



HUMAN RIGHTS IN LORI REGION

**The results of monitoring in the Mental Health Facility of Lori Region, Vanadzor
Nursing Home, Vanadzor Children's Home**

REPORT



The report is published within the framework of a three-year project “Human Rights Capacity Building Program” implemented by Helsinki Citizens' Assembly-Vanadzor, supported by the state of the Netherlands and OSI Assistance Foundation.



Helsinki Citizens'
Assembly- Vanadzor



Kingdom of the Netherlands



Open Society
Institute Assistance
Foundation-Armenia



CONTENTS

From the Authors ----- 4

Introduction -----5

Methodology -----6

Human Rights in the Mental Health Facility of Lori Region----- 8

Human Rights in the Vanadzor Nursing Home-----20

Human Rights in the Vanadzor Children's Home ----- 36

Conclusions ----- 57

Suggestions ----- 59



From the Authors

Helsinki Citizens' Assembly-Vanadzor is grateful to all who made this publication possible.

New volunteers recruited from five different towns in Lori region made a real effort to conduct monitoring at the Mental Health Facility of Lori region, at the Vanadzor Nursing Home, and at the Vanadzor Children's Home. They also made a real effort in summarizing their results. Marieta Temuryan, Ani Ghambaryan, Lusine Ngoyan, Mariam Ayvazyan, Ruzan Gogchyan, Syuzi Tamazyan, Lilit Zargaryan, Asya Derdzyan, Arpine Tsatinyan, Marianna Pepanyan, Anna Matinyan, Adrine Muradyan, Lusine Muradyan participated in carrying out the monitoring.

We are grateful to the Ministry of Labour and Social Affairs of Armenia, the Ministry of Healthcare, as well as the staff of Vanadzor Mental Health Facility and its director Gayane Kalantaryan. We are also grateful to the staff of Vanadzor Nursing Home and its director Tigran Kocharyan, and finally to the staff of Vanadzor Children's Home and its director Arshaluys Haruyunyan for the opportunity to conduct monitoring.

Special thanks to Agneshka Klasowska and Zenon Kolodzey, specialists from Helsinki Foundation for Human Rights for their teaching and their support in developing the tools we used for monitoring.

Thanks to all those who found time to talk to us during the research and who shared their concerns and opinions with us.



INTRODUCTION

Since 2006 Helsinki Citizens' Assembly-Vanadzor (HCA Vanadzor) has implemented a three-year project "Human Rights Capacity Building Program and Increasing Effectiveness of HCA Vanadzor Activities."

It was planned to form a group of rapid reaction to Human Rights violations in Lori region of Armenia with the involvement of new volunteers from five cities in Lori region.

Sixteen volunteers were selected from Lori region and different seminars on human rights protection were organized for them. The knowledge gained during the seminars was practiced during monitoring in closed and semi-closed institutions. Before conducting monitoring the seminar, "Human Rights Monitoring" was organized for the participants on July 19-25, 2007. The trainers were Agneshka Klasowska and Zenon Kolodzey from Helsinki Foundation for Human Rights. With their support, the participants developed a strategy, implementation plan and relevant tools for each monitoring.

In October of 2007, the volunteers of HCA Vanadzor monitored in three institutions: in the Mental Health Facility of Lori region, in the Vanadzor Nursing Home and in the Vanadzor Children's Home. Their goal was to investigate the HR situation in those institutions, to reveal current problems and to move towards a solution.

Monitoring was done on the following topics:

- The conditions necessary for children to have a healthy way of life
- The right of children to be free from degradation, inhuman or other cruel treatment, punishment and violence
- Ensuring the right of children to education
- Ensuring the right of children to private life and personal immunity
- Conditions in mental health facilities
- Ensuring the right not to be subjected to torture, degrading and inhuman or other cruel treatment
- Ensuring the right to medical assistance
- Ensuring the right of elderly to medical assistance in the nursing home
- The attitude of the nursing home staff towards the elderly
- Respect for the right to property and the right to have private life
- Problems related to living conditions in the Vanadzor Nursing Home

Relevant suggestions were formulated for each problem revealed.

This report is one of the best sources of information on the human rights situation in closed and semi-closed institutions of Lori region. It is addressed to

- Ministry of Labour and Social Affairs of Armenia
- Ministry of Healthcare of Armenia
- Mental Health Facility of Lori region
- Vanadzor Nursing Home
- Vanadzor Children's Home
- Fund for Armenian Relief – Armenian branch

as well as to all those who are interested in the human rights situation in Armenia, including current problems; and to those who are open to help in their solution.



METHODOLOGY

Monitoring was carried out in the Mental Health Facility of Lori region, the Vanadzor Nursing Home, and in the Vanadzor Children's Home during the period of October 3-25, 2007. Before the monitoring letters were sent to RA Ministry of Labour and Social Affairs, and to the RA Ministry of Healthcare informing them about the project's goals and the planned dates of monitoring; permission was given.

The following data collection methods were used during the monitoring:

Interviews

Interviews were conducted with 13 patients who are getting treatment in the Mental Health Facility of Vanadzor, with 35 elderly people from the Nursing Home and 12 children aged 17-20 who live in the Vanadzor Children's Home. Interviews were held using a special questionnaire; the subject's opinions were revealed on food, domestic and assistant nursery conditions, and the attitude of staff towards them. Interviews were held with the directors of those establishments, 5 doctors of the mental health facility, 4 doctors' assistants, 3 assistant nurses, two kitchen workers, 1 person from the canteen, a house manager, and 10 employees of the Nursing Home. The interviews were held with their agreement.

Observation

Observation was carried out according to special cards. The rooms for the sick, bedrooms, the canteen, procedure rooms, rest rooms, kitchens, storerooms, bathrooms, the rooms for the staff and the yards of each institution were observed.

Analysis of Documents

During the analysis of documents the charter, the internal staff regulations, and the daily schedule of each institution, their correspondence to RA legislation were studied.

Legislative Analysis

During the legislative analysis domestic laws, sub-legislative acts, and international documents ratified by Armenia on relevant structures were studied.

Written Inquiry for Information

Through official letters information was received about funding allocated by the Armenian Government to the Mental Health Facility of Lori region, to the Vanadzor Nursing Home and to the Vanadzor Children's Home.

Besides the aforementioned methods, the following tools were used in the Vanadzor Children's Home.

Focus Inquiries

Inquiries were conducted among children 7-10 years old. Each group consisted of 5-6 children. Children's opinions on food, their living conditions, and the attitude of staff



towards them were surveyed. This was done through a list of questions drawn up beforehand.

□ ***Inquiries***

The information on the living conditions in the children's home, on the means of responsibility used towards children, and on leisure time opportunities and on education was collected using questionnaires. The inquiries were conducted among 37 children aged 11-16.

The inquiries were conducted also among the nurses in order to reveal children's access to medical treatment and the existing problems in that sphere.

The information about the children's education and progress in education, and about the current problems was gathered through inquiries among the teachers of public schools.



HUMAN RIGHTS IN THE MENTAL HEALTH FACILITY OF VANADZOR

General Information

The Mental Health Facility of Vanadzor has been functioning since 1955. It is situated in the southern part of the city center, in a neighborhood of houses and a maternity hospital, and it is not in a noisy environment. The territory of the hospital is fully fenced. The yard is well taken maintained. There are trees, flowers and benches. Attention is devoted to keeping the yard clean. The building has been functioning since 1960. It was last repaired in 1995 with the support of the World Bank. The building has two floors in addition to a ground floor.

The kitchen, storehouse, bathroom, laundry, assistant manager's room where the ironing is done, and the room for sewing are on the ground floor. You can enter the ground floor from either the outside or the inside of the building. One can enter the first floor from both sides, also. The studies of the employees are on the first floor. People with mental disorder are received, examined and diagnosed there.

The first floor is very clean and light. Here they have a waiting room with nice new sofas, and tables with natural and artificial flowers.

People with mental disorder receive treatment on the second floor in the "department." One must have permission from the director to enter. One can enter the department from the first floor. There is a doorbell at the stairs. After pressing the button the assistant nurse on duty opens the department door and lets you in. People with mental disorders, as well as drug and alcohol addictions get inpatient treatment in this hospital.

Inpatient Hospitalization and Checkout of Persons with Mental Disorders

According to UN Principles for the Protection of Persons with Mental Illness and for the Improvement of mental Healthcare, "A determination that a person has a mental illness shall be made in accordance with internationally accepted medical standards."

According to paragraph 4 of the same document, "A background of past treatment or hospitalization as a patient shall not of itself justify any present or future determination of mental illness."

According to RA law "On Mental Health Assistance" a person who receives psychiatric assistance or needs this assistance is considered a person with mental illness. According to the same law mental health assistance is received in inpatient and outpatient systems. Hospitalization is the acceptance of a person with a mental disorder to a mental health facility willingly or unwilling.

According to paragraph 1 of article 15 of RA law "On Mental Health Assistance" treatment of a person with mental illness is done based on his or his legal representative's written request, except for the cases determined by 3rd part of this article.

By point 3 of the same article the treatment of a person with mental illness can be done without his or his representative's agreement only in cases of using obliging means of medical character and unwilling (obligatory) hospitalization.



According to point 1 of article 16, the person with mental illness or his representative have the right to refuse medical treatment or to cease it except for the cases mentioned in the 3rd part of article 15. The case of informing about the possible consequences of refusal or quitting the treatment is registered in the medical documents with the signature of the person who refused or his representative and the doctor.

In accordance with article 18, existence of a mental disorder and the conclusion of the doctor's inpatient examination or treatment, as well as necessity for implementation of a psychiatric expertise defined by RA legislation, constitute the basis for hospitalization.

In accordance with point 1 of article 21 check out from inpatient treatment happens if the patient has recovered or if the patient's psychological state is better and if there is no need for further inpatient treatment or if the deadline for examination or expertise has expired.

By point two, discharge of a patient, who willingly came, may happen with the doctor's approval or by the patient's request except in cases when the patient presents a danger to his/her environment.

In order to realize hospital assistance and to ensure social security the government of the Republic of Armenia creates organizations that provide inpatient and outpatient assistance for the elderly, for teenagers and for children.

To summarize, according to RA Government's decision #199 made on April 3, 1999 "On Free Medical Assistance and Services Guaranteed by the State" inpatient treatment of population includes treatment and care for mentally ill persons. The patients of Vanadzor Mental Health Facility receive treatment for 24 days. According to the information released by RA Government 4600 AMD is allocated per person daily.

Food

Legislative Analysis

Article 25 of the Universal Declaration of Human Rights states: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

RA legislation does not have a special order for providing food in institutions for the medical treatment of people with mental illnesses.

According to the director of the Mental Health Facility from the daily 4600 drams allocated to each patient 400-500 is spent on daily food. Food is given three times a day: breakfast, dinner and supper. The menu is drawn up by the bookkeeper, senior nurse and the director for each day taking into account the number of patients.

There is no schedule for meals posted in the department. Though, according to the doctor's assistants, there used to be but the patients had ripped it off some time before. The new one had not been posted again on the wall. People with mental illnesses are not officially informed about the meal hours. Most of them know about them, as it is not their first time receiving treatment. The new ones understand the hours on their own accord: "I have looked



at the clock and understood that it is the time for dinner”-mentioned one of the patients.

According to the staff, doctor's assistants or the assistant nurses help those who cannot eat by themselves.

Food is prepared in the kitchen and served in the canteen. The kitchen is on the ground floor where only the food for breakfast and dinner is prepared. The ready meals are taken to the second floor – the department. According to the employee of the canteen, sometimes the assistant nurses take the food to the department and sometimes the patients themselves do. During our observations, we noticed that the food was taken upstairs by the worker of the kitchen or the patients. The patients sometimes complained about it.

The canteen is in the department. Breakfast time is 9:00, dinner is at 14:00 and supper starts at 19:30. Those who are late for breakfast have their breakfast after the defined time, the canteen worker heat it afterwards. But as some patients say there are cases when they eat it cold. Breakfast mainly consists of boiled eggs or omelet, two pieces of bread, jam and tea. “The tea is very weak and tasteless, there is hardly any sugar in it”-mentioned one of the patients. Some patients say that sometimes they have pilaf and very rarely curds, butter, sour cream and cheese.

For dinner, they mainly have soup (with lentil, rice, peas and cracked wheat), two pieces of bread, and juice made from the fruits of the hospital's garden.

Supper consists of tea and buns. Patients say that they very rarely have pilaf or dairy products, such as sour cream, butter, etc.

Fruits and vegetables except apples and pears are very seldom given according to the patients. In summer, they can eat apples and pears from the hospital's garden. One of the patients remembered that they once had been given watermelon and one of them said they had been given plums. However, the employees say that the patients are given a lot of vegetables especially in summer but that the patients do not remember it. “They gave us tomato and cucumber salad in May”-mentioned one of the patients.

The food portion is the same for everybody and they are unable to provide extra food. “Only when there is more food, which is very rare, or just when one of the patients refuses to eat, the food is given to those who remained hungry or to one of the employees”-say the employees.

Some of the patients complain that the food is not enough and they sometimes remain hungry. “The food here is enough to live on but from the viewpoint of appetite or being very full it is not enough”-says one of the patients.

For ten out of the 13 surveyed patients, relatives bring food, which is kept either with them or in the canteen. The food is put on the sideboard and the names are written on each parcel. The director of the hospital also says that the relatives bring food. The director says, “The food calories are not taken into account. We give as much as we have.”

According to the patients, the mental health facility does not provide assortment of food and possibility for additional food. “If we don't like the food or if some food is not allowed for some illness reasons we have to eat it”-one of them mentions.

Even the employees have different opinions on dietary food, some of them find that in case of necessity they give it, some do not think so.

A patient says “I give ‘some sweet things’ to the employees of the hospital so that they will be ‘good’ to me too”. They also heat the dinner brought by the relatives or they make tea and coffee for me. Anyhow, the employees of the canteen make coffee whenever the patients ask for it.

However, those who do not complain about food say that they have never had their favorite food in the hospital, such as banana, grapes, pork, etc.

The employees are not given food in the hospital; they are rarely allowed to heat their food.



The patients always have access to drinking water. They gather the water in bottles from the taps of rest rooms and take them to their rooms. There is also a water tank. If there is a water shortage, they draw water from the tank.

One of the doctor's assistants noted that the water was not clean and there was algae in it and that the employees used the water not for drinking but for technical purposes.

To summarize, in mental health facilities the criteria for food and other necessary goods per patient are not defined by RA legal acts. State funding allocated for food is not enough for the portion of food foreseen for patients. While making the menu necessary food calories, diversity and possibility for extra food are not taken into account. Food assortment is very poor and often the same. The quality of water is insufficient.

Sanitary and Hygienic Conditions

Legislative Analysis

Article 25 of the Universal Declaration of Human Rights defines:

Everyone has the right to a standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Article 6 of RA law "On Psychiatry" refers to conditions in which people with mental problems are kept, particularly in paragraph 4 it is mentioned that people with mental illnesses are entitled to the right to have and to receive items of vital necessity and to wear their own clothing.

