

*Grassroots Voice  
for Human Rights  
Mobilization*

*Human Rights  
in the Regions  
of Armenia*

Monitoring Reports





# *Human Rights in the Regions of Armenia*

M o n i t o r i n g   R e p o r t s

---

## Grassroots Voice for Human Rights Mobilization

Helsinki Committee of Armenia  
Yerevan 2012



2012

## Human Rights in the Regions of Armenia

Reports. Helsinki Committee of Armenia Human Rights NGO, 2012.  
- 204 pp.

The publication presents the results of the *Human Rights in the Regions of Armenia* monitoring conducted in 2011 jointly by World Vision international charity, Helsinki Committee of Armenia and Civil Society Institute NGOs.

Translated by Vladimir Osipov  
Computer Layout by Aram Urituan



ISBN 978-99941-2-654-5

© Helsinki Committee of Armenia Human Rights NGO. Yerevan, 2012

# INTRODUCTION

Armenian branch of *World Vision* (WVA) international charity together with *Helsinki Committee of Armenia* (HCA) and *Civil Society Institute* (CSI) human rights NGOs have been implementing in 2011-2012 the **Grassroots Voice for Human Rights Mobilization** Project. The main goal of the Project is to improve the human rights situation in Armenia by supporting and strengthening the network of community-based organizations, which will become an instrument for protection of human rights at a community level.

Seeking to strengthen the community-based organizations' capacity for human rights protection the HCA and the CSI designed a human rights training course so that the organizations' members would get a general idea about human rights issues, could identify a number of social rights-related issues and would be able to conduct an effective monitoring of those rights. Within the framework of that initiative, 45 representatives of community-based organizations took the course and conducted a human rights monitoring and protection of interests for training purposes. The priority was given to social rights, viz. the right to health, education and work.

Four 4-5-day courses on human rights education were organized for Project participants. During the first course the principles of human rights, democracy, civil society and the rule of law as well as the philosophy and conceptual framework of human rights and domestic and international protection mechanisms were presented to the participants. During the second course the participants acquired knowledge about the conceptual framework, methods and instruments of human rights monitoring. Also imparted to the participants was knowledge about drawing up a monitoring report and applying the monitoring results. The third course was devoted to discussing and summing up preliminary reports. The last course aimed to give the participants knowledge about developing civil society, project development, formulation of strategies, protection of interests and cooperation.

The Project was coordinated by Ms Tamara Barbakadze (WVA Project Manager), Mr. Avetik Ishkhanian (HCA Chairperson) and Mr. Arman Danielian (CSI Chairperson).

The training sessions were conducted by Mr. Avetik Ishkhanian (HCA), Mr. Robert Revazian (HCA attorney), Mr. Arman Danielian (CSI) and sociologist Ms Yuliana Melkumian (YSU instructor).

Mr. Mesrop Harutiunian (Expert, Committee for Protection of Freedom of Speech), Mr. Arayik Ghazarian (Expert, Yerevan Office of American Bar Association), Mr. Artak Kirakossian (CSI Council Chairperson), Mr. Vladimir Chuntulov (Head of the Human Rights Projects of OSCE Yerevan Office), Ms Armineh Halajian (Public Information Officer, UNDP Yerevan Office) and Ms Seda Galstian (trainer, Khatutik educational NGO) were invited to conduct training sessions on special topics.

The trainers used interactive methods to conduct training sessions (hands-on training, simulations, disputes, group discussions, etc.). The participants had a meeting with Human Rights Ombudsman (HRO) Mr. Karen Andreassian and with other specialists from the HRO Office who spoke about the functions, current problems and future activities of the HRO Office.

In between the training courses the participants used the knowledge and skills that they had obtained to conduct practical work, studies and an analysis of a real situation with some human rights in their communities. Broken down into 9 groups, the Project participants conducted a 3-month-long monitoring for training purposes on the following topics in the regions of Syunik (towns of Kapan and Sissian), Lori (Towns of Tumanian, Stepanavan and Tashir), Gegharkunik (Towns of Gavar and Vardenis), Shirak (city of Gyumri), Tavush (town of Ijevan) and Aragatsotn (town of Talin):

- 1. Protection of the rights of adult patients with pancreatic diabetes in health sector in the city of Gyumri within the framework of services commissioned by the State**
- 2. Medical services for children with disabilities in Kapan**
- 3. Availability and accessibility of first medical assistance for pensioners in rural communities of Goris and Sissian administrative districts in Syunik region**
- 4. Labor relations in private enterprises in Ijevan and Berd administrative districts of Tavush region**
- 5. The right to education in Yezidi communities in Talin region**
- 6. Money collection in schools in Vardenis administrative district**
- 7. Protection of children's right to education in administrative districts of Gavar in Gegharkunik region and Tumanian, Stepanavan and Tashir in Lori region.**

This publication contains the reports produced by the groups on the results of the monitoring. The reports are the participants' first attempt at conducting human rights monitoring.

## CONTENTS

|   |    |
|---|----|
| Protection of the rights of adult patients with pancreatic diabetes in health sector in the city of Gyumri within the framework of services commissioned by the State | 7  |
| Medical services for children with disabilities in Kapan  | 23 |
| Availability and accessibility of first medical assistance for pensioners in rural communities of Goris and Sissian administrative districts in Syunik region         | 39 |
| Monitoring of labor relations in private enterprises in Ijevan and Berd administrative districts of Tavush region   | 49 |
| The right to education in Yezidi communities in Talin region  | 60 |
| Money collection in schools in Vardenis administrative district   | 72 |
| Protection of children's right to education in administrative districts of Gavar in Gegharkunik region and Tumanian, Stepanavan and Tashir in Lori region             | 83 |

## ACRONYMS

|                    |  |
|--------------------|--|
| <b>NHI</b>         | National Health Institute  |
| <b>WHO</b>         | World Health Organization  |
| <b>NHIAC</b>       | National Healthcare Information-Analytical Center                  |
| <b>PHC</b>         | Primary health care  |
| <b>PHCC</b>        | Primary healthcare center  |
| <b>NA</b>          | National Assembly  |
| <b>MH</b>          | Ministry of Health   |
| <b>NSS</b>         | National Statistical Service                                       |
| <b>MPEA Center</b> | Medical, Psychological & Educational Assessment Center             |
| <b>PAE</b>         | Partnership & Education  |
| <b>YSU</b>         | Yerevan State University   |
| <b>MM</b>          | Mass media   |
| <b>FWCRPD</b>      | Department for protection of family, women's and children's rights |
| <b>HR-NGO</b>      | Human rights non-governmental organization                         |
| <b>GTC</b>         | Guardianship and Trusteeship Commission                            |
| <b>GTA</b>         | Guardianship and Trusteeship Authority                             |
| <b>SEN</b>         | Special education needs  |
| <b>MES</b>         | Ministry of Education & Science                                    |
| <b>NGO</b>         | Non-governmental organization                                      |
| <b>HCA</b>         | Helsinki Committee of Armenia                                      |
| <b>UNO</b>         | United Nations Organization  |
| <b>IC</b>          | International Charity  |
| <b>HRO</b>         | Human Rights Ombudsman   |
| <b>WVA</b>         | World Vision Armenia   |
| <b>ADP</b>         | Area Development Programme   |
| <b>LG</b>          | Local Government   |
| <b>CJSC</b>        | Closed Joint Stock Company   |
| <b>CSI</b>         | Civil Society Institute  |

# Protection of the rights of adult patients with pancreatic diabetes *in health sector in the city of Gyumri within the framework of services commissioned by the State*

## Introduction

**T**he systemic changes that occurred in Armenia in the past two decades (the 1988 earthquake, the dissolution of the Soviet Union, the Karabakh war, the economic blockade) led to social polarization, unemployment and emigration and made an adverse impact on the health status of the population. In other words, socioeconomic and political developments and consequences of natural disasters became the reason why less attention was paid to diseases prevention measures. It would seem that those measures somehow receded into the background.

The number of patients with pancreatic diabetes has been on the rise both globally and in Armenia. According to the International Diabetes Federation (IDF) data, at present 285 million people in the world suffer from pancreatic diabetes. Globally, pancreatic diabetes is one of the most important medico-social problems because within a short period of time the disease brings about disability and decreases life expectancy.

According to 193 member States of the World Health Organization (WHO), in recent years it is not infectious but rather non-infectious diseases that figure prominently in the morbidity data. An increase in mortality caused by non-infectious diseases is clearly visible as compared to such infectious diseases as HIV/AIDS, tuberculosis and malaria. The trend is forecast to persist in the coming 20 years.

Figures on pancreatic diabetes are even more telling. Thus, 40 years ago, in 1970, there were 30 million pancreatic diabetes patients, whereas today the number of registered patients who receive treatment is 285 million. The number of patients is projected to reach 350 million in 15 years. As to the WHO data, in a close circle of each identified patient there is a person who is not aware that he or she, too, has the disease. It means that the number of individuals with pancreatic diabetes is twice as big.

According to the National Statistical Service (NSS) data, the number of persons with pancreatic diabetes has been growing. There were 35,500 registered patients in Armenia in 1990. At pres-

ent the number stands at 45,000, i.e. over 1.5% of the population are persons with diabetes.

According to the 2007 official data provided by the NSS and the National Healthcare Information-Analytical Center (NHIAC) of the National Health Institute (NHI), pancreatic diabetes is ranked third (4.9%) among the RoA population's mortality causes from non-infectious diseases. In order to interpret adequately the pancreatic diabetes-related morbidity and mortality trends of recent years it would be sufficient to compare relevant indicators for years 1990 and 2007.

As compared to 1990, the prevalence of pancreatic diabetes in 2007 grew by 22%, while mortality rate grew even faster, scoring almost a threefold increase. The pancreatic diabetes-related mortality rate in Armenia is the highest in the region (50.9 deaths per 100,000 population, while the number of deaths is 20.9 in Georgia, Iran and Turkey and 30.9 in Azerbaijan).

As estimated by the International Pancreatic Diabetes Foundation, the annual growth of pancreatic diabetes morbidity rate in 2010-2030 will be 0.9%. It means that in 2030 in Armenia every tenth resident may be a person with pancreatic diabetes. While pancreatic diabetes was in the past a disease of people over 60, at present the number of children and young persons with pancreatic diabetes has increased in Armenia.

According to the data of Health & Social Security Division in Shirak Regional Governor's Office, 3,513 of the registered patients with pancreatic diabetes in Armenia (including 1,026 insulin-dependent and 2,487 non-insulin-dependent diabetic patients) live in Shirak region, which stands out owing to the highest rates not only of the unemployed and homeless but also of other socially insecure persons and vulnerable groups. Their problems are not sufficiently discussed publicly and they get even less media coverage. Every year the Government, while producing and approving the State budget, allocates certain amounts of money to the social sphere, in particular to health care. From 2006 on, out-patient clinical treatment in Armenia is provided for free. Nevertheless, there are still serious problems in terms of obtaining specialized medical assistance and services through out-patient clinics as well as of getting hospital treatment and free medication.

Even though at present the approaches to population's health problems changed dramatically, while improvement of health-related indicators and an increase in average duration and quality of productive life are regarded as an objective not only for an individual but also for the society at large, nevertheless there are obvious gaps and problems that require fast and effective solution. Healthy public is undoubtedly a safeguard for development and security of a State.

## The goals and objectives of the monitoring

With a view to identifying the problems in the health sector related to adult patients with pancreatic diabetes and to finding possible solutions the Gyumri Area Development Programme Office (ADP) of the Armenian branch of World Vision (WV) International charity jointly with *Moosh* Development Center non-governmental organization (NGO) conducted a sampling study, which is representative for the city of Gyumri.

The goal of the monitoring was to promote availability<sup>1</sup> and accessibility<sup>2</sup> of State-guaranteed free medical services for adult patients with pancreatic diabetes in the city of Gyumri.



1. **Availability of services** is the existence of appropriate specialists and laboratories.

2. **Accessibility of services** is the possibility to make use of the services guaranteed and commissioned by the State.

The following objectives were put forth for the attainment of the goal of the monitoring:

- to study the provisions in the RoA health sector legislation that are related to the rights of patients with pancreatic diabetes;
- to assess patients' awareness of the specialized medical assistance provided for free within the framework of services commissioned by the State;
- to assess availability of State-guaranteed free medical services to adult patients with pancreatic diabetes;
- to assess accessibility of State-guaranteed free medical services to adult patients with pancreatic diabetes;
- to assess the accessibility of information about free medical assistance provided by healthcare institutions.

The monitoring was conducted by:

Ms **Karineh Margarian**, WVA, Gyumri ADP

Mr. **Senik Manukian**, WVA, Gyumri ADP

Ms **Anna Sahakian**, Moosh Development Center NGO

Ms **Mariam Ghazarian**, Moosh Development Center NGO.

The monitoring was coordinated by Ms **Tamara Hovnanian** (CSI).

The monitoring was conducted from August 3 to September 16, 2011.

## Monitoring methodology

### I. Analysis of legislation and documentation

Domestic and international legal instruments were examined within the framework of the monitoring to find out what laws lay down the rights of adult patients with pancreatic diabetes and to ascertain the extent to which individuals in that group are protected.

*The following documents were examined within the framework of the analysis of legislation:*

#### **International legal instruments:**

- International Covenant on Social, Economic and Cultural Rights

#### **Domestic legislation:**

- RoA Constitution

- RoA Law on Healthcare assistance and services to population
- RoA Law on drugs
- RoA Government 4 March 2004 Decree No. 318-N On free healthcare assistance and services guaranteed by the State
- RoA Government 23 November 2006 Decree No. 1717-N On approving the lists of diseases and social groups entitled to receive medication for free or at a discount
- The Procedure for allocation of medication for free or at a discount approved by the RoA Health Minister's 27 January 2005 Order No. 74-N
- Family doctor's guide for treatment of patients with Type 2 pancreatic diabetes approved by the RoA Health Minister's 16 February 2010 Order No. 191-A
- The Standard for giving out-of-hospital healthcare assistance provided to population within the framework of free healthcare assistance and services guaranteed by the State approved by the RoA Health Minister's 9 December 2010 Order No. 1993-A
- The Standard for organizing medical assistance and logistical-methodological activities in healthcare centers within the framework of free healthcare assistance and services guaranteed by the State approved by the RoA Health Minister's 21 December 2010 Order
- RoA Health Minister's 24 September 2008 Order On approving the prevention, early detection and treatment program for most widespread non-infectious diseases

In order to make the monitoring findings more comprehensive and representative the data were collected from the following sources:

- Health & Social Security Division in the RoA Shirak Regional Governor's Office
- 3 institutions providing primary health care (PHC)

## 2. Observations

Observations were made in 3 PHC institutions in the city of Gyumri, viz. International Red Cross Out-patient Clinic, *Enrico Mattei* Out-patient Clinic and *Berlin* Out-patient Clinic closed joint-stock companies.

## 3. Questionnaire-based surveys

With a view to eliciting the two target groups' (viz. healthcare personnel and adult patients with pancreatic diabetes) opinions about and views and assessments of the availability and accessibility of the specialized services provided by the State the following activities were undertaken in the course of the monitoring:

- interviews with 2 endocrinologists and 4 family doctors who provide services to patients with pancreatic diabetes in PHC institutions,

- a questionnaire-based survey of 98 adult patients with pancreatic diabetes registered in the above-mentioned PHC institutions (including 34 insulin-dependent and 64 non-insulin-dependent patients). The data received from the hospitals was then processed using the SPSS software.

## Analysis of legislation and documentation

Through the appropriate norms in its legislation the Republic of Armenia established the maxim accessible system for making use of healthcare services for anyone living in Armenia. As per Article 38 of the RoA Constitution, "Everyone shall have the right to benefit from medical assistance and services in the manner prescribed by the law as well as the right to get basic medical services free of charge."

Under Article 12 of the International Covenant on Social, Economic and Cultural Rights, which was adopted by the United Nations (UN) General Assembly on 16 December 1966, "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for ... the creation of conditions which would assure to all medical service and medical attention in the event of sickness."

Adopted in 1996, the RoA Law on Healthcare assistance and services to population laid the legal, economic and financial groundwork for organizing healthcare assistance and services that secure the enjoyment of the constitutional right to protection of health.

The Law defines the concepts of healthcare assistance and services<sup>3</sup> as well as the human right to receive healthcare assistance and services.

Article 4 of the Law states, "In the Republic of Armenia, everyone shall have the right to healthcare assistance and services regardless of ethnicity, race, language, religion, age, health status, political or any other opinion, social origin, property or any other status.

Everyone shall be entitled to receive healthcare assistance and services for free or at a discount within the framework of the State-guaranteed State targeted programs in health sector."

The Article recognizes the person's right to receive healthcare assistance and services at his own cost as well as at the expense of other sources in conformity with the RoA legislation.

Article 5 guarantees everyone the right to choose the healthcare assistance and services provider when applying for and receiving healthcare assistance and services. Everyone is entitled to receive healthcare assistance and services in line with the hygienic requirements, to be informed about his or her disease, to demand that confidentiality be maintained of the information about his or her health status or obtained in the course of examination, diagnostic and treatment as well as to be treated with respect by the provider of healthcare assistance and services.

Article 7 stresses the human right to receive information. It states, in particular, that "Everyone shall have the right to receive information in an accessible way about his or her health status, examination and

---

3. **Healthcare assistance and services** are provision of preventive, treatment and medication assistance, conducting of diagnostic examinations, rehabilitative treatment and medical tests as well as non-traditional medical and other non-treatment services.

test results, the diagnostic and treatment methods of the illness and related risks, available options and consequences of medical intervention and treatment results."

On November 23, 2006, the RoA Government adopted Decree No. 1717-N "On approving the lists of diseases and social groups entitled to receive medication for free or at a discount." The Decree contains the lists of diseases and social groups entitled to receive medication for free or at a discount. Pancreatic diabetes and diabetes insipidus are on the list of diseases that entitle the patients to receive medication for free via outpatient, dispensary and hospital healthcare institutions.

On March 4, 2004, the RoA Government Decree No. 318-N "On free healthcare assistance and services guaranteed by the State" took effect. The Decree determined the list of socially insecure and special groups of the population that are entitled to free healthcare assistance and services guaranteed by the State. However, patients with pancreatic diabetes as well as those dispensary patients who are in need of constant medical observation and periodic rehabilitative treatment are not on that list.

In compliance with paragraph 4 of the said Government Decree, with a view to making the operation of the RoA health sector outpatient healthcare institutions more adequate and efficient and to regulating it, on December 9, 2010 the RoA Health Minister issued Order No. 1993-A to approve "The Standard for giving out-of-hospital healthcare assistance provided to population within the framework of free healthcare assistance and services guaranteed by the State."

The said Standard lays out special provisions for organization of treatment for endocrine patients and for provision of medication to them. According to Chapter 6 of the Standard ("Organization of treatment for endocrine patients and for provision of medication to them within the framework of services commissioned by the State"), "Organization of treatment for patients with pancreatic diabetes and diabetes insipidus and their treatment are provided for free in outpatient clinics, family doctors' offices, health centers, medical first-aid and medical assistant's/obstetrical posts for all groups of the population."

The State provides a number of services<sup>4</sup> to patients with pancreatic diabetes through endocrinologists in outpatient healthcare institutions. The services are provided to the entire population for free in endocrinologists' rooms in outpatient clinics<sup>5</sup>. All necessary laboratory-instrument diagnostic tests are provided to patients for free within the framework of the funds allocated for laboratory-instrument diagnostic tests.

Regardless of medical indications, a blood test (glucometry) has to be administered at least monthly and an eye funds examination has to be performed by an ophthalmologist once a year for all patients with pancreatic diabetes during their visits to outpatient healthcare institutions. If a patient has his or her own glucometer (a medical device for determining the concentration of glucose in the blood), an outpatient healthcare institution is not required to administer glucometry to that patient. The data of glucometry undertaken by the patient are taken into consideration and registered in his or her personal file. The doctor in charge can change the number and types of the tests based on the patient's health status and the necessity.

If necessary, for the purpose of early detection of pancreatic diabetes the specialist working in an institution of primary health care (district general practitioner, district pediatrician or family doctor) can order glucometry to be administered for free to the patient who he believes may have pancreatic diabetes.

- 
- 4. *For example, consultation for the purpose of early detection, periodic tests for determining an appropriate dosage of insulin, treatment, specialized professional consultations, laboratory-instrument diagnostic test, rehabilitation treatment and presentation to medico-social expert commission.*
  - 5. *The funding is allocated on the basis of a "per capita" principle from the funds earmarked for that service.*

The medication necessary for treatment of patients with pancreatic diabetes (insulin, antidiabetic agents) are given for free regardless of the patient's social status in conformity with the RoA Government 23 November 2006 Decree No. 1717-N "On approving the lists of diseases and social groups entitled to receive medication for free or at a discount" and "The Procedure for allocation of medication for free or at a discount" approved by the RoA Health Minister's 27 January 2005 Order No. 74-N.

On October 27, 1998, the National Assembly adopted the RoA Law on Drugs. Article 18 of the Law ("The State guarantees for provision of medication to the population") states that "in the Republic of Armenia the population is guaranteed the availability and accessibility of drugs included in the basic list of drugs." The Law goes on to say that the RoA Government shall approve the lists of diseases and social groups entitled to receive medication for free or at a discount.

With a view to streamlining the process of provision of medication by healthcare institutions for free or at a discount and to making that process more effective the RoA Health Minister issued on January 27, 2005 the Order No. 74-N approving the procedure for allocation of medication for free or at a discount. The adopted Procedure establishes and regulates the procedure of provision of medication to the patients included in the lists of diseases and social groups entitled to receive medication for free or at a discount, as approved by the RoA Government 23 November 2006 Decree No. 1717-N. The medication is given to patients for free by outpatient and dispensary healthcare institutions on the basis of prescriptions and an appropriate record is made in the patient's personal file (or in the patient's medical case history when medication is given by specialized hospitals).

Care of a patient with pancreatic diabetes is taken by an endocrinologist or a family doctor. Family doctors were authorized to deal with endocrine issues by the by the RoA Government 8 April 2004 Decree No. 539-N "On organization of family doctor's activities and on submission of information of family doctor's activities."

The management of patients with pancreatic diabetes is also done in conformity with the "Family doctor's guide for treatment of patients with Type 2 pancreatic diabetes" approved by the RoA Health Minister's 16 February 2010 Order No. 191-A.

On December 21, 2010, "The Standard for organizing medical assistance and logistical-methodological activities in healthcare centers within the framework of free healthcare assistance and services guaranteed by the State" was approved by the RoA Health Minister's Order No. 2084-A. The Standard also envisages organization of dispensary assistance to endocrine patients.

On September 24, 2008, "The prevention, early detection and treatment program for most widespread non-infectious diseases" was approved by the RoA Health Minister's Order No. 18-N. The goal of the program is to design specific mechanisms for taking measures aimed at primary, secondary and tertiary prevention of the non-infectious diseases most widespread among adult population, including pancreatic diabetes, and to introduce those mechanisms at the primary health care level of the system.

The program plans to take the pancreatic diabetes early detection, management and prevention measures and to design and introduce educational guidelines on risk factors contributing to the emergence of most widespread non-infectious diseases, e.g. on excessive weight, physical underactivity, healthy lifestyle, dietary pattern and other facts in case of pancreatic diabetes.

The goal of the program is to secure a 10% decrease of the most widespread non-infectious diseases-related mortality rates by 2013.

## The monitoring results

### Observation results

In the course of the monitoring the team conducted observations in 3 PHC institutions in the city of Gyumri (International Red Cross Out-patient Clinic, *Enrico Mattei* Out-patient Clinic and *Berlin* Out-patient Clinic closed joint-stock companies).

The main goal of the observations was to ascertain accessibility of State-guaranteed free medical services for patients with pancreatic diabetes and availability of the required laboratory conditions as well as appropriate specialists in the PHC institutions.

In two of the three observed healthcare institutions (*viz.* in the International Red Cross Out-patient Clinic and *Enrico Mattei* Out-patient Clinic) there is an endocrinologist's room. However, the endocrinologist in the International Red Cross Out-patient Clinic provides services only to insulin-dependent patients, whereas services to non-insulin-dependent patients are provided by family doctors from outpatient clinics. It is only in extreme case that non-insulin-dependent patients are referred to the endocrinologist. Since there is no professional endocrinologist in *Berlin* Out-patient Clinic, his functions are performed by family doctors, each for patients with pancreatic diabetes in his or her district area.

An observation sheet was drawn up in advance in order to ascertain the extent to which biochemical laboratories in the PHC institutions are provided with equipment.

The biochemical laboratories in all three observed healthcare institutions have necessary devices and are provided with materials/solutions necessary for tests. In the opinion of doctors and laboratory assistants, the devices are in a fairly good shape and all three institutions can confidently rely on the results of the tests done in their laboratories. All the laboratories are accessible, are sufficiently lit and services to patients are provided in adequate hygienic conditions.

Information posters on the free out-of-hospital medical assistance guaranteed by the State as well the list of free medication provided by the State were on display in all three healthcare institutions. In all three healthcare institutions the posters are on display right at the entrance and are hence accessible to everyone.

