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Implementer: Armenian Lawyers Association

Partner: Freedom of Information Center of Armenia

Implementer: "Reform and Development" Human Rights NGO Partner: "Kantegh" Children's and Youth NGO of Gyumri

# <u>REPORT</u>

On the results of Monitoring of the "Protection of the Rights of Women with Disabilities in Shirak and Aragatsotn Regions as a Means to curb Corruption in Healthcare Processes"

Gyumri CITY

2016

# REPORT

"Reform and Development" Human Rights Non-Governmental Organization and its partner – "Kantegh" Children's and Youth Non-Governmental Organization implemented the "Protection of the Rights of Women with Disabilities in Shirak and Aragatsotn Regions as a Means to curb Corruption in Healthcare Processes" project with funds of small sub-grants provided in the framework of "Multi-Faceted Anti-Corruption Promotion" project implemented by the "Armenian Lawyers' Association" NGO and the partner "Freedom of Information Center" NGO.

Project budget is 1,489,200 AMD, which was provided by the "Armenian Lawyers' Association" Non Governmental Organization. Project duration: April 1 – May 31, 2016.

"Multi-Faceted Anti-Corruption Promotion" project is funded by the European Union and co-funded OSCE Yerevan Office.

#### Background

The Convention "On the Rights of Persons with Disabilities" was adopted by the United Nations General Assembly on 13 December 2006. The Convention guarantees to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

Armenia signed the "Convention on the Rights of Persons with Disabilities" on 30 March, 2007, and it entered into force on 22 October 2010. After the approval in accordance with article 6 of the Constitution of the Republic of Armenia, the Convention has become an integral part of the legal system of the RA.:

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others and who needs social protection. Persons with disabilities enjoy the same rights, freedoms and liabilities as defined in the RA Constitution. At present, there are 197000 registered disabled people in Armenia, 47 percent of disabled people are women.

According to age distribution of the number women with disabilities, registered as of 01.06.2016 in Shirak and Aragatsotn regions, it is divided into the following age groups:



In Shirak marz: age group of 18-30: there are 39 disabled people with the 1st group of disability; 123 with the 2nd group of disability; and 215 with the 3rd group of disability.

Age group 31-50: there are 82 disabled people with the 1st group of disability; 533 with the 2nd group of disability, and 1261 with the 3rd group of disability.

Age group 51 and older: there are 254 disabled people with the 1st group of disability; 2861 with the 2nd group of disability; and 4261 with the 3rd group of disability.

Total 9629 females with disabilities, of which 377 are in the aged group of 18-30; 1876 –in the age group of 31-50, and 7376 in the age group 51 and older.



In Aragatsotn marz, age group 18-30: there are 28 disabled people with the 1st group of disability; 55 with the 2nd group of disability; and 83 with the 3rd group of disability.

Age group 31-50: there are 46 disabled people with the 1st group of disability; 285 with the 2nd group of disability, and 458 with the 3rd group of disability.

Age group 51 and older: there are 108 disabled people with the 1st group of disability; 1273 with the 2nd group of disability; and 1561 with the 3rd group of disability.

Total 9629 females with disabilities, of which 166 are in the aged group of 18-30; 789–in the age group of 31-50, and 2942 in the age group 51 and older.

Women with disabilities are the most vulnerable group in society. Both as women and as a person with disability they suffer from double discrimination. They permanently face the social

obstacles. Their reproductive rights and having a healthy family in most cases are not realized. It is not a secret that there are deeprooted corruption risks and undesirable phenomena in the healthcare system. The helpless and disabled women, who consider themselves as unvalued member of society, constantly faces physical and social barriers, bribery, extortion, nepotism due to medical indifference in healthcare processes.

According to the RA Law "On Social Protection of Disabled Persons", women were guaranteed to receiving free and quality medical aid in medical establishment on the expenses from the state budget.

Persons with the 1st and the 2nd group of disability are provided with free medicines, and the people with the 3rd group of disability buy medicine with 50 percent discount, if they are not eligible to receive medicine on more favorable terms.

Receiving free medication has become a complicated process for women with disabilities, after applying for several times; it appears that the appropriate medication has already expired.

In Shirak marz it is a wide spread practice when the doctor recommends to buy medication from a definite pharmacy shop. Further it turns out that it is their private pharmacy or belongs to a close relative. In order to avoid redundant scandals and improper treatment of the medical staff, women with disabilities prefer not to use the medical services and seeing no other alternative way to solve the problems turns to the corruption risk, and pays for the medication and services that are free for her, despite the fact of her really vulnerable social conditions. Corruption in health care sector

is much more dangerous, because here we are talking about human life and health.

Rehabilitation treatment of women with disabilities, within the framework of free medical aid and care guaranteed by the state in Shirak and Aragatsotn regions, is scarcely provided in medical establishments implementing the state order / Jermuk, Vanadzor and Gandzaghbyur/.

On the assumption of the fact that sanatorium treatment is performed in shift mode, women with disabilities do not use the privileges after a long wait of their turn.

Corruption risks also include the accessibility of in artificial limbs, orthopedic and rehabilitation accessories, accessibility of instrumental studies; as today notable expenses are necessary for the access to such free medical services.

The study results revealed and recorded organizational shortcomings as well as shortcomings of other nature and corruption risks, including in the sector of sanatorium treatment.

#### GOAL AND METHODOLOGY

The purpose of this study is to assess the level of corruption, the possible corruption challenges in healthcare sector in Shirak and Aragatsotn marzes, causes of corruption, their consequences, as well as to prevent the main obstacles.

The following methodology was chosen and applied to conduct the study:

- 1. Providing advice through the hotline and collecting information in the office of the organization.
- 2. Observations in sanatoriums and collection of information.
- 3. Qualitative evaluation and analysis of the collected information.



## MONITORING RESULTS

The total number of the respondents was 100 females with the 2nd and 3rd group of disability.

Monitoring in the scope of the study was carried out in 2 medical establishments in Shirak marz and 2 medical establishments in Aragatsotn marz. The results showed that the majority of women with disabilities do not use medicine in the scope of the state order,

because the quality and impact factor is missing. In many cases the reasoning is the lack (limit) of the medicine as well.

The study revealed that most of the women with disabilities are not aware of their rights to receive prosthetic devices, technical means and the social rehabilitation services.

The study found that in three sanatoriums, the most of the persons with disabilities, share their 12-day duration voucher received in the scope of the state order with a non-disabled person, or another person leave to receive treatment in the sanatorium with a voucher provided in the name of the disabled person.

#### CONCLUSION

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others and who needs social protection in the sphere of healthcare as well. The corruption risks in the healthcare sector are obvious. The fact has been often discussed on the governmental level, as well as among the beneficiaries and NGOs. And one of the most striking examples was reflected in the processes of providing false vouchers for sanatoriums and waste of the means of the state budget.

With regard to liability, there is a definite inaction and disregard by the relevant authorities.

There is an atmosphere of impunity in the healthcare sector as well.

### RECOMMENDATIONS

- To increase transparency in the process of recognition of disability, to create mechanisms of public control.
- To create a monitoring group for organization of regular visits and research.
- To authorize the representatives of relevant nongovernmental organizations to participate in the process of provision of vouchers.

"Protection of the Rights of Women with Disabilities in Shirak and Aragatsotn Regions as a Means to curb Corruption in Healthcare Processes" Monitoring report was compiled by the working group:

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The report is not for sale. The summarized approaches in the report are the sole responsibility working group and do not necessarily reflect the opinion of The European Union and co-funded OSCE Yerevan Office, "Armenian Lawyers Association" and "Freedom of Information Center" NGO.