Overall Situation

According to the employees, Vanadzor Mental Health Facility provides people with mental illnesses with hygienic supplies for common use free of charge, such as soap, toilet paper, and towel. Some of the patients confirm this, but one of them says, "I pay 200 drams for one full piece of soap; otherwise I'll get a very small piece."

The director of Vanadzor Mental Health Facility explains that they give the soap in pieces for security reasons. According to some of the employees, the men take the hygienic supplies from the assistant nurses when they need them and they justify this saying that men may spoil these things if they are placed in the bathroom. Some of the employees insist that hygienic supplies are always in the rest rooms.

In the women's rest room, there should always be necessary hygienic supplies. Anyhow, during our observation there were only towels there. In the department of treatment, there are two separate restrooms, one for men and one for women. The rest rooms have been repaired and are clean. In the men's rest room, there is some room for smokers where there is an electric air conditioner. There cleaners do the cleaning in the department. The patients sometimes do the cleaning if they wish to.

There is never hot water in the department and there is cold water after 19:00. Before that time, the patients use the water that is gathered in the yard. Apart from this, the patients fill bottles with water in their rooms.



There is one bathroom shared by everyone in the mental health facility. It is not in good condition and needs repairing. It is on the first floor and is both for men and for women. Women and men take showers at different hours.

There is a cloakroom in the bathroom with a bench and a coat hanger. There are four showers in the main part facing each other but only parallel showers are separated with walls. According to an employee, only one shower works all the time, the second one works if there is much water.

According to the hospital rules, the patients should have a shower once a week, but the patients say that they do it once every 10 to 15 days, with two people together for 5-10 minutes. A special employee supervises and helps those who cannot have a shower on their own.

Outside the defined schedule, the patients can have a shower whenever they want. "If you want to have a shower you should give 'some sweet things' to the employees"-say some of the patients. The hospital provides the patients with a bar of soap for common use, towels for each of them, a comb, half of the razor and very rarely a sponge. They are also given linen and if necessary some clothes, as the patients bring their own clothes. The employees say the patients bring linen and clothes with them. "The state funding is not sufficient for the patients to buy clothes"-says one of them. The hospital buys only underwear and sometimes slippers.

To summarize, RA legislation does not define the minimum criteria for sanitary hygienic conditions of the mental health facility. Showers are usually taken over a week apart, and in a very short time. Moreover, they have a shower in pairs. In order to have a shower more often the staff must get 'a material reward'. The hospital clothing is not enough for persons with mental illnesses.

Living Conditions

Legislative Analysis

Second part of Principle 13 of UN decision "Protection of Persons with Mental Illness and for the Improvement of Mental Health Care" defines that the environment and living conditions in mental health facilities shall be as close as possible to those of the normal life of persons of similar age.

RA legislation did not define criteria on living conditions of persons with mental illnesses in case of inpatient treatment.

Inpatient treatment of people with mental illnesses is done on the second floor of the hospital, which is called a department. There are divisions there for men and women, where there are 5 and 4 rooms correspondingly. The men are not allowed to go to the women's division and the other way around. One of the rooms for men and women is rented out; it differs from the others. There is a bed, a nightstand, a carpet here and the windows are covered with curtains. The other rooms are similarly furnished and depending on the size of the rooms, there are 4-6 beds, 3 little nightstands that cannot be locked. In one of the rooms, there is no nightstand. There are carpets in one room for men and for women. The doctor's assistants say there have been cases when there were more patients and new beds were added in the rooms, even in the corridors. There are no tables, chairs or air conditioners in the rooms.

There are rooms that have no doors. The patients complain that because of the absence of



doors there is draught. The director of the hospital explains that the doors were removed for the sake of security, so that the employees can oversee the patients. There is central heating in the rooms starting from November 15 each year, but it is also possible earlier depending on the weather. There are no air conditioners in the rooms; they are not allowed to open the windows, as there are no window bars, either. The patients complain that the air becomes stuffy. One of the patients turned to the director and asked to put window bars so that they are able to open the windows to air the rooms, but the request was rejected. The patients switch on the lights to the rooms from the outside, as it cannot be done from the inside.

There are two isolated rooms each for women and men. They are always closed and the observers could not see it.

The hall for the leisure time is in the department that also serves as a dining room and room for visits. The room is furnished with tables and chairs, a sofa, armchairs, a carpet and a TV set.

To summarize, RA legislation does not define the minimum standards for living conditions in the mental health facility. The hospital can provide with inpatient treatment for a maximum of 35 patients at the same time. If there are more patients then they may have difficulties and they have to lodge them in the corridor. The rooms are not furnished sufficiently. The dining room, leisure room and the visit room are not separate. The patients do not have the possibility to meet with their relatives alone.

Leisure Time, Walks and Visits

Legislative Analysis

People with mental illnesses, as everyone else, have the right to rest and leisure, which is defined by article 24 of the Universal Declaration of Human Rights.

According to point 1 of principle 13 of the UN decision “Protection of Persons with Mental Illness and for the Improvement of Mental Health Care”, every patient in a mental health facility shall have the right to full respect for his or her:

- recognition everywhere as a person before the law
- privacy
- freedom of communication which includes freedom to communicate with other persons in the facility, freedom to send and receive uncensored private communication; freedom to receive in private, visits from a counsel or personal representative and, at all reasonable times, from other visitors; and freedom of access to postal and telephone services and to newspapers, radio and television

By point 2 the environment and living conditions in mental health facilities shall be as close as possible to those of the normal life of persons of similar age and shall include facilities for recreational and leisure activities, facilities to purchase or receive items for daily living, recreation and communication.

Domestic legislation includes similar principles. According to RA Constitution, everyone has the right to rest.

Third and fourth parts of point 2 of article 6 of the law “On Psychiatric Assistance” persons with mental illness shall have the right to receive visits, access to newspapers.



Leisure Time

Overall Situation

The daily schedule of the Mental Health Facility of Lori region sets forth free time for patients – to watch TV, to play table games. There is no document posted, which describes the daily schedule. According to the patients, they are not officially informed about it. Some just hear that the TV is on and guess that it is time to watch TV. The patients say that they can also play backgammon, checkers, and watch TV outside the schedule.

Some of the patients say that the time for watching TV is from 16:00, some say from 17:00 to 22:00. The doctor's assistant assures that if the patients want to watch TV outside the schedule they are allowed to. Sometimes they can watch TV after 22:00. There is one TV set in the room for leisure and because of this sometimes the patients quarrel with each other about choosing channels.

If the persons with mental illness want to read, their relatives bring books and newspapers for them. According to an employee of the hospital, they receive newspapers on the first floor, which are taken to the department in case of necessity.

There used to be a radio in the hospital. "I wanted to bring a radio set but the employees told me the patients would break it"-mentioned one of the patients.

Visits

Overall Situation

In hospital, visits are scheduled every day at 12:00-17:00 and on Saturdays at 12:00-15:00. The director of the facility says that visits are not permitted on Sundays as it is a day off for the employees and permission is given by them. The room for leisure time in the department also serves as a visiting room.

The doctor's assistants and the assistant nurses oversee meetings with the relatives.

Children are not allowed to enter the department. If the visitors wish to meet outside they can go out for 10-15 minutes depending on the level of illness.

Walk

Overall Situation

According to schedule, the persons with mental illness can go for a walk in the yard three times a day. The doctor's assistants and assistant nurses accompany them during that time. The walk lasts from 30 minutes to 2 hours and the duration depends on the patient's wish. In winter, the patients are provided with warm gowns.

During our research, the patients mentioned that they go for a walk very rarely, in good weather no more than once a day for 20-30 minutes. One of the patients remembers that they last went for a walk a month ago. It depends on the level of illness whether they are accompanied or not. If the illness is less serious the patients can go for a walk alone, they are watched over from the building. The treating doctor and the chief doctor decide on it. Those who do not want to go for a walk are kept company by the assistant nurse in the department. There have been cases when the patients wanted to go for a walk but they were not allowed but then they let them go to the yard to sweep it up.



In conclusion, either the persons with mental illness do not have any access to media or their access is limited. The daily schedule is not posted and is not available for the patients. There is only one TV set, which results in quarrels between the patients. Daily walks are not provided in the facility.

The Attitude of the Staff

Paragraph 2 of principle 1 of UN decision “Protection of Persons with Mental Illness and for the Improvement of Mental Health Care” defines that all persons with a mental illness, or who are being treated as such persons, shall be treated with humanity and respect for the inherent dignity of the human person.

In accordance with paragraph 3 of principle 9 mental healthcare shall always be provided in accordance with applicable standards of ethics for mental health practitioners, included internationally accepted standards.

In accordance with principle 12 a patient in a Mental Health Facility shall be informed as soon as possible after admission, in a form and a language which the patient understands, of all his or her rights in accordance with the present principles and under domestic law, and the information shall include an explanation of those rights and how to exercise them. In cases when the patient is unable to understand such information, the rights of the patient shall be communicated to the personal representative.

In accordance with paragraph 11 of principle 11 physical restraints or involuntary seclusion of a patient shall not be employed except in accordance with the officially improved procedures of the Mental Health Facility and only when it is the only means available to prevent immediate or imminent harm to the patient or others. It shall not be prolonged beyond the period that is strictly necessary for this purpose. All instances of physical restraint or involuntary seclusion, the reasons for them and their nature and extent shall be recorded in the patient’s medical record. A patient who is restrained or secluded shall be kept under humane conditions and be under the care and close and regular supervision of qualified members of the staff. A personal representative, if any and if relevant, shall be given prompt notice of any physical restraint or involuntary seclusion of the patient.

Article 7 of “International Treaty of Civic and Political Rights” says that no one shall be subjected to tortures or cruel, inhuman or degrading attitude or punishment. According to article 5 of the Universal declaration of Human Rights, no one shall be subjected to tortures or cruel, inhuman or degrading attitude or punishment. Article 32 of the European Convention defines that no one shall be subjected to tortures or cruel, inhuman or degrading attitude or punishment.

In 2002, Armenia ratified the European Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, as well Optional Protocol 1 and 2.

Article 17 of RA Constitution defines that no one shall be subjected to tortures or cruel, inhuman or degrading attitude or punishment.

Article 5 of RA law “On Medical Aid and Service of the Population” defines “Everyone shall have the right to be treated with respect while applying for medical aid, as well as while receiving medical aid and service by those who provide it. Article 19 obliges those who give medical aid to be careful and treat patients with respect.



By the first paragraph of article 6 of the law “On Psychiatric Assistance” assistance of persons with mental illness is guaranteed based on law, humaneness and principles of human rights protection. By article 3 persons with mental illness in a medical facility shall be informed about their rights, the purpose and reason for being there with records in their medical documents.

By the 2nd paragraph of article 15 of the law the doctor has to provide the person with mental illness or his/her representative with information about the nature of the illness, the purpose of proposed treatment, methodology, duration, as well as outside impact and expected results. All information shall be recorded in the patient’s medical record.

Overall Situation

In the Mental Health Facility of Lori region, the doctor’s assistants and the nurse’s assistants work 24 hours: from 9:00 a.m to 9:00 p.m. In accordance with job descriptions, the doctor’s assistants should always be in the department when they are on duty, should follow implementation of the daily schedule, and should give the nurse’s assistants necessary instructions. The nurse’s assistants take care of the patients and follow the hygienic conditions.

The treating doctor deals with persons with mental illness upon necessity. He gets information about them mainly from the doctor’s assistant on duty. Apart from this, according to defined rules in the mental health facility, every day the doctors examine the patients in the director’s study.

Violence

According to persons with mental illness doctor’s assistants and assistant nurses perform violence against them. They beat and leave them without food and water. Even in the presence of observers, most of the employees treated the patients with disregard and rude and shouted at them, saying “Go to your places.” During the observations, it was found out that the employees do not knock at the doors for entering and they do not care whether there are men or women in the rooms.

The persons with mental illness characterize the doctor’s assistants and assistant nurses and say: “Here all the employees’ master sambo.” According to patients, there have been cases when several employees together attacked the patients, knocked them down and kicked them. In another case, the doctor’s assistant slapped the patient. “When we fight with each other they scare us and threaten that they will dress us in a strait jacket”-the patients say. When talking about their attitude the employees say that it is self-defense. “Each person is responsible for his or her own actions”-mentioned one of the doctor’s assistants.

The director of the hospital knows about the violence against patients. “Relatives sometimes complain for beating the patient”-she says.

Our observations show that when restraining means are used against the patients the employees abuse the ways and duration. Permission of using relieving or restraining means, their forms and duration is decided and given by the doctor, and the main actions are done by the doctor’s assistant and assistant nurse on duty.

The doctors say that they do not have strait jackets and punishment rooms. If the patients get aggressive then they get injection, in exceptional cases they are tied to beds with blankets. The doctor’s assistant and the assistant nurse follow their behavior. This goes on in the room and the others are temporarily taken out of the room.

The doctor’s assistants and assistant nurses describe different calming and restraining means that they use. They mention that the duration can be from 5 to 30 minutes and that the other patients see it. Persons with mental illness say that they are tied to their beds with



the presence of others. "They may even leave us for 24 hours"-mentioned of the patients. The director of the hospital says that the patients get injection or they are tied in some exceptional cases, which happens almost once a year. The doctor decides on tying the patient, or sometimes the doctor's assistant when doctor is not in at night or in the evening. They tie the patient in a separate room for about 10 minutes.

Patients here can work in the garden if they wish and the employees call it a working therapy.

During the discussions one of the patients mentioned that he cleans the yard every day with his wish, except for cold and wet weather. They do not get any payment for that. "I am a patient and I am being cured hear, I will not tell them to pay me. They only treat me"-he says.

A pensioner patient said that he receives 8000 drams pension, from which he is given 1 or 2 "prima" cigarette.

The director assures that they do not inform the patients about their illness, as they care for them.

Thus, violence is performed against persons with mental illness, which is not examined by any structure. The order and conditions of involving the patients in work are not clarified. It is inhuman to place dangerous and mentally ill people in the corridor. Restraining means are inhuman and the patients suffer from that as it can last 24 hours.

Decision on tying the patients is made not only by the doctor but also by the doctor's assistant, which has a great risk of inhuman treatment and torture against mentally ill persons. The patients are not aware of their rights and responsibilities and do not have information about protection of their rights.

The Quality of Medical Service and Appropriate Specialists

According to principle 9 of UN decision "Protection of Persons with Mental Illness and for the Improvement of Mental Health Care" every person shall have the right to be treated in the least restrictive environment and with the least restrictive or intrusive treatment appropriate to the patient's health needs and the need to protect he physical safety of others. The treatment and the care of every patient shall be based on an individually prescribed plan, discussed with the patient, reviewed regularly, revised as necessary and provided by qualified professional staff.

Treatment of persons with mental illness also includes medication treatment.

According to principle 10 of the same document medication shall meet the best health needs of the patient, shall be given to a patient only for therapeutic or diagnostic purposes and shall never be administered as a punishment or for the convenience of others. All medication shall be prescribed by a mental health practitioner authorized by law and shall be recorded in the patient's records.