### Survey results

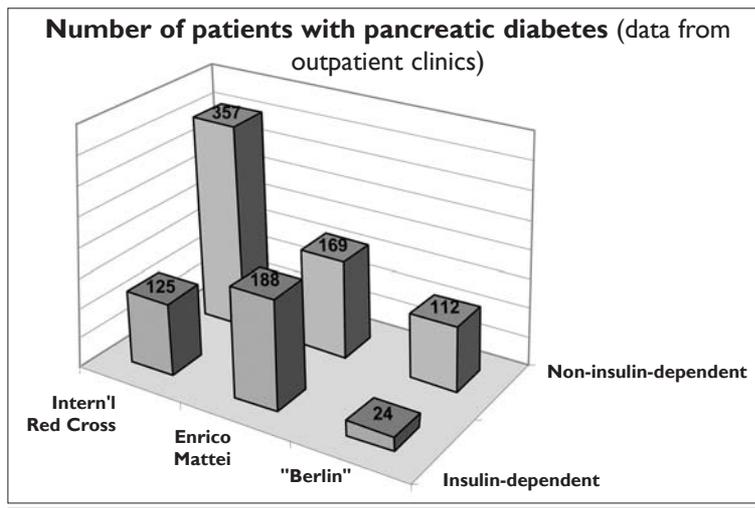
With a view to eliciting the two target groups' (*viz.* healthcare personnel and patients with pancreatic diabetes) opinions about and views and assessments of the availability and accessibility of the endocrine services provided by the State a questionnaire-based survey of 98 adult patients with pancreatic diabetes (including 34 insulin-dependent and 64 non-insulin-dependent patients) registered in the above-mentioned PHC institutions as well as interviews with 2 endocrinologists and 4 family doctors who provide services to patients with pancreatic diabetes in PHC institutions were conducted within the framework of the monitoring.

#### Patients' survey results

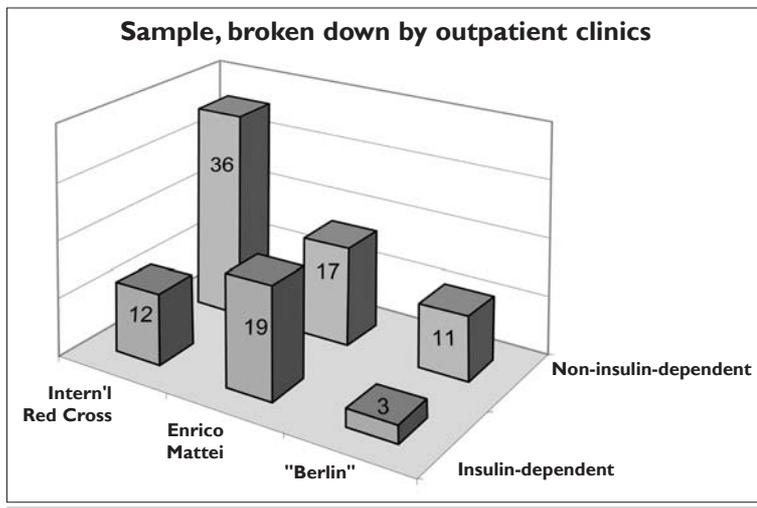
Prior to conducting a questionnaire-based survey of patients, information was obtained from PHC institutions about the exact numbers of insulin-dependent and non-insulin-dependent patients as well as about

patients' first and last names, birth dates, place of residence and medications and their dosage given to patients.

975 adult patients with pancreatic diabetes are registered in those three PHC institutions, including 337 (34.5%) insulin-dependent and 638 (65.5%) non-insulin-dependent patients.



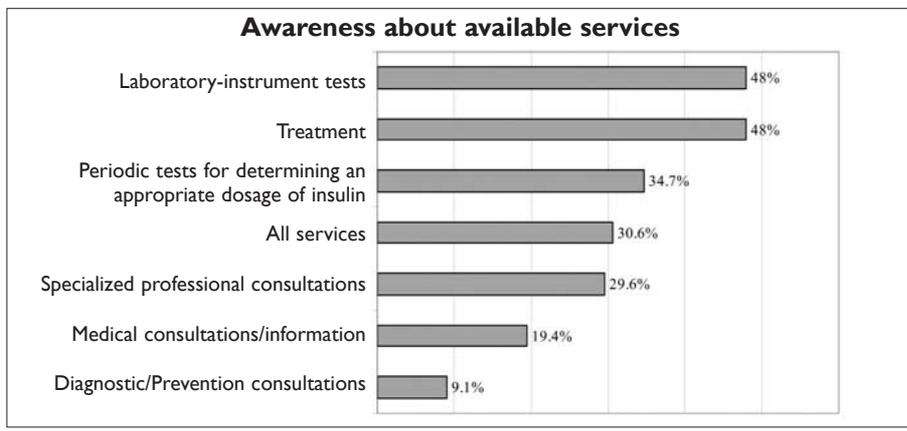
The sample was drawn from the total number of those registered patients in such a way as to ensure equal representation of insulin-dependent and non-insulin-dependent patients with pancreatic diabetes. The sample consisted of 98 patients, including 34 (35%) insulin-dependent and 64 (65%) non-insulin-dependent patients. The sample accounts for 10% of the total number of the patients with pancreatic diabetes registered in those three PHC institutions.



The sampled population broken down by each group per each PHC institution is presented below. The respondents were selected randomly based on the lists provided by the PHC institutions.

The average age of the respondents is 54 (their age is in the range of 21-78). 45 (45.9%) of the respondents are male and 53 (54.1%) are female. On the average the patients have pancreatic diabetes for 6.5 years (the overall range is 1-22 years) and are under constant medical surveillance.

The survey findings indicate that all the respondents are aware of the kinds of specialized medical assistance that they can get in a PHC institution. In response to such question they mentioned the following services:



The following picture emerged from the answers to the question "How often do patients with pancreatic diabetes visit the outpatient clinic to get specialized medical assistance?" The majority (74.5%) of the

patients make regular monthly visits to an outpatient clinic (3% of the patients visit it twice a month), as entitled by the Standard for the provision of out-of-hospital medical assistance to be given to the population within the framework of free healthcare assistance and services guaranteed by the State. 16.4% of the respondents visit an outpatient clinic once every three months, 4.1% once every six months and only 2% come to the outpatient clinic in case of need.

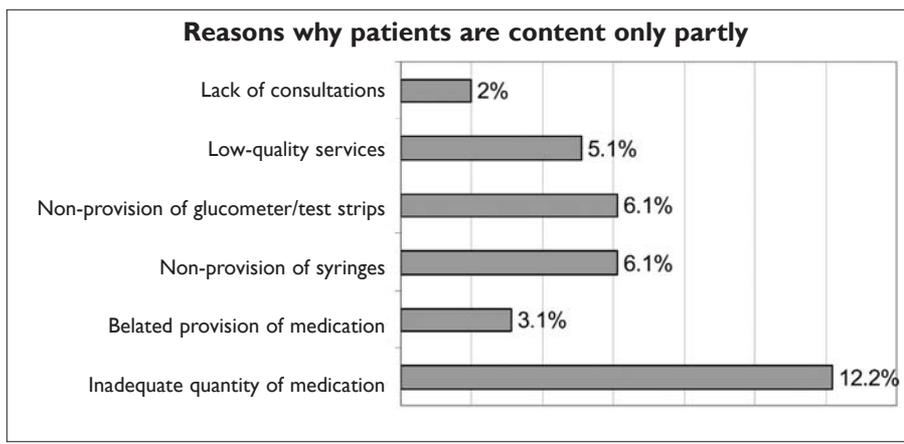
95 (96.9% of the) respondents contend that doctors prescribe free medication. However, 32 (32.6% of the) respondents purchased medication at their own expense because the prescribed dosage was not enough for the period of time in question, or the healthcare institution did not give the necessary medication on time (21 respondents, or 65.5%) or else the required medication is not on the list of medications provided for free or at a discount (11 respondents, or 34.4%). The patients had to purchase the medication.

In the words of 97 (or 99% of the) respondents, their doctors explained in detail how prescribed medication should be taken. Only one patient was displeased with the doctor's explanation.

Even though the State decreed that out-of-hospital healthcare assistance and services shall be provided to patients with pancreatic diabetes for free, 2 respondents (or 2%) pointed out that they paid for laboratory-instrument tests.

The overwhelming majority of the respondents (72.4%) were content with the quality of specialized medical assistance provided to them, while 27.6% were content only partly. None of the respondents said that he or she was not content with the quality of specialized medical assistance.

The reasons why patients with pancreatic diabetes were content only partly with the quality of specialized medical assistance are numerous and cover the range from insufficient quantity and belated provision of medication to the lack of measures to prevent pancreatic diabetes. The Figure below presents the reasons why patients are content only partly with the quality of specialized medical assistance provided by PHC institutions.



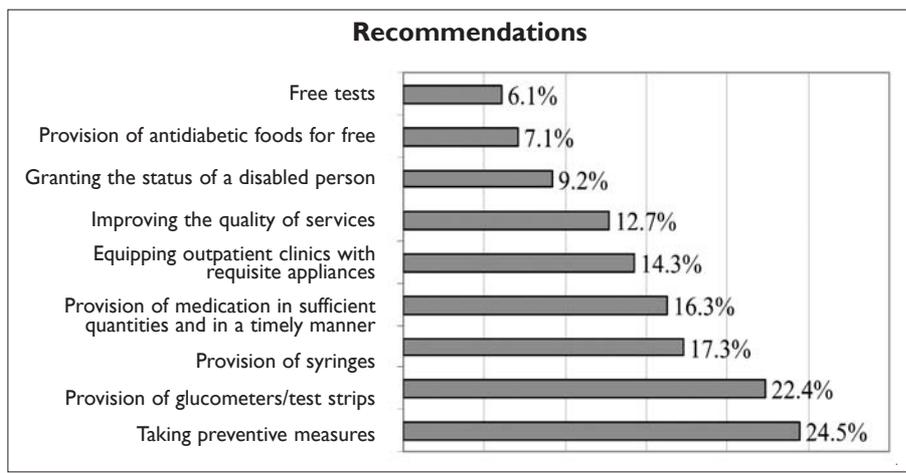
The survey results demonstrate that patients with pancreatic diabetes are displeased with the quality of specialized medical assistance. Their discontent can primarily be accounted for by the fact that even though the State provides free medication via PHC institutions, the medications are not always provided in time and their quantities are not always sufficient. Besides, the State does not provide patients with insulin syringes,

which are no less necessary for patients than insulin. The results of the monitoring of the market revealed that insulin in the city of Gyumri is priced in the range of 6,000-8,000 AMD, while insulin syringes are priced at 25-50 AMD depending on the manufacturer.

Despite the fact that the State decreed that it should not be incumbent on outpatient clinics to undertake glucometry and that the data of glucometry undertaken by the patient can be relied upon, nevertheless, patients cannot expect the Government to provide them with their own glucometer or test strips so that they could monitor their state by themselves.

Some respondents complained of the low quality of specialized medical assistance provided by PHC institutions stressing shortage of narrow specialists as well as lack of information about and measures aimed at pancreatic diabetes prevention. They suggest that more attention be paid to prevention of diabetes by providing as much information as possible to patients.

Even though the majority of the respondents were content with the quality of specialized medical assistance, it is obvious that the sector is still in need of serious reforms so as to be able to meet the target group's needs adequately. 83% of the respondents came up with recommendations.



Besides recommending that necessary medications as well as syringes, glucometers/test strips and free antidiabetic foods be provided in sufficient quantities and in a timely manner, the patients also recommend improving the quality of specialized medical assistance by equipping outpatient clinics with requisite modern medical appliances and staffing them with narrow specialists so that patients would not be forced to visit other healthcare institutions for tests performed with instruments or to get a professional advice from a narrow specialist. Moreover, there are tests that are not easily accessible and affordable (Doppler device, computer tomography, magnetic resonance imaging, etc.). Those are paid services provided in specialized clinics.

The obtaining of the status of a person with disability is not an end in itself. Only those patients with pancreatic diabetes who have a disability status are entitled to get hospital treatment for free.

## Results of interviews with medical personnel

Within the framework of the monitoring, interviews were conducted with 2 endocrinologists from three PHC institutions and 4 family doctors. The doctors mentioned several ways for identifying pancreatic diabetes cases. When a patient has symptoms of pancreatic diabetes, the general practitioner or family doctor in charge of the patient refers him or her to a clinic to undergo tests. The blood glucose level is determined and in case of hyperglycemia the patient is referred to an endocrinologist, if there is one in the healthcare institution. If the latter does not have an endocrinologist, the patient is taken care of by the family doctor in charge, since that is not prohibited by law.

The specialists pointed out that the State made provisions for each patient with pancreatic diabetes to take a blood test (glucometria) at least once a month, to take a mandatory electrocardiogram test and an eye funds examination performed by an ophthalmologist as well as consultations with a neurologist, cardiologist, blood vessel surgeon and dietologist at least once a year and to get free treatment in case of complications. It is also planned to educate/inform the patient during each visit.

As regards glucometria performed by patients themselves and taking the data into consideration, some specialists do not regard that approach as justified and prescribe glucometria to be performed in an outpatient clinic's laboratory and only then they prescribe treatment. One of the interviewed specialists said, "I do not think it is right to proceed based on the data presented by patients" and added that he always refers patients to undergo glucometry. The doctor in charge of the patient can change the number and types of tests based on the patient's health status and necessity.

Even though the State entrusted family doctors with provision of services to patients with pancreatic diabetes, those doctors, however, are not provided with either glucometers or glucometer test strips<sup>6</sup>. That creates problems for the doctor's work as the doctor does not have an opportunity to react quickly to the patient's state and to provide appropriate medical assistance.

According to interviewed doctors, all patients receive requisite medication for free and in required quantities. Each PHC institution annually submits to the RoA Health Ministry the number of patients with pancreatic diabetes registered in the outpatient clinic. Based on those figures, the Health Ministry distributed medications to the outpatient clinic in question. In its turn, each outpatient clinic submits to the Health Ministry monthly reports on the quantities of medications given to patients. However, the growing disease prevalence rate and the necessity of additional quantities of the medications are not taken into account.

All patient get anti-diabetic pills and insulin for free regardless of their social status and disability group. The medications that are included in the list of drugs distributed for free are also given to the persons with disability for free or at a 50% discount.

Patients get medications in a pharmacy affiliated with an outpatient clinic. The doctors contend that pharmacies have an adequate stock of required medications. One endocrinologist said that patients' complaint about the lack or absence of medication can be accounted for by the names of the medications that keep changing and doctors are forced to explain to each patient in detail that the content of those medications is the same, even though they have different names. Another explanation for the lack of medications is that sometimes doctors have to prescribe additional medication to the patient.

In addition to the above reasons, there is another explanation as well, which seems most plausible. It was presented by the Head of the Health & Social Security Division in the RoA Shirak Regional Governor's

---

6. In Gyumri, glucometer costs 28,000-35,000 AMD, while the price of one box of test strips starts at 14,000 AMD.

Office. In the official's words, they receive from the Health Ministry only 30% of the overall quantity of Diabeton<sup>7</sup> anti-diabetic pills needed for the region. Naturally enough, that quantity cannot meet all patients' needs.

The issue of organization of hospital treatment for patients with pancreatic diabetes is even more problematic. The interviews with doctors made it clear that however grave the patient's medical condition might be, not all of them have an opportunity to receive hospital treatment within the framework of services commissioned by the State. Free hospital treatment for those patients is not guaranteed by the State. Only those patients with pancreatic diabetes are entitled to free hospital treatment within the framework of services commissioned by the State who have been recognized as persons with disability by the medico-social expert commission. When patients do not have disability, they are not entitled to treatment within the framework of services commissioned by the State, i.e. to free hospital medical services.

In the words of the Division Head, the situation is gradually becoming even worse because the State cannot provide dispensary patients with necessary dispensary monitoring and treatment. The interviews with doctors also revealed that outpatient clinics are in need of narrow specialists as well as of certain modern diagnostic equipment. "I wish all specialist rooms were operating in each outpatient clinic and outpatient clinics were adequately equipped with all necessary modern diagnostic appliances so that we could best serve our patients and those patients would not be forced to go to other healthcare institutions for examination and tests."

When asked about the main reasons for patients' discontent, the doctors gave the same answer, "The patients are dissatisfied with everything, while doctors are dissatisfied with the system."

## Conclusions

The surveys, interviews and observations conducted with a view to protecting the rights of adult patients with pancreatic diabetes in the city of Gyumri within the framework of services commissioned by the State give grounds to conclude that the rights of those patients are not adequately protected within the framework of services commissioned by the State.

### **I. The list of healthcare assistance provided within the framework of services commissioned by the State does not entirely meet the needs of patients with pancreatic diabetes.**

In two of the three observed PHC institutions there is an endocrinologist's room, while in the third PHC institution the endocrinologist's functions are performed by family doctors in conformity with the RoA Government Decree on organization of family doctors' activities. The observations conducted in biochemical laboratories give grounds to contend that laboratories in all three PHC institutions are adequately equipped with necessary appliances. However, the same cannot be said about diagnostic equipment in the PHC institutions and about all narrow specialists.

The availability of services is confirmed by the fact that the overwhelming majority (77.5%) of the respondents visit PHC institutions regularly.

---

7. The price of 30 pills of Diabeton is 5,000-5,500 AMD.

Within the framework of services commissioned by the State the Government envisaged a certain package of medical services provided only via outpatient healthcare institutions, viz. a blood test at least once a month and an eye funds examination once a year and consultation by other narrow specialists. The State also provides medications for free to that group of patients regardless of their social status. However, medications are not always provided in a timely manner and the quantity of provided medications is not sufficient for all patients. Consequently, patients are forced to purchase the medications that they need. Apart from medications, the State does not provide insulin syringes as well as glucometer and test-strips; thus, patients incur quite a considerable expense and healthcare institutions accessibility becomes problematic.

In contrast to outpatient clinics' services, which are provided for free to the entire population, the medical assistance provided by hospitals is not accessible for the target group. Only those patients with pancreatic diabetes are entitled to free hospital treatment within the framework of services commissioned by the State who have been recognized as persons with disability by the medico-social expert commission.

**2. Information posters on the free out-of-hospital medical assistance guaranteed by the State as well the list of free medication provided by the State are on display in all three PHC institutions. In all three healthcare institutions the posters are on display right at the entrance and are hence accessible to everyone.**

**3. Figures are the best indicators of accessibility of information about the medications provided by healthcare institutions. In the words of 99% of the respondents, their doctors explained in detail how the prescribed medication should be taken.**

**4. Most patients are quite informed about available services commissioned by the State.**

**5. Anti-diabetic foods are not accessible. Their lack in the dietary intake of patients with pancreatic diabetes contributes to the emergence of complications, as a result of which non-insulin-dependent patients become insulin-dependent ones.**

## Recommendations

Taking into consideration the fact that Armenia too is facing the problem of constantly growing non-infectious diseases-related, including pancreatic diabetes-related morbidity and mortality rates, we recommend that a special strategy be formulated. The strategy will reflect the interests of patients with pancreatic diabetes and will regard the struggle against and prevention of pancreatic diabetes as one of the most important measures to be taken in the primary health care sector. The examination of the population's morbidity and mortality rates for recent years has shown that

notwithstanding the increase in funding allocated for health care, and particularly for primary health care sector, the measures that have been taken so far are not sufficient to make that sector maximum accessible to people.

The monitoring team has come up with the following recommendations:

### **Improving quality of medical assistance**

- To improve quality of specialized medical assistance by improving qualifications of the medical staff, by ensuring availability of narrow specialists in the region and by adequately equipping healthcare institutions with modern diagnostic appliances.
- To include dispensary patients, including patients with pancreatic diabetes, in the list of the groups entitled to free hospital treatment.
- To provide Shirak region with the necessary quantities of medications. To take into consideration an annual increase in the number of patients with pancreatic diabetes while determining the required quantity of medications.
- To provide glucometers and test-strips to endocrinologists and family doctors.
- To design mechanisms that will enable patients with pancreatic diabetes to get anti-diabetic foods on more affordable terms.

# Medical services for children *with disabilities in Kapan*

## Introduction

Persons with disabilities are one of the most vulnerable groups in the society. The reason is not merely that they have an uncorrectable psychological, mental or physical defect. Very often they also face extremely serious problems on their way to social integration. At present about 176,000 persons with disabilities are registered in Armenia. About 8,000 of those are children under eighteen who have a status of persons with disabilities. It is noteworthy that the number of children with disabilities has increased by almost 60% since 1995.

Undoubtedly there are numerous problems in the field of rights and social protection of persons with disabilities in this country. However, at the same time it should be pointed out that in recent years the stereotypes regarding persons with disabilities have indeed changed. In 2011 Armenia ratified the international Convention on the Rights of Persons with Disabilities, which aims 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. If the provisions of the Convention are implemented, the rights of persons with disabilities can be fully protected in our society. At present the RoA Ministry of Labor & Social Issues has launched a vigorous advocacy campaign to inform relevant entities in the regions and in far-off rural communities about the commitments made under the Convention as well as about the practical steps that need to be taken for the implementation of the Convention. Besides, each year the Ministry draws up an annual program for social protection of persons with disabilities, which has to be approved by the Armenian Government. The implementation of the programs requires a comprehensive approach, which entails involvement of educational, healthcare and other agencies in the solution of problems of persons with disabilities.

Rehabilitation treatment of children with disabilities and their social integration are one of the major problems in that sphere. The State implements programs of medical assistance for persons with disabilities. Some of those programs are required by legislation. Provisions are made for free medical services for all persons with disabilities. At the same time medication is to be provided for free to children with disabilities and

to persons with the first and second categories of disability, whereas persons with the third category of disability are entitled to a 50% discount.

World Vision international charity targets children, particularly children with special needs. The work with them and their social integration is extremely important. Extensive experience of working with those children's families enables the organization to identify numerous health-related problems of those children, particularly of those children who live in remote regions of Armenia. As evidenced by data provided by an outpatient clinic in the town of Kapan, there are 186 children with disabilities in Kapan area. Therefore a necessity emerged to study the situation with free medical services for children with disabilities in Kapan area of Syunik region, to get first-hand knowledge of the problems in that sphere, to identify the root causes of those problems and to contribute to the improvement of the sphere.

## **The goal of the monitoring**

is to make sure that children with disabilities:

- are provided with free medical services,
- that availability and accessibility of services provided according to their families' needs are improved (particularly in terms of receiving information about medication and free medical examination),
- have their right to health protected.

## **The following objectives**

were put forth in order to achieve the goal of the monitoring:

1. to examine the extent to which the existing legislation is harmonized with the needs of disabled children and with international standards;
2. to examine the extent to which medical personnel, children with disabilities and their families are informed about free medical services;
3. to study and assess satisfaction of children with disabilities and their families with provided services;
4. to identify problems related to availability and accessibility of free medical services for children with disabilities;
5. to present the analytical results of the study to relevant governmental and non-governmental entities.

## The obstacles encountered during the monitoring

In the course of conducting the monitoring the group did not come across any obstacles, while the difficulties that the group encountered were overcome.

The monitoring was conducted by:

- Ms **Anush Mezhlumian**, WVA, Kapan ADP
- Mr. **Armen Parsadonian**, WVA, Kapan ADF
- Ms **Katerina Gabriyelian**, WVA, Kapan ADF
- Ms **Hasmik Karapetian**, WVA, Kapan ADF
- Ms **Gohar Safoyan**, WVA, Kapan ADF
- Ms **Anna Andreassian**, WVA, Kapan ADF

The Project was coordinated by Ms **Sirvard Mamikonian** (HCA).

The monitoring was conducted in June - September 2011.

## Monitoring methodology

### I. Analysis of legislation and documentation

The following documents were examined:

- RoA Constitution,
- (UN) Convention on the Rights of the Child,
- Convention on the Rights of Persons with Disabilities,
- RoA Law on the Rights of the Child,
- RoA Law on Healthcare assistance and services to population,
- RoA Law on Social protection of persons with disabilities in the Republic of Armenia,
- RoA Government 4 March 2004 Decree No. 318-N.

### Analysis of documents

- Reports, relevant documents, lists and statistical data of the healthcare institutions under study,
- Statistical data on social and educational services,
- International and domestic NGOs' reports,
- Reports by the healthcare system.

## 2. Observations

In the course of the monitoring, observations were made in the therapeutic department of Medical Center of Kapan and in the outpatient clinic of Kapan.

Observed were:

- a) the extent to which healthcare institutions are comfortable for and accessible to children with disabilities,
- b) the quality of services for persons with disabilities,
- c) availability of lists of free services within the framework of services commissioned by the State.

## 3. Surveys

Surveys were conducted through interviews and filling out of questionnaires.

### a) Filling out of questionnaires

Questionnaires were filled out by 90 persons from the towns of Kapan and Kajaran as well as from villages in Kapan area, including 80 women and 10 men who are disabled children's parents or relatives. The overwhelming majority of the respondents are women because they are better informed about the problems related to children's treatment and care. Data on children with disabilities were obtained from Children's Section of the Kapan town outpatient clinic. There were 160 children on the outpatient clinic's list. Of those, 90 were randomly selected.

