	
At an Internet (paid) access point	0.1	0.2	0.1	-	0.1	0.7	0.0	
Everywhere, via mobile phone	12.4	14.9	10.3	-	3.7	9.7	15.9	
Elsewhere, via mobile device	0.7	0.9	0.6	-	1.2	2.1	0.4	

Source: *ILCS 2014*

In 2014, some 54.6% of household members had access to Internet connection (Table 10.14), including 56.6% of males and 53.0% of females. Internet was much more accessible for the age group of 15-24 years (69.7%).