According to paragraph 1 of principle 14 of UN decision "Protection of Persons with Mental Illness and for the Improvement of Mental Health Care" a Mental Health Facility shall have access to the same resources as any other health establishment, and in particular:

- a) Qualified medical and other appropriate professional staff in sufficient numbers and with adequate space to provide each patient with privacy and a program of appropriate and active therapy.
- b) Therapeutic and diagnostic equipment for the patient
- c) Appropriate professional care



d) Adequate, regular and comprehensive treatment, including supplies of medication Every Mental Health Facility shall be inspected by the competent authorities with sufficient frequency to ensure that the conditions, treatment and care of patient comply with the present principles.

In accordance with paragraph 2 of article 5 of RA law “On Psychiatric Assistance” care for psychological health includes ensuring comprehensive and available medical assistance, care and other forms of help to persons with mental illness. Types of implementation of psychiatric assistance include examination of psychological health, diagnosis of mental illnesses, treatment, care of persons with mental illness, their medical and social rehabilitation.

In article 10 it is mentioned that medical care is realized by qualified doctors, psychologists with higher medical education. Medical care of persons with mental illness is state funded within the framework of the guaranteed determined programs of the state with the bases of humaneness and human rights defence.

According to article 14 diagnosis and treatment are realized in accordance with internationally accepted medical standards and cannot be based on moral, cultural, political or religious values accepted by society or other reasons connected with disagreement of the citizen or with psychological health.

With article 18 of the same law existence of a mental disorder and the diagnosis of the doctor-psychiatrist about the inpatient examination or treatment, as well as the necessity of mental expertise defined by RA legislation constitute the basis for hospitalization.

According to paragraph 1 of article 19 mental examination is carried out to verify the existence of a person’s mental disorder, as well as to evaluate the necessity of mental care.

According to paragraph 2 of article 19, the doctor who conducted examination shall introduce himself as a psychiatrist to the patient or his representative and inform him about the nature of the examination and its consequences.

In accordance with paragraph 3, mental health examination is carried out with the consent of the patient or his/her legal representative, after they have given full information about the state of the patient and the nature of the examination.

Article 20 of the same law defines that the conclusion of another doctor (not a psychiatrist) does not constitute a basis for recognizing a person mentally ill.

According to article 23 of the same law the psychiatric commission shall carry out examination of a hospitalized person within 72 hours, which determines professional justification of hospitalization.

By article 18 of the law “On Medical Assistance and Service for Population” it is defined that in Armenia those who provide medical assistance and service have the right to show relevant medical assistance and service within selected types in case of receiving a license as prescribed by RA legislation. The right to deal with medical activity is entitled to those who received relevant education, specialization in Armenia, who have license for dealing with some types of medical treatment.

According to April 3, 1999 #199 Government’s resolution “On Free of Charge Medical Assistance and Service Guaranteed by the State” mental health hospital treatment is included in the framework of free policlinic specialized hospital assistance. By the same resolution free of charge hospital assistance of population includes treatment and care of mentally ill persons.

In accordance with article 18 of the law “On Medicine” RA Government determines the list of the illnesses and social groups with which a right is given to get either free of charge or with some privileges. By #396 resolution of the Government the list of illnesses includes mental



illnesses.

Overall Situation

The Mental Health Facility of Lori region realizes examination of mental health of persons with mental illnesses, diagnosis of mental illnesses, treatment, care of persons with mental illnesses, their medical and social rehabilitation. Here the treatment is in-patient and outpatient. Treatment is carried out by 7 doctors having a license, including the director of the facility and by a expert on people with drug dependencies, two local doctors, a children's psychiatrist and a doctor-neurologist.

The doctors work every day from 9:00-17:00 except on Saturdays and Sundays. After the working hours, there are no doctors in the facility, according to the employees. "We call them in case of necessary, when the patients become aggressive and if it is not too late"-says the doctor's assistant.

The director of the mental health facility says that the opportunity to choose specialists is very limited because everyone prefers a more beneficial profession.

The facility receives necessary manuals from the Ministry of Healthcare. "They are not enough, furthermore we almost do not get any methodological manuals, and the ones we get do not include international standards"-the director said.

The specialists attend trainings once every 5 years, which lasts two weeks. National Institute of Education organizes the trainings, but you have to pay for the trainings.

There are four doctor's assistants and seven nurse's assistants who take care for the patients in this mental health facility. One doctor's assistant and two nurse's assistants are on duty on any one shift from 9 am to 9 pm. They do not have any break during their working hours.

The doctors say that there is enough medicine of good quality. One of the doctor's assistants says that most of the medicine is produced in Armenia, which is not of good quality. One of the treating doctors pointed out that the patients buy medicine from the pharmacies until a disability group is defined. "After that those who have 1st and 2nd group disability get their medicine free of charge."

Three patients said that the family members paid for expensive medicine. The director says that when they have only a substituting medicine, the relative of the patients prefer buying the real one than to get a substituting one free of charge.

The doctor prescribes the medicine, then the senior assistant distributes among other assistants. "The doctor should have at least 6 months of work experience so that I trust his diagnosis and prescribe medicine" –says the director.

The doctor's assistant receives the medicine every morning for the whole day, and on Friday, he gets for three days. The medicine is kept in a procedure room and the patients take the medicine here. The nurse's assistant follows them so that they do not hide the medicine. If they do not want to take, they convince. Without the doctor's permission, the assistants must not give the patients any medicine.

If the patient needs a treatment, for instance operation, that the mental health facility cannot provide, he is sent to Hospital #1. However, the mental health facility pays for the treatment.

To summarize, the state is unable to provide with free of charge and effective medicine. There is lack of specialists in the mental health facility. They need to train especially the doctors' assistants and the nurses' assistants. Unlike other medical establishments in the mental health facility, the salary of the staff does not correspond to the nature of their work.



Possibilities for new methodological manuals and re-qualification of staff are limited.

HUMAN RIGHTS IN THE VANADZOR NURSING HOME

General Information about the Nursing Home

The Vanadzor Nursing Home was established in 1993. In 2001, it was given to American Fund for Armenian Relief. Vanadzor Nursing Home is one of the programs of the Fund for Armenian Relief. The Vanadzor Nursing Home is funded by a New York based office of the Fund for Armenian Relief with donations from the residents in the care of the hospital and other people.

The Vanadzor Nursing Home is in the canyon of Vanadzor over 4 km away from Vanadzor. It is surrounded by forests on three sides. The building is fenced and it is separated from the street with a fence. In the yard, there is a bench, a garden, a fountain, a barbecuing facility and a resting place with benches. There is a storeroom and a garage at the back of the building, which needs repairing.

In order to enter the building from the yard you have to walk along a staircase. The building has three floors. All the staircases have handrails. There are handles only on the walls of the corridors of the first and second floors. The Vanadzor Nursing Home does not have all the facilities necessary for disabled people to move freely. There is a security system in the building. In the corridors, you can see stands for fire service and fire extinguishers. Forty-nine people live in the Vanadzor Nursing Home; among them are two Russians, one Ukrainian, and one Georgian. Two of the old people cannot move without help.

Acceptance and Checkout of Elderly People

By December 7, 2006, # 1874-N Government's resolution "On order of providing elderly and disabled persons with care and on confirming the list of illnesses serving a basis for refusing care for old and disabled persons" defines the order of providing elderly and disabled people with care.

According to the mentioned order the customer in need for care or his/her guardian (if the person was recognized by the court as unable to work) or the patron appointed in accordance with article 43 of RA Civil Code applies to the agency of the actual residence of the customer and submits the following documents:

- An application with a note about the type of care
- Social security card and a copy of it
- Identification document and a copy of it
- A certificate by a competent agency on the amount and type of pension
- A certificate from the polyclinic on the actual place of residence and about the state of his health

If the application is submitted by the guardian of the customer, it is necessary to bring also the following documents:

- Identification document of the guardian and a copy of it
- A copy of the court decision about recognizing that the citizen is unable to work
- A copy of the resolution of the Custody and Guardianship Department defining guardianship

If the application is submitted by the patron, the following documents are needed:



- Patron's passport
- A copy of the resolution of the Custody and Guardianship Department that defines patronage

After receiving the application, the employee of the agency makes a home visit within 15 days to study living conditions. He submits a protocol of his home visit and his suggestion to the head of the agency about providing or not providing care. The head of the agency makes a decision about approval of care or its rejection based on the existing documents and the suggestion. The type of care has to be mentioned in the decision. Within three working days, the head of the agency submits the decision on providing care in a common or special establishment of social protection of population to RA Ministry of Labor and Social issues with the aim of organizing the customer's admission to a relevant establishment. The ministry coordinates lodging of the customers by the decisions they have received by the agency.

According to the charter of the Vanadzor Nursing Home only pensioners, people who don't have children, lonely people or those who do not have children able to work can be accepted to the Nursing Home. Exceptions are made for those who have children able to work but who cannot live with them for some reason. In this case, besides the necessary documents written agreement from their children is needed. During the process of acceptance to the Nursing Home, special attention is paid to whether the person can take care of himself/herself.

According to subparagraph 6 of paragraph 4.4 of the charter, from January 1, 2007a contract is signed between the elderly person and the Nursing Home, which proves that he was admitted to the Nursing Home. The contract is made for a period of two months and then it can be prolonged. According to the contract, the resident shall transfer 40% of his/her pension to the bank account of the Nursing Home or he can do it in cash.

By December 7, 2006, # 1874-N Government's resolution "On order of providing elderly and disabled persons with care and on confirming the list of illnesses serving a basis for refusing care for old and disabled persons" the conditions of rejecting care are defined. The elderly people are rejected care when they have the following illnesses:

- Chronic alcohol and drug addiction
- Skin illnesses, sexually transmitted diseases
- Cancer
- Contagious illnesses
- Tuberculosis in the contagious phase

According to paragraph 4.5 of the charter, the following cases are basis for rejecting care:

- All places are occupied
- The documents lack data or have false data
- The applicant has a guardian or custodian who did not refuse to fulfill his responsibilities
- The applicant suffers from a mental disorder
- The applicant is 1st degree disabled and cannot move without help

The order of checkout from the Nursing Home

According to paragraph 38 of December 7, 2006, # 1874-N Government's resolution "On order of providing elderly and disabled persons with care and on confirming the list of illnesses serving a basis for refusing care for old and disabled persons" checkout of the



customer from an establishment of social protection of population is realized by the order of the head of the establishment.

In accordance with paragraph 4.13 of the charter of the Nursing Home the checkout is done:

- Based on the application of the resident
- If the deadline of the contract has expired
- If the resident breached the responsibilities defined by the contract
- If the resident systematically violates internal code of conduct

During one of the talks, an elderly person who has epilepsy told us, (and the employees confirmed) that he did not want to stay there any more. He submitted a written request to the director several times but the director did not sign it.

Living Conditions in the Vanadzor Nursing Home

According to article 13 of RA law, “On Social Assistance” organization of care is conducted in establishments of social protection of the population. It guarantees the provision of a long-term dwelling place and full-day care. Such establishments of social protection of the population are the so-called Home-internats.

According to Government’s May 31, 2007, # 730-N resolution “On Confirming Minimal Criteria for Care of Elderly and Disabled People and Social Service”, the home-internat shall:

- be provided by separate kitchen and dining-room so that people are able to have dinner in no more than two turns
- have one leisure room for every 50 persons furnished with sofas, arm-chairs, table games, chairs and at least one TV-set, where 20 persons can have a rest at a time
- have a hall for cultural events – 80% of the people living in the internat

By paragraph 1 of the same decree the dwelling space of the rooms shall not be less than 5 square meters per person. Each room should be shared by not more than four persons.

By paragraph 2, each person in the internat shall be provided with a separate bed, a nightstand, a chair. Each 4 people shall have a table and a wardrobe.

By paragraph 30 December 7, 2006, # 1874-N Government’s resolution “On order of providing elderly and disabled persons with care and on confirming the list of illnesses serving a basis for refusing care for old and disabled persons” the establishment of social protection of population provides the customer with necessary furniture.

The first-aid post, kitchen and dining room are on the first floor of the nursing home. People can have dinner in the dining room all together (in one cycle). One of the rooms that are called a library has a bookcase, a TV set and 6-7 chairs.

The hall is on the second floor and has sofas and armchairs, a TV and a table.

There are 24 rooms for elderly people. Four of them are on the second floor and they are reserved for the bedridden. There are 20 rooms on the second and third floors, ten on each of them. Some of them have two beds and some three beds.

The area of rooms with two beds is 22-24 square meters and the area of rooms with three beds is 28 square meters. All the rooms are furnished similarly – with beds, wardrobes, nightstands, a table and chairs. Some of the elderly put locks on their wardrobes with their own means.

There were tablecloths, and curtains in some of the rooms, which the elderly bought themselves. Some people had an iron, coffee pot, electric water heater and stoves again



bought with their own money. The brightness of the rooms was sufficient. There were no air conditioners in the rooms. Therefore, they opened the windows. In winter, the rooms are heated with a central heating system.

The doors of the rooms are not locked except for the ones for which the elderly bought locks. The employees' rooms greatly differ from the rooms of the elderly. They have a fridge, besides their rooms are heated with electric heaters.

To summarize, the dwelling space of the residents' rooms is in line with the standards defined by the legislation. Each person has 9-12 square meters of space instead of five square meters. The elderly are provided with necessary furniture. The rooms of those who are in bed or disabled do not meet their requirements. There are no handles and other necessary things. The Nursing Home has a separate kitchen and dining room where the residents have dinner in one cycle. The hall, which is furnished properly, serves as a leisure room. The reading room is not in good condition and is lit up only with electricity. The space is very small. Only 5-6 people can sit there at a time. They mainly watch TV. The bathrooms do not meet the requirements of the elderly.

Sanitary Hygienic Conditions

According to paragraph 2.1.4 of the contract signed between the Nursing Home and the resident "The Nursing Home shall manage the money transferred by the resident to the account of the Nursing Home and spend on hygienic and domestic utilities for the resident." According to May 31, 2007 #730-N decision of RA Government "On confirming the minimal criteria for care and social service for the elderly and disabled" a home-internat shall have a laundry, a separate space for drying the laundry and a washing-machine. The Nursing Home has a laundry with three automatic washing-machines.

There were different responses to the question "How often do you change your bed linen, clothes, underwear?":

- once a week
- when they are not clean any more
- whenever we want

One of the elderly mentioned that the linen were changed once every 15 days, the clothes once a month and underwear once every 7-10 days. The employee of the laundry confirmed it.

There are two restrooms for common use on the first floor of the Nursing Home and one restroom for the employees. On the second floor, one restroom is foreseen for every two rooms.

During our observations, it was noted that in the restrooms for the elderly there were no sanitary hygienic utensils: soap, toilet paper, toothpaste and towels. The elderly bought them themselves (from their pension) and kept them in their nightstands.

A year ago, each person was given one toilet paper and a bar of soap, but now they are not given these utensils.

The employees explain that when they are given these things, they collect them, they give them to their visiting relatives or they sell them to one another.

There is one sink in each restroom and there is always cold water. The walls and the floors



of every restroom are tiled. Unlike the common restrooms, the employees' restrooms were very clean and furnished with hygienic utensils.