### b) Interviews

In the course of the monitoring interviews were conducted with medical personnel who provide services to children with disabilities, including:

- 6 family doctors who work with children with disabilities,
- Narrow specialists (children's neurologist, ophthalmologist, orthopedist, etc.).

The aim was to identify the specific features of medical services provided to children with disabilities as well as existing obstacles and problems in the sphere.

## Analysis of legislation

The procedure and conditions for provision of services to children with disabilities are laid down in the domestic legislation as well as in the international legal instruments.

The UN Convention on the Rights of the Child spells out the conditions for provision of services to children that State parties have to secure. Article 24 para. 1 states, "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."

Under Article 25 of the same Convention, "States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement."

As per Article 24 para. 1 of the UN Convention on the Rights of Persons with Disabilities, "States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability."

The fundamental and generalized provisions related to children's health and provision of medical services are stated concisely in Article 38 of the Armenian Constitution. According to it, "Everyone shall have the right to benefit from medical assistance and services under the conditions prescribed by the law."

Everyone shall have the right to free of charge benefit from basic medical aid and services. The list and the procedure of the services shall be prescribed by the law."

The provisions on protection of the child's health and on the rights of the child with mental or physical disability are also stated in Articles 7 and 26 of the RoA Law on the Rights of the Child. Under Article 7 of the Law, "Every child shall have the right to maintain and promote good health. Relevant State bodies shall secure for the child an opportunity to make use of healthcare services for free within the framework of the targeted programs in health care." According to Article 26, "The State and its relevant bodies shall provide for free the specialized medical, defectological and psychological assistance to the disabled child or the child who has mental or physical impairment, an opportunity to receive basic and vocational education in line with his or her capabilities and to get employment, social rehabilitation and a full life fostering his or her self-confidence and facilitating his or her participation in public life. Such children shall study in general-education schools, when they wish to do so."

The State and its relevant bodies shall establish for them special orphanages and residential special education facilities, shall take socioeconomic measures that will reduce the number of children with disabilities due to medical treatment and shall organize the production and purchase of technical devices that are necessary for children's lives and activities.

The children with disabilities shall have the right to order, repair and obtain wheelchairs, special prosthetic-orthopedic footwear and all sorts of prosthetic devices ... and other technical devices ..., which are needed for the disabled children's lives and activities, ... with the costs covered from the State budget of the Republic of Armenia and with other funds that are not prohibited by the legislation."

Under Article 4 of the RoA *Law on Healthcare assistance and services to population*, "Everyone shall be entitled to receive healthcare assistance and services for free or at a discount within the framework of the State-guaranteed State targeted programs in health sector."

Article 11 of the RoA *Law on Social protection of persons with disabilities in the Republic of Armenia* states, "Persons with disabilities shall be guaranteed quality medical assistance in State healthcare institutions, with costs covered from the State budget."

Persons with the first and second categories of disability and children with disabilities shall be provided with prescribed medications for free, whereas persons with the third category of disability shall get medications at a 50% discount unless they are entitled to get medications at a greater discount.

Persons with disabilities shall be entitled to priority of service in outpatient clinics and pharmacies."

The RoA *Law on the Rights of the Child* defines child as every human being below the age of eighteen and establishes that every child shall have the right to maintain and promote his or her good health. Relevant State bodies shall secure an opportunity for the child to make use of healthcare services for free within the framework of the

annual targeted programs in health care.

By its 4 March 2004 Decree No. 318-N the RoA Government approved the list of individuals entitled to free healthcare assistance and services. Children below the age of 7 and children with disabilities are included in the list of those who are entitled to free healthcare assistance.

The Decree also determined the list of socially insecure and special groups of the population that are entitled to free healthcare assistance and services guaranteed by the State.

### **Analysis of documents**

Comprehensive and most reliable data on children with disabilities were obtained from Children's Section of the outpatient clinic in Kapan. The data from the Health Division of the Regional Governor's Office were for the entire population. There were no disaggregated data on children with disability. The analysis of the submitted documents led to the following conclusions:

- data in healthcare institutions were aggregated for the entire population (including children); there was no database on children with disabilities;
- statistical data on medical services to children with disabilities are lacking (they are not registered);
- the place of residence (addresses) put down on the list of children with disabilities in many cases did not match the actual place of residence (about 30 out of 186 addresses).

## **The monitoring results**

### **Observations**

In the course of the monitoring, observations were made in the therapeutic department of Medical Center of Kapan and in the outpatient clinic of Kapan. Those institutions **do not have ramps**, whereas examination rooms are located for the most part on the second and third floors. That causes difficulties for children with disabilities, especially for children with problems of the locomotor system. Those institutions **do not have elevators** either. It should be pointed out that it is planned to construct ramps in the Children's Section of the hospital in Kapan, which was being renovated at the time of the monitoring.

Legible posters with information about medical assistance and medication provided for free to children with disabilities within the framework of services commissioned by the States were on display in conspicuous places in the said institutions.

Even though there were enough seats for visitors and patients who came to the institutions, the seats were worn-out and uncomfortable, especially for children with disabilities.

The examination rooms were well-lit as were corridors. **The sanitary-hygienic state of bathrooms was satisfactory. However, they were not adjusted to accommodate the needs of children with disabilities.**

In the course of the observations the monitoring group also was observing the medical personnel's attitudes towards visiting patients. They treated patients kindly and appropriately. Children with disabilities and their families were given adequate information and were referred to relevant specialists. Visitors did not show any discontent or complaint.

## Results of the questionnaire-based survey

Within the framework of the monitoring of healthcare services for children with disabilities a **questionnaire-based survey** was conducted of family members of children with disabilities.

The **questions in the questionnaire** were focused primarily on the quality, availability and accessibility of healthcare services.

Questionnaires were filled out by 90 parents or other family members of children with disabilities from the towns of Kapan and Kajaran as well as from villages in the area. Data on children with disabilities were obtained from Children's Section of the Kapan town outpatient clinic. There were 160 children on the outpatient clinic's list. Of those, 90 were randomly selected.

### Visits were made to more addresses because of the lists-related inaccuracies and problems.

The following problems were encountered:

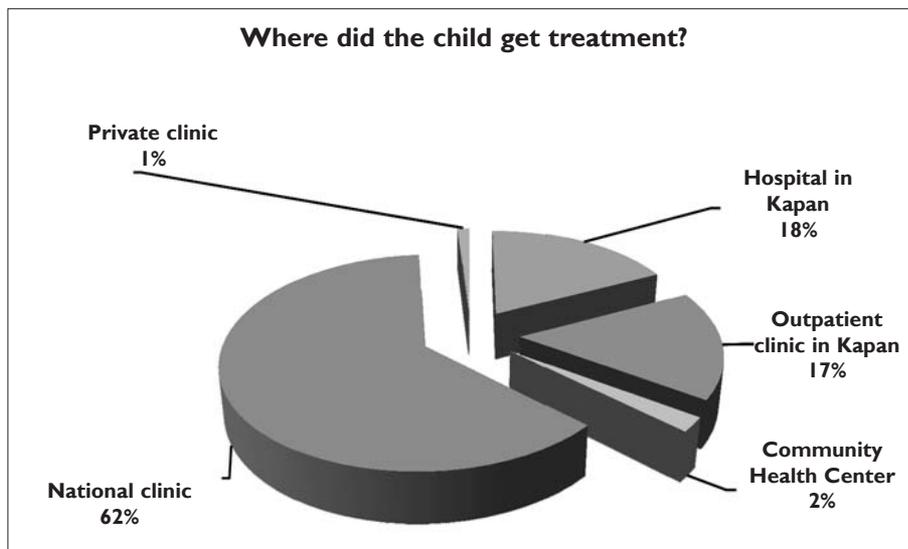
- Some families moved to other locations, sometimes outside the country.
- Sometimes the family did not reside at the address listed.
- In some cases it was possible to correct inaccuracies as neighbors knew the family and would give interviewers directions to the right address.
- 8 families refused to take part in the survey citing lack of time or lack of belief that change was possible or that the survey can be effective.

When asked, "What is your child's diagnosis?" not all parents were able to give a correct answer because files with children's medical cases are kept in outpatient clinics. The monitoring group summed up the responses as follows:

|                                |           |
|--------------------------------|-----------|
| 1. children's cerebral palsy - | <b>14</b> |
| 2. congenital heart disease -  | <b>7</b>  |
| 3. deafness -                  | <b>7</b>  |
| 4. myopia -                    | <b>4</b>  |
| 5. bronchial asthma -          | <b>5</b>  |
| 6. pancreatic diabetes -       | <b>3</b>  |
| 7. cataract -                  | <b>3</b>  |
| 8. autism -                    | <b>2</b>  |
| 9. mental retardation -        | <b>2</b>  |

Those were the most often indicated diagnoses. Other diseases were mentioned only once, e.g. articular rheumatism, cerebral cyst, blood diseases, renal insufficiency, etc.

According to the responses, 62.2% of the respondents finally took their children for treatment to national clinics in Yerevan.



The next question was used to clarify in particular "What services do children with disabilities make use of?" The question also had a second important sub-question "How much do parents pay for the services received?"

The overall picture that emerged from the responses is as follows:

| Services                          | Used by<br>(number<br>of persons) | Paid by<br>(number<br>of persons) | Minimum-maximum<br>amount paid<br>(in AMD) | Did not pay<br>(number<br>of persons) |
|-----------------------------------|-----------------------------------|-----------------------------------|--|---------------------------------------|
| 1 Therapy                         | 29                                | 11                                | 5,000 - 90,000                             | 18                                    |
| 2 Surgery                         | 17                                | 1                                 | 40,000                                     | 16                                    |
| 3 Consultations                   | 55                                | 4                                 | 20,000 - 50,000                            | 51                                    |
| 4 Medications                     | 41                                | 20                                | 5,000 - 160,000                            | 21                                    |
| 5 Appliances                      | 23                                | 12                                | 13,000 - 600,000                           | 11                                    |
| 6 Rehabilitation<br>procedures    | 16                                | 6                                 | 15,000 - 250,000                           | 10                                    |
| 7 Physiotherapy                   | 18                                | 5                                 | 5,000 - 50,000                             | 13                                    |
| 8 Treatment in a health<br>resort | 11                                | 1                                 | 5,000                                      | 10                                    |

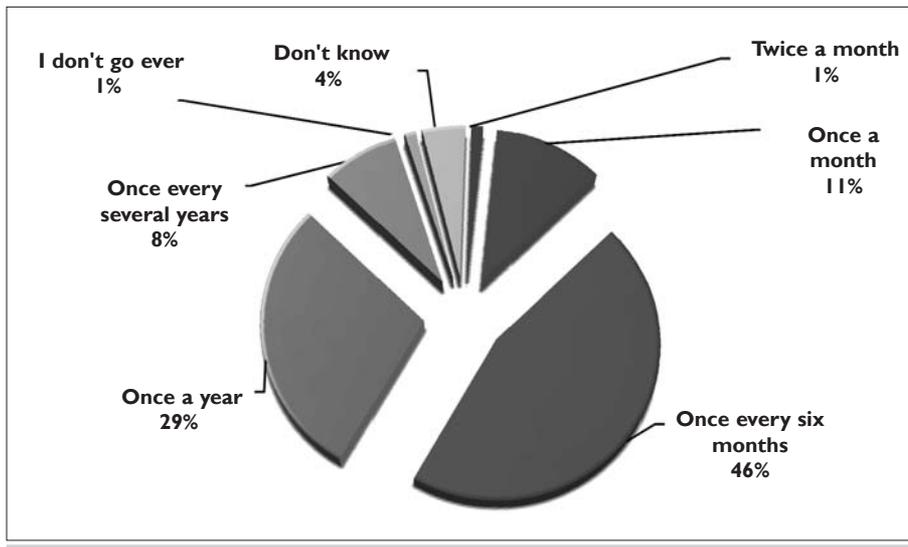
As the data in the above table indicate, the largest number of survey participants availed themselves of consultations (55 respondents); only 4 of them paid for the service. 20 respondents paid for medications. It means that families with disabled children have for the most part to pay to get medications. It can be accounted for by the fact that a substantial part of the medications that disabled children need is not licensed in the Republic of Armenia and can be found only in some pharmacies or abroad. Large amounts of money were also paid for purchasing necessary appliances. The least used service was treatment in a health resort.

When asked "Where do you mostly get healthcare assistance?", the respondents gave the following answers:

1. in community health center/first-aid posts - **5.6%**,
2. in Kapan hospital - **25.6%**,
3. Kapan town outpatient clinic - **28.9%**,
4. State clinics that serve the entire country - **53.3%**

The answers to this question are in line with those to the previous question. Most children receive treatment in the capital city's hospitals because the hospital and outpatient clinic in Kapan do not have necessary equipment and technical means to provide services to them. It is particularly true for rehabilitation and physiotherapeutic services and surgeries.

The respondents gave the following answers to the question "**How often to you go to a doctor?**"



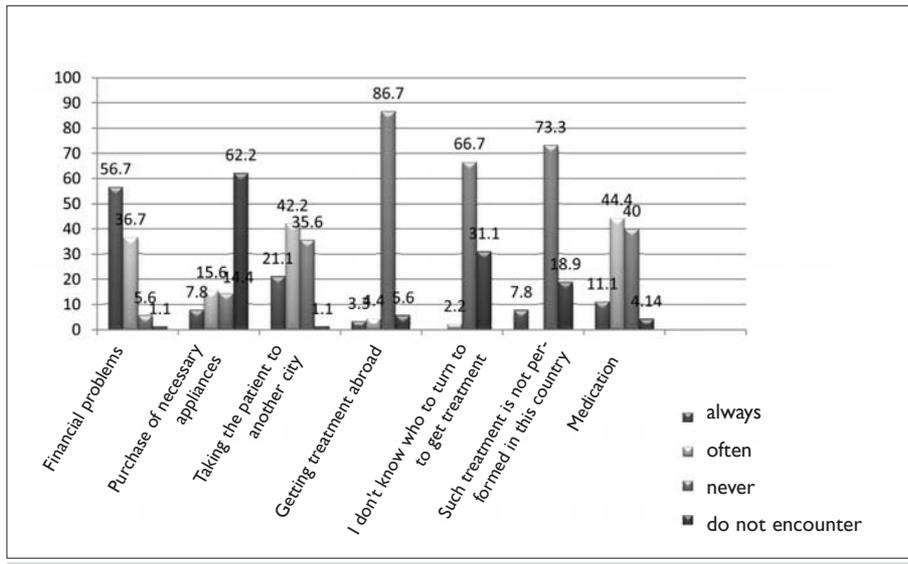
As evidenced by data in the above chart, 45.6% of the respondents go to a doctor once every six months, while 28.9% once a year.

When asked "To what extent do the provided services meet the child's needs?", the responses were as follows:

- 1. meet fully - **7.8%**,
- 2. meet mostly - **76.9%**,
- 3. almost do not meet - **12.2%**,
- 4. do not meet at all - **1.1%**,
- 5. don't know - **2.2%**.

41.1% of the respondents noted that there are no services that they need but do not get. Most of all the need of treatment in a health resort was mentioned (15.2%); 10.0% of the respondents mentioned the need to see a psychologist or speech therapist, while 8.8% mentioned the need in surgery.

**“How often do you encounter the following problems related to the child's medical treatment?”**



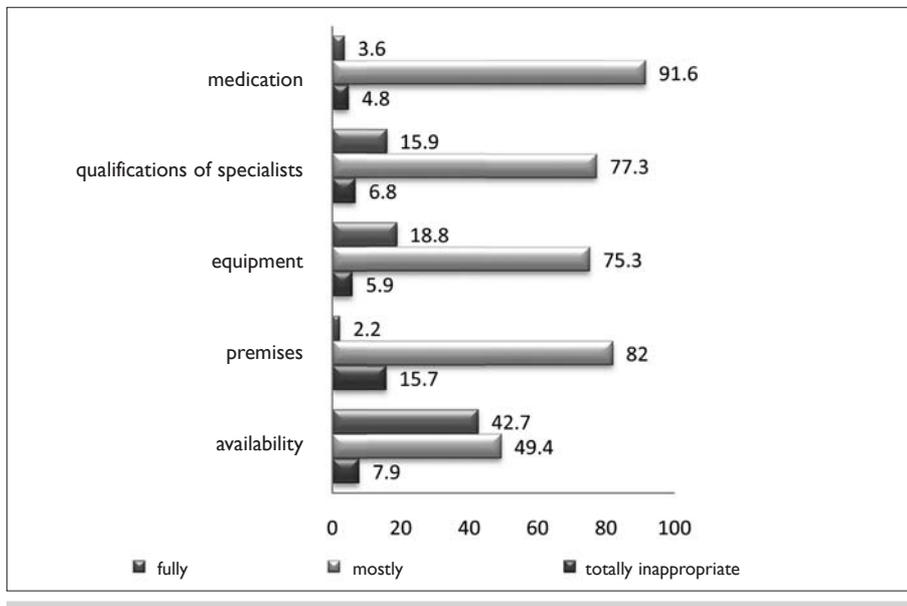
As evidenced by the above diagram, the most frequently occurring problems are financial (56.7%), getting medication and taking the patient to another city.

Families with disabled children assessed conditions in healthcare institutions as follows:

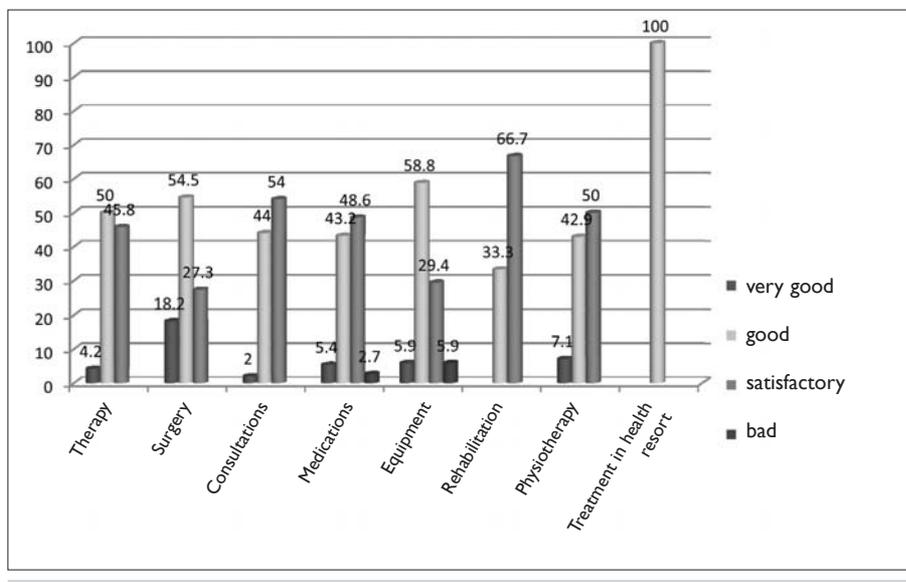
- 1. Very good - **7.8%**,
- 2. Good - **46.7%**,
- 3. Satisfactory - **41.1%**,
- 4. Bad - **3.3%**,
- 5. Don't know - **1.1%**.

Most respondents assessed conditions in healthcare institutions as satisfactory or good stressing that they were treated with kindness and care and that they were also pleased with conditions and specialists. *In some cases dissatisfaction was voiced with the lack of equipment, with unwelcoming attitude and disregard for disability.*

The following answers were given to the question **"To what extent are conditions in healthcare institutions appropriate for providing services to children?"**:



The above data clearly indicate that the most important issue is that of *availability, i.e. the distance to a healthcare institution*. Respondents are not satisfied with available equipment and qualifications of specialists.



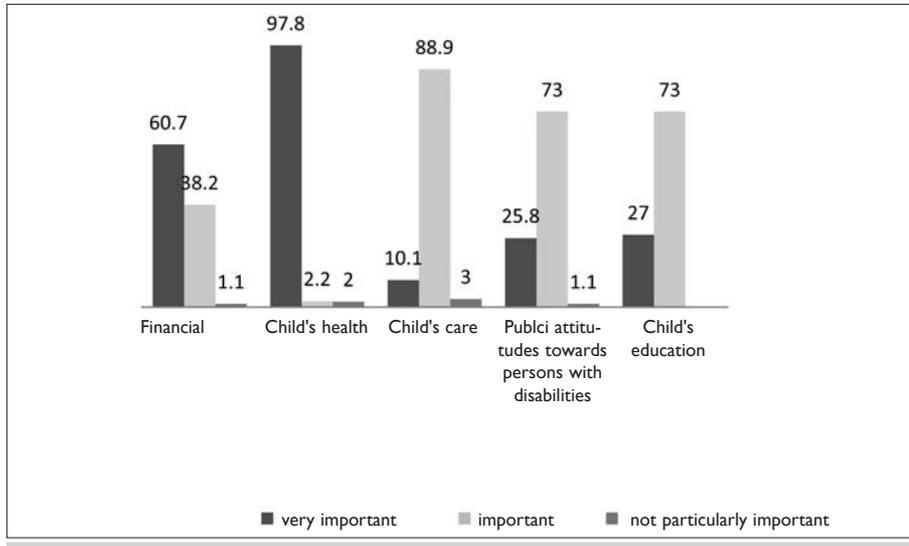
The above chart demonstrates the extent to which the respondents are satisfied with provision of services. They are most of all content with treatment in a health resort. However, very few patients (only 11 children) availed themselves of those services. Respondents were not satisfied with medication and equipment.

The survey participants assessed the medical personnel's attitude in the following way:

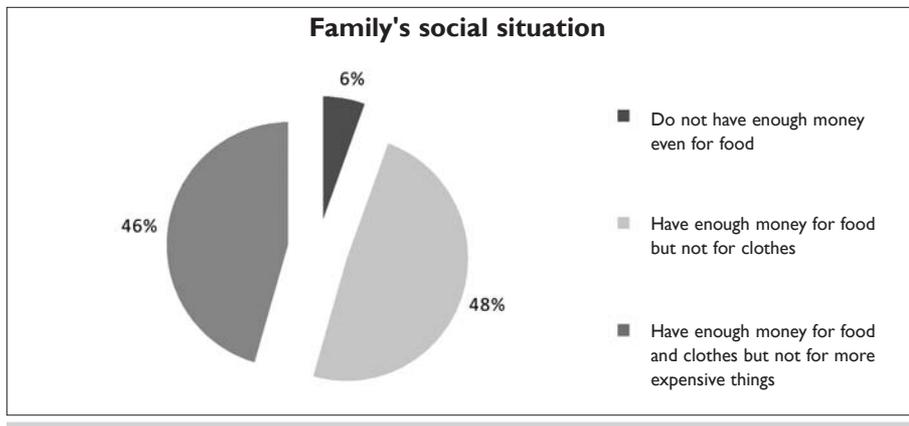
1. Very good - **10.1%**,
2. Good - **53.9%**,
3. Satisfactory - **31.5%**,
4. Bad - **4.5%**.

In other words, the majority of the children's parents were content with the medical personnel's attitude since only 4.5% of them assessed it as bad.

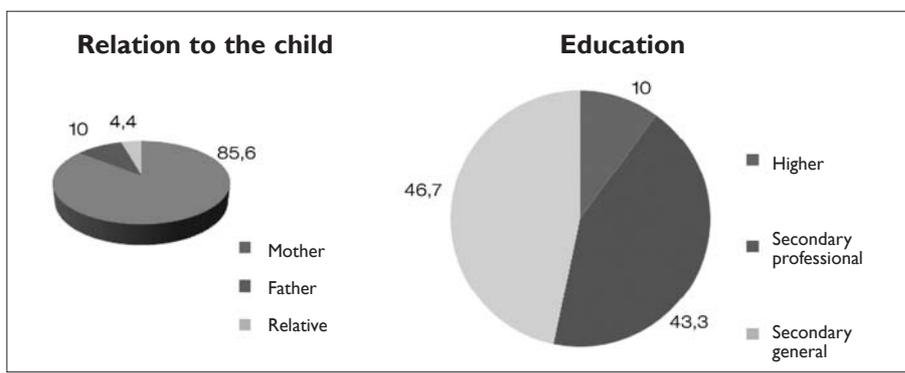
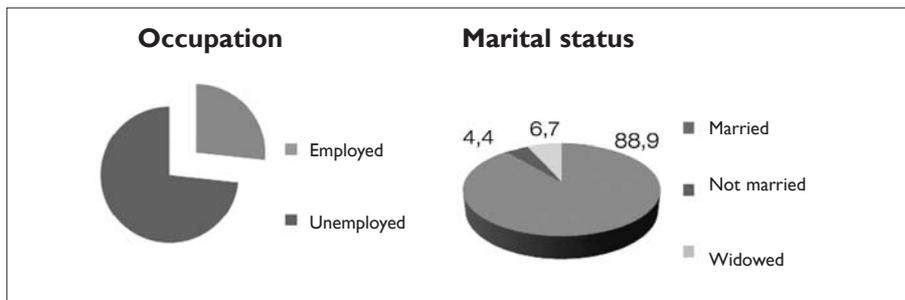
When asked **"What does the family see as the most problematic issue related to the child with disability?"** the respondents mentioned primarily **child's health and financial problems**.



The next question focused on the families' social situation.



The socio-demographic data on the survey participants are presented in charts below. The data show that the majority of the respondents are middle-aged married, mostly unemployed women with secondary professional education.