On the first floor there are four bathrooms, two of them are in the rooms of seriously ill elderly. On the second floor, near the laundry, there are five more bathrooms.

The elderly noted that they have a shower twice a month in winters, but in warm weather, they do it once a week or once every ten days. There is a special day for having a shower – every Wednesday. Those who are unable to have a shower alone their friends or sometimes the employees help them.

During our observations, there were no towels and hygienic utensils in the bathrooms. The bathrooms do not meet the requirements of the elderly. There were only chairs for bathing sick elderly. All the bathrooms were tiled. There is permanent hot water in the Nursing Home and there is an “Ariston” water heater. The rooms are cleaned every day by a relevant employee of each day.

The rooms of those who are in bed smell bad (e.g. the pampers of the patient were on the nightstand). The hand and foot nails of all of them were long and dirty. One of the old women was lying on a mattress with plastic; the room was full of flies.

In conclusion, not all sanitary hygienic conditions were in line with the minimal standards. The residents are not given soap, paper, towels, etc. The institution was generally sufficient. The rooms of those in bed were not in a good sanitary state.

Clothing

According to paragraph 30 of December 7, 2006, # 1874-N Government's resolution “On order of providing elderly and disabled persons with care and on confirming the list of illnesses serving a basis for refusing care for old and disabled persons” the establishment of social protection of population provides the customer with

- personal hygienic utensils
- bed stuff
- clothes, linen and shoes

In accordance with paragraph 2.2 of the charter, the Nursing Home carries out domestic service for the residents, creates favorable living conditions (necessary furniture, linen, clothes and shoes, etc.).

According to May 31, 2007 #730-N decision of RA Government “On Confirming the minimal criteria for care and social service for the elderly and disabled” the minimal criteria for providing the elderly with clothes and bed stuff are defined. The type, amount and period of usage have been defined.

Vanadzor Nursing Home does not get assistance from the state. Clothes are received twice a year from benefactors. The elderly assure that they have necessary clothes. They mainly bring their clothes from home. “I brought my clothes with me. I haven't been given any here”- mentioned one of them.

Some clothes are given by the Nursing Home (stockings, slippers, shirts, trousers, etc.)

“I have been in the Nursing Home for 1.5 years and I was given two shirts and a pair of



trousers.”

“Unless you do someone good you won't get clothes. One of the elderly brought a bag of thyme (kind of mint) and got a pair of boots.”

The elderly buy clothes with their own means.

“I don't have a hat to wear at night. I went to the storekeeper, but he said, ‘Go and buy in the market, they have a lot.’ I am going to buy a winter hat when I have my pension.”

The director of the Nursing Home says that they give clothes when someone is accepted and has no clothes. However, the Nursing Home can give only such clothes that are given by benefactors. There are no men's trousers or shoes among them.

The Nursing Home has no bedding. They are given mattresses, woolen blankets. The employees say that it is preferable if the elderly bring their bedding with them.

After accepting the elderly to the Nursing Home, they are given two pairs of bed linen that are used for years. If the linen wears out or is torn they are not given a new one, but they buy it with their pension.

There were elderly who did not have bed linen. “The employee gives to those to whom she wants”- said one of them and added that he gave it for money.

The director assures that the main principle is that the elderly have their own contribution and take care of everything. Everything that had been acquired was done with someone's efforts. *“Buying their own bed-linen the elderly start to take care of everything”-said the director.*

To summarize, the Nursing Home does not provide the elderly with every kind of clothing. Bed linen is given once and then they have to buy with their own means.

Food

According to paragraph 30 December 7, 2006, # 1874-N Government's resolution “On order of providing elderly and disabled persons with care and on confirming the list of illnesses serving a basis for refusing care for old and disabled persons” the establishment of social protection of population organizes meals of the elderly (three times a day).

According to May 31, 2007 #730-N decision of RA Government “On Confirming the minimal criteria for care and social service for the elderly and disabled” the minimal energetic use per day shall not be less than 2100 kilocalories.

MINIMAL CRITERIA

FOOD PORTIONS AND CALORIES PROVIDED FOR RESIDENTS OF HOME-INTERNATS FOR THE ELDERLY AND DISABLED

No.	Name of Food	Daily portion in grams	Calories (kcal)
1.	Bread (wheat)	300	699
2.	Bread (2 nd type)	200	466
3.	Pasta	30	99.6



4.	Wheat products	50	142.0
5.	Potato	200	166
6.	Vegetables and green stuff	300	91.5
7.	Onion	50	17.5
8.	Tomato paste	5	0.7
9.	Cheese	30	78
10.	Sugar	60	225
11.	Butter	20	37.4
12.	Oil	40	347.5
13.	Coffee	2	
14.	Salt	15	
15.	Meat	140	261.8
16.	Fish	60	86.4
17.	Milk or milk powder	200	122
18.	Yogurt	150	90
19.	Sour cream	30	78
20.	Curds	50	78
21.	Eggs	0.5	78.5
22.	Tea	2	
23.	Honey	5	15.75
24.	Jam, marmalade	20	
25.	Fruits	200	92
26.	Juice	100	
27.	Flour	25	81.7
28.	Sweets	50	

In accordance with paragraph 2.2 of the charter, the Nursing Home plans the residents' diets taking into account the resident's age and state of health.

The residents are given food three times a day. The comparative study of the menu and the minimal criteria defined by the government shows that the Nursing Home is provided with necessary food. Only the following food is exception: fish, honey, yogurt and coffee (coffee is only for the employees).

The senior cook and the doctor plan the menu. The doctor of the Nursing Home assures that the menu is based on the elderly people's state of health. Those who are diabetic are given second type bread. The elderly people said that they are given soup (with rice, pasta, or borsch) as a first course and then pilaf (with pasta, lentil, rice and buckwheat) as a second course. They are given juice (of apple, blueberry or cherry) every two days, and once or twice a week they eat sweets or fruits (grapes, peach, apple and watermelon). Every day they have dairy products.

There were different answers to the question "How often are you given meat?"

- Once a month
- Three or four times a month
- Every day except at the weekend
- Once a week we are given cutlet

However, the elderly were mostly dissatisfied with food: "Food is sometimes prepared with oil and sometimes not," they complained. "They put some salad on pilaf probably instead of oil. In summer they just chop some cabbage and give it to us, they don't cook it," they noted.



The elderly say they do not have the chance to choose, but they are sometimes given extra food.

During our observations, all the elderly people in the Nursing Home had food (potato, oil, fruit, coffee and sweets) in their rooms. They buy it themselves and when they do not like the food in the Nursing Home, they make for themselves. If the gas stove is not in use, they can make their food in the kitchen.

The director of the Nursing Home said that they regularly receive soup packages from abroad, which the elderly do not like, but they use it anyway.

In conclusion, the food portion and calories given in Vanadzor Nursing Home are in line with the criteria defined by legislation. However, the elderly are not satisfied with the quality.

First Aid

Paragraph 11 of the UN Convention on “The Principles of Attitude towards The Elderly” defines that elderly people shall have access to medical service.

In accordance with article 38 of RA Constitution, “Everyone is entitled the right to free of charge medical service.”

According to article 4 of the law “On Medical Assistance and Service of Population”, “Everyone is entitled the right to free of charge medical service within the frameworks of state healthcare purposeful programs.”

According to paragraph 31 of December 7, 2006 #1874 N decision of the Government, the establishment of social protection of population organizes primary medical assistance of the population, send to inpatient medical establishment, provision with prosthesis-orthopedic and rehabilitation utilities and medical-social expertise.

Every day the doctor of the establishment of social protection of population makes his round to all customers and provides them with necessary assistance and no later than once every three months examines all the customers and makes records in the medical cards of the customers. In case of transferring the customer to inpatient medical establishment the establishment of social protection of population provides them with food.”

March 4, 2004 #318 N decision of RA Government “On Free of Charge Medical Aid and Service Ensured by the State” defines the list of those who have the right to free of charge medical aid. The residents of the Nursing Home are included in this list.

According to paragraph 2.2 of the charter of the Nursing Home, it carries out the residents’ medical service and hospitalization, organization of consultation of specialists. The Nursing Home provides the residents with ear apparatus, eyeglasses and orthopedic utilities if possible.

One doctor and four nurses who work in 4 turns carry out medical service in the Nursing Home.

The doctor assures that the first aid post has been provided with everything needed for first aid for already six years.



Almost all the residents had some illness when they were admitted to the Nursing Home. They all got necessary treatment. At present, the elderly have the following illnesses: apoplexy (6 persons), diabetes (3 people), multiple sclerosis (2 people), epilepsy (3 persons), as well as hypertonic, stomach illnesses, inflammation of prostate among men. Six people are always in bed. Five people have mental disorders. Each of them has a personal medical card. Seven people have disability category, two of 1st group, four of them of second group and one person has a third group disability. The elderly say that every morning the nurse checks the state of their health and measures blood pressure.

The Nursing Home cooperates with American organization "IRD" that gives medicine. "The ones that the Nursing Home does not receive, are bought by the elderly," says the doctor. The elderly say that some medicine is given free of charge (medicine for headache, heart, blood pressure).

"If there is medicine we get it in time, but if not then they tell us to buy."

One of the patients who has a stomach illness, mentioned he had been using medicine for 8 years and buys with his pension.

The doctor finds it wrong to leave the pension with the elderly. "If it is with them, it is either lost or the relatives take it. They do not spend it on either food or drinks, so why not spend their pension on themselves?"

There are five people in the Nursing Home who are registered in the Mental health facility of Lori region. The doctor says that the mental health facility used to give free of charge medication but now the patients buy it with his or her own means. According to the director of the mental health facility, the Nursing Home shall take care of them and it is obliged to give all necessary medications.

The residents of the Nursing Home are all registered in the polyclinic. In case of necessity, they are taken there or to hospital where they get free of charge treatment. The doctor assures that they have been 15 such cases. "I have fallen down for several times while living here and I broke my arm. I paid 4500 drams to get my arm put in plaster"-one of the elderly noted.

If there is no necessary medicine in hospital, the elderly buy it with their own means. If their pension is not enough the Nursing Home allocates money for medicine. During inpatient treatment, the Nursing Home cares for meals of the elderly. As an existing problem, the doctor mentioned that during inpatient treatment the residents do not have someone to take care of them. It is very rare that the relatives of the elderly take care for them.

The medical staff assures that once a year the employees of Hospital 2 of Vanadzor organize medical consultation in the first aid post of the Nursing Home and they make relevant records in the medical cards of the elderly.

The elderly give different responses to the question on frequency of undergoing complex examination.

"Two years ago they came from the polyclinic for complex examination."

"I only received complex examination when I came here," said one of the elderly who is in the Nursing Home for already two years. Ointment from the elderly is taken twice or three times a year.

Provision with Prosthesis-orthopedic and Rehabilitation items



The Nursing Home has signed a contract with one of the dental centers called “Dens” which took an obligation to treat the residents of the Nursing Home free of charge. In particular, they cure and extract teeth, and make denture prosthesis once a month. The Nursing Home provided three people with ear apparatuses.

Some of the elderly mentioned that they applied for eyeglasses and prostheses but they were told the Nursing Home did not have funding for that. To summarize, the Nursing Home conducts first aid for the residents. If possible, it gives them prosthesis-orthopedic items, but the residents buy the medicine.

Attitude Towards the Elderly

Article 3 of the European Convention on Human Rights states “No one shall be subjected to torture or to inhuman or degrading treatment or punishment. Article 5 of the Universal declaration of Human Rights also defines the same provision.

The International Covenant on Civil and Political Rights states that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Paragraph 17 of UN resolution on “Principles of attitude towards the elderly” states that elderly people shall have the opportunity to live with dignity and safe and shall not be subjected to exploitation, physical or psychological pressure. According to paragraph 18 of the same resolution elderly people have the right to be treated fairly regardless of their age, sex, racial or ethnic affiliation, disability or other status.

Article 17 of RA Constitution defines that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

The agreement with the elderly of the Vanadzor Nursing Home defines the rights and responsibilities of residents, paragraph 2.3 defines that the resident is obliged:

- To obey the internal code of conduct of the Nursing Home
- to not use alcoholic beverages
- not to organize unrest and not to be involved in such unrest
- not to leave the territory of the Nursing Home without written permission or notification
- to follow the rules of personal sanitary hygiene

In order to leave the Nursing Home they must apply to the director and tell him where and why they want to go and then they must get permission. In this case, the doctor measures their blood pressure and when their state of health is sufficient, they are given a permit.

The resident has the right to:

- be checked out from the Nursing Home for returning to the relatives
- to get his belongings and documents when checking out

Overall Situation

The elderly have different viewpoints about the attitude of employees. A few elderly people did not like to talk to us. They did not answer us saying, “It will be bad for us then.”



Those who help the employees of the Nursing Home in their daily work mention that employees treat the elderly well. Some of the elderly think that good attitude towards them is conditioned by the fact that they treat the employees well.

"I treat the employees well and they treat me well too."

"I am treated well because I bring fruit for the employees from the forest," said one of the elderly.

Some think that the employees treat them badly and they are rude and ignorant to them.

"They ignore us and answer rudely and if you tell them something they will beat us and throw out," they noted.

"When I said that the food is not good the employees attacked me. After that they started to treat me badly," said one of them.

Some of the elderly assessed the attitude not as "guardian but as controlling". They assured that there had been cases of physical violence towards the elderly.

"The employees here are beasts, what kind of attitude are you speaking about?" complained one of the residents, "all of them are rude and they even beat."

We asked them if they had applied to the director. They answered: "Perhaps he knows, because if he did not allow it they won't treat us in that way."

"It is not allowed to use alcohol here. When I had just come here, I had a drink. Vagho beat me and put me to a 'cell' (he means the garage)."

According to the elderly, they apologize for their attitude.

The elderly mentioned that the employees are indifferent towards those who are in bed. They feel disgust while changing their clothes or shaving them, that is why they wear gloves.

"The assistant nurses usually come at 13:00 and go at 14:00. But the sick people need care all day long"-said one of the elderly. "A woman is shouting and calling from the separate room but no one pays any attention to her. If something happens to somebody, no one will hear. Half a year ago, a woman was burnt while smoking and died. No one heard her and helped her. "There are four guards in the Nursing Home, but no one to take care of the sick."

The elderly living in the Nursing Home mostly do not know their rights. They even do not know why 40% of their pension is kept. When we asked why they had not asked them about it, they said, "If we did they would drive us away."

"There was a man. He drank, said bad words. They beat him and sent him off. Another one was sent away because he had complained to a journalist about the 40% of his pension."

One of the elderly was sure that 4000 drams from his 8000 was kept so that it can be used as expenses for organizing his funeral.

Only one of them mentioned that on October 1 - on the International Day of the Elderly - the event was probably organized with the money kept from their pension.

As means of punishment in the Nursing Home, the elderly mentioned remarks, scaring and sending them off. They told us that some elderly had been sent off from the Nursing Home as they were aggressive and did not obey.

The director explained that with the money collected from the elderly, they bought chairs and a refrigerator. They also bought a mini-bus and some of that money was from that fund.

In general, the residents were satisfied with the director: "The director is a good person. But if he controlled more it would be better."



Submitting Suggestions, Appeals of the Elderly in the Nursing Home

Vanadzor Nursing Home does not have a special worked out disciplinary and community rules. The director says that the elderly mainly turn to him to get permission to go out, as well as when they want to change the room or when they have a problem with an employee. The questions raised by the elderly are mostly solved. For instance, some were allowed to change their rooms, as they could not get along with their roommates.

The elderly are displeased that they have to ask for permission in order to go out. They think that they should only have to inform but not ask for permission.

Because of interviews with the elderly, we found out that for some cases they avoid applying to the director being sure that nothing is going to change. One of the elderly mentioned that they suggested taking them to an excursion to Ararat Valley with the money kept from their pensions but the issue was not solved for some reasons.

The TV set in the hall did not display well. The elderly said that the wire was damaged. We asked them to turn to the employees but they answered: "It is all the same, nothing will change."

There were alarm buttons on all the doors of the rooms, which were connected to the first aid post. The elderly could call the medical employees in case of necessity. However, the buttons were out of order. They were planning to replace them and to put them near the beds.

Quarrels often break out in the Nursing Home both between the elderly and between the elderly and the employees. However, the Nursing Home does not have any mechanism regulating inter-personal relations. The director is mostly responsible for solving arguments.

From time to time the doctor, the doctor's assistant or the nurse check the nightstands of all the rooms in order to find out if there is some vodka, a knife or some spoiled food.

The director of the Nursing Home says they have tried to create a Council of Elderly to deal with the questions raised by the elderly. Even they selected leaders (men and women) but the council did not succeed as the elderly refused to obey the leaders.

Discrimination in the Nursing Home

The elderly think that there is discrimination in the Nursing Home as elsewhere. Those elderly who gained the respect of the employees or if they do some work for them are treated favorably. Though it is prohibited to have an electric heater in the room, some of the elderly were allowed to have one. Some mentioned that unlike the others their visitors were allowed to go upstairs. "I sometimes have a shower twice a week, not everyone is allowed," one of the elderly said with pride.

"The doctor is good, she gave me a thick mattress, and not everyone is given."

However, there were elderly who were annoyed about unequal attitude. "Some are given 5 pieces of clothes, some none."

"I don't have teeth; they do not make it for me..."

"The employees eat different things (e.g. barbeque), but we are given other things. I complained why they did not give me such, they answered: "Don't you also want vodka?"



Work done by the Elderly

According to the UN resolution: “The Principles of the attitude towards the Elderly,” the elderly shall have the right to volunteer to do such work that meets their interests and opportunities.

By RA National legislation, there are no provisions in normative acts concerning the work done by the elderly in the guardian establishments, the relations of keeping the residents in them.

The residents of Vanadzor Nursing Home do some work. Some of the grannies clean the hall, they clean the carpets with a vacuum cleaner, some help with the kitchen work – do the washing, peel potatoes.

“The first year I came here I started cleaning the corridor and rooms of the first floor,” mentioned one of the elderly. The employees asked me to help them and I did not reject.”

Some elderly wash their clothes besides cleaning the rooms. There are elderly who take dinner for those always in bed, they feed them and change their pampers. Some of the patients said they paid them for some services.

The old men clean the yard when the employees have a day off. They also chop wood and clean the snow in winter.

“When I was a newcomer I have cut wood for 10 months. I did not get paid but sometimes was given cigarettes.”

There are elderly who go to the forest in summer. They bring rose hip, berries and share with the others and the employees. Some elderly do gardening. They sow radish, carrot, beans, pumpkin, tomatoes, sunflower seeds and flowers. Two elderly keep hens in a hen house made by them.

The elderly assure that they do all this work according to their own wish and do not get paid for it.

Social-psychological Assistance of the Elderly

By paragraph 12 of UN resolution on “Principles of attitude towards the elderly” the elderly shall have the right to make use of social and legal services to increase their independence, to strengthen their being protected and to improve their care.

According to paragraph 31 of December 7, 2006, # 1874-N Government’s resolution “On order of providing elderly and disabled persons with care and on confirming the list of illnesses serving a basis for refusing care for old and disabled persons” the establishment of social protection of population organizes the customers’ social-psychological assistance and legal consultation.

Overall Situation

The residents of the Nursing Home do not have the opportunity to make use of such services, as the Nursing Home has neither a psychologist, nor a social worker or a lawyer. The director says they do not need a lawyer so much, but they intend to hire a psychologist and a nurse. They made a proposal to the sponsor to increase the staff and they are waiting for an answer.



Burial of the Elderly

Legislative Analysis

According to paragraph 40 of December 7, 2006, # 1874-N Government's resolution "On order of providing elderly and disabled persons with care and on confirming the list of illnesses serving a basis for refusing care for old and disabled persons" the head of the establishment of social protection of population immediately informs the relative (if there are such) of the elderly in case of his death to organize his funeral. If there are no relatives or if they refuse to organize the funeral the establishment of social protection of population will organize it.

Overall Situation

The director of Vanadzor Nursing Home mentioned that formerly the Nursing Home asked for burial sights somewhere for the elderly. It could be in different parts of the cemeteries where some free space was available. Then those graveyards were not paid any attention to. Now the director has applied to the municipality of Vanadzor, which has allocated 350 square meters of territory as a cemetery of the Nursing Home. The nursing Home built a fence around it. Now all the residents are buried there if they do not have family graveyards.

In conclusion, the contract of the Nursing Home signed with the residents defines their rights and responsibilities. If they do not fulfill their obligations, there are punishments, including physical and psychological violence.

If there are problems, they not always apply to the director, as they think that nothing will change. The elderly are not aware of the purpose of keeping money from their pension and how it is managed.

The attitude of the employees is more controlling than caring. There are some forms of discrimination. The nursing home does not have any mechanisms of regulating personal relations. The elderly are not provided with social-psychological or in case of necessity with legal assistance. Nevertheless, the issues concerning the funeral and preservation of the graveyards are focused on properly.

Organization of Leisure Time of the Elderly

According to paragraph 16 of the UN resolution: "The Principles of the attitude towards the Elderly" the elderly shall have access to education, cultural and spiritual life, as well as to rest.

In accordance with paragraph 2.2 of the charter, the Nursing Home will organize cultural activities taking into consideration the residents' age and state of health.

Overall Situation

The Nursing Home has three TV-sets, which are placed in the library of the first floor, in the canteen and in the hall of the second floor accordingly. Though the Nursing Home has two antennas, the elderly can watch only one TV channel (Yerevan channel, RENTV channel) on each TV-set. The employees say that they did it on purpose, otherwise the elderly started to argue because they wanted to watch different channels. "When the weather is bad we are deprived of the chance to watch the only channel, because the employees turn the TV off when it is raining," said one of the elderly.



The director says that as far as the Nursing Home is surrounded by mountains the usual antenna does not help. Only satellites are possible but in that case, they have two channels.

Not everyone can turn on the TV or change the channels because the remote controls are in the director's study. Besides the elderly do not care for the property, they damaged the buttons of the TV-set. The Nursing Home is planning to buy a new TV set with a large screen and it will be hung on the wall of the hall so that the elderly will not be able to touch and damage it.

Besides watching TV the residents can read, play board games, and have a walk around the Nursing Home. Women usually go for a walk or do embroidery work. The elderly say that if they want a book but do not find in the library they do not turn to the employees so as not to bother them. Some of the elderly told us they do not receive any newspapers or magazines, but some said they received only some 10 newspapers: "But those who manage take them."

Some elderly had radio sets in their rooms that they had brought from home or bought. "There used to be radios in all the rooms, but the director got them removed," said one of the elderly. The director said though they had radios in the storeroom, the Nursing Home had never had a radio line and currently it did not. He said they got some newspapers (Vanadzoryan Khchankar, TV-Mol) once a week in 5-6 copies.

The elderly say they go on an excursion once or twice a year. "We are taken to Sevan in summers, this year we went to Stepanavan Botanical Park," said one of them.

Some holidays are celebrated, such as New Year, March 8 (Women's Day), International Day of the Elderly. On October 1, they marked International Day of the Elderly. On October 3, V. Baghdassaryan, the head of charitable organization "Hanun Gugrats Ashkharhi" visited them and took some small gifts for them and a TV set for the Nursing Home. On those days, the elderly are given special dinner and some 50 grams of drinks, and they dance, sing and say poems.

To summarize, there are some conditions for organizing the leisure time of the elderly. They are able to make use of the TV with no restrictions and visit the library. The Nursing Home receives newspapers but not for all of them are made available to the residents. The holidays are celebrated and the elderly are taken to excursions.

Visits

Legislative Analysis

According to paragraph 36 of Government's December 7, 2006, # 1874-N resolution relatives and acquaintances can visit the customers.

There are special days appointed for visits: on Saturdays and Sundays from 9:00-18:00.

The relatives are not allowed to go upstairs to the rooms except for the ones who are lying in bed. This is because there have been cases when after the visit of relatives the roommate complained that something had been lost from the room.

Anyway, the residents of the Nursing Home have the chance to see their relatives and acquaintances.



Communication

The Nursing Home has three phones. One is on the first floor in the guard's room; the other one is on the second floor in the room of bookkeeping and the third one is in the director's room. The phones share the same lines. The elderly said that they could not always talk on the phone alone, without someone listening in. Sometimes by the employees' instructions some of the elderly and guards are careful about who the residents are talking to and what.

"I prefer using the phone after 5 o'clock when book-keeping is already closed, as they may pick up the phone and hear me," mentioned one of the elderly. The elderly do not have the chance to make use of mobile phones.

In conclusion, despite the fact that the Nursing Home is provided with phones, the confidentiality of phone calls is not always kept.

The Right of Elderly People to Ownership

According to article 31 of RA Constitution, every citizen is entitled to an adequate standard of living for himself or herself and his or her family, to adequate housing, as well as to the improvement of living conditions. The state shall provide the essential means to enable the exercise of these rights.

In accordance with 4.8 of the charter of the Nursing Home, while being accepted to the Nursing Home, the resident completely or partially donates all his movable property or real estate to the Nursing Home with the right to ownership. He can entrust the rest of his property to the Nursing Home for passing it to the person having the right to inherit it after his/her death.

In accordance with paragraph 2.3.6 of the contract signed between the Nursing Home and the resident, the resident shall transfer 40% of his pension to the account of the Nursing Home. By the third paragraph of the same contract, that money is spent on the maintenance of the Nursing Home, as well as for himself and for other residents.

Overall Situation

The employees explain that, as a rule, the elderly coming to the Nursing Home do not have any property. In some exceptional cases when they have some movable or real estate with the right to ownership they manage it as they like.

40% of the pensions are kept from the residents, but they do not know for what purpose or how it is managed. Some elderly people said they did not notice any improvements in the Nursing Home. "It got worse." "I would receive 4000 drams now I got 2000. I argued with the book-keeper and now I refuse to take that money.

"There are people who do not get any pension at all, they only sign," they noted.

During our visits we found out that one of the people who was ill and was in bed did not get his pension. "The employees sometimes bring a box of cigarettes," mentioned his roommate.

The bookkeeper of the Nursing Home assures that some of the elderly (mostly those who are not able to manage their money or who usually lose or forget whom they had lent it) are not given their pension. The bookkeeper collects it and buys necessary clothes or fruits for them.



HUMAN RIGHTS IN VANADZOR CHILDREN'S HOME

General Information

By November 28, 2002, resolution #1906-N of the Government the state establishment "Vanadzor Children's Home" was reestablished as state non-commercial organization "Vanadzor Children's Home."

By the same resolution, the main goal of this establishment is full-day care for children without parental care. The subject of the activities of "Vanadzor Children's Home" is the fulfillment of social-psychological rehabilitation of children under 18, the support for the protection of their rights and legal interests, and their provision with food, clothes and other necessary things, and of care and education, organization of education and medical assistance.

According to the information released by the Ministry of Labour and Social Affairs "Vanadzor Children's Home" state non-commercial organization was allocated 79 million 761 thousand AMD from the state budget by October 1, 2007.

"Vanadzor Children's Home" state non-commercial organization is considered a common type of children's home for children under 18 by August 5, 2004 #1324-N Government's resolution "The List of Types of Establishments for Care and Protection of Children and Criteria for Lodging in Them."

By article 17 of August 5, 2004 #1324-N Government's resolution "On Confirming The List of Types of Establishments for care and protection of children and Criteria for lodging in them" the Children's Home provides children with a dwelling space safe for living and in line with sanitary hygienic norms defined by RA legislation taking into account children's sex, age and state of health.

The children's home shall have an evacuation plan; the staff shall get trainings of civic defense with the aim of acting properly during emergencies focusing on evacuation of disabled children. The territory of the Children's Home should be provided with special exits in case of fire, with a fire alarm system and necessary fire extinguishing equipment. The building of the Children's Home should be built in a safe environment.

Vanadzor Children's Home is situated in Taron-2 district in the neighborhood of block of flats. It is fenced and has metal gates. The whole territory of Vanadzor Children's Home is 1800 square meters. The building has two floors and it has been renovated. The director says there is no problem of security as there is full-day care in the Children's Home, and it has an anti-fire system. "The windows used to open towards the inside, now we have changed and they open towards outside," he said.

There are fruit trees and fir-trees (there are six, symbolizing the number of married girls), willows and there are benches in the yard. The rest of the territory is clean and covered with asphalt. There is a big playground in front of the building with pendulums and other playing facilities. The garage and the sentry post are near the playground. The drying-room and the boiler-house are on the left side. The football and basketball playgrounds are at the back surrounded with a fence and gates that are always closed.

The entrance gate is open until 18:00, after that only the small door remains open.

The kitchen, the rooms for newborn babies and children under 8, the common playing room, the first aid post with its separate room, the administrative rooms (the rooms of the director, secretary and the psychologist), the educators' and house manager's rooms, their rest-rooms, store-room of the clothes, and the rooms for sewing and ironing are on the first floor



of the building. The rooms have been renovated and furnished. The evacuation plan, the names of founders and sponsors, the poster on "Criteria of the care and education" (the fonts are too small to read) are posted on the walls of the first floor. The bedrooms of children under 1 year old and 1.5-6 years old with their bathrooms and playing rooms are on the first floor. The computer room is also on the first floor. There are six computers, which are very old.

The rest of the bedrooms are on the second floor. The boys' bedrooms are on the right and the girls' rooms are on the left sides of the building. In every room or near every room there is a separate restroom and a bathroom. The rooms for doing lessons are near the bedrooms.

Currently there are 103 children in Vanadzor Children's Home. 60 % are from Lori region and the rest are from other regions.

The order of Acceptance and Check out in the Children's Home

According to article 109 of RA Family Code protection of rights and interests of children in case of parents' death, their deprivation of parental rights, restriction of parental rights, recognition of parents incapable, avoidance of parents of rearing of children and protection of their rights and interests particularly, refusal of parents to take their children from rearing, medical, population social protection and other organizations), as well as the absence of parental care and other cases is put on the departments of custody and guardianship. Departments of custody and guardianship reveal the children deprived of parental care, register these children, and, proceeding from certain aspects of being deprived of parental care, choose the ways of placement of these children.