## Results of interviews with medical personnel

The questionnaire for medical personnel focused primarily on the problems existing in the sphere and on difficulties encountered in provision of services to children with disabilities.

Interviews conducted with medical personnel revealed that chief medical officers were very positive about the establishment of the procedure for service provision to disabled children within the framework of services commissioned by the State. Nevertheless, the majority of doctors pointed out that the quantities of medications received within the framework of services commissioned by the State are not sufficient and mostly inefficient because most of disabled children need other medications, which are not included in the list of medications provided within the framework of services commissioned by the State. For example, “Seretide” and “Creon” are the medications that disabled children's parents have to purchase because those are not on the list of medications provided within the framework of services commissioned by the State. Those medications are quite expensive. An ophthalmologist mentioned that spectacles are not provided to disabled children for free and have to be purchased.

Most of the surveyed doctors said that the main difficulty in working with the families of disabled children is their social situation. Children with disabilities are for the most part referred to healthcare institution in Yerevan. That creates problems for families because they do not have money to cover the related costs (travel, accommodation and other costs). The majority of interviewed doctors also said that the major prob-

lem currently existing in healthcare institutions is outdated equipment. As a result, doctors for the most part refer disabled children to Yerevan. If new equipment were provided, it would be possible to serve many patients locally.

According to the medical personnel, families of children with disabilities are well-informed about the right to get healthcare services and medication for free within the framework of services commissioned by the State. Doctors themselves periodically inform the families with disabled children about that right. Information is provided also through posters displayed in healthcare institutions.

One of the interviewed doctors made an interesting comment, "There are cases when the child has health problems but it is not possible to administer medical treatment within the framework of services commissioned by the State. The child may end up being a person with disability." In fact, if such cases were covered by free services commissioned by the State, it would be possible to avoid numerous complications in the future.

Interviewed family doctors pointed out that there is also a problem of social integration of disabled children and that their parents for the most part avoid it. Therefore it is important to undertake activities targeting parents and public stakeholders (schools, kindergartens, etc.).

## Conclusions

The surveys, observations and analysis of documents give grounds to conclude:

1. The healthcare institutions under study do not have ramps, whereas examination rooms are located for the most part on the second and third floors. That causes difficulties for children with disabilities, especially for children with problems of the locomotor system. Those institutions do not have elevators either. The sanitary-hygienic state of bathrooms in the said institutions was satisfactory. However, they were not adjusted to accommodate the needs of children with disabilities.
2. Statistical data on children with disabilities are not adequate, whereas data in healthcare institutions are aggregated for the entire population (including children).
3. A substantial part of the medications that disabled children need is not licensed in the Republic of Armenia and can be found only in some pharmacies or abroad.
4. Even though healthcare assistance is nominally provided to disabled children for free within the framework of services commissioned by the State, nevertheless in many cases the children's parents have to pay for medical treatment.
5. The required appliances such as walkers, wheelchairs and hearing devices are also quite expensive and are provided in extremely limited quantities.
6. Most children receive treatment in the capital city's hospitals because the hospital and outpatient clinic in Kapan do not have necessary equipment and technical means to provide services to them. It is particularly true for rehabilitation and physiotherapeutic services and complex surgeries.
7. There is a problem of social integration of disabled children. In some cases their parents avoid sending them to educational institutions and prohibit them to go to public places.

## Recommendations

### **To the RoA Government and healthcare institutions:**

1. To make buildings of healthcare institutions accessible to citizens, particularly to children with disability, as much as possible. To equip those buildings with ramps and elevators and to make waiting areas more comfortable.
2. It is necessary to periodically update the statistical database on children with disabilities.
3. To revise the list of medications and equipment included in the framework of services commissioned by the State, harmonizing it with the needs of children with disability.
4. To make stricter the control over the services commissioned by the State, thereby ensuring that children with disability will get healthcare services for free.
5. To reconstruct and to reequip healthcare institutions in the faraway areas of the country, to provide them with appliances and relevant specialists so as to provide medical treatment to disabled children locally.
6. To create health resorts and rehabilitation centers in the country's regions for disabled children.

### **To local governments, educational and healthcare institutions, domestic and international non-governmental organizations:**

1. *To promote* social integration of disabled children and of their families by creating an enabling environment for them.
2. *To stage* various events for children with disability and to ensure their direct participation.
3. *To create environment* of tolerance in educational institutions.
4. To periodically organize professional development courses for medical personnel.

# Availability and Accessibility of First Medical Assistance *for Pensioners in Rural Communities of Goris and Sissian Administrative Districts*

## Introduction

**H**ealth care services provision in rural communities of Goris and Sissian administrative districts in Syunik region is beset with numerous flaws and problems. During numerous interviews and conversations pensioners complained and voiced their discontent about the quality of medical services that they receive and inadequate conditions of the building of the first-aid post and about expensiveness of medications, which poses additional problems to pensioners who do not work.

Every year a certain amount of funds is allocated for health care services provision, including for provision of medication for free.

Within the framework of the Government-commissioned services, medication is provided for free to patients with pancreatic diabetes or to individual with nervous (mental) diseases. However, the State does not grant privileges to pensioners with most widespread diseases, for instance hypertension, cardiovascular diseases and articular rheumatism.

The awareness is very low in the social groups that are entitled to get medication for free or at a discount through outpatient healthcare institutions.

That is the reason why availability and accessibility of first medical assistance for pensioners were selected as a subject for study.

Salvard rural development foundation, Partnership and Learning (P&L) non-governmental organization and Sissian Area Development Programme of the Armenian branch of World Vision (WV ADP) operate in 24 communities of Goris and Sissian administrative districts in Syunik Region.

Health services in the region's communities are provided by five primary health care centers (PHCCs) Brnakot, Darbas, Angeghakot, Gorayk and Shinuhayr, each of which provides services to 5 or 6 communities. Each community has a first-aid post and a nurse who provides services to the community.

With a view to getting a holistic picture about the region one community was selected from each PHCC service area as a target for monitoring taking into consideration the fact that the PHCC in question provides healthcare services of the same quality to other communities that it serves.

It should be borne in mind that the community, where the PHCC is located, was not selected in the areas served by each PHCC. A medium-sized community from those areas was selected instead.

Thus, Salvard, Shamb, Shaghat, Sarnakunk and Halidzor communities were selected from areas served respectively by *Brnakot, Darbas, Angeghakot, Gorayk* and *Shinuhayr* PHCCs.

## **The goal of the monitoring**

is to improve availability and accessibility of first medical assistance for pensioners in rural communities of Goris and Sissian administrative districts in Syunik Region.

It was proposed to study the following objectives in order to achieve the goal of the monitoring:

- Conditions for provision of healthcare services in the community.
- The procedure and regime of operation of a first-aid post.
- The current situation with provision of medical services to individuals entitled to get medication for free or at a discount through outpatient healthcare institutions.
- The community residents' level of awareness regarding free healthcare services.

## **The methodology of the monitoring**

The following methods were used in the course of the monitoring:

1. Analysis of legislation and official documents
2. Observation of physical condition of first-aid posts
3. Questionnaire-based surveys of pensioners and nurses

### **I. Analysis of legislation**

The analysis was made of the following legislative and official documents:

- (UN) International Covenant on Social, Economic and Cultural Rights
- RoA Constitution
- RoA Law on Healthcare assistance and services to population
- RoA Government 4 March 2004 Decree No. 318-N
- RoA Government 23 November 2006 Decree No. 1717-N

- RoA Health Minister's 15 June 2011 Order No. 1155-A "On approving the list of socially insecure and individual (specific) groups".

## 2. Observation of physical conditions of first-aid posts

In the course of the monitoring, the physical conditions, facilities, equipment and affordability of service provision of community first-aid posts in five communities (Halidzor, Shaghat, Shamb, Salvard and Sarnakunk) were examined.

## 3. Questionnaire-based surveys

Community Heads and neighborhood physicians that serve communities in Halidzor, Shaghat, Shamb, Salvard and Sarnakunk provided lists of pensioners who reside in those communities and receive healthcare services (women of over 63 and men of over 65 years of age). Every seventh pensioner on the list was selected for the survey. 49 pensioners (10 from Halidzor, 9 from Shaghat, 10 from Shamb, 10 from Salvard and 10 from Sarnakunk) were surveyed using the questionnaire.

### Interviews were conducted with nurses in five first-aid posts under study.

The monitoring was conducted by:

Mr. **Ashot Babayan**, WVA Sissian ADP

Ms **Gayaneh Mesropian**, WVA Sissian ADP

Ms **Armineh Metsritsian**, Salvard rural community development Foundation

Ms **Tsoghik Arshavirian**, Salvard rural community development Foundation

Ms **Shahaneh Bakunts**, P&E NGO.

The monitoring was coordinated by Ms **Tamara Hovnanian** (CSI).

The monitoring was conducted from July 18 to September 5, 2011.

## Analysis of legislation and official documents

Article 12 of the *International Covenant on Social, Economic and Cultural Rights*, which was adopted by the United Nations in 1966, states, "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." Armenia acceded to the Covenant in 1993.

As per Article 38 of the Armenian Constitution, "Everyone shall have the right to benefit from medical aid and service under the conditions prescribed by the law ... (and) ... the right to free of charge benefit from basic medical aid and services."

Both the Armenian Constitution and the International Covenant reaffirm the right of everyone to medical assistance.

Adopted in 1996, the *RoA Law on Healthcare assistance and services to population* laid the legal, economic and financial groundwork for organizing healthcare assistance and services that secure the enjoyment of the human right to health. According to Article 2 of the Law, the main types of healthcare assistance and services include also "the primary health care as a State-guaranteed free healthcare assistance and services based on the most affordable methods and technologies."

As per the RoA Government 4 March 2004 Decree No. 318-N, free healthcare assistance and services are guaranteed by the State. The Decree approved the list of socially insecure and specific groups of the population entitled to State-guaranteed free healthcare assistance and services (Annex 1). While a specific group, the elderly pensioners are not on that list.

According to the RoA Government 23 November 2006 Decree No. 1717-N, medication is given to lonely unemployed old-age pensioners and to families consisting only of unemployed old-age pensioners (including such families with underage children in their custody) at a 50% discount through outpatient healthcare institutions.

Under the RoA Government 23 November 2006 Decree No. 1717-N, medication is given to unemployed old-age pensioners at a 30% discount.

The RoA Government 23 November 2006 Decree No. 1717-N also approved the list of those diseases, in case of which the patients are given medication for free through outpatient, dispensary and hospital healthcare institutions.

Following the RoA Health Minister's 15 June 2011 Order No. 1155-A, a Fact sheet on the RoA Government 23 November 2006 Decree No. 1717-N was issued. The hotline phone number is indicated at the bottom of the Fact sheet.

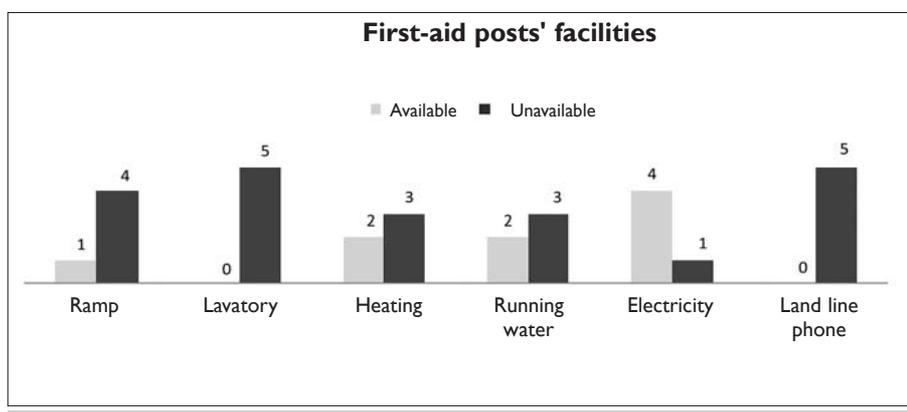
The RoA Health Minister's 15 June 2011 Order No. 1155-A also approved the list of socially insecure and individual (specific) groups that are entitled to get healthcare assistance for free. Children of up to 8 as well as up to 12 years of age and persons of 65 years of age or older are also included in that list (for specialized dentistry services).

## The monitoring results

### First-aid posts observation results

The observed first-aid posts lacked utilities and adequate working conditions. As a result, the first-aid posts cannot operate effectively (regardless of the working hours posted on the building). The entrance of only one community first-aid post (in Shamb) had a ramp.

Three of the observed first-aid posts do not have a toilet facility. Only two posts have heating. One post does not have electricity. Not a single first-aid post has a land line phone. Nurses can be reached only via cellular phones, which are not particularly affordable either for community residents or for nurses.



Only two of the observed first-aid posts had a folding screen, while the other 3 posts did not have it. It can be assumed that that is the reason why pensioners avoid visiting the first-aid post.

The nurses' survey results made it clear that only 4 of the observed first-aid posts had primary healthcare medication. Three first-aid posts do not have refrigerators; therefore, those posts cannot provide the medication that requires certain temperature for its storage. All first-aid posts have the medical equipment which is absolutely necessary for old-age pensioners, viz. arterial tonometer (a medical device for measuring blood pressure) and glucometer (a medical device for determining the approximate concentration of glucose in the blood). All posts have daylight illumination. A legible list of services provided for free to old-age pensioners within the framework of services commissioned by the State is posted in all first-aid posts.

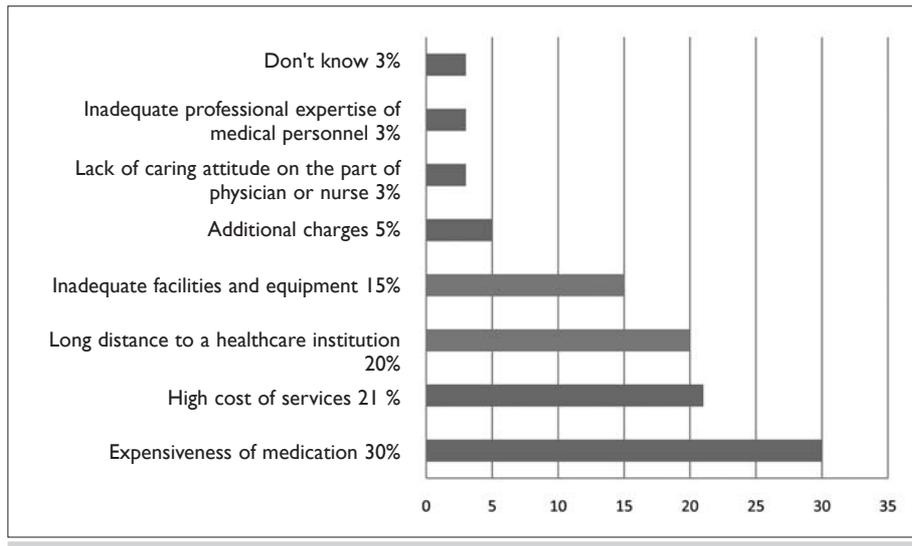
In the course of the monitoring it was observed that in two communities there was no schedule for neighborhood physician's visits.

### The results of questionnaire-based surveys

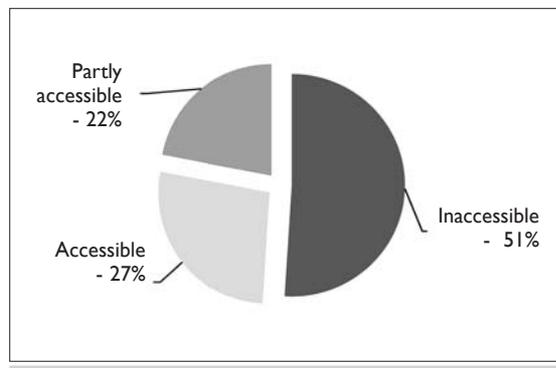
Surveys of nurses and old-age pensioners were conducted in the course of the monitoring.

The survey results present the following picture of the problems existing in the healthcare sector in the region.

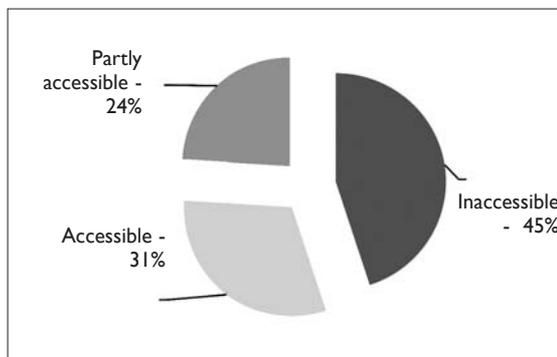
According to the old-age pensioners, the first and foremost problems in the healthcare sector today are expensiveness of medication (30%), high cost of health care services, even though outpatient clinics' services are provided free of charge (21%) and quite a long distance between the community and the outpatient healthcare institution that provides services to it (20%).



The old-age pensioners gave the following answers to the question **"To what extent is information about entitlement to free medication within the framework of the services commissioned by the State accessible to you?"**:



They gave the following answers to the question **"To what extent is information provided by the community nurse about entitlement to free medication within the framework of the services commissioned by the State accessible to you?"**:

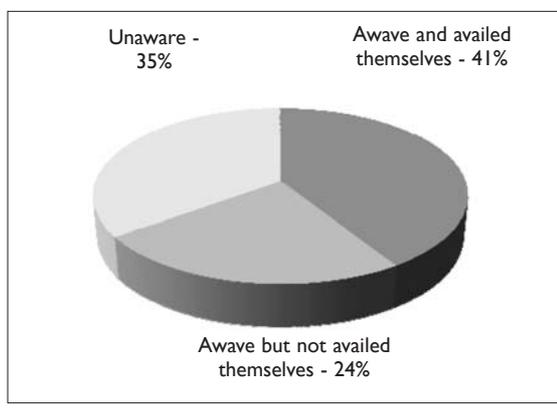


The answers given by old-age pensioners clearly indicate that information, including information provided by the nurse, about entitlement to free medication within the framework of the services commissioned by the State is for the most part inaccessible.

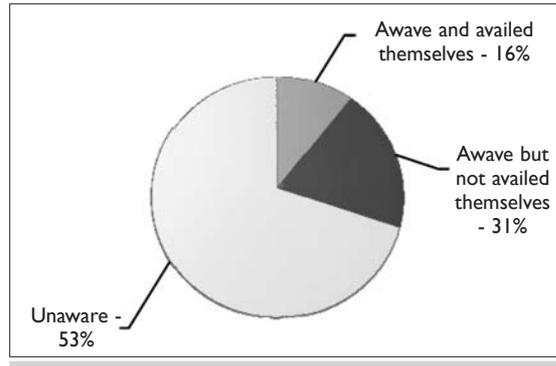
**When asked "How do you inform old-age pensioners about getting healthcare services and medication for free (if they are in the group entitled to privileges)?"** the nurses replied that they disseminate information through pamphlets, meetings, consultancies, provision of publications, information billboards and home visits.

In other words, according to the nurses, all widely-used forms for informing the public are used; however, according to old-age pensioners, those activities are not sufficiently effective.

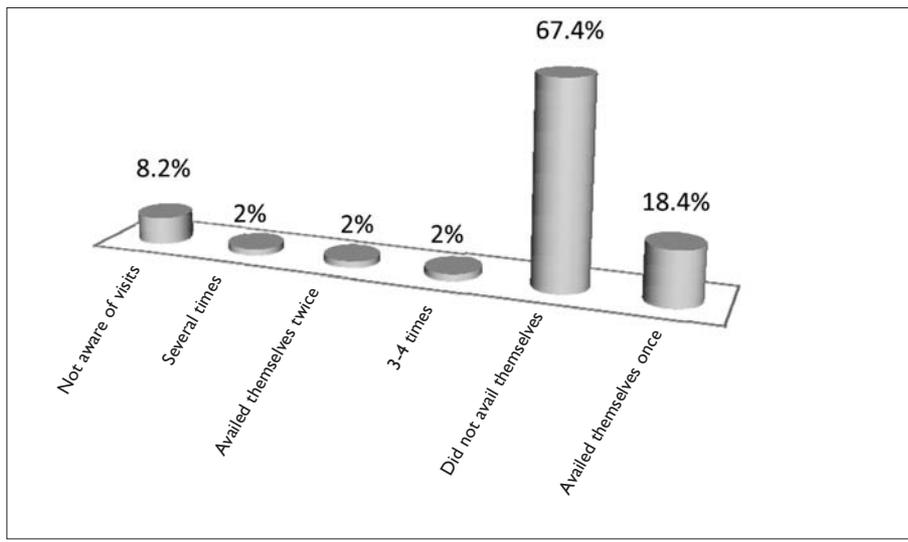
When asked, **"Are you aware that services provided by a neighborhood general practitioner, a neighborhood pediatrician and a family doctor are free of charge? Do you avail yourself of those services?"**, 41% of the respondents replied that they are aware, 24% said that they are aware but do not avail themselves of the services and 35% said that they are unaware and that they never availed themselves of those services.



When asked, **"Are you aware that medication is given to unemployed old-age pensioners at a 30% discount? And have you ever availed yourself of that privilege?"** 53% of the respondents replied in the negative, 16% said that they were aware and availed themselves and 31% said that they were aware but never availed themselves.



The pensioners' answers to the question **"How many times did you avail yourself this year of the services provided by narrow specialists in the community?"** present the following picture: **"Did not avail myself"** - 67.4% and **"Availed myself once"** - 18.4%. 14.2% of the respondents held some other opinion ("I was not aware of the visits" - 8.2%, "Several times" - 2%, "3-4 times" 0 2% and "twice" - 2%).



The results of nurses' and old-age pensioners' surveys clearly show that the elderly experience impaired cardiac function and hypertension much more often as compared to other diseases. However, in case of these diseases the patient does not get medication for free.

When asked, "**Have you ever paid a healthcare worker for the service rendered?**", 82% of old-age pensioners replied in the negative and 12% in the affirmative.

The answers given by nurses to the question "**How often is a narrow specialists' visit to the community organized?**" clearly show that such visits were not organized in 2 communities, in one community it is organized once a year and in 2 communities it is organized twice a year. With a view to preventing the contraction of a disease by the elderly preventive visits are organized in 3 communities, while in 2 communities they are not organized.

As evidenced by the survey results, there are no children in 24.5% of the old-age pensioners' families. It means that old-age pensioners from such families see a nurse less often. Nurses make visits to families with children.

## Conclusions

The findings of the observations and of the old-age pensioners' survey give grounds to conclude that in Sarnakunk, Shamb, Shaghat, Salvard and Halidzor communities in Syunik region the pensioners' rights in healthcare sector are not adequately secured within the framework of the services commissioned by the State.

- The premises of healthcare institutions are inadequate, thereby interfering with adequate provision of healthcare services to old-age pensioners.
- First-aid posts are not provided with vehicles, as a result the link between the outpatient clinic and the first-aid post is inefficient.
- The mechanism for provision of medication for free needs to be reformed and improved.
- While cardiovascular and hypertonic diseases are the most widespread diseases among old-age pensioners, the medications necessary for their treatment are not included in the free medications list drawn up by the Government.
- The level of public awareness is low. Not infrequently people are not aware about their right to avail themselves of the privileges established by the State.

## Recommendations

In order to solve the above-mentioned problems we recommend:

- To provide medication and healthcare services to old-age pensioners for free or at least to include the medications, which are necessary for treatment of cardiovascular and hypertonic diseases, in the list of the medications given for free.
- To provide first-aid posts with vehicles.

- To design mechanisms that would make the process of medication provision and distribution to primary health care centers more transparent and controllable.
- To provide first-aid posts with running water, heating, toilet facilities, electricity, some pieces of furniture (in particular, with folding screens) and with a refrigerator for storing medications.
- To build ramps at the entrance to first-aid posts.
- To post the narrow specialists' and neighborhood physicians' visits schedule on the billboards of the first-aid post and of the Community Head's Office.
- To use courses, pamphlets, fact sheets and TV programs to regularly inform community residents and employees of healthcare facilities about the residents' right to get healthcare assistance for free within the framework of the services commissioned by the State.
- To make information about laws related to the healthcare system, Government decrees, Health Minister's orders and healthcare facilities' internal regulations and record-keeping public.

# Monitoring of Labor Relations in Private Enterprises in *Ijevan and Berd Administrative Districts of Tavush Region*

## Introduction

In 2008-2010, Helsinki Committee of Armenia conducted studies on labor relations in Vayots Dzor and Syunik regions. The findings of those studies tend to indicate that workers' rights in those regions are frequently violated. In particular, it was discovered that in many cases labor contracts were not concluded between workers and employers, not all workers were provided at least with the minimum wages established by law, the 8-hour limit for a workday was not complied with, overtime work was not reimbursed for most workers, etc.

The new RoA *Labor Code* was adopted on November 9, 2004. Subsequently the State Labor Inspectorate was established that was to engage in workers' rights protection. It would seem that the State thereby seeks to create mechanisms for the protection of labor rights. However, on the other hand, it has not established appropriate control and the problem in the sector has remained unsolved.

Violations of rights are also triggered by a high level of unemployment and by a small labor market, because of which a worker is willing to comply with employer's demands so as not to lose his or her job.