Those establishments having information about children who need care must give it to departments of custody and guardianship. After getting the information these bodies must study the conditions of children's life within three days and in case of revealing absence of parents' or relatives' care they should ensure protection of children's rights and interests until their replacement is solved.

Children are replaced according to the acceptance criteria defined by March 24, 2005 N 2179-N resolution of RA Government "On the list of types of establishments conducting care and protection of children, on confirming the standards of their lodging in them" and by the decision of making amendments and changes in December 26, 2002 N 2179-N resolution of RA Government.

After getting information about the children from relevant organizations the departments of custody and guardianship study the conditions of children's life within three days and in case of revealing absence of parents' or relatives' care they ensure protection of children's rights and interests and informs the regional administration (municipality of Yerevan).

The departments of custody and guardianship prepare and submit the following documents to the regional administration (municipality of Yerevan):

- a) certificate of birth (original) or the protocol on revealing the child
- b) medical certificate about the child's state of health (if there is such)
- c) certificate from the place of residence about the family members (if there is such)
- d) the certificate of parents' death or the court resolution on their deprivation of parental rights, restriction of parental rights, recognition of parents incapable, or absent or the certificate (given by relevant bodies) on parents' being in custody or under preliminary examination or under inpatient treatment, or the parents' (or one parent's) written declaration for refusing parental rights and giving the child to adoption by keeping the confidentiality (if there is):
- e) identification document of the parent or the child's legal representative and



- certification on the family status
- f) certificate about attendance to school
- g) certificate about epidemic state of the place where the child lives (if the place of residence is known)

Within 3 months, the head of regional structure of RA Police gives information about either revealing or not revealing the parents (or the parent) in written form to the establishment where the child is. After getting the documents regional administration (municipality of Yerevan) conducts the child's medical and social-psychological examination within 5 days and makes a conclusion about lodging the child in the children's home. Regional administration (municipality of Yerevan) submits one copy of the conclusion to the department of custody and guardianship (except for the cases where confidentiality is necessary) and the second copy and the documents to Ministry of Labour and Social Affairs (hereinafter Ministry).

Based on the conclusion and documents given by regional administration (municipality of Yerevan) the Ministry sends the child to a relevant children's home within three days. If the conclusion is not legally justified the Ministry sends the child's documents back to the regional administration (municipality of Yerevan).

Children of the same family are lodged in the same Children's Home, except for the cases when their care and education is impossible to conduct together as there are temporary medical contraindications. The children are immediately lodged in the relevant group of the children's home from medical institutions and full-day establishments of children's temporary lodging, and those from families and police departments are lodged in the isolator of the children's home. The children revealed by police are lodged in the children's home the same day about which information is given to the department of custody and guardianship. The acceptance of the child is formulated by the order of the director.

The information about the children of the Children's Home is recorded in the registration journal, which is numbered, filed and sealed.

In accordance with XX criterion of August 5, 2004, #1324-N Government's resolution "On recognizing state governance body authorized by RA Government and confirming minimal state criteria for children's care and upbringing" the graduates of the children's Home and children returned to the family, adopted or handed over to guardianship are provided with necessary documents (certificate of birth/passport, medical card, certificate about the amount of pension on his account, as well as documents confirming his rights to property if there are such).

The graduates of the children's Home are allocated a lump sum of 50000 AMD from the state budget of Armenia.

The director of the Vanadzor Children's Home says that children are lodged here based on the conclusion given by the regional administration. He mentions that the administration gives the conclusion but the department of custody and guardianship does not make a relevant decision about the legal status of the child.

Currently, about 60 children in Vanadzor Children's Home do not have a legal status. "We have been fighting for that for three years, but nothing works," the director informs. Absence of a relevant legal status does not allow the children's rights to be realized nor their interests protected according to RA law "On Social Protection of Children Deprived of Parental Care." In particular, the law ensures for such children free of charge higher education, or stipend for having good progress.



Living Conditions in the Vanadzor Children's Home

Legislative Analysis

National legislation, international agreements and treaties define conditions of children's care and upbringing, legal bases for their maintenance.

Article 3 of the Convention on "The Rights of Children" adopted by UN General Assembly on November 20, 1989, States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

By article 27.1 State Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

By article 27.2 the parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

According to article 5 of RA law "On the Rights of Children", the state and relevant bodies create necessary conditions for the life and development of the child. Article 8 states more concretely the right of the child to having living conditions: "every child has the right to a standard of living adequate for the child's physical, mental, spiritual development. The main responsibilities for providing the right to a standard of living bear the parents or other legal representatives. If the parents or other legal representatives are unable to provide a standard of living the state shall show relevant assistance."

Chapter 3 of RA law "On the Rights of Children" refers to children's care and upbringing. By article 25 in children's homes, boarding schools conditions like family conditions are created.

RA law "On Social Security of Children Deprived of Parental Care" defines the rights of children deprived of parental care and mechanisms of their protection. Paragraph 4 of article 5 considers the definition and maintenance of state minimal social criteria of the quality of life of children deprived of parental care a principle in educational, medical and guardianship facilities, regardless of their organization-legal form.

August 5, 2004, #1324-N resolution of Government "On confirming the types of facilities conducting children's care and protection and standards of their lodging in them", as well as Government's resolution #815-N adopted on May 31, 2007 "On Confirming the minimal criteria for the care and service of the children taken care of in the Children's Home (regardless of its legal form of organization) are the mechanisms for the implementation of the abovementioned law.

The resolutions concretely define the standards for children's conditions, attitude towards them, food, clothes, education and leisure.

Overall Situation

There are 10 bedrooms in the Vanadzor Children's Home. They are lodged there by groups based on their age and sex. This is the reason that they have not been equally grouped. On average 13-14 children live in one room. It is planned to build a new building adjacent to the old one, which will enable to have few children in every room. The rooms are very bright with



large windows and curtains for the daytime and night.

The floors are covered with carpets and furnished with tables and chairs. The boiling-house situated in the yard provides heating in winter. However, there is no central air-conditioning system and in order to air the bedrooms they open the windows. All the bedrooms are furnished similarly. There are single or two-storied beds and big wardrobes. In each bedroom, there are five nightstands. Two or three children share one nightstand. They also have small individual nightstands. The children keep their season's clothes in the nightstands of bedrooms. All the rest is kept in the storeroom of the children's home.

Every group has a common stand for shoes. There are TV-sets, DVDs and record players in the rooms of the senior group.

Every bedroom has a separate bathroom and restroom. The children of average age have a room for preparing lessons, where after that they can watch TV, listen to music, read a book or play the piano. The room is large and bright. There are an adequate number of desks, chairs, shelves, a piano, a sofa and armchairs.

On the second floor of the Children's Home there is a hall, which is furnished, there is a TV-set, a table and chairs. The door is always locked and it is opened only if there is an event.

The kitchen is divided into two parts: a dining room, where there are enough tables and chairs, and the main kitchen where there is necessary equipment to prepare the food. The kitchen is very clean.

There is a food-store near the kitchen and consists of three rooms to keep different types of food. The drying room and the laundry are out of the building. The laundry has separate washing machines for washing the clothes of newborn babies and children under 7 years old.

To summarize, the conditions in Vanadzor Children's Home are mainly in line with RA National Law and International Treaties. Armenia has adopted relevant laws and normative acts to exercise the commitments to the UN Convention "On the Rights of Children." Vanadzor Children's Home has been organized in accordance with them.

Sanitary Hygienic Conditions

Legislative Analysis

UN Convention "On the Rights of Children" focuses on the sanitary hygienic conditions. The second part of the convention defines that States Parties strive to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.

In accordance with this international provision, August 5, 2004 #1324-N RA Government's resolution "The List of Types of Establishments for care and protection of children and Criteria for lodging in them" the children's Home provides children with the possibility to meet their personal requirements, needs (personal hygiene) on their own, in case of necessity with the help of employees.

By article 17 of the same resolution the Children's Home provides children with a dwelling place safe for life and in line with sanitary hygienic norms defined by RA legislation, taking into account their age, sex and state of health.

The abovementioned standards, provisions suppose that establishments taking care and upbringing of children shall be provided with sanitary hygienic conditions.



Overall Situation

The children's home provides children of 7 years old and older with soap, shampoo, toothpaste, toilet paper and shaving foam for boys. Each child has a toothbrush, two towels and the boys have razors. There is always cold water, but hot water is available from 18:00-22:00. The nurse follows hygiene of children. They should wash before sleeping. The children say that they wash their hands in the kitchen before eating. These children can have a shower on an appointed day – once a week. But if they want and if there is water they can have a shower every day. The younger children have a shower with the help of the nurse, several times a week.

The children's clothes are washed once a week in the laundry. The clothes of children under 12 and the boys' clothes of all ages are washed and ironed by the employees of the laundry. The clothes of babies are hand washed and with soap (powder may be harmful and allergic). Girls who are 12 and older wash and iron their clothes themselves. Every group has its washing day in the laundry. After washing the clothes are dried in the drying room with special equipment (10 kg). Bed linen is changed twice a month and is washed in a washing machine.

According to internal rules every day two or three children from the group of 7 years old and older are on duty in the room, the yard and in the kitchen. They clean the bedroom, the bathrooms, rest rooms, the dining room, the yard and help the cooks with dinner, laying and collecting the tables and cleaning the kitchen. The educator supervises the child on duty. Every child makes his bed, arranges his things in the nightstand.

To summarize, the children of the Vanadzor Children's Home are provided with all the necessary personal items and they have no problems with sanitary hygienic conditions. Children above 7 years old and relevant employees see to the general cleanliness of the children's home. It is line with the standards of law and sub-legislative acts. The only item that calls for concern is the number of children sharing one bathroom and one rest room.

Clothes

Legislative Analysis

Arrangement of issues related to the children's clothes is regulated by criterion 6 of August 5, 2004 #1324-N Government's resolution "The List of Types of Establishments for care and protection of children and Criteria for lodging in them."

By article 14 of the resolution the children's Home provides the child with clothes and personal things based on their age. If the child is already six he/she can participate in the choice of his clothes and personal things. Government's resolution #815-N adopted on May 31, 2007 "On Confirming the minimal criteria for the care and service of the children taken care of in the Children's Home (regardless of its legal form of organization) defines the quantity and type of clothing, shoes, bed linen for children from 5 days old to 18 years old. The decision is that children shall be provided with clothing matching every season and age.

TYPES AND QUANTITY OF CLOTHES, SHOES AND OTHER LINEN FOR CHILDREN AGED 3-18

Names of clothes, shoes and soft stuff	Unit	Age of Children	
		Aged 7-18	Aged 3-7



		Quantity	Duration (year)	Quantity	Duration (year)
<i>Clothes and underwear for girls</i>					
Winter coats or fur-coats	item	1	2	1	2
Overcoats		1	2	1	1
Woolen clothes		1	2	2	2
Cotton clothes (skirts, shirts)		3	2	3	1
School uniforms (white shirt, skirt)		2	2	2	2
		1	2	1	2
Evening cotton dresses		1	2	1	1
Evening dresses		1	2	1	2
Gowns		1	2	1	2
Woolen sweaters		1	2	1	1
Stockings		4	1	4	1
Handkerchiefs		4	1	4	1
Summer hats		1	1	1	1
Winter hats		1	2	1	2
Scarves		1	2	1	2
Gloves or mittens	pair	2	1	2	1
Underwear	full				
Night gowns		2	2	2	1
Cotton belts		1	1	1	1
Bras		3	1	2	1
Stockings		5	1	5	1
Sports wear		2	1	2	1
T-shirts		4	1	4	1
Cotton socks		6	1	6	1
Woolen socks		3	1	3	1
<i>Clothes and underwear for boys</i>					
Winter coats or fur-coats		1	2	1	2
Overcoats		1	2	1	2
Woolen suits		1	2	1	1
Cotton suits		3	2	3	1
Shirts		3	1	3	1
Woolen sweaters		1	2	1	1
School uniforms (trousers, white shirts)		1	2	1	1
		2	2	2	2
Evening suits		1	2	1	2
Belts		1	1	1	1
Summer hats		1	1	1	1
Winter hats		1	2	1	2
Scarves		1	2	1	2
Gloves or mittens	pair	2	1	2	1
Underwear		4	1	5	1



Pajamas		2	2	2	1
Stockings		4	1	6	1
Sports wear		2	1	2	1
T-shirts		4	1	4	1
Woolen socks	pair	6	1	6	1
Cotton socks	pair	4	1	4	1
Handkerchiefs		4	1	4	1
<i>Shoes for girls and boys</i>					
Leather shoes and boots	pair	2	8 months	2	8 months
Warm shoes or boots		1	2	1	2
Slippers, sports shoes		2	1	2	1
Work clothes		1	2	1	2
Aprons		--	--	1	1
Bathing suits		1	1	1	1
Rubber hats		1	2	1	2
Special clothes		1	1	--	--
Bags		2	2	2	2
Suitcases		1	5	1	5
<i>Bed linen</i>					
Sheets		3	2	5	2
Blankets		2	3	3	3
Pillow inner cases		1	4	1	4
Pillow outer cases		3	2	3	2
Towels		3	2	3	2
Fleecy towels		3	3	3	1
Woolen and cotton towels		1	6	1	6
Covers		1	4	1	4
Mattresses		1	6	1	5
Pillows		1	10	1	10
Blankets		1	6	1	6
Carpets		1	4	1	4
Oil-cloths	meter	-	-	0.25	1
Sanitary pads for women	set	12	1	-	-
<i>Other linen for the canteen (for 100 places)</i>					
Table cloths	item	50	3		
Towels					
<i>Other linen for the dining room (for 100 places)</i>					
Table cloths	item	100	3		
Table Oil-cloths	meter	100	4		
Towels	item	25	1		



Overall Situation

According to the children of the Children's Home they have all necessary clothes for all seasons. They say that the state provides them with clothes twice a year – in August, clothing for school and in January, warm winter clothes. All the children of 12 and older mention that they can choose their clothes if there is variety. "Very often we organize a day for shopping with the educators"-the girls said.

Now the children here receive clothes from their sponsors and godfathers. This is the reason that not all the children have new clothes with the same frequency. Some get new clothes upon necessity. If the clothes wear out or are damaged they go to the educator and then to the house manager. One of the children remembers that if they damage the clothes on purpose, they are punished and they are not given new ones; they have to show and explain why it happened. Those who do not have godfathers are able to buy clothes with their monthly allowance of 2000-3000 drams. They can also get their clothes reshaped if they are small or loose.

The children are also provided with bed linen. Their pillow, mattress and blankets are changed twice a year. They say that if they buy bed linen like their clothes the employees will get upset and will think that they are displeased.

In conclusion, the clothes are not given for all the children at the same interval. Clothes given by sponsors creates discrimination and needs reviewing.

Food

Legislative Analysis

Paragraph 24.2 of UN Convention "On the Rights of Children" defines that States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution.

By article 12 of August 5, 2004 #1324-N Government's resolution "The List of Types of Establishments for care and protection of children and Criteria for lodging in them" the children in the children's home shall be provided with adequate nutritious foods of relevant quantity and for relevant age.

By article 13 the children's home, with the doctor's instruction, shall have an individual approach to the sick, and those who eat little or too much.

Government's resolution #815-N adopted on May 31, 2007 "On Confirming the minimal criteria for the care and service of the children taken care of in the Children's Home (regardless of its legal form of organization) defines food assortment and necessary calories according to age groups.

PHYSIOLOGICAL NORMS OF ENERGETIC USE, PROTEINS, FATS, CARBOHYDRATES BY AGE GROUPS

Age, gender	Calories (Kcal)	Proteins (gram)		Fats (gram)	Carbohydrates (gram)
		Total	animal		



1-3	1540	53	37	53	212
4-6	1970	68	44	68	272
6.5 /school age/	2000	69	45	67	285
7-10	2350	77	46	79	335
11-13 boys	2750	90	54	92	390
11-13 girls	2500	82	49	84	335
14-17 juveniles	3000	98	59	100	425
14-17 girls	2500	90	54	90	360

Overall Situation

According to the schedule of the Children's Home, the children above 3 years old have meals 4 times a day: breakfast, lunch, dinner and supper. The menu is made up by the nurse, psychologist and director. They mention that while making the menu they take into consideration the children's state of health, food calories and children's wish. According to the director, the daily cost for food per person makes 960 drams.

During our study 20 children, aged 11-16, mentioned that the meals are sometimes cooked with their wish. 7 children of the same group explained if several persons want the same dinner they cook it. Breakfast and supper are served on a defined hour obligatory for everyone. It is at 8:30 and 20:00 accordingly.

Lunch is at 14:00 and dinner is at 17:00. If pupils and students are late for dinner, they have it separately. They can have different types of juice with meals.

At breakfast, they have eggs, dairy products and tea. They have soup, pilaf and sometimes salads for dinner. For lunch, they usually eat some cookies, sweets and fruits.

According to the children, they have enough food of necessary quality and quantity. "Even in some families they don't eat like this. We eat here well"-the children said. If necessary, these children can have additional food. Besides, children can buy something and ask the cooks to make their favorite meals. "I like roast potatoes. We, the boys, can buy potato and the cook will make for us. There are cases when we don't need to buy potatoes if there is in the children's home."

There is no coffee in the menu that is why children of 13 and older can buy it and make in their rooms. "If we don't feel like going to the dining room we make tea or coffee in the rooms. But we can also go to the kitchen and make food there"-say the girls of 16 years old.

THE MENU IN COMPARISON TO DEFINED CRITERIA

Name of Food	Defined Criteria (in grams)		Food given (in grams)	
	1.5-7 years old	7-18 years old	1.5-7 years old	7-18 years old
Bread (wheat)	150	250	240	450
Bread (rye)	90	250	-	-



Butter	35	50	29	10
Sausage	10	25	40	50
Egg	1	1	1	1
Tea	0.2	0.2	0.2	0.2
Sugar	55	70	40	40
Cracked wheat stuff, pasta, rice, etc.	45	75	120	135
Vegetables and green stuff /carrot, reddish, cabbage, green onion, onion, garlic/	400	470	300	750
Potato	300	400	360	380
Vegetable oil	12	18	16	16
Fat	-	-	-	27
Pickles	-	-	45	60
Salt	8	8	0.06 Ի	1.2 Ի
Spices /black and red pepper/	2	2	0.06 Ի	0.13 Ի
Sour cream	10	10	15	20
Beef	115	150	110	120
Tomato paste	-	-	-	0.5 Ի
Fruits (apple, pear)	260	350	410	430
Cookies, buns, caramel	15	-	50	40
	25	25	20	25
Milk, dairy product, yogurt	500	500	400	400
Cheese	10	12	15	20
Olives	-	-	20	25
Cacao	1	2	1	1
Types of sausage	10	25	60	70
Fish (canned fish)	20	75	100	100
Poultry /chicken/	25	30	110	120
Flour /wheat/	35	35	100	
Pork	-	-	110	120
Condensed milk	-	-	40	45
Juice (fanta, cola)	200	200	180	200
Bay leaf	-	-	0.01 Ի	

Food not included in the menu of October 20-23

Name of Food	Food in grams
Fermenive	1/1
Coffee	2/4
Bread (rye)	90/250
Potato flour	3/3
Curds	50/70
Tomato, cucumber	400/470
Juice	200/200
Dry fruits	10/15



To summarize, the food given in the Vanadzor Children's Home is generally in line with the standards defined by legislation. The children do not complain. There is variety and if necessary, there is additional food. Children's preferences are taken into account while making the meals.

Medical Treatment

Legislative Analysis

Paragraph 24.1 of UN Convention "On the Rights of Children" defines that 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 forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

Paragraph 3 of article 24 states that States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

Article 38 of RA Constitution states that everyone shall have the right to benefit from medical aid and service 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.

An article in RA law "On the Rights of Children" prescribes the right of children to healthcare. "Every child is entitled the right to health care and consultation. Relevant state structures ensure the children's possibility to free of charge benefit, they exercise state purposeful programs to protect children's healthcare."

Article 8 of the law "On the rights of children deprived of parental care" defines the provision of the right to protect health care. "Children deprived of parental care are provided with free of charge medical aid funded from the state. They can be given a permit to sports-healthcare camps, resting-homes, in case of medical recommendation permits to resort medical treatment which is state funded or allocated from the community budget."

Article 6 of the law referring to social security guarantees for children deprived of parental care prescribes free of charge medical aid and service.

August 5, 2004 #1324-N Government's resolution "On Confirming the List of Types of Establishments for care and protection of children and Criteria for lodging in them" defines necessary conditions protecting the rights of children to health. "The Children's Home shall be provided with services of first aid and medical equipment. It provides them with necessary conditions for the child's healthy life (food, physical training, personal hygiene, leisure). "Every child is subjected to medical examination according to personal instructions. The methodological and consultative process of organizing medical aid in the children's home is provided by the polyclinic of that district. Medical cards for each child are filled in."

Overall Situation

One doctor (pediatrician), 4 nurses (in shifts), one specialist of rational nutrition (dietary nurse), who deals with the daily menu of the children's home work in the Children's Home. According to the nurses, they can give medical aid only if there is no need for surgical



intervention. They say that the first aid post has all necessary first aid medicaments – anesthetic pills, pills for high temperature, injection needles, apparatus for measuring blood pressure, enema. The director of the Children's Home says that the sponsors wanted to give them a dental armchair but he refused to take. He says that in order to have a dentist's service for the children they would need a position for a dentist and other equipments, which the Ministry could hardly allocate. The Children's House cooperates with "Gharagozyanner" dental clinic where the children get free of charge treatment.

"Moc" charitable organization provides the children with first aid medicaments free of charge by IRD program. The Children's Home has a contract with "Astraga" pharmacy where they get necessary medicine by half price. The director of the Children's Home says that they make the list of necessary medicaments and submit at the beginning of the year.

In order to get some extra medicine during the year for some current illnesses they have to apply to the Ministry of Labour and Social Affairs, which takes a lot of time.

A separate room functions near the medical post where the children are isolated in case of having contagious illnesses. In case of serious illnesses, operation or needs for specialists and inpatient treatment, the children are transferred to "Narek" children's hospital or to polyclinic #5. The treatment of children in the hospital is state funded.

The children receive general examination once every six months. However, the employees of the Children's Home say that they need more equipment for effective medical service. They need an inhalator, phlegm-removing apparatus. "In this case we won't have to take children to hospital"-the employees say. So far, the children have received treatment at a sanatorium only once; they say it was very useful. Many children in the Children's Home need such a treatment (mainly for chronic illnesses).

The children here point out that they turn to the nurse in case of any health problem. She immediately examines and gives medicine if needed. A boy from 16-18 age group said that when his arm was broken the director took him to hospital at once and they put his arm in plaster.

To summarize, medical treatment of children in the Children's Home is realized in accordance with standards set by law. The Children's Home gets all necessary medicaments; they are able to prevent the spread of contagious illnesses by isolating children. However, the children's Home needs some equipment for effective medical service. Because of lack of funding, the children are not taken to sanatoriums when they need it.

The Right to Respect for Personal Life and Personal Immunity

Legislative Analysis

Article 16 of RA Constitution defines that everyone shall have a right to liberty and immunity. Article 23 defines that everyone shall have the right to respect for his private and family life. RA law "On Children's Rights contains a provision on a child's private life and immunity. Article 16 of the law defines that every child has the right to protection of his honor and dignity. No child shall be subjected to unlawful intervention or infringements to his honor and dignity while exercising his rights to personal and family life, secrecy of correspondence, telephone conversations or his rights to immunity of the house.

Article 31 of the same law, which refers to the protection of children's rights while calling him/her to responsibility, says that the child has the right to personal immunity protected by law.



Article 16 of August 5, 2004 #1324-N Government's resolution "On Confirming the List of Types of Establishments for care and protection of children and Criteria for lodging in them" the children's Home gives a schoolchildren some pocket money – children aged 7-12 are given 2000 drams and children aged 13-18 are given 3000.

During our research, we also observed the children's opportunity to his communication with external environment, individual meetings and visits.
By article 16 of August 5, 2004 #1324-N Government's resolution "On Confirming the List of Types of Establishments for care and protection of children and Criteria for lodging in them" the children's Home shall ensure children's communication with friends and external environment if it comes from his/her interests.

Article 44 of the same resolution mentions that "The Children's Home ensures visits of the child with the parents not deprived of parental rights, legal representatives of the child or relatives, except for cases when parents, legal representatives or relatives are sober or in an anti-hygienic state."

Article 45 regulates the child's opportunities to make use of communication, in particular, "The children's Home shall be provided with necessary communication means and rooms for visits."

Overall Situation

There are no special fixed days for visits of relatives. Visits are restricted only after 20:00. Relatives, friends can visit the children in the children's Home. The children's Home has a special room for visits. Sometimes visitors are allowed to go to the bedrooms and even stay overnight if they are not from town or if they have nowhere to stay.

The children here can use the phone in the psychologist's room and the room foreseen for children under 1 year old. The line of the two rooms is the same. It means that the phone talk can be heard from the other room. Most of the children aged 14-18 have cell phones that they bought themselves.

The bedrooms are not locked, either at night, or in the daytime. Both the children and the employees knock at the door before entering. The director says that they do not lock for the sake of security, taking into account age peculiarities. Anyway, they are planning to have locks on the doors of elder girls' doors.

According to the children of the Children's Home they can keep their personal things in their bedrooms. Whoever wants can lock their nightstands. Such children can buy locks by their own expenses and put them on the nightstand doors. They can also keep food that does not spoil, that they bought or received, in their rooms.

32 children of 11-16 age group mention that no one has the right to check their personal belongings. They say that they can spend the 2000-3000 for their needs. Some children of middle age keep their money with the educators.

In conclusion, the possibilities for children to keep the secrecy of their personal life and personal immunity are restricted. Their phone talks can be heard.



Leisure Time

Legislative Analysis

By article 33 of RA Constitution the right of all citizens to rest is ensured.

By article 31.1 of the UN Convention on Children's Rights, States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

By article 31.2 of the UN Convention, States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

Article 30 of August 5, 2004 #1324-N Government's resolution "On Confirming the List of Types of Establishments for care and protection of children and Criteria for lodging in them" the Children's Home provides the child's engagement in the choice and planning of leisure activity types. In particular, the children's home shall ensure the children's participation in excursions, sports and cultural events.

Article 21 of the same resolution the Children's Home shall have appropriate to the age of the child safe and well-organized playgrounds.

Overall Situation

According to the children of Vanadzor Children's Home there is no problem connected with their rest and organization of their leisure time. There are different possibilities of rest and leisure for each age group. Children aged 11-16 mention that their leisure time starts after preparation of lessons until the sleeping time. 22 children say they can do anything they like during that period. They can gather with friends in the yard, they can play in the playground or watch TV. This age group has a room for preparing their lessons near their bedroom. They can watch TV or listen to music. This room is furnished with chairs, tables, a sofa and armchairs.

The playroom of the children over seven years old is on the first floor where there are different games – table football (2), hockey (1), snooker (1), and table tennis. The room is closed before 17:00 and the key is with the house manager. Besides, they have balls for football and basketball (7), 4 strings and 4 loops.

There is a football and basketball field in the backyard. The children say that they make up teams with the children from neighbourhood and play with them.

The playroom of the children under 9 years old is separate which connects their two bedrooms. There is a sofa and two armchairs in the room of little children. There are many different toys for children from 1.5 to 9 years old. During our observation, we witnessed the children of this group to play with the toys without any constraint in the presence of the educators. They can also play in the yard where there are 5 pendulums. The educators take them out for a few times during the day. Every day after 17:00, the educator of physical training trains them, who also helps the children organize their games.

In summer, the children spend their holidays in the camps or they go on a hike for overnight. There is no schedule or any planning for leisure time, excursions, cultural and sports events. Several times a month the children attend different cultural events – concerts, theatres, art-galleries- depending on what is organized in town. The tickets are given free of charge. The children pay only for their transport expenses. The children of the children's home do not have any books except for their textbooks; they do not receive any children's magazines.



To summarize, leisure time of the children in the children's home is organized in accordance with the law. The children's home has playrooms for all age groups. There are different toys and there are special hours for leisure activities.

Education

Legislative Analysis

States Parties of the UN Convention recognize the right of the child to education; and with a view to achieving this right progressively and based on 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;
- (c) Make higher education accessible to all based on capacity by every appropriate means;
- (d) Make educational and vocational information and guidance available and accessible to all children;
- (e) Take measures to encourage regular attendance at schools and the reduction of dropout rates.

States Parties agree that the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential;

By article 39 of RA Constitution 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.

The law shall define the principles of autonomy in higher educational institutions.

The procedures for establishing and operations of educational institutions shall be defined by the law.

All citizens shall have the right to free higher and professional education in state higher and other professional educational institutions based on competition as prescribed by the law. In cases and in conformity with the procedure prescribed by law the state shall provide financial and other assistance to institutions conducting higher and other professional education programs, as well as their students.

RA law "On Social Security of the children deprived of parental care" defines state social minimal criteria for the quality of children's life, which includes general, professional and higher education.

Article 7 of the law defines the actions taken to protect the rights of children deprived of parental care, where it mentions:

"1. Children with secondary education deprived of parental care attend preparation courses for state, professional and higher education establishments and study free of charge. 2. Children deprived of parental care are admitted to higher education institutions through common competition for non-paid system at least in case of passing the threshold for paid system. The professional and higher education of Children deprived of parental care is financed from the state budget. If Children deprived of parental care do well in professional and higher education systems are given stipend with the amount of 150% of the defined stipend in the given institution."



The 11th criterion of August 5, 2004 #1324-N Government's resolution "On Confirming the List of Types of Establishments for care and protection of children and Criteria for lodging in them" defines children's education and upbringing. With those criteria, the children's home provides the child with public education, as a rule, in public schools of the given community, and if necessary in a special public school by the rules prescribed in law.