Trade unions are one of the mechanisms for protection of workers' rights. The trade unions operating in Armenia were essentially inherited from the Soviet period and people's ideas about trade unions are closely linked to that period. During the Soviet times trade unions were not independent. Their main functions were to distribute subsidized referral to rest houses and to collect membership fees. They did not engage in protection of workers' rights. Today trade unions in Armenia are not yet up to their mission and the general public is not yet aware of a single case, when trade unions speak out about violations of workers' rights.

The possibility of violations of workers' rights is particularly strong in small private enterprises that operate on a 24-hour basis, where night-shift workers become more vulnerable.

Taking the above-mentioned problems into account, the working group decided to conduct workers' rights protection monitoring in small enterprises in Tavush region that make bread, bakery products and confectionery and that have night shift jobs.

## The goal of the monitoring

is to contribute to prevention of violations of labor rights in private enterprises in Ijevan and Berd administrative districts of Tavush region.

## The objectives of the monitoring

The following objectives were set for the monitoring:

- ➔ to examine the application of legal Acts, which regulate labor relations, in private enterprises, and
- ➔ to identify instances of violations of workers' rights and what causes those violations.

The monitoring was conducted in 6 enterprises in Ijevan and Berd administrative districts of Tavush region that make bread, bakery products and confectionery.

## Methodology

### I. Analysis of legislation

Studied were the labor rights-related international and domestic legal instruments, particularly:

- *International Covenant on Social, Economic and Cultural Rights*
- *International Covenant on Civil and Political Rights*
- *RoA Constitution*
- *RoA Labor Code*
- *RoA Law on Minimal Monthly Wages*
- *RoA Law on Remuneration of Labor*
- *RoA Health Minister's Order On approving No. 2-III-4. 1-05-2003 sanitation rules and hygienic norms "Hygienic requirements set for production of bread, bakery products and confectionery."*

### 2. Observations

Observed were workplace safety, sanitation-hygienic conditions and availability of work clothing.

### 3. Surveys

- a) Interviews were conducted with employees of the Ijevan area Tax Inspectorate of the State Revenue Committee affiliated with the RoA Government, of the Social Security Fund of the RoA Ministry of Labor & Social Issues and of the State Labor Inspectorate as well as with employers and workers.

b) A questionnaire-based survey was conducted of 13 workers from 6 enterprises.

## Obstacles

The monitoring group encountered the following obstacles:

- Employers refused to show any documents regulating labor relations.
- Three employers did not allow the group to conduct monitoring in their enterprises.

The monitoring was conducted by:

Mr. **Armen Shahnazarian**, Yeritassard/Young Tavush NGO

Ms **Heghineh Gharabaghtsian**, Yeritassard/Young Tavush NGO

Ms **Narineh Alaverdian**, Yeritassard/Young Tavush NGO

Mr. **Karen Tsovian**, WVA Tavush ADP

Ms **Mary Tukhikian**, WVA Tavush ADP

The monitoring was coordinated by Mr. **Robert Revazian** (HCA).

The monitoring was conducted in August-September 2011.

## Analysis of legislation

Article 8 para. 3(a) of the *International Covenant on Civil and Political Rights* states, "No one shall be required to perform forced or compulsory labor."

As per Article 7 of the *International Covenant on Social, Economic and Cultural Rights*, "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favorable conditions of work which ensure, in particular, ... fair wages, ... safe and healthy working conditions, ... rest, leisure and reasonable limitation of working hours and periodic holidays with pay..."

According to Article 32 of *RoA Constitution*, "Everyone shall have the right to fair remuneration in the amount no less than the minimum set by the law, as well as the right to working conditions in compliance with the safety and hygiene requirements. ... Forced labor shall be prohibited."

The *RoA Labor Code* states that everyone is entitled to freedom of choice of employment. Under Article 14 of the *RoA Labor Code*, "The labor relations between the employee and employer are originated on the basis of a labor contract concluded in a manner prescribed by the labor legislation and other normative legal acts containing norms on labor law."

Article 83 of the *RoA Labor Code* states, "An employment contract shall be an agreement between an employee and an employer, according to which the employee undertakes to perform work of a certain profession, qualification or to provide certain services in accordance with the code of conduct established at the workplace, and the employer undertakes to provide the employee with the work specified in the contract, to pay him the agreed wage for the work done and to ensure working conditions as set in the legisla-

tion of the Republic of Armenia, other normative legal acts the collective contract and by agreement between the parties."

As per Article 85, "The employment contract is concluded in the written form through drawing up one document signed by the parties. ...4. When hiring the incumbent the employer or the person authorized by him shall familiarize him/her with working conditions, collective contract (if available), internal code of conduct and other legal acts regulating his/her work at the place of work ..."

Article 139 of the *Labor Code* states, "Normal duration of working time may not exceed 40 hours per week. A daily period of working time must not exceed 8 working hours, except for the cases stated by law." Duration of a working day on the eve of non-working days (holidays and memorial days) is shortened by one hour, with the exception of employees working on a short-time or part-time basis.

As per Article 148 of the *Labor Code*, "Time from 10 p.m. to 6 a.m. is considered night time. Work shall be considered to be night work if three working hours of the work being done happen to be at night. The duration of night work is reduced by one hour."

As per Article 146 of the *Labor Code*, "Overtime work at the request of the employer may not exceed 4 hours during two successive days and 180 hours per year."

According to paragraph 2 of the same Article, "The employer must record a precisely the overtime work hours in working time logs."

Article 159 of the *Labor Code* establishes a minimal annual leave. Under that Article, "1. The duration of a minimal annual leave shall be 20 working days in case of a 5-day working week and 24 working days in case of a 6-day working week.

2. An annual leave shall not be shortened for employees working part-time."

According to Article 184 of the *Labor Code*, an additional remuneration of 50% of a standard hourly rate shall be paid for each hour of an overtime work and an additional remuneration of 30% of a standard hourly rate shall be paid for each hour of a night work.

As per Article 185, the employee shall be paid not less than the double hourly rate for the work done on holidays or days-off (unless that work is envisaged by the work schedule).

As per Article 1 of the *RoA Law on Minimal Monthly Wages*, "The minimal monthly wages in the Republic of Armenia are set at 32,500 AMD."

Article 7 of the *RoA Law on Remuneration of Labor* states, "It shall be incumbent on the employer to remunerate the accomplished work with a wages calculated through a procedure established by the RoA legislation, regardless of the outcome of economic activities."

According to the RoA Health Minister's Order *On approving No. 2-III-4. 1-05-2003 sanitation rules and hygienic norms "Hygienic requirements set for production of bread, bakery products and confectionery,"* the employer must provide:

- ♦ A hand washing facility provided with running cold and hot water (with faucet mixer installed), soap, disinfectant solution, disposable paper towels or an electric hand drier.
- ♦ Window glass has to be regularly cleaned from dust and soot.

- ♦ The sources of light (lamps) have to be explosion-proof so as to prevent glass debris getting into raw material and bakery products.
- ♦ It is prohibited to install lamps above open-top technological containers, cookers, cream beating machines and kitchen tables for designing cream bakery products.
- ♦ The lighting units and explosion-proof lamps have to be cleaned as needed.
- ♦ Natural lighting use should be maximized in all production and auxiliary buildings.
- ♦ It is not allowed to block the opening light spaces with production devices, products and packages/containers.
- ♦ For disinfection of air in the shops requiring special sanitation conditions (as in case of preparation of cream) it is necessary to install germicidal sterilizing lamps and their use conditions must conform to the use requirements.

## The monitoring results

### Observation results

The enterprises under study do not provide to workers the technological and sanitation-hygienic conditions required by law, in particular:

- most enterprises are located in basements or on a ground floor of buildings,
- the ventilation system is non-existent,
- natural lighting is not sufficient (windows are small and are partly blocked by devices and flour sacks),
- artificial lighting is not sufficient ,
- one shop does not have permanently running water,
- in three shops, employers did not provide work clothing and towels to workers.

### Interview and survey results

During interviews with employees of State agencies (Tax Inspectorate, Social Security Fund and State Labor Inspectorate) they were asked about inspection results in enterprises that make bread, bakery products and confectionery. They replied that according to the RoA Government decree, since May 2009 inspections are no longer conducted in small and medium enterprises with commodity circulation of less than 70 million AMD. The enterprises under study were registered after May 2009 and since their commodity circulation is less than 70 million AMD they do not have official information.

During the interviews the employees of State agencies also noted that they are aware that employers for the most part avoid registering employees so as not to pay taxes, which are required by law, and mandatory payments and that when they do register employees they state the minimum wages in the contract in order to pay the lowest possible amount of tax money.

According to them, not infrequently the employers' lack of knowledge of legislation and of their responsibilities is an underlying reason for violations.

**Employers.** During the interviews some employers pointed out that they register only some employees. They contended that they were forced to do so because mandatory social payments and other taxes are quite high compared to their income. Thus, they argued, should they register all employees and pay appropriately the taxes set by law the profitability and operation of the enterprises will be jeopardized. They noted that in some cases they would conclude a labor contract for the minimum wages (32,500 AMD) so as to avoid paying higher taxes, while in reality they pay more to their employees.

Here are some opinions voiced by the employers:

"It is extremely difficult to find a job these days. People are forced to work under the existing conditions.

We, too, are aware that we break the law but the tax field forces us to do so."

"What can I say? We are forced to make that step. We, too, live and work in fear but otherwise it is impossible. We do not get sufficient revenues so that we would be able to remunerate workers to the extent and in the manner prescribed by law."

**Employees.** During the interviews most employees said that labor contract had been concluded with them and that they know the content of the contract. However, when they were asked additional questions, they were unable to mention concrete provisions of the contract and did not know how this or that issue was regulated. That gave grounds to assume that a labor contract had not been concluded.

Even though some workers contend that they know the requirements set by the labor legislation and that their rights are violated, they accept the employer's conditions out of fear that they might lose their jobs because it is quite difficult to find a job in small communities.

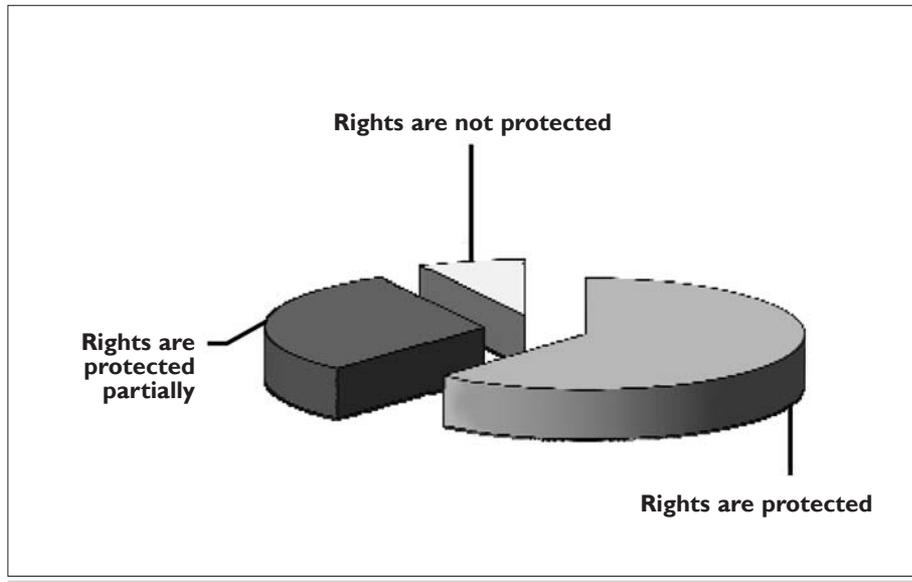
Some workers pointed out that even though they work overtime and night shifts, they do not, however, get additional remuneration.

## Questionnaire-based survey results

A questionnaire-based survey was conducted of 13 workers from 6 enterprises.

Only 2 respondents regarded the financial situation of their families satisfactory to the extent that they can afford to buy some expensive goods or to buy almost anything that they find necessary. 5 respondents noted that their families have enough money to buy food and clothes but not more expensive things. 2 respondents noted that they have enough money only to buy food but not clothes, whereas 4 respondents' families did not have enough money even for food. When asked how many family members are employed, 6 respondents said "one" and 4 respondents "two." In 3 respondents' families there are 3 or more employed family members. In other words, the study has shown that about half of the respondents are the only employed member of their families, in which case an individual probably becomes most vulnerable and unprotected.

In their relations with employers, 8 workers regarded their rights as protected, in 4 respondents' opinion their rights are protected only partially and only one respondent said that his or her rights are not protected.



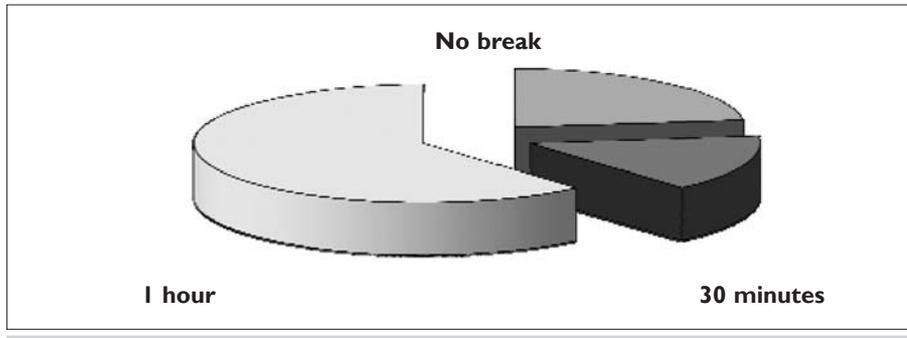
When asked, **"Have your labor rights been ever violated at the workplace?"** 12 respondents replied in the negative and only one respondent did not know.

Comparison of the responses among themselves and with the observation results gives grounds to conclude that workers either do not know their rights or deliberately avoid giving such answers that could subsequently lead to deterioration of their relations with employers, which can result in the dismissal from the job.

When asked, **"Have you signed a labor contract?"** all 13 respondents replied in the positive; 11 of them pointed out they had seen the order thereby they had been hired. However, credibility of those answers is questionable because during the interviews the same respondents did not know the provisions of their labor contracts. Besides, the fact that according to the employers they do not conclude a labor contract with many employees gives grounds to conclude that the answers to that question do not correspond to reality.

According to the questionnaire responses, 6 workers made use of their right to vacation. The other 7 workers noted that they do not take a vacation.

When asked about break, 3 workers replied that they do not have a break, 2 said that they have a 30-minute break, while 8 respondents said that they have a 1-hour break.



11 workers noted that they work overtime, 1 worker chose "Do not know" option, while another worker said that (s)he does not work overtime.

Replying to the questionnaire question, 5 workers said that they work night shifts. Only one of them pointed out that (s)he is paid an additional amount of money for the nightshift work.

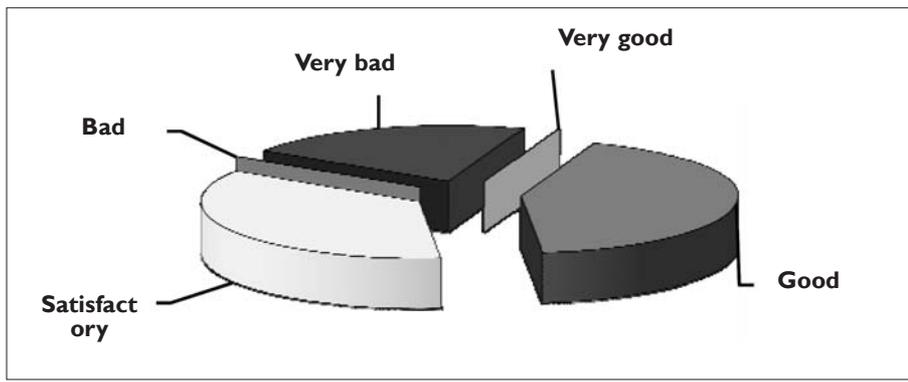
10 workers receive their wages once a month, 2 workers are paid on a daily basis, while 1 worker is paid once every ten days.

7 respondents said that their monthly wages are 15,000-40,000 AMD, while 6 workers said that they get from 40,000 to 60,000 AMD.

5 respondents stated that their contractually stipulated wages are equal to the wages that they actually receive. The other 8 respondents said that they receive 5,000-20,000 AMD more when compared to the amount stated in their contracts. Their responses tend to support the employers' statement that they indicate in the contract the minimum possible wages in order to pay lower taxes and that they in reality pay higher wages to workers.

Even though as to the observations the working conditions do not meet the requirements, nevertheless, 5 respondents regard them as "satisfactory,"

6 as "good," and only 2 respondents said that the conditions were "very bad." No one said that the conditions were "very good" or "bad."



When asked, "**What are the main problems that arise in relations with employers?**" the respondents gave the following answers:

- low wages (mere pittance),
- frequent unplanned work,
- lack of clarity of job responsibilities, because besides the main professional work the employers are asked to do technical work as well (cleaning of the area, transportation of goods, etc.).

## Conclusions

The findings of the monitoring conducted in 6 small enterprises that make bread, bakery products and confectionery in Ijevan and Berd administrative districts of Tavush region clearly indicate that there are various violations of labor rights there, particularly:

- The working conditions do not meet the standards set by the legislation; heating, natural lighting as well as sanitation and hygienic conditions are not adequate.
- In some enterprises employees do not have work clothes.
- The running water is not available in the enterprises.
- Overtime work is not remunerated.
- In case of nightshift work, labor hours and wages are not calculated in the manner required by law.
- While concluding a labor contract with an employee, employers state the lowest possible wages in the contract that do not correspond to the amount that they actually pay to the employees.
- Not all workers take an annual leave that they are entitled to.
- Even though representatives of State agencies are aware that employers often violate the requirements of laws, they do not, however, take any measures.
- Workers are for the most part not knowledgeable about their labor rights, particularly about the rights and responsibilities spelled out in a labor contract. Thus, an assumption can be made that in many cases a labor contract is not concluded or a copy of it was not given to the worker.
- The trade unions' structures in individual sectors of the economy do not operate in an efficient manner. They could play a crucial role in regulating and securing labor relations.

## Recommendations

### **To the RoA Government:**

- to draw up and adopt tax privileges for the operation of small and medium enterprises (especially in distinct and borderline regions);
- to promote the development of small and medium enterprises engaged in bread, bakery products and confectionery production by providing low-interest loans;
- to encourage and energize the operation of trade unions and to establish their sectoral structures in the country's regions.

### **To non-governmental organizations and mass media:**

- to organize awareness-raising activities (seminars, workshops, TV programs) regarding the RoA tax and labor legislation as well as various international legal instruments;
- to inform the general public about potential problems and dangers of not concluding a labor contract.

### **To employers:**

- to register all workers;
- to give a copy of the signed labor contract to the worker;
- to provide to workers the working conditions required by the legislation;
- to remunerate nightshift and overtime time in conformity with the legislation.

# The Right to Education in *Yezidi Communities in Talin Region*

## Introduction

Over 50 ethnic groups currently reside in Armenia. At the same time Armenia is considered to be a mono-ethnic country because Armenians account for 97% of the population. While in 1988, national and ethnic minorities made up 6.7% of the overall population in Armenia, the percentage then went down to 2.2%-2.3%, according to the 2001 Census data. Such a rapid dynamics of the decrease in the percentage of national and ethnic minorities can be accounted for by the outflow of members of the Azeri community as well as by significant political, economic and socio-cultural changes that occurred in Armenia during the transition period and that brought about new significant demographic changes, especially the emigration trends. At the same time, emigration affected ethnic minorities as well as Armenians as an ethnic majority.

Representatives of national and ethnic minorities live in various parts of the country and of the capital city. There is not a single region or an administrative unit that is totally populated by some ethnic minority. In some localities they compose either a part or a majority of the mixed population.

Armenia ratified the 1995 Council of Europe *Framework Convention for the Protection of National Minorities* and the 1992 *European Charter for Regional or Minority Languages* in 1998 and 2002 respectively.

In the Republic of Armenia, 11 national minorities, viz. Greeks, Jews, Assyrians, Yezidis, Molokans and others, live alongside Armenians, who make up the majority in the population. The 45,000-strong community of Yezidis is the largest. Major changes in the ethnic composition occurred as a result of migration processes triggered by the developments in political, economic and social spheres. Ethnic minorities in the Republic of Armenia freely choose where to reside, while the difficulties that emerge in the process of the enjoyment of that right are common to all RoA citizens regardless of their ethnicity and are grounded in the current socioeconomic problems existing in Armenia. The majority of the national minorities in Armenia live in various regions and towns throughout Armenia. They do not live in isolation as they reside primarily in ethnically mixed communities. Yezidis live for the most part in 20 Yezidi villages in Armavir and Aragatsotn regions as well as in other villages of the country alongside Armenians.

Every year, the RoA Ministry of Education & Science (MES) approves the curriculum for national minorities' general-education schools that allocates academic hours for the study of national minorities' mother tongue, literature, culture and history.

The MES drew up a program and a schedule aimed to further develop education for national minorities. In line with them, every year textbooks are published for the study of national minorities' language, literature and culture.

The Model curriculum for national minorities' general-education school (class) was designed and introduced. The curriculum allocates 42 academic hours per week for the study of national minorities' mother tongue and literature in grades I through II. In 2008, 16 ethnic Yezidi teachers took a 30-hour professional development course.

The RoA MES commissions for academic subjects "Iranian studies" and "Semitic studies" operate in the National Institute of Education. The commissions make an expert assessment of the curricula, textbooks and manuals in the Yezidi and Assyrian languages. The Armenian authorities do in fact provide teaching of the mother tongue for national minorities' children.

Thus, on December 21, 2007, the RoA Minister of Education & Science issued an Order, whereby children of national minorities' citizens shall be admitted to a school (class) where the language of instruction is the child's ethnic language (mother tongue) or where this language is taught, or, in case such a school (class) is not available, the child's parents (or their legal representatives) shall select the language of instruction.

On July 10, 2009, the RoA *Law on General Education* was adopted. As per Article 4 of the Law, general education of national minorities of the Republic of Armenia can be organized in their mother tongue or ethnic language, with Armenian being a compulsory school subject.

Peaceful coexistence of and cooperation between national minorities and a country's main ethnic population is a foundation for each country's socioeconomic and cultural development and general well-being. The national minorities' status is one of the important criteria of civil society and democracy and it is incumbent on each democratic society not only to respect ethnic, cultural, linguistic and religious rights of every individual from a national minority but also to create adequate conditions that will enable national minorities to express, maintain and develop their identity.

Protection of national minorities is a guarantee for securing:

- human rights,
- cultural diversity, and
- peace.

Getting basic education is a fundamental right of every child, including learning his mother tongue and internalizing values of his ethnic culture.

The role and significance of schools are very important for provision of basic education in communities where national minorities reside. To have a renovated school equipped with modern devices and appliances is quite a necessity for any community. In communities, schools today are regarded, one might say, as the only educational and cultural centers. It is very important that besides good physical plant the school should also have skilled staff members who have taken professional development courses.

Notwithstanding the steps taken by the State with a view to providing national minorities with their own educators, this task has not been fully accomplished yet in Yezidi communities. There is a serious problem of

a lack of instructors who would teach the Yezidi language in Yezidi communities. In fact, Yezidi is taught in schools by instructors who have secondary and at times 8-year education and who from time to time take professional development courses in the MES National Institute of Education.

The problem is further aggravated by discriminatory treatment of girls by the community. Most girls drop out of school at an early age.

Attaching importance to the right to education of children in the Yezidi communities in Talin area in Aragatsotn region and taking into consideration the above-mentioned considerations the Talin Area Development Programme Office of the Armenian branch of *World Vision Armenia* and *Talin-hooyoys (Talin-Hope)* non-governmental organization jointly with Helsinki Committee of Armenia and Civil Society Institute human rights NGOs implemented the monitoring project *The Right to Education in Yezidi Communities* within the framework of the *Grassroots Voice for Human Rights Mobilization Project*.

## The Goal of the Monitoring

The goal is to promote the right to education of children living in the national minorities' (Yezidi) communities in Talin area.

### The following issues were explored:

- the situation with the protection of the children's right to education,
- the situation with instruction in mother tongue and the availability of literature in mother tongue,
- the availability of relevant specialists,
- whether the school is technically equipped and furnished in line with the standards set by the RoA Ministry of Education and Science.

**The monitoring was conducted in Ddmassar, Sorik, Hako, Kanch, Arevoot, Otevan, Metsadzor and Tlik communities in Talin area of Aragatsotn region.**

The monitoring was conducted by:

Mr. **Gagik Poghossian**, WVA Talin ADP

Ms **Anahit Abgarian**, Talin-hooyoys (Talin-Hope) social issues NGO

Mr. **Mher Martirossian**, WVA Talin ADP

Ms **Anahit Asatrian**, WVA Talin ADP,

Mr. **Mher Grigorian**, WVA Talin ADP.

Volunteers and representatives of community activists groups provided assistance to the Project.

**The Project was coordinated by Ms Hasmik Hovhannissian (HCA) and Ms Sirvard Mamikonian (HCA).**

*The monitoring was conducted from May 26 till September 19, 2011.*

## **Methodology**

### **I. Analysis of legislation**

#### **Examined were:**

- RoA Constitution
- Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights
- Convention on the Rights of the Child
- Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights)
- RoA Law on Language
- RoA Law on Education
- RoA Law on General Education
- RoA Law on TV & Radio

#### **Analysis of documents**

- Third Report submitted by the Republic of Armenia on the implementation of the Council of Europe Framework Convention for the Protection of National Minorities
- National Plan of Action for the Protection of the Rights of the Child
- Documents adopted by State bodies and local governments
- Data of various entities and services that have information about children
- School documents

### **2. Surveys and interviews**

- Questionnaires for school students are filled out
- Interviews with:
  - a) officials responsible for education in the region,
  - b) representatives of local governments,
  - c) parents,
  - d) teachers,
  - e) representatives of NGOs dealing with issues of education and minors.

### 3. Observations

- the location of the school in the locality
- physical plant of schools
- school property
- technical equipment available in the school
- publications for schools.

## Analysis of legislation

As per Article 26 para. 1 of the *Universal Declaration of Human Rights*, everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Paragraph 2 states that education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding among all nations, racial or religious groups.

Article 27 of the *International Covenant on Civil and Political Rights* holds that in those States in which ethnic, religious or linguistic minorities exist, persons belonging to such minorities shall not be denied the right, in community with the other members of their group, to enjoy their own culture, to profess and practice their own religion, or to use their own language.

Under Article 30 of the *Convention on the Rights of the Child*, in those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language.

As per Article 2 of the Protocol #1 to the *Convention for the Protection of Human Rights and Fundamental Freedoms* (European Convention on Human Rights), no person shall be denied the right to education. In the exercise of any functions which it assumes in relation to education and to teaching, the State shall respect the right of parents to ensure such education and teaching in conformity with their own religions and philosophical convictions.

On July 25, 1997, the Republic of Armenia signed the *Framework Convention for the Protection of National Minorities* adopted by the Council of Europe Committee of Ministers. The Convention took effect on November 1, 1998.

According to Article 12 of the said Convention, the Parties shall, where appropriate, take measures in the fields of education and research to foster knowledge of the culture, history, language and religion of their national minorities and of the majority.

The Parties shall undertake to promote equal opportunities for access to education at all levels for persons belonging to national minorities.

According to Article 14, the Parties shall undertake to recognize that every person belonging to a national minority has the right to learn his or her minority language.

The principle of equality of all people is enshrined in the RoA *Constitution*. It holds in particular that any

discrimination based on any ground such as sex, race, color, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or other personal or social circumstances shall be prohibited. Article 39 of the Constitution declares, "Everyone shall have a right to education. Basic general education shall be compulsory except the cases prescribed by law." At the same time Article 41 of the Constitution states that "Everyone shall have the right to preserve his or her national and ethnic identity. Persons belonging to national minorities shall have the right to preservation and development of their traditions, religion, language and culture."

Provisions concerning national minorities' rights are contained in the RoA *Law on Language*. Under Article 1 of that Law, free use of languages of national minorities is guaranteed on the territory of the Republic of Armenia. Besides, Article 2 of that Law states, "In communities of national minorities in the Republic of Armenia the general education may be organized in their native language in accordance with the state program and with the state patronage and compulsory teaching of the Armenian language." And according to Article 4 of the same Law, the organizations of national minorities residing on the territory of the Republic of Armenia shall design their documents, letterheads, seals in the Armenian language with parallel translation into their language.

Article 6 of the RoA *Law on Education* establishes that in the Republic of Armenia the right to education is safeguarded regardless of ethnicity, race, sex, language, religious belief, political or any other opinion, social origin, property or any other circumstance.

According to Article 4 para. 10 of the RoA *Law on General Education*, general education of national minorities of the Republic of Armenia may be organized in their native or national language alongside compulsory teaching of the Armenian language.

According to the RoA *Law on TV and Radio Broadcasting*, the language of television and radio programs broadcast in the territory of Republic of Armenia is Armenian, except for the cases stipulated by that law. The programs broadcast in national minorities' languages belong to the category of those exceptions. Under Article 28 of the said Law, it is incumbent on the Public TV and Radio Company to provide the audience with programs that take into account the interests of Armenia's different regions, national minorities, various social strata and social groups.

At the same time it should be noted that Armenia has not yet adopted the RoA *Law on National and Ethnic Minorities*, even though the Draft Law has been in circulation since 2003 and reviewed by representatives of national minorities. The necessity of the adoption of the Law is stressed also in the Report of the European Commission against Racism and Intolerance (ECRI).

In its 7 February 2007 Resolution on the implementation of the *Framework Convention for the Protection of National Minorities* by Armenia the Committee of Ministers of the Council of Europe stressed that a general climate of tolerance towards national minorities continues to prevail in Armenia.

## The monitoring results

The fact that children in Yezidi communities do not get adequate education can be accounted for by cultural traditionalism. From early age on, children get involved in agricultural work, miss many classes (primarily in September and May, when Yezidi children with their parents are engaged in animal husbandry in the mountains, etc.) or in general do not regard education as a necessity to achieve success in life.

It became clear from meetings and interviews with community heads and residents that all villages experienced out-migration on a large scale in 1992-1996. There are now 100-120 residents in the villages where 300-500 persons used to live. The main occupation of residents in those villages is animal farming.

Basic schools operate in all seven villages covered by the study. The total number of students in those schools is 111.

The number of students (broken down by communities)

| <b>Community</b> | <b>Number of students</b> |
|------------------|---------------------------|
| 1. AREVOOT       | 17                        |
| 2. TLIK          | 12                        |
| 3. METSADZOR     | 11                        |
| 4. HAKO          | 18                        |
| 5. OTEVAN        | 1                         |
| 6. KANCH         | 23                        |
| 7. DDMASSAR      | 17                        |
| 8. SORIK         | 12                        |
| <b>Total</b>     | <b>111</b>                |

## The survey results

Surveyed were eight school principals, 6 community heads, 2-3 parents and teachers from each community and 25 high school students (including 16 girls and 9 boys). 60% of children come from families that have many (up to 10) children.

Only in the village of Otevan there was one fifth-grader. The head of Otevan community was apprehensive that the school might be closed. In the community head's words, he does his best to keep the school going because the community will fall apart without school. The Education department in the Aragatsotn Regional Governor's Office suggested that the child should be transferred to a school in the neighboring village of Karavadzor. The transfer-related costs in that case will be borne by the State.

The conversations with school principals made it clear that most schools do not rely on the curriculum for national minorities' general-education schools approved by the Ministry of Education & Science. They make use of the curriculum for secondary general-education schools. As a result, students study their mother tongue during extracurricular group sessions that are intended for school education components.

The Yezidi language is taught in seven out of the eight above-mentioned communities. Teachers of Yezidi are for the most part residents of the same community who have at least secondary education. Only in two

communities there are teachers of Yezidi who have higher education and who teach a number of subjects at school. In the school in **Metsadzor** the mathematics and physics teacher also taught Yezidi, while in **Sorik** the Yezidi language was taught by the geography and history teacher.

The students in **Ddmassar** community cannot write or read in their mother tongue because Yezidi as an academic subject has not been taught at the school for already eight years. In the school principal's and parents' opinion, the reason for that is that the school does not have a specialist in the Yezidi language.

Yezidi was not taught for three years in Hako community because the teacher had left for Russia.

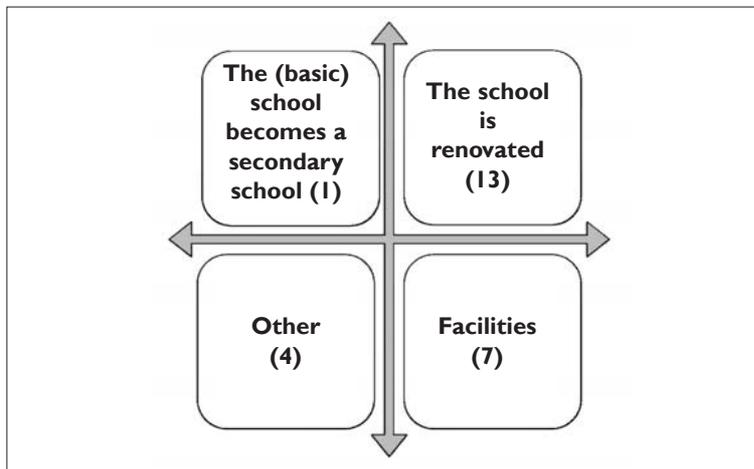
According to the **Hako** village school principal, the Yezidi parents themselves demanded that teaching of the Yezidi language be included into the school curriculum. Taking into consideration that fact, he requested the Education department in the Aragatsotn Regional Governor's Office to get the school a specialist in the Yezidi language.

The surveyed teachers said that when the Yezidi children enroll in the first grade they do not know Armenian. This lack of knowledge makes their further studies more difficult. The main reason, it would seem, is the absence of kindergartens in the communities.

It became obvious from interviews with teachers and students and from examination of class ledger books that the academic performance level can be assessed as lower than satisfactory. The low level of academic performance can be accounted for, in the parents' opinion, by inadequate physical plant, furniture and equipment of the school and in the teachers' opinion, by parent's lack of attention to their children's education.

When asked "What would you like to change in your school?", the surveyed students replied that they would like to have their schools renovated and supplied with new facilities and a computer lab and to have history of their ethnic group included in the school curriculum. A student from a basic school in the village of Arevoot expressed a wish that their school should become a secondary school because her parents will not let her continue her education in a school in a neighboring village.

### "What would you like to change in your school?"

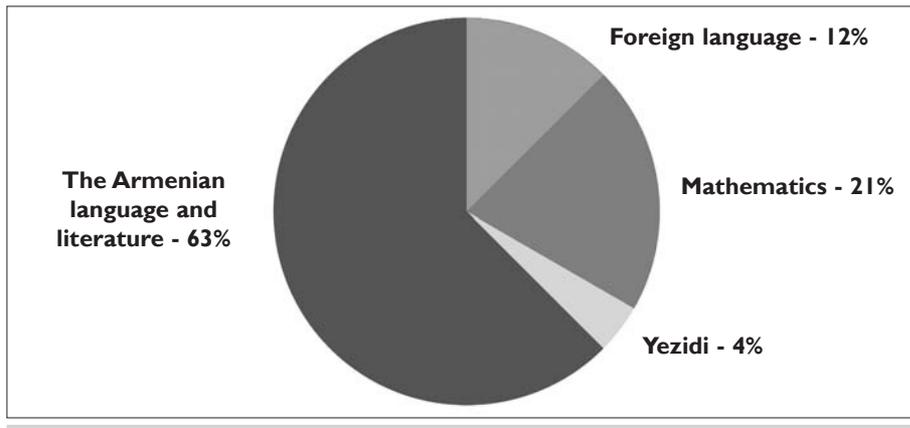


**A female eight-grader in the village of Ddmassar, who is a straight "A" student, wanted to continue her education in a secondary school in the neighboring village of Dashtadem and then in the Pedagogical University in Yerevan. However, in teachers' view and students' opinion her parents will not let her continue her education. Usually, in line with their traditions, they do not let high school girls continue their education and try to marry them off at an early age.**

When asked "**Will you continue your education further?**", none of the surveyed students replied definitely that he or she will.

As to school subjects, 15 of the surveyed students liked the Armenian language and literature, 5 students liked mathematics and only one student said that she liked Yezidi.

### **What is your most favorite academic subject?**



The children were surveyed to find out whether there are children in the communities who do not attend general-education school. Even though school principals and teachers positively ruled out the likelihood that some children might stay out of school, nevertheless, it became clear that ten-year-old R. in **Sorik** community is illiterate and does not attend school; two children in *Kanch* community do not attend school when farm animals are taken to pasture lands in the mountains in May; and it may be said that two orphan brothers in **Arevoot** community practically do not attend school because they always take villagers' animals to pasture lands.

During the interviews held with parents the latter attached much importance to school and education. However, when asked "**Will your child continue his/her education?**", they would answer "no."

In the village of Sorik, a parent whose daughter is an 8th-grader did not want the child to go to school because two of the three students in the class are boys. She kept stressing that her daughter has already "matured" and does not want to be in the same class with boys.

The meeting in **Tlik** community stood apart from meetings with parents in other communities. It would

seem that the mothers attending the meeting, who had secondary education and who had moved here from other communities because of marriage, started a "feminist movement" of sorts in the village with the problems and demands that they put forward.

In particular, one parent said, "There is an internal contradiction here. Why have we fallen behind the general development? I want Yezidi to progress; however, we lack a common approach..."

Parents were mostly concerned about the schools' physical plant renovation, furniture and equipment, first-aid posts, lack of cultural centers, pitiful state of roads, etc.

Students' school attendance can be regarded as satisfactory because at the time of the monitoring only one or two students were absent, even though the observation was conducted at the beginning of the academic year, when students come to school with new expectations and in high spirits. According to teachers' explanations and the analysis of the questionnaires filled out by children, absences were for the most part accounted for by the fact that the student was sick or took animals to pasture land in the mountains.

In Soviet times, upon graduation from an 8-year school, some students from all Yezidi villages would attend a secondary school in a neighboring village. The interviewees said that in those times there was a bus, whereas now there is no bus and the roads are in a very bad shape. Besides, they would also say, "Even if our child goes to great pains [to attend a school in a neighboring village] and we, too, take so much trouble, then what will he do? He will keep sheep anyway because there is no other occupation. Thus, let him tend sheep without getting education first."

**Parents** in the communities voiced their discontent over the fact that **principals** and other administrative **officials in their** schools are Armenians. However, when asked "Do you have adequately qualified specialists in your communities?" The interviewees replied in the negative.

In all the communities covered by the study the same question was given "How many school graduates have continued their education within the past five years?"

Interviewees in **Arevoot** community recalled that within the past five years only one girl continued her education in an evening high school in the town of Talin and then in the Humanities Institute of Hrazdan that was operating in Talin. Then the girl moved to Russia.

One young man from **Otevan** was a university student in Yerevan. Another young man, from **Tlik**, went to Pedagogical Institute in Gyumri and then moved to Russia.

Four students from various villages went to a vocational school in Talin. In some villages the interviewees could not recall a single student who would continue education within the past ten years.

However, they speak enthusiastically and proudly about success of their children who live in Russia.

## The observations results

The physical plant in all schools is not in good condition and is badly in need of renovation. Only two schools were partly renovated. According to principals of those schools, the renovations were done with financial support provided by the villagers who now reside in other countries. In **Otevan** community there is no school building. A private house, which was donated by a former village resident who now lives abroad, is used as a place for schooling children. The school does not have a gym. Facilities in all schools are physically and functionally obsolete. New blackboards, desks and chess tables were only in schools in the villages of Ddmassar, Kanch and Arevoot.

According to school principals and teachers, the Yezidi language textbooks are very bad in terms of content.

School libraries have very few works of Yezidi literature. There are several patriotic books, whereas the school in the village of Tlik does not have library at all.

Classes for the most part have sufficient number of students (since the first and second grades are brought together as are the third and fourth grades), whereas elementary school grades (grades one through four) in the school in Sorik were brought together this year into a single-room school.

All schools, except the school in Otevan, were provided with computers and internet connection. However, only three schools had a computer lab. To the question of "Where is your computer lab?", the school principals replied that the physical plant conditions do not make it possible to install computers or that there is no computer specialist who could teach children.

*History of the Armenian Church* is also taught as an academic subject in the schools because the latter stick to the standard curriculum for general-education schools. The students have difficulty in studying the subject because it is not in line with their religious beliefs.

## Conclusions

- All eight villages, where the monitoring was conducted, have the same socioeconomic problems that were brought about by out-migration, absence of social infrastructure and numerous other factors.
- Teaching of the Yezidi language is gradually disappearing from some schools in Yezidi communities. The study findings have led us to conclude that the main reason is lack of specialists.
- There is no discrimination against the Yezidi national minority in the field of education because they have equal opportunities with other RoA citizens to get education at any level.
- The Yezidi language textbooks and teacher's manuals with quality content are non-existent.
- The phrase "may be organized" used in the second paragraph of Article 2 of the RoA *Law on Language* ("In communities of national minorities in the Republic of Armenia the general education may be organized in their native language in accordance with the state program and with the state patronage and compulsory teaching of the Armenian language") makes it possible for schools in the communities, where national minorities reside, to make use of the standard curriculum for general-education schools rather than of the curriculum for ethnic minorities' schools.
- Bad conditions of the physical plant and other school facilities have an adverse impact on quality of education.
- Bringing together in one classroom more than two classes makes it impossible to create an enabling learning environment.
- First-graders do not have command of the Armenian language and that circumstance poses serious problems in the academic process because class supervisors do not know the Yezidi language.

## Recommendations

- The State should pay proper attention to renovation of schools in national minorities' communities and to provision of new equipment and furniture.
- The Ministry of Education & Science should solve the problem of training teachers of Yezidi.
- The second paragraph of Article 2 in the RoA *Law on Language* ("In communities of national minorities in the Republic of Armenia the general education may be organized in their native language in accordance with the state program and with the state patronage and compulsory teaching of the Armenian language") should be amended.
- Schools in Yezidi communities should make use of the "Curriculum for ethnic minorities' general-education schools."
- Preschools affiliated with schools should be opened, where children will acquire necessary linguistic skills to be able to attend an elementary school.
- More than two classes should not be brought together in one classroom.

# Money Collection in Schools in *Vardenis Administrative District*

## Introduction

The RoA Gegharkunik region is situated in the eastern part of Armenia, which includes Gavar, Chambarak (former Krasnoselsk), Martuni, Sevan and Vardenis administrative districts. Communities in Gegharkunik region do not significantly differ from one another in terms of a level of socioeconomic and spiritual-cultural development.

At present in Vardenis as well as in general-education schools in other regions of Armenia the prevalence of money collection is one of the most problematic issues that are discussed. People from various social groups express their discontent about different forms that money collection takes. Some other people believe that money collection is a necessary measure. TV and radio programs and articles in print media criticizing money collection are not a rare occurrence. However, unbiased studies and analyses of the phenomenon are few and far between. Therefore, a goal was set to study the said sphere and monitoring has been conducted with a view to studying the situation with money collection in general-education schools in Vardenis administrative district.

The material conditions (heating, facilities and equipment, physical plant) of schools in Vardenis administrative district are frequently insufficient for an adequate educational process. Therefore, parents have to provide additional money to schools from time to time. The amount of money, the purpose and frequency of collection may differ. However, there are no reliable data on how that money is used.

In order to clear up those questions the monitoring was conducted in four (two urban and two rural) basic schools.

The monitoring was conducted by Vardenis Area Development Programme of the Armenian branch of *World Vision international charity* (WV ADP) and by *Foundation for Vardenis area development* within the framework of the *Grassroots Voice for Human Rights Mobilization Project*.

## The goal of the monitoring

was to identify the money collection-related problems in schools in Vardenis administrative district and to contribute to greater transparency of the process.

**The objective of the monitoring** was to study:

- the underlying reasons for money collection in general-education schools in Vardenis administrative district,
- the scope of money collection,
- the money collection mechanisms, and
- accountability for the use of money collected.

The monitoring was conducted by:

Ms **Lianna Harutiunian**, WVA Vardenis ADF

Mr. **Maxim Galstian**, WVA Vardenis ADF

Mr. **Zasul Hakobian**, WVA Vardenis ADP

Mr. **Grigor Poghosian**, WVA Vardenis ADP

Ms Susanna Barseghian, WVA Vardenis ADF

Ms Geghanush Mkhitarian, WVA Vardenis ADF

The monitoring was coordinated by Ms **Tamara Hovnanian** (CSI).

The monitoring was conducted in July-September 2011.

## Methodology

The monitoring was conducted in general-education schools in two urban and two rural communities in Vardenis administrative district.

**The following methods were applied:**

### I. Analysis of the education sector legislation and documents

#### International legal instruments

- Universal Declaration of Human Rights
- International Covenant on Social, Economic and Cultural Rights
- (UN) Convention on the Rights of the Child

#### Domestic legislation

- RoA Constitution
- RoA Law on General Education
- RoA Law on Education

- 2. Observations in schools (availability of billboards and relevant information about fees charges for textbooks or about other expenses)**
  
- 3. A questionnaire-based survey of school principals, teachers, parents and students.**

The questionnaires were used to survey principals, teachers (5 teachers from each school), 7th-10th graders (10 students from each school) and parents of students from schools under study (10 parents from each school) in four schools.

## **Analysis of legislation and study of documents**

As per Article 26 para. 1 of the *Universal Declaration of Human Rights*, "Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory."

Article 13 para. 1 of the *International Covenant on Social, Economic and Cultural Rights* states, "The States Parties to the present Covenant recognize the right of everyone to education." According to para. 2 of the same Article, "(a) Primary education shall be compulsory and available free to all."

Under Article 28 of the *UN Convention on the Rights of the Child*, "States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available free to all; (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need."

As per Article 36 of the Armenian Constitution, "Parents shall have the right and obligation to take care of the education, health of as well as the full and harmonious development of their children."

Article 39 of the Constitution declares, "Everyone shall have a right to education. Basic general education shall be compulsory except the cases prescribed by law. The law may establish a higher level of compulsory education.

The secondary education in state educational institutions is free of charge..."

According to Article 1 of the *RoA Law on General Education*, "The law ... shall establish the principles of state policy for the general education system of the Republic of Armenia, legal and organizational and financial and economic grounds thereof, shall regulate the legal relationships of natural and legal persons participating in the process of general education, shall ensure the grounds for the right to education, possibility of compulsory basic general education and free secondary education enshrined by the Constitution of the Republic of Armenia."

As per Article 4 para. 5 of the *RoA Law on Education*, "The State shall secure maintenance and development of education sector through special-purpose budgetary funds."

Article 6 of the same Law says, "The State shall provide students of the first through third grades of

school with textbooks for free, with the exception of foreign languages and music textbooks, covering the expenses from the State budget, whereas children from socially vulnerable families shall be provided for free the textbooks required by the primary general education curriculum."

The rates charged from students for textbooks are regulated by the RoA legislation and by Decrees and Orders issued by the RoA Ministry of Education & Science (E&S).

According to the RoA E&S Minister's Order No. 1001 of 29 August 2011 "On approving the fees charged for textbooks for general-education institution in academic year 2011-2012", the minimum charge per textbook is 250 AMD and the maximum charge is 530 AMD. The minimum term of use for all textbooks was set at 5 years.

The Procedure for "Provision of the RoA general-education institutions with textbooks and publication of textbooks for general-education subjects" was established by the RoA E&S Minister's Order No. 752-N of 21 August 2009. The Procedure laid down clearly the obligation for a general-education institution to post in a conspicuous place (in the library, on the bulletin board and in other noticeable places) the textbooks pay rates-related order issued by the competent body for State administration of education.

There are also other legitimate mechanisms for drawing additional funds for the development of general-education schools.

Schools' Boards of Trustees are established with a view to supporting the operation and development programs of those institutions as well as to ensuring their effective cooperation with the community. The Boards of Trustees assist institutions in getting funds, strengthening material and technological base, setting up an off-budget fund, support the implementation of social programs and the organization of students' rest in summer and hear school principals' reports on targeted use of the funds allocated by them, etc.

In line with clause 101 of the model Regulation, Parent Committees take part in the creation of necessary conditions for students' education and moral instruction, support the expansion of the learning and material base by, inter alia, engaging sponsors and participate in provision of material assistance to orphans and to children from socially vulnerable families, etc.

## The monitoring results

The principals of all four schools selected for the study agreed to take part in the survey, even though they would not answer some questions (that included the "money collection" expression) or would contend that the questions were formulated in a wrong way.

In the principals' words, the funds disbursed to the school budget are sufficient to cover the institutions' maintenance and operational costs, whereas money is collected from parents only for textbooks.

20 teachers from schools under study were surveyed. All the teachers noted the lack of adequate facilities as the main problem faced by their schools. Most teachers pointed out that the fuel allocated to schools is not enough for ensuring heating throughout winter (liquid fuel-based heating does not provide adequate conditions for organizing efficient educational process).

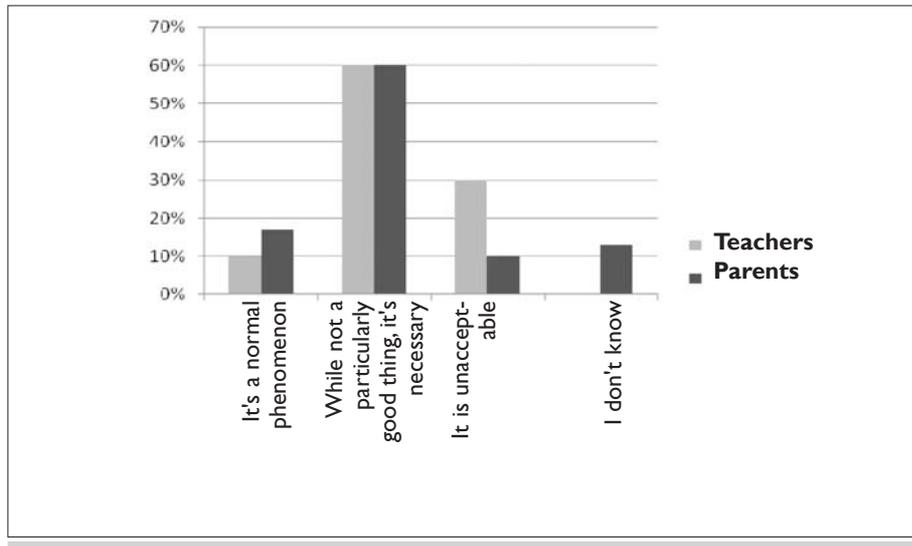
Within the framework of the study, 40 parents of children studying in the selected schools were surveyed. 20 of them are urban residents and 20 others are rural residents. Women account for an overwhelming majority of the respondents (95%). In the opinion of 60% of the surveyed parents, their children go to schools that lack adequate premises and furniture. 90% of the parents are confident that their children are

provided with textbooks and only 10% believed that students have a problem getting the textbooks.

The school principals and teachers as well as the parents concur with an opinion that the physical plant is the first and foremost problem for schools. Another major problem that they pointed out is facilities, furniture and equipment.

92% of the surveyed parents noted that money collection takes place in schools and only 8% said that there was no money collection in schools.

**Figure 1.** *How do you perceive money collection in schools?*



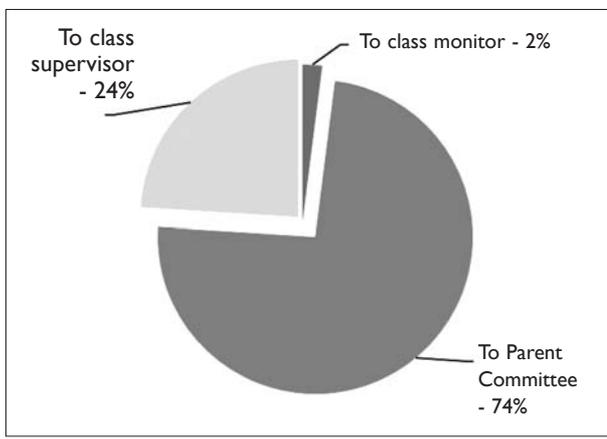
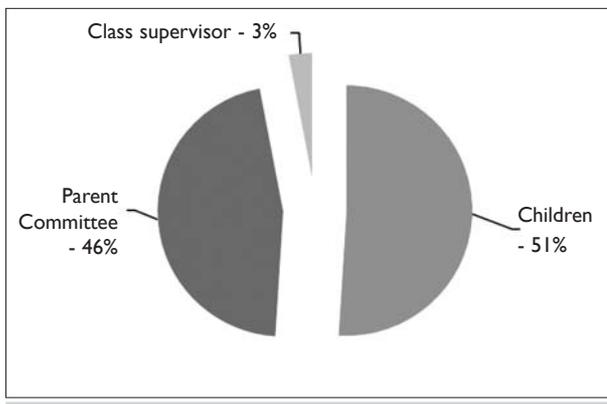
When asked, "**How do you perceive money collection in schools?**" 10% of teachers replied that it is a normal phenomenon, 30% regarded the phenomenon as unacceptable, while 60% believed that it is a necessary, albeit not particularly good thing.

17% of the surveyed parents regarded money collection in schools as a normal phenomenon, 10% as unacceptable, while 60% believed that it is a necessary, albeit not particularly good thing. 13% of the parents did not know.

When asked, "**How often do parents help the school financially or materially?**", 30% of surveyed teachers replied "never" and 70% "sometimes."

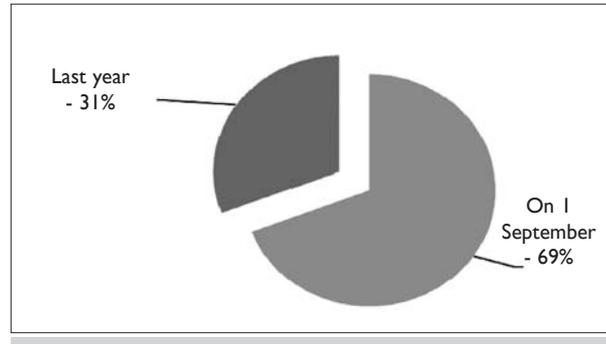
When answering the same question, only two school principals said that parents sometimes help the school.

According to 74% of surveyed parents, they give money to the Parent Committee, 24% to the class supervisor and 2% to the class monitor. At the same time the parents noted that in 3% of cases the money is given directly to the class supervisor, in 46% of cases to the Parent Committee and in 51% of cases through children.

**Figure 2.** *Who do you give money to?***Figure 3.** *Via who do you give money?*

Teachers too confirmed a pivotal role of the Parent Committee. 89% of teachers pointed out that money collection is organized by the Parent Committee, while 11% said that money collection is organized jointly by parents and class supervisor.

**Figure 4.** *When was the last time that you collected money?*

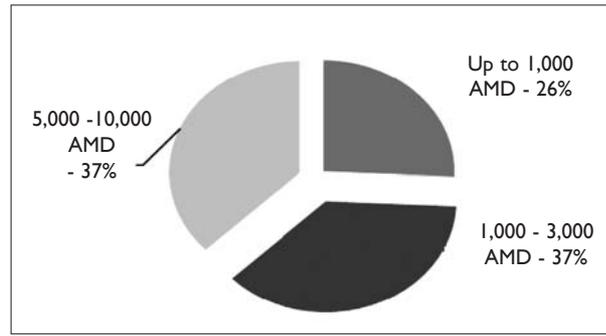


31% of surveyed students said that money was not collected during the current academic year (last time money was collected last year), while 69% said that money was collected on September 1<sup>1</sup>.

95% of surveyed students said that everyone had to give money and only 5% said that only those who wished to do so would give money.

The surveyed students were 7<sup>th</sup>-10<sup>th</sup> graders. 45% of the respondents were girls and 55% boys. Regardless of anything else, all students said that they like their school and go to school with pleasure.

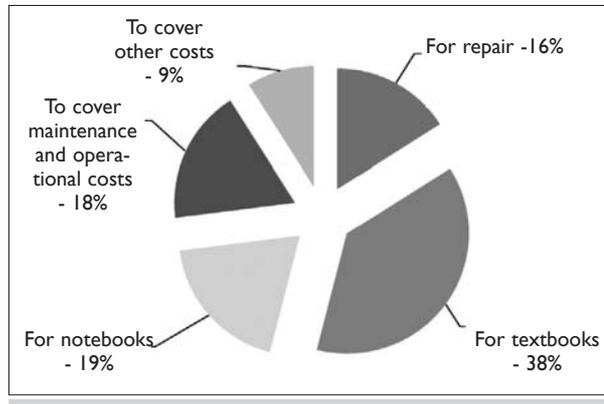
**Figure 5.** *How much money did you give during the last money collection?*



37% of surveyed students that they gave 5,000-10,000 AMD during the last money collection, 37% 1,000-3,000 AMD, whereas the rest said that they gave up to 1,000 AMD.

1. The survey was conducted at the beginning of the academic year, on September 13-15.

**Figure 6.** What was the money collected for during the last collection?



The students gave the following answers to the question **"What was the money collected for during the last collection?"**: 38% of them said that money was collected for textbooks, 19% for notebooks, 18% to cover maintenance and operational costs (curtains, broom, cleaning lady's wages) and 16% for repairs. 9% of the respondents said that they collected money to cover other costs (organization of an excursion, painting).

The overwhelming majority of children (95%) said that they were given all textbooks, whereas 5% said that they were not provided with all textbooks. All surveyed students paid for the textbooks.

**Figure 7.** Family's average monthly income

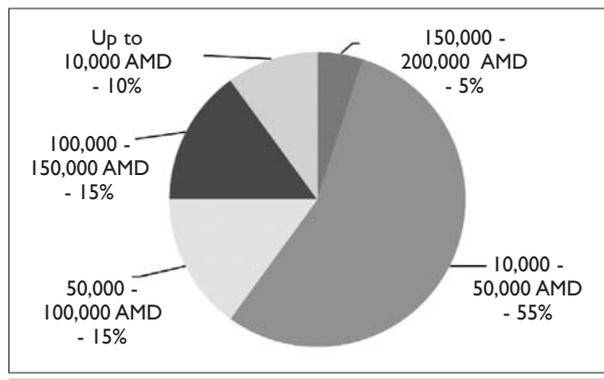
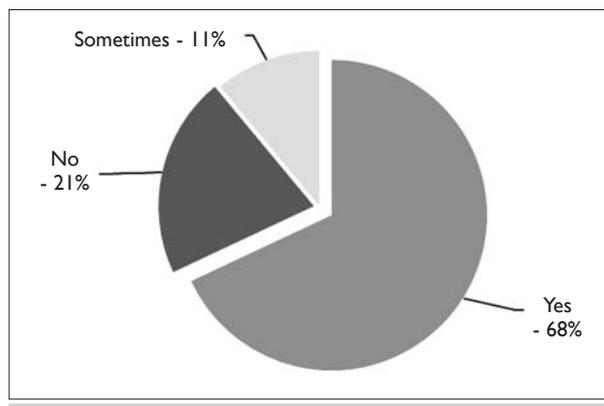


Figure 7 clearly indicates that an average monthly income of most families (55%) constitutes 10,000-50,000 AMD, while that of 10% of families is up to 10,000 AMD. In other words, it is obvious that any additional expenses for those families have a major impact on the family's well-being.

All surveyed school teachers and principals pointed out that parents are aware of how the collected money is spent. However, only 68% of parents stated that they are aware of how the collected money is spent, while 21% were not aware and 11% only "sometimes" get information about how the collected money is spent.

Nevertheless, 82% of parents said that the collected money is used exclusively for approved targets.

**Figure 8.** *Is the collected money used exclusively for approved targets?*



All surveyed school principals and teachers shared the opinion that collected money is used exclusively for approved targets. 33% of teachers contend that the school administration is not aware of collection and use of money, i.e. in many cases teachers are not accountable to the school administration as to how the collected money is spent.

Observations conducted in schools have shown that information boards on schools' budget and current expenses are non-existent in schools, i.e. information about expenditure is not accessible to parents.

Only two of the four general-education schools under study had information boards, with the school Internal Regulations and the list of textbooks rental prices on display.

The surveyed parents recalled that in the past two years the collection of money was relatively speaking on a decline. In previous years they had given more money to schools. A significant difference was observed between rural and urban communities. Parents of students who attend urban schools give more money to the school than parents in rural communities.

The situation with heating in the schools under study is as follows:

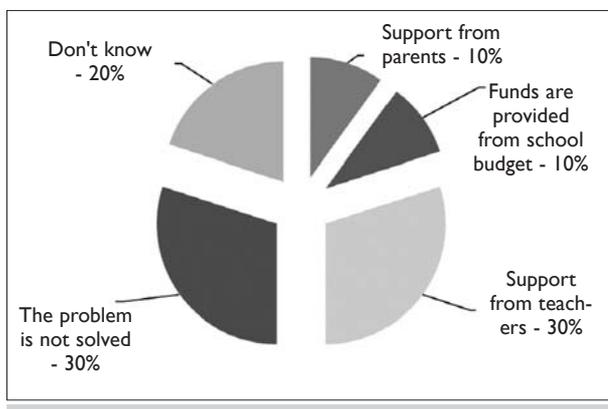
According to principals, the schools do not have any heating problems. However, the surveyed teachers and parents hold a different opinion. Their responses are compared in the below Table. With regard to heating, the schools:

|          | Are not provided at all | Are more likely not provided | Are more likely provided | Are adequately provided | Don't know |
|----------|-------------------------|------------------------------|--------------------------|-------------------------|------------|
| Teachers | 15%                     | 25%                          | 15%                      | 30%                     | 15%        |
| Parents  | 25%                     | 32,5%                        | 12,5%                    | 27,5%                   | 2,5%       |

The data presented in the Table indicate that the teachers' and parents' opinions about heating in schools almost coincide. 15% of teachers and 25% of parents believe that schools are not at all provided with heating. 25% of teachers and 32.5% of parents chose the option "the schools are more likely not provided with heating". Only 30% of teachers and 27.5% of parents believe that schools are adequately provided with heating.

When asked, "**How is the heating problem solved, when funds are not sufficient?**" the teachers gave the following answers.

**Figure 9.** How is the heating problem solved, when funds are not sufficient?



30% of surveyed teachers replied that the heating problem is not solved. Other 30% pointed out that the heating problem is solved with support from teachers. 10% of teachers noted that the heating problem is solved due to funds allocated from the school budget. However, 10% of teachers indicated that heating in schools is organized with support from parents. It is noteworthy that parents in rural communities for the most part provide firewood, whereas in urban schools money is collected from parents for organization of heating.

All schools in the administrative district are heated with liquid fuel or firewood. All parents noted that it would be much better if schools were heated with natural gas.

The above data make it clear that schools' financial resources are not sufficient to afford adequate heating and that schools are forced to seek additional funds.

## Conclusions

Thus, a conclusion can be drawn from the monitoring results that money collection in general-education schools in Vardenis administrative district is undertaken for the following reasons:

- The State funding provided to general-education schools does not secure adequate conditions for organizing smooth operation of schools (physical plant, facilities and equipment, heating system, etc.).

- Taking into consideration the specifics of the heating season in Vardenis administrative district, the Ministry of Education & Science set individual liquid fuel quotas for the district's general-education schools. Nevertheless, the quotas do not secure sufficient conditions for effective implementation of the educational process in schools over that period. The use of liquid fuel cannot secure adequate conditions for the educational process.
- The district's general-education schools have flaws in securing transparency in managing the funds allocated from the budget and raised through money collection from parents and accessibility of information.
- Money collection is usually initiated by Parent Committees. Parents for the most part get money to the school via their children.
- School principals contend that money is collected only for textbooks. However, teachers and parents point out that money is collected also for defraying heating, maintenance and other costs and that it is imposed on parents.

## Recommendations

Proceeding from the problems identified due to the monitoring and from the conclusions drawn, the monitoring team recommends:

- to thus revise approaches toward funding of general-education schools so that the school will have all necessary conditions for efficient organization of the educational process;
- to make a shift from ineffective approaches toward heating in schools (liquid fuel, firewood, etc.) to introduction of local heating systems in all urban and rural schools;
- to establish viable mechanisms for securing transparency in managing the funds allocated from the budget and the off-budget funds and accessibility of information;
- to establish a transparent system of accountability for the use of funds received from parents through money collection in general-education schools;
- to regulate by law the provision of textbooks to children of all ages from socially vulnerable families for free;
- to take measures to raise legal awareness and civic responsibility of stakeholders (school administrators, teachers, parents, community) for an integral process of educational institutions' smooth operation and development (this is also included as an objective in the Gegharkunik region Development Program for 2009-2011);
- to provide capacity-building measures for general-education schools' administrative and governance bodies to promote application of those mechanisms stated in school Regulations that provide an opportunity of lawfully getting additional funds for the development of educational institutions.

# Protection of children's right to education in administrative districts of Gavar in Gegharkunik region and Tumanian, Stepanavan and Tashir in Lori region

## Introduction

Under Armenian Constitution, "Everyone shall have a right to education. Basic general education shall be compulsory." The right to education is secured also by other legislative Acts. It means that it is incumbent on each school-age child both by Armenian legislation and by the Armenian Constitution to get compulsory education. However, studies conducted by various organizations dealing with children's issues provide evidence that numerous children do not get compulsory schooling.

The studies conducted by Helsinki Committee of Armenia have shown that it is primarily children from socially vulnerable families that do not attend school. The reasons given by parents in those families for their children's nonattendance include lack of sufficient financial resources, clothes, stationery and other necessary things. Another problem is the issue of providing education to children who need special education because such education is not always provided as it should.

According to the findings of the *Child Labor* study jointly conducted by the United Nations Children's Fund and *Harmonious Society* NGO, numerous children are involved in various kinds of work and therefore they do not attend school.

The above-mentioned problems are the main reasons why students often miss classes or simply do not attend school at all.

Children's school nonattendance is confirmed also by data of the National Statistical Service ([http://arm-stat.am/file/article/soc\\_10\\_3-4.pdf](http://arm-stat.am/file/article/soc_10_3-4.pdf), pp. 36-38).

Believing that it is important to ensure children's right to education and taking into consideration the foregoing, a decision was made to examine how the right to education is secured and to identify children who do not attend school and reasons for their nonattendance.

The Report is intended for the RoA Ministry of Education & Science, Ministry of Labor & Social Issues and Ministry of Health, for interested divisions and departments in Regional Governors' Offices, local gov-

ernments, administration and teaching staff of general-education schools, parents, human rights NGOs and NGOs dealing with education sector and for other entities and individuals interested in protection of children's rights.

## The goal of the monitoring

is to contribute to protection of children's right to education.

In order to attain the goal of the monitoring the following objectives were formulated:

- ➔ To identify children who do not get compulsory education.
- ➔ To identify reasons why children do not get compulsory education
- ➔ To come up with appropriate recommendations based on the study's findings and to submit them to State agencies, local governments and interested organizations.

## Methodology

The following methods were used within the framework of the monitoring:

### I. Analysis of legislation

Examined were:

#### International legal instruments:

- (UN) Universal Declaration of Human Rights
- (UN) International Covenant on Social, Economic and Cultural Rights
- (UN) Convention on the Rights of the Child
- Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights)

#### Domestic legislation:

- RoA Constitution
- RoA Law on Education
- RoA Law on General Education
- RoA Law on the Rights of the Child
- RoA Law on Education of Persons with Special Educational Needs
- RoA Family Code

- RoA Administrative Offences Code
- RoA Criminal Code

In some districts also used were:

## 2. Observations

## 3. Surveys (interviews, filling out of questionnaires)

## Obstacles

At the initial stage of the monitoring some school principals were uncooperative because in their opinion there were no such children in their communities. Only when confronted with incontestable facts they went ahead with interviews.

## The monitoring was conducted in 12 communities

Gegharkunik region:

Gavar urban community and Gandzak and Sarukhan rural communities in Gavar administrative district

Lori region:

- Akhtala urban and Ayroom, Arevatsag and Karinj rural communities in Tumanian administrative district
- Yaghdan, Vardabloor and Pushkino rural communities in Stepanavan administrative district
- Blagodarnoye and Lernahovit rural communities in Tashir administrative district.

## The monitoring was conducted

In Gavar administrative district in Gegharkunik region

By Ms **Ani Djughetsian**, WVA Gavar ADP

Ms **Narineh Manukian**, Initiatives & Actions Field NGO,

Ms **Mariam Muradian**, Initiatives & Actions Field NGO,

Mr. **Aram Dadikian**, Initiatives & Actions Field NGO,

Ms **Liana Sardarian**, Initiatives & Actions Field NGO.

In Tumanian administrative district in Lori region

By Mr. **Vahram Petrossian**, WVA Alaverdi ADP

Mr. **Oleg Dulgarian**, Community Cohesion & Support Center NGO,  
 Ms **Syuzanna Mamajanian**, Community Cohesion & Support Center NGO,  
 Ms **Anna Alikhanian**, Community Cohesion & Support Center NGO,  
 Mr. **Kamo Gharagyoian**, Community Cohesion & Support Center NGO.

In Stepanavan and Tashir administrative districts in Lori region

By Mr. **Arman Hakobian**, WVA Stepanavan ADP  
 Mr. **Mikayel Grigorian**, WVA Stepanavan ADP  
 Ms **Anna Daniyelian**, Developing Communities NGO,  
 Ms **Nazeli Eloghlian**, Developing Communities NGO,  
 Ms **Lilit Mkrtumian**, Developing Communities NGO.

The monitoring was coordinated by Ms **Tamara Hovnanian** (in Gegharkunik region, CSI) and Ms **Hasmik Hovhannissian** (in Lori region, HCA).

The monitoring was conducted in May - September 2011.

## Analysis of legislation

As per Article 26 para. 1 of the *Universal Declaration of Human Rights*, "Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory."

Article 13 para. 1 of the *International Covenant on Social, Economic and Cultural Rights* states, "The States Parties to the present Covenant recognize the right of everyone to education." According to para. 2 of the same Article, "(a) Primary education shall be compulsory and available free to all."

Under Article 28 of the *UN Convention on the Rights of the Child*, "States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available free to all; (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need."

Article 29 of the same Convention states that child's education shall be directed to the development of the child's mental and physical abilities, personality and the development of respect for the child's parents, language and values and for different civilizations.

As per Article 2 of the Protocol #1 to the *Convention for the Protection of Human Rights and Fundamental Freedoms* (European Convention on Human Rights), "No person shall be denied the right to education. In the exercise of any functions which it assumes in relation to education and to teaching, the State shall respect

the right of parents to ensure such education and teaching in conformity with their own religious and philosophical convictions."

Article 39 of the RoA Constitution declares, "Everyone shall have a right to education.

Basic general education shall be compulsory except the cases prescribed by law. The law may establish a higher level of compulsory education.

The secondary education in state educational institutions is free of charge."

As per Article 6 para. 1 of the RoA *Law on Education*, "In the Republic of Armenia the right to education is safeguarded regardless of ethnicity, race, sex, language, religious belief, political or any other opinion, social origin, property or any other circumstance. The limitations on the right to professional education shall be set only by law."

Paragraph 3 of the same Article holds that the State guarantees citizens of the Republic of Armenia secondary general education for free in State-run educational institutions.

As per paragraph 4 of the Article, "The State shall provide students of the first through third grades of school with textbooks for free, with the exception of foreign languages and music textbooks, covering the expenses from the State budget, whereas children from socially vulnerable families shall be provided for free the textbooks required by the primary general education curriculum."

Paragraph 6 of the same Article establishes that the "State shall create necessary conditions with a view to ensuring that special needs citizens get education in line with their development specifics and to providing social integration."

As per paragraph 3 of Article 18, "Secondary education is provided in a 3-tier secondary general-education school with a 12-year course of studies through the following sequential tiers:

- 1) elementary school (grades 1 through 4)
- 2) middle school (grades 5 through 9)
- 3) senior school (grades 10 through 12)."

According to paragraph 5.2 of the same Article, "The first two tiers of the secondary general-education school [elementary and middle school] constitute the basic school."

Paragraph 7 of the same Article states, "Basic general education is compulsory. The requirement of compulsory basic general education applies to students up to 16 years of age unless it has been met at an earlier age. Upon reaching the age of 16, the student can drop out of school by his or her parents' (adoptive parents' or guardians') consent.

The requirement of compulsory basic general education does not apply to certain categories of children with special educational needs; those categories are determined by the Government of the Republic of Armenia."

As per paragraph 2 of Article 19, "The State establishes special institutions (including extended-day and boarding institutions) with a view to providing education to children with special educational needs."

Paragraph 3 states, "Education for children with special educational needs can be provided, by their parents' choice, either in general education or in special education institutions with the use of special curricula."

As per paragraph 3 of Article 38 of the RoA *Law on Education*, the regional Governor "shall coordinate and supervise registration of school-age children and make sure they are enrolled in educational institutions."

Paragraph 2 of Article 39 of the same Law spells out responsibilities of a Community Head in the field of general education. The Community Head "...shall undertake registration of pre-school and school-age children and make sure they are enrolled in educational institutions."

Under paragraph 4 of Article 4 of the RoA *Law on General Education*, "The basic general education shall be compulsory, except for the cases prescribed by law."

As per paragraph 2 of Article 16 of the same Law, "Only children, who have reached or will reach the age of six on December 31st of the given calendar year inclusive, shall be admitted to the first grade of an educational institution. Admission of children of younger age to an educational institution shall be prohibited." As per paragraph 5, "The parent shall be responsible for the enrollment of a school age child in an educational institution, as prescribed by law." As per paragraph 6, "The educational institution, local self-government and territorial administration bodies shall ensure the enrollment of a school-age child in an educational institution." As per paragraph 11, whether or not "a student, who has been absent for 120-200 hours during the academic year, should be moved up to the next grade or the next level of general education shall be decided... (1) by the pedagogical council of the given educational institution - in case the student missed classes in the first and second tiers of secondary education..."

In case of a positive decision, the student shall take an examination in five school curricular subjects selected by the pedagogical council of the educational institution.

In case the student fails the examination, or decision has been made not to move him up or he has been absent for more than 200 hours, the student shall repeat the course of studies in a given grade."

As per paragraph 5 of Article 17, "The education of children with special educational needs in a general education school shall be organized on in line with the principle of inclusive education." As per paragraph 7, "For the purpose of increasing efficiency of the organization of education the educational institution shall provide students, their parents, teaching staff and other persons engaged in the educational process in the educational institution in question with advisory services aimed to facilitate education, viz. information, psychological, social-pedagogical, special pedagogical, methodological, health services, etc."

Under paragraphs 2.2 and 2.6 of Article 27 of the RoA *Law on General Education*, "It shall be incumbent on a teaching staff member: ... 2) to contribute to the exercise of the right to education by the child, taking into account the peculiarities of educational needs of each child; ... 6) to co-operate with parents regarding issues of organization of children' school and family education."

As per paragraphs 2.1 and 2.2 of Article 28, "It shall be incumbent on the student's parent: 1) to ensure for the child adequate conditions in the family for receiving education; (2) to take permanent care of physical health and mental state of the child, create relevant conditions for the development of inclinations and abilities, satisfaction of educational needs of the child." Paragraph 2.6 states, "It shall be incumbent on the student's parent to bring the child to an educational institution within the timeframe specified by the law."

Article 32 of the same Law spells out the powers of a Community Head in the field of general education, "1. The Community Head shall:

- (1) assist in the implementation of State educational policy in the territory of the community, as prescribed by law;
- (2) undertake the registration of school-age children and ensure their enrollment in educational institutions;
- (3) exercise other powers outlined by the laws of the Republic of Armenia."

Article 11 of RoA *Law on the Rights of the Child* states, "Every child shall have the right to get education ... (and) to choose an educational institution.

Competent State bodies shall create necessary conditions for manifestation of the child's individuality and for the development of his or her talents as well as mental and physical abilities by establishing general-education and professional schools, sports, technical and cultural creativity centers for children, etc."

As per Article 26, "The State and its competent bodies guarantee to the child with a disability, the child with physical and mental defects an opportunity to get basic and professional education in line with his or her abilities. ... Such children may enroll in general-education schools, if they wish to do so."

Paragraph 1 of Article 8 of the RoA *Law on Education of Persons with Special Educational Needs* states, "Education of persons with special educational needs can be provided:

- a) in State and non-State general-education and/or professional education institution through inclusive education or home schooling;
- b) in special education institutions through special education and training;
- c) in healthcare institutions (in case of a long-term in-treatment) through home schooling;
- d) in other forms specified by law."

As per paragraph 1 of Article 10, "Home schooling shall be organized for persons with special educational needs who cannot attend educational institutions temporarily or permanently because of their health status."

According to paragraph 1 of Article 11, "With a view to ensuring the person's right to education, it shall be incumbent on the education and healthcare bodies to organize schooling (using general-education curricula) for children who receive a long-term (not less than 21 days) in-treatment in healthcare institutions."

Paragraph 1 of Article 12 states, "With a view to ensuring social adaptation and social integration of persons with special educational needs, inclusive education shall be organized in educational institutions in the manner specified by the legislation of the Republic of Armenia."

As per paragraph 2 of Article 51 of the RoA *Family Code*, "It shall be incumbent on parents to make sure that their children receive education. While taking into consideration their children's opinion, parents shall have the right to choose an educational institution and the form of education for their children up to completion of basic general education by the children."

Under Article 178 of the RoA *Administrative Violations Code*, parents or persons acting in loco parentis shall be held liable for a deliberate failure to perform their responsibilities in providing education and upbringing to underage children, in which case a fine of ten to thirty percent of the minimum wages shall be imposed on them.

Under paragraph 1 of Article 170 of the RoA *Criminal Code*, parent or the person who is in charge of rearing the child, or teacher, or employees of educational, medical or disciplinary institutions, who are in charge of rearing the child, shall be held liable for failure to fulfill the duty of rearing the child or for failure to fulfill this duty properly. Those individuals shall be "punished with a fine in the amount of 50 to 100 minimal salaries, or correctional labor for up to 4 months, or with imprisonment for the term of up to 2 years, with deprivation of the right to hold certain posts or practice certain activities for up to 3 years, or without that."

## The monitoring results

### I. Gavar administrative district in Gegharkunik region:

In the course of the monitoring the study was conducted in Gavar urban community and in Gandzak and Sarukhan rural communities in Gegharkunik region. Visits were made to four general-education schools, viz. to schools # 1 and # 7 in Gavar, school # 1 in Sarukhan and school # 2 in Gandzak.

Students' school attendance and school teachers' and principals' attitudes to issues of children's staying away from compulsory education were studied.

Also studied were social conditions of the families of children who dropped out completely or partially from compulsory education and parents' attitudes towards children's integration into the education process.

Structured interviews based on questionnaires drawn up in advance were held with the head of Education division of the Gegharkunik Regional Governor's Office as well as with 6 children who dropped out of compulsory education and with their parents.

4 principals, 12 teachers who teach 5th-9th grades and 40 students of 5th-9th grades were surveyed in the selected 4 schools.

#### Students' non-attendance and reasons for non-attendance

The 4 principals surveyed with regard to students' permanent or long-term absence from school replied that the students' school attendance rates were quite good as students for the most part do not miss classes. In the principals' opinion, the lack of appropriate clothing and/or stationery is among the reasons of students' frequent absences. They believe that students seldom miss classes because of health-related reasons. They were confident that such reasons for students' non-attendance as students' regarding school attendance unimportant, conflicts among students and failure to do homework are ruled out.

Two school principals spoke about isolated instances of children's non-attendance of school for not more than a month because of various problems. They later were re-admitted on the condition that they would subsequently take an exam for missed classes.

The teachers held a different view on that issue. 6 out of the surveyed 12 teachers were of the opinion that only 2% to 5% of students do not miss classes at all. One teacher contended that non-attendance can often be accounted for the work that the student has to do elsewhere during school hours, while two other teachers believed that the reason was disability, whereas yet another teacher pointed out that the reason was that students regarded school attendance as unimportant.

The surveyed students noted that they rarely miss classes. Thus, 62% of 40 surveyed students replied that they and their classmates miss 1-5 days and 37% 6-15 days during a semester. As to the overwhelming majority of students, the reasons for their absences are for the most part temporary health-related problems and, at times, the view that school attendance is not important.

#### Measures taken against non-attendance

4 school principals pointed out that in case of a child's long-term absence they talk to a class supervisor, to the student in question and with the student's parent(s). At the same time they also noted that in the course of their professional careers they managed to solve such problems through conversations that they

had on their own initiative and that they did not yet have to take the matter to the Departments for protection of family, women's and children's rights or to the Guardianship and Trusteeship Authority.

The principals regarded the improvement of moral instruction and education at schools by the teaching staff and the strengthening of contacts between the school and parents and between the school and the community as important for prevention of dropping out of the compulsory education.

The teachers also regarded conversations with parents as most efficient in terms of understanding reasons for students' long-term absences and of contributing to minimizing the absences, with conversations with students and then with a school principal seen as less effective. Like principals, they did not turn to competent bodies with a view to getting the problem solved.

The teachers told us only about one instance of the child dropping out of compulsory education because of disability.

### **The problems related to children dropping out of compulsory education partly or completely, as seen by their parents**

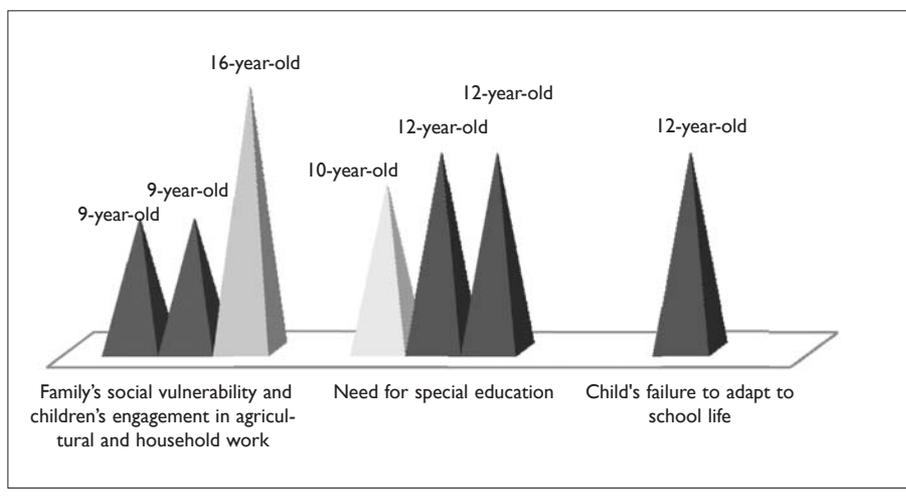
In the course of the monitoring 5 children who dropped out of compulsory education partly or completely were identified by social workers during their social work in Gavar, Sarukhan and Gandzak communities in Gegharkunik region. Based on their reports and on the information provided by teachers about yet another child, visits were organized to six families in question. The purpose of the visits was to check the accuracy of information that those children had dropped out of compulsory education partly or completely, the reasons for nonattendance and the length of the time period of nonattendance as well as parents' attitudes towards their children's involvement in the education process.

During the visits, interviews were conducted with 6 children who dropped out of compulsory education partly or completely and with their parents.

The interviews with the families showed that the information provided by social workers and teachers corresponded to reality. Based on the interviews conducted with parents the following reasons were identified why children dropped out of compulsory education partly or completely:

1. family's social vulnerability and children's engagement in agricultural and household work;
2. need for special education; and
3. the child's failure to adapt to a school life.

**Figure:** Reasons for dropping out of compulsory education and children's age



Let us present the data from the above Figure in greater detail.

*(1) Family's social vulnerability and children's engagement in agricultural and household work*

In the case of 3 children who dropped out of compulsory education partly or completely both the children and their parents mentioned family's social vulnerability as a result of which the child usually does not have clothes and stationery that are needed for attending the school.

**Case I.1.** A family of a 9-year-old girl lives in a small cabin, which is owned by someone else and which does not have modern facilities (heating, water, water closet), with dilapidated windows. It is a family of 4. It is noteworthy that the girl's mother is a disabled person, who does not work, while her father abandoned the family. That is the reason why the girl works for the cabin's owner in the evenings as a milkmaid. Her wages barely suffice to buy daily bread. Besides, she does not have the clothes and stationery that are needed for attending the school. As a result, the child did not attend school in academic year 2010-2011. The school principal was not aware that there was a 9-year-child in the community who did not attend school. At the time of the monitoring the school principal was informed about the child who had been identified by social workers. The school principal intervened and now the child attends school; however, she continues working in the evening.

**Case I.2.** A 10-year-old boy has relatives as his guardians. His mother left the family and abandoned him because his father was a drunkard. She remarried and has a new family. Because the child spent most of the time in the streets when living with his drunkard father and his paternal grandmother, guardianship of the child was granted to his maternal grandparents, who accepted the guardianship after his mother abandoned the child. Meanwhile the child's father left the country for seasonal work abroad. Upon his return the child went back to live with his father and paternal grandmother. At present the child's father is unemployed and in a socially vulnerable situation. The paternal grandmother spends time in the street begging, while the boy spends most of his time with her because he does not have proper clothes to attend school. The child does not have warm clothes to wear in cold weather. He attends school 1 or 2 days a week.

**Case 1.3.** A 16-year-old boy from a socially vulnerable family is forced to work in the fields with his parent to help feed the family of 3. The child is engaged in seasonal work. From April till November, from 7 a.m. till 9 p.m. he is in the fields at quite a distance from home. In winter the child does not go to school either because he does not have winter clothes and shoes.

### **Children with special educational needs**

**Case. 1.4.** A 12-year-old boy with a disability cannot attend a special education school in Gavar because he lives in another community, in a neighborhood with a narrow road and located far from the main road. As the small road becomes impassable in winter, the parents cannot help the child to get to the main road in his wheelchair and to take a bus to Gavar. On the other hand, the bus driver does not agree to take the small road every time to get to their home. Besides, the child's parents do not have money to hire a taxi cab or another vehicle that could approach their apartment and take the child to the main school in Gavar. That is the reason why the child did not go to school for the past 12 months.

After the completion of the study we were notified that the problem of the child who was unable to get to school was solved through the interference of a new school principal. The school allocated a vehicle to bring the child every day to the school in Gavar and to take him home after classes.

**Case 1.5.** A 12-year-old child was unable to walk since childhood because of a disability. Every year the parents sent the child to get treatment, the cost of which was for the most part defrayed by the State.

After long treatment the child can now walk using a walker. Within the past 12 months the child does not get treatment courses because parents do not have money for paid medical services and wait for an opportunity to get treatment for free within the framework of medical services commissioned by the State. On the other hand, it is impossible for the child to use the walker on snow and ice in wintertime. Besides, the walker is too low for the child; hence it is not convenient for use. That is why the child is not fully engaged in compulsory education. The child is absent from school 3-4 days a week in warm seasons and more days in cold weather.

### **Child's failure to participate in a school life**

**Case 1.6.** A 12-year-old boy does not want to go to school, even though he does not have problems with school teachers, students or principal. The parents contend that they do their best to convince the child to go back to school.

We cannot provide other information about reasons for his nonattendance of school because in-depth studies have not been conducted. However, practically the child has been attending school only once or twice a week since he was 7 till now. Instead of going to school, he takes care of domestic animals as a hobby.

### **Measures taken by parents to get their children fully return to the education process**

A parent of one of the children said that because of their family's social vulnerability they buy clothes and stationery from stores on credit, thereby temporarily solving the child's school nonattendance problem.

The parents of the child who misses classes because of maladjustment to a school life pointed out that they regularly convince the child to attend the school and that they stay in touch with the child's teachers trying to persuade the child through teachers.

The identified four children who are not engaged in agricultural work stay at home instead of going to school and watch TV and/or keep domestic animals. The other two children are engaged in agricultural work.

### **The drop-outs' connection to school**

Four children noted that usually teachers do not take any measures to bring them back to school. Only two children mentioned that teachers visit, telephone and talk to them and to their parents from time to time. The teachers ask to be told the reason of nonattendance, offer their assistance and explain to children and their parents the future negative consequences for the children in case they continue to stay out of school.

## **2. Tumanian administrative district in Lori region**

Studies were conducted in Akhtala urban and Ayroom, Arevatsag and Karinj rural communities in the course of the monitoring. 5 schools were observed in the above-mentioned communities. The focus was on physical plant, with particular attention paid to availability of the necessary conditions for children with special educational needs because a child with special educational needs may drop out of compulsory education, if those conditions are lacking, even though the child is capable of studying in a general-education school.

Interviews were conducted with the communities' social workers, principals of 5 schools as well as with children from 8 risk families (socially vulnerable families and/or families with children who have disabilities or behavior problems) and with their parents. Those families were identified by social workers.

### **The interview results**

Only two out of the 5 schools had a ramp. All the observed schools were two- or three-storied with no ramp inside the building.

The water closet in the secondary school in Karinj was not functional so that both students and teachers had to make use of a makeshift facility in the yard. Water closets in 3 schools badly needed renovation. Only School # 1 in Akhtala had a water closet that could accommodate children with special needs.

Only in 3 out of 5 observed schools a child in a wheelchair could get through a classroom door.

### **The interview results**

#### **Interviews with school principals and with communities' social workers**

At the initial stage of the monitoring, interviews were conducted with communities' social workers who provided information about at-risk children in their communities, i.e. children from socially insecure families, or children with special educational needs or children with behavior problems.

4 out of 5 interviewed school principals noted that in their communities there were no drop outs from compulsory education. Only in Ayroom the school principal said that there is such a child in the community. While registered at the school, the child does not attend it.

Only School # 1 in Akhtala has specialists trained to work with children with special educational needs.

The school in the village of Arevatsag has specialists who completed training courses on how to work with children with special educational needs.

All school principals pointed out that they did not have long-term absentee students. It became obvious from interviews that each of 3 schools had a child with special educational needs. Educational activities on an individual basis are conducted with 2 of those children (who have mental development-related problems), whereas the third child arrives at the school in a wheelchair.

In contrast to what the school principals said in the interviews, the results of the interviews conducted in families indicate that children from two families do not go to school.

### Interviews with parents and children

**Case 2.1.** In this family of four, parents are unemployed. Their only income is a family allowance. The elder child is a 12th-grader, while the younger son is 8-years-old. The latter was born with cerebral palsy. Even though he is 8 years old, the child does not walk or talk and does not go to school. The child was taken to various rehabilitation centers and he received various kinds of treatment but to no avail. The parents are desperate and they entertain no hope that a positive change is possible. They do not want to take the child to a special-education school, whereas home schooling is not provided owing to the lack of a specialist.

**Case 2.2.** It is a family of four: parents with their two children. The younger daughter attends school. The elder daughter is 14 years old and is registered at school. However, during a visit she said that she does not go to school because father is at work, mother often is not at home, while she has to stay at home and to do housework and work in the garden. She can hardly read and write.

In the course of the monitoring this case was brought to the attention of the community's Guardianship and Trusteeship Authority. As a result, the Commission contacted the family and the child. Due to the intervention the child resumed her schooling and came back to her 8<sup>th</sup> grade.

Over the monitoring time period the school-age children in 2 out of 6 target families attended classes on a regular basis; children in 2 other families are already above the age of compulsory education, even though their schooling was not adequate. While children from the last two families attended school, they often missed classes to the point of dropping out. A 10-year-old boy in one family stays with his parents in the mountains from mid-spring through mid-fall. A 14-year-old girl in the other family does not attend school because her parents do not care. She does work about the house. In both cases parents do not see their children's education as important.

The problem was identified during the meetings and was presented to school principals, social workers and Guardianship and Trusteeship Commissions (GTCs). Those actors reached out to those children and their parents on an individual basis. As a result, the children started going to school regularly.

Thus, the following main reasons why children stay out and drop out of compulsory education were identified through the monitoring:

- Parents' indifference to their children's education. Children are often absent from school because of their families' social situation. They have to help their parents, to do housework and to take part in seasonal agricultural work, and they are encouraged by parents to do that.
- Indifference of relevant State bodies. It was sufficient only to draw the attention of Guardianship and

Trusteeship Commissions and of school principals to the nonattendance issue, whereupon they took measures resulting in children resuming regular attendance of school.

- Health problems. Children stay out of compulsory education because of disability. Many communities do not have specialists that could provide home schooling. Besides, not infrequently parents refrain from speaking publicly about their children's special education needs because they are concerned lest the children be subjected to discrimination.

### 3. Stepanavan and Tashir administrative districts in Lori region

#### The interview results

Interviews were conducted in the course of the monitoring in Yaghdan, Vardabloor, Pushkino, Blagodarnoye and Lernahovit rural communities in Stepanavan and Tashir administrative districts in Lori region. Interviewed were the communities' 5 school principals and 5 social workers, 3 children who dropped out of school and their parents.

#### Interviews with school principals and with communities' social workers

Interviews were conducted with 5 community social workers. Three of them stated that all children in their communities are engaged in compulsory education, whereas two others said that there are 3 dropouts, the reason being health problems in case of 2 children and social problems in case of the third child.

In the course of the interviews 5 school principals reported that in their communities 481 students attend school.

|              |            |
|--------------|------------|
| Yaghdan      | <b>30</b>  |
| Pushkino     | <b>64</b>  |
| Vardabloor   | <b>154</b> |
| Blagodarnoye | <b>50</b>  |
| Lernahovit   | <b>183</b> |
| <b>Total</b> | <b>481</b> |

According to them, for the most part students do not miss classes but when they do it is primarily because of health problems or because they do not have clothes and stationery. The school principals indicated that cases when students miss classes because they have work to do are very few. The principals would point out that in their communities there are no children staying out of compulsory education and then would not want to go on with the interview. Only when presented with the results of the interviews conducted with social workers of their communities did they acknowledge the existence of the problem and confirm that there indeed are three children who do not attend school.

**One of the school principals said, "At present we have three children [registered at the school] from one family who so far [i.e. as at 5 September 2011] have not attended the school because they stay in the mountains with their parents and we have no idea when they will be back."**

When asked, "**What measures are taken in case of children's long-term absences?**" the principals replied that they first talk to class supervisors so that they take measures to minimize children's absences. Then they talk to students, who often miss classes, in order to find out the reasons for absences. If those talks do not prove effective, principals then talk to parents of those students. Only one principal said that in case of social problems (lack of appropriate clothing and/or stationery) they approach relevant non-governmental organizations with the request of providing material and psychological support to such children.

All principals pointed out that in order to prevent children's staying out of compulsory education it is first of all necessary to engage the child in extracurricular and out-of-school activities as well as in the events organized at school.

### **Interviews with parents and children**

The monitoring team visited families of the 3 children, which had been identified by social workers, in order to find out the reasons for school nonattendance.

**Case 3.1.** An interview with the child's mother showed that the woman has two children, only one of whom is of a school age. The woman said that she was content with the quality of education. Still, she does not send her daughter to school because of the child's serious health problems. The girl has epilepsy. She tried to take her daughter to school several times but she realized that the child does not want to go there.

When asked during the conversation "Do you often miss classes?" the 14-year-old girl replied that she went to school only when she was in the first grade and she said that she had health problems. She often helps her mother doing housework. When asked whether anyone tried somehow to engage her in education, the child replied that the school principal and the Community Head visited them several times and tried to convince her mother to send the child to school. Mother, however, refused to do so.

**In the course of the monitoring the problem was presented to relevant bodies. As a result, the Center for medical, psychological & educational assessment made an assessment of educational needs and organized home schooling.**

**Case 3.2.** While conducting an interview with a student, we realized that the 13-year-old boy is quite clever and serious. However, he replied incoherently to questions giving an impression that he was trying to protect someone. During a subsequent interview with his mother the woman said that her husband is a drunkard and that the boy does not attend school so as to stay at home and to defend her from being beaten by her husband. When asked for the reason of his nonattendance, the child replied that he has problems with other students and that his father forbids him to attend school. It was also found out that the boy helps his mother doing housework and gathering edible plants in the fields so as to alleviate the problem of feeding the family. The boy's mother is unemployed. She has three children; all of them are of a school age. In academic year 2009-2010 all three children went to a residential special education facility in Stepanavan. When the program of streamlining the facilities was implemented in the Republic of Armenia and children who did not have special educational needs were sent back home, those three children, too, returned to their family. As a result, two small children go to school regularly, while the eldest child does not. When asked whether she was content with the current quality of education, teachers' attitudes and teaching methods, the boy's mother replied that she was completely content. She said that she never attends parent teacher meetings

and that she does not visit school because she has health problems. She assured us that she urged the son to go to school promising that his father will not be drunk anymore; however, they would not listen to her.

**Case 3.3.** Another non-attending child is a 9-year-old girl, who is mentally retarded and has speech problems. For that reason we were unable to talk to her. At the time of the visit, the girl's parents were not at home, so we talked to her grandmother. According to the woman, she takes care of her two grandchildren (one is not of a school age) because both parents are absolutely illiterate and do not attach any importance to the girl's education contending that the girl does not understand a thing anyway. The grandmother remarked that the girl had attended school for two years but was still illiterate.

**"It is true, teachers were attentive to my granddaughter; however, children were mocking her. I think it is best not to send her to school," said the grandmother.**

In the course of the monitoring a visit was also made to a Stepanavan branch of the Center for medical, psychological & educational assessment (MPEA Center) and the issue of organizing home schooling for two disabled children was discussed with the school principal and specialists. Since then the MPEA Center specialists made an assessment of the children's educational needs and home schooling is already provided to the children.

## Conclusios

Even though under the Armenian Constitution everyone has a right to education and under the RoA Law on Education basic education is regarded as compulsory for everyone, nevertheless there still are children who do not get compulsory basic education.

*The following issues were identified in the course of the study:*

The study conducted in 12 communities in Gegharkunik and Lori regions identified 11 children who stay out of compulsory education completely or partly.

**The analysis of the obtained information was instrumental in uncovering the following reasons why children stay out of compulsory education:**

- The school buildings observed in Tumanian administrative district in Lori region are standard Soviet buildings, which are accessible to children in wheelchairs.
- Most children who do not get compulsory education are from socially vulnerable families. Parents in those families cited lack of financial resources necessary for purchasing clothes and stationery as a reason for children's nonattendance of school.
- Children from socially vulnerable families for the most part have to help parents in maintaining the household and to engage in agricultural work (which is frequently the only source of income for the family).
- Not infrequently parents do not regard the issue of their children getting education as important. Since children are in their parent's custody, they are forced to obey their parents' will.

Many parents avoid talking about the problems that their children with special educational needs have as they are concerned about discriminatory treatment that their children may face in the society.

- Many schools cannot provide inclusive education or home schooling because they do not have relevant specialists.
- Contacts between the family, school and the guardianship and trusteeship authority (the Department for protection of family, women's and children's rights in the Regional Governor's Office). The authority and the school are often indifferent to the problem.

## Recommendations

With a view to solving the above-mentioned problems we recommend:

### **To the RoA Ministry of Education & Science, to Education Divisions and to Departments for protection of family, women's and children's rights in Regional Governors' Offices:**

- to establish more effective control instruments for communities' Guardianship and Trusteeship Commissions as well as for social workers (if there are any) so that children who have dropped out or are about to drop out of compulsory education are identified without delay and sent to school;
- to revise and further develop control mechanisms for identifying children who have dropped out of compulsory education and for responding without delay;
- to develop appropriate mechanisms for making inclusive education program accessible in rural communities.

### **To local governments and to Guardianship and Trusteeship Commissions:**

- to be consistent in registering children who have dropped out of compulsory education in their communities and in getting those children into general-education schools;
- to take part in developing control tools through cooperation with the RoA Ministry of Education & Science and with Education Divisions and Departments for protection of family, women's and children's rights in Regional Governors' Offices;
- to strengthen contacts between the family, school, the guardianship and trusteeship commission, local governments, the Regional Governor's Office and NGOs.

### **To schools:**

- to reach out to children who often miss classes and to their parents on an individual basis;
- to make the activities of the Governance Council transparent; to draw up operational procedures for Students, Parents and Pedagogical Councils aimed to identify children who stay out of compulsory education;
- to design most effective mechanisms for energizing cooperation between teachers, students and parents.

**To NGOs and mass media:**

- to keep in the spotlight the issues of securing the children's right to education;
- to non-governmental organizations dealing with human rights, educational and social issues: to provide material and psychological support to children with special educational needs;
- to organize courses with a view to raising parents' awareness of the right to education and the rights of the child.