In accordance with this resolution, a special program for a person's development shall be developed and exercised. It foresees individual trainings, implementation of home assignments, reading, active games, professional orientation, participation in housework (preparation of food, cleaning) and extra curricular activities (sports, art, technical, etc.) based on children's preferences and interests, which can be organized either within the children's home or out of it.

Overall Situation

The children of the Vanadzor Children's Home study at public schools. Most of them go to the nearest school #28. 15 of the children study at special school #2, where children with weak mental capacities study. The school is rather far from the children's Home and they go by bus. The teachers of that school take the children to school. Travel is financed by the state. The educators of the children's home are responsible for the education of the children, for preparation of lessons and for progress appropriate to the conditions of the children's Home.

Preparation of lessons is done in special rooms of the children's home, which is at the same time a room for leisure time. Here the children can watch TV, listen to music and prepare their lessons. 13-14 children can be in the room at a time. Some of them prepare their reading and oral subjects, some do their writing assignments. The educator on duty helps the children with their lessons for all subjects. "I have finished my lessons, now I am watching TV, but I am interfering, aren't I?" one of the children asked us during the observation.

Necessary stationery, textbooks are given to the students by the children's home. The children say that they have all textbooks and if they need a pen or a pencil, they turn to the educator, which was confirmed by the teachers of school # 28. Five teachers of that school said there was no obstacle for the children in the children's home. They assess the progress of the children satisfactory. They are dissatisfied with the conduct of the children. The teachers say that they differ from other pupils with their conduct and need more attention to their upbringing.

During our observations, all 37 children of 11-16 age groups filled in their questionnaires with serious spelling mistakes, which is a basis for us to conclude that children's advancement is low.

The directorate regulates issues related to the professional orientation and work of the children. The children make their suggestions and discuss with the directorate or the educator and the director together decide beforehand agreeing with the children.

70% of the children aged over 16 continue their education in the institutions of Higher Education, in colleges. Education fee is provided by Fund of Armenian Relief, at the same time this fund allocates each student 10000 drams stipend for travel expenses.

The girls and the boys learn some skills in the children's home and in circles organized out of it – courses of hairdressing, sewing, etc. Payment for such lessons is allocated by Fund of Armenian Relief, too. The boys who do not go to school and do not have any occupation



learn how to repair cars.

Computer courses were organized in the children's home and then the participants received certificates. During the talk with children, they said they knew how to work on computers.

To summarize, necessary conditions – stationery, text-books- are provided for children according to RA legislation and International Treaties. However, the educators are not consistent in educating children of 7-15 age groups. The same educator works with preparation of all children, whereas not all of them have higher pedagogical education. This negatively affects the advancement of children.

Treatment of the Staff

Legislative Analysis

By 19.1 article of UN Convention on Human Rights “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.”

By second part of the same article such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Articles 28 and 29 define the commitments of states in this sphere. States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.

In article 9 of RA law “On the Rights of Children” it is mentioned that every child has the right to be protected from every kind of violence (physical, psychological, etc.). Any person, including the parents and legal representatives is prohibited to subject the child to any violence or punishment degrading his dignity.

In case of violating the rights of children or their legal interests, the person who has violated them must bear responsibility as set by RA legislation. The state and its relevant bodies protect the child from any violence, exploitation and other violation of his legal rights.

Chapter 14 of Government's resolution “On Confirming the List of Types of Establishments for care and protection of children and Criteria for lodging in them” regulates the relations between the staff and children.

Article 35 ensures formation of children's perception for independence and personal dignity based on mutual respect, trust, help and cooperation.

Article 38 defines that during the upbringing of the child relevant pedagogic approaches are used, any type of punishment is prohibited. “In the children's home disobedient children are treated with relevant pedagogic approaches, methods, skills taking into account their age and level of development. Any kind of punishment is prohibited.”

The same resolution also defines that the children's home has job descriptions for every



employee and ensures regular re-qualification and medical examination.

The law “On Social Protection of Children Deprived of Parental Care” mentions that guardianship organizations shall make up individual programs of the child’s social-psychological rehabilitation in line with minimal social criteria of the children’s life quality.

Individual programs of the child’s social-psychological rehabilitation includes the assessment of the state of the child, including assessment of health, psychological and other anti-crisis means, as well as long-term measures directed towards the social-psychological rehabilitation of the child, which are realized by regional centers of social services either independently or together with educational, medical and other organizations.

Overall Situation

According to the director of Vanadzor Children’s Home there is an individual program for social-psychological development of the child for everyone. The program is formed by the social worker, psychologist, teacher, educator, lawyer and is discussed with the child. The director can visit the children any time during the working day (9:00 a.m -18:00 or 20:00 p.m) to talk to them, to be interested in the current problems and proposed solutions. Anyhow, But according to some children, he sometimes is not aware of disagreements between the children, and between the children and educators.

13 educators work in the Vanadzor Children’s Home. Each of them works with 8-10 children. They work in turn, each of them for 24 hours. In order to be an educator you do not have to have higher education. The director says that they take into account their work experience, capacities. The director deals with the admittance of the educators. The Ministry of Labour and Social Affairs organizes training courses for educators once a year. The employees of the children’s home submit the topics.

Job responsibilities of the employees of the Children’s Home are defined by labor contracts. They do not have internal regulations.

The psychologist deals with upbringing of children too. There is no schedule for the meeting with the psychologist. The children go to him upon necessity. During the talk with children the children pointed out that it would be better if they had a special day for the meeting with the psychologist and they would like that the psychologist weren’t in the children’s home all the time. One of the them said: “We have become closer and sometimes we feel constrained.”

Opportunities for Children to Submit Suggestions, Complaints and Wishes

The director, educators and children agreed to have a box for suggestions and complaints on the first floor. The children can put their anonymous complaints and suggestions into the box. The director should open it once a week with the presence of the children and educators. They have to read and discuss together and give a solution to the issues arisen. The responsible person for the box is the director and only he has the key to it. The children said that in spite of the fact that the box was posted it was not used any more. “We regularly have meetings that is why there is no need to write letters”-said the director.

The children said that when they wrote unanimous complaints about the educators’ attitude and when the box was opened in everyone’s presence the complaints were not there.

The director did not notice any cases of opening the box without a key and he was not informed about such cases.

However, the suggestions were anonymous but they were not kept confidential. Someone told the others about it. The children said that the director did not take any measures.



Therefore, the box stopped to function as a mechanism for presenting complaints or suggestions. According to the director, they are planning to change the form of the box, so that it will be closed in the angles, too. Besides, they will put it somewhere not to be noticed while putting a letter in it.

At present, the children turn to the educators for solving issues of their daily life. For instance, if they have any suggestion for changing the bedroom, for organizing their leisure time they first go to the educator.

22 children of 8-11 age groups point out that their suggestions are sometimes accepted by the educators. 25 children of 11-16 age groups say their suggestions are always accepted. Children over 16 years old noted that their relations with some of the educators are 'friendly' and their suggestions are approved in such a 'friendly' way.

There are issues for which the children have to write a letter and submit to the director, especially when they are going to be absent for a long time. "If you concretely mention where you go and if you leave a phone number the director allows"-explained the children. They do not make any suggestion about issues related to the internal discipline, the schedule or its changes or the educators' attitude. "Anyway, it will not be accepted." They even do not try to do so.

The children of 8-11 age groups complain about the attitude of the educators to the director. One of the girls from this age group said that the educator knows if she does not treat well they will complain about her to the director, 'Uncle Ashik', and he will get angry with the educator.

Children above 16 do not inform the director about the ill-treatment of educators and say: "The consequences for the educator won't be good." Disagreements with this age group are solved during the time.

Obligations, Presence of Responsibility and Punishments, Violence

All the children over 7 years old say that they are not aware of their rights and obligations. They heard about them in the official document on "Criteria for the care and upbringing of the children in the Children's Home", from their educators and teachers.

Children over 7 years old are obliged to:

- follow the daily schedule
- participate in the cleaning of their rooms, kitchen and the yard and other work
- not beat their juniors
- not be absent from lessons
- warn the educator before going out of the children's home

25 children state that none of their rights is violated in the children's home. The main means of liability for them is depriving them of participation in games, events or isolating for a short time. "They send us to the bedroom, we go to bed and they do not let us out or keep us in the toilet until we apologize"-the children explain vividly. The children of 8-11 and 12-16 age groups say that there have been cases when they were deprived of food: "One of the girls went to have a meal without tying her hair."

12 children from 11-16 age group said that the educators performed psychological and physical violence against them. "The educator hits me for not filling in my diary or when I do not learn my lessons, they lock me in the rest-room." The children of this age group there have been cases of escape from the children's home because of the educators' attitude. "When the educator beat me I ran away"-remembers one of them. "They do not treat us well, they are rude"-said children aged 8-11.

During our observation, one of the nurses shouted at one of the children loudly for his being



naughty. "Girl, are you stupid?"

The director does not reject this and says the reason is that they are treating the educators with disregard.

Children of 16 and older say the educators degrade their dignity: "They remind our parents in a negative way, they say we are like our parents." The children from this age group proposed to dismiss 30% of educators.

Five of the educators mentioned that depriving children of their favourite occupation is a means of punishment. They also explain that they mainly talk to children and give advice about their mistakes.

There has been a case in the Children's Home when one of the educators was dismissed from job for beating one of the children. One of the children aged 11-16 mentioned that he loved only the director – Uncle Ashik- as the educators did not treat them well.

To summarize, the upbringing methods used in the Children's Home are not in line with the standards prescribed by law. Physical violence is performed against the children. The means of responsibilities used for children – restriction of leisure time, deprivation of food – are prohibited by law. The regulation defined in the Children's Home for suggestions, complaints does not work. The directorate is not consistent in regulating the relations between the children and between the children and educators.



CONCLUSION

The Mental Health Facility of Lori Region

In the Mental Health Facility of Lori region there are no defined minimal criteria for the service, living and sanitary hygienic conditions for persons with mental illness. The allocations of free of medical assistance and service for the persons with mental illness are state funded in accordance with the estimate presented by the Mental Health Facility and confirmed by Lori Regional Administration.

In the Mental Health facility of Lori region the following problems were revealed during the free of charge medical assistance and service of persons with mental illness:

- The possibility of relevant calories, variety and extra food given to persons with mental illnesses are not ensured
- There are no necessary sanitary hygienic conditions in the facility
- The quality of drinking water is insufficient
- The clothes given to the persons with mental illnesses are insufficient
- The rooms are not sufficiently furnished (tables, chairs, sideboards, air conditioners)
- The rooms for leisure time, dining room and the room for visits are not separate
- Persons with mental illness do not have an opportunity to make use of media outlets or their accessibility is limited
- The Mental Health Facility does not provide the persons with mental illness with everyday walks
- Violence is performed against the persons with mental illness, which is never examined by any structure
- The order and conditions of being involved in some work are not clarified
- Restraining means can last up to 24 hours
- The persons with mental illness are not informed about their rights and responsibilities and do not have information on the protection of their rights
- The Mental Health Facility of Lori region is not able to provide free of charge and effective medicaments
- There is a lack of specialists in the Mental Health Facility of Lori region
- The salary of the staff does not correspond to the nature of the work they do
- There is a lack of methodological manuals and possibilities for staff trainings

Vanadzor Nursing Home

Care of Elderly people in the Vanadzor Nursing Home is funded by a New York based office of the Fund for Armenian Relief. The Vanadzor Nursing Home is a center providing lonely and socially insecure elderly people with social assistance/service.

The research conducted in the Vanadzor Nursing Home revealed the following problems:

- There is no full day care for bedridden patients and they are not paid any attention. There is no a nurse who would take care, it is mainly done by the nurse or nurse's assistant. The employees are rude to the elderly; they even perform physical violence against them.
- Not all sanitary hygienic conditions are in line with the minimal criteria. The residents are not given personal hygienic utilities (soap, paper, towels, etc.). The general cleanness of this institution is insufficient. In the rooms of persons confined to bed there is anti-sanitary state.
- The residents of the Nursing Home are not provided with all kinds of clothing. Bed linen is given once and after that the elderly will have to buy a new one



- The elderly are not satisfied with the quality of food they are given
- The elderly are not aware why 40% is kept from their pension and how it is spent
- The attitude of the employees towards the elderly is more 'controlling' and there is also discrimination
- There is no mechanism of regulating personal relations
- The elderly are not provided with social-psychological or in case of necessity with juridical assistance
- The elderly are punished if they do not do their responsibilities, even physical and psychological violence is performed
- The salary of the employees is very low
- The Nursing Home is far from the city and there is no transport taking to the Nursing Home. Therefore, the employees have to go in their own cars or by taxi
- The conditions in the kitchen and laundry are insufficient

Vanadzor Children's Home

Care and upbringing in Vanadzor Children's Home are mainly in line with RA National Law and International Treaties. Armenia has adopted relevant laws and normative acts defined by International Treaties and commitments. Providing Children with food, clothing and leisure time is organized by defined criteria.

However, there are problems related to their status, health, education, attitude of staff against the children.

- During defining relevant status, the competent bodies fall short. The guardianship department does not keep to the defined dates.
- Absence of relevant legal status does not enable the children to get free of charge higher education.
- Upbringing of children is held at the same time and in the same room which negatively impacts the effectiveness of their learning.
- Educators do not have pedagogical education, which reduces the possibility of helping the children with their lessons
- The children here do not get resort treatment, which is obligatory for some illnesses
- There is discrimination in the quantity and variety of clothes
- There are neither rules regulating working relations of the staff nor job descriptions
- Violence is performed against the children, they display disregarding, humiliating attitude towards the children
- There are no rules regulating relations between the children and between the children and employees.
- The existing mechanism for submitting suggestions, complaints does not work.
- The state does not realize the obligation to provide children without parental care with jobs, or to create specialized jobs for them
- The state does not realize the obligation to provide children without parental care who are 18 and older with dwelling space. Here 12 children are already 18, but still live in the Children's Home having nowhere else to live.



SUGGESTIONS

Mental Health Facility of Lori Region

- To develop minimal criteria for medical assistance and service (food, living conditions, sanitary hygienic conditions, clothing) of persons with mental illnesses in the Mental Health facility
- To increase the money allocated for food in the facility
- To include in annual financial plan expenses for restoring the department, kitchen, bathrooms
- To increase the number of staff in the Mental Health Facility of Lori region
- To organize relevant trainings for the doctor's and nurse's assistants
- To organize human rights trainings for the employees
- To develop a code of conduct on how to work with people with mental illness
- To expand the list of medicine given free of charge
- To increase the salary of the employees of Mental Health facility

Vanadzor Nursing Home

- To have a nurse who would take care of the bedridden elderly all day long. She can be accepted not as a permanent employee but when there are such residents in the Nursing Home. Even if the sponsor does not provide funding for that, the pension of the elderly can be given to her as a salary.
- To have a psychologist who will support in solving the problems and conflicts between the elderly and employees
- To increase the salary of the employees
- To organize relevant trainings for the staff
- To organize regular meetings with the elderly in order to hear their concerns and suggestions to solve them, in order to inform them about how their pension was spent
- To organize staff meetings to reveal their concerns
- To provide each person with hygienic utensils
- To allocate free of charge medicine to persons who are mentally ill and disabled

Vanadzor Children's Home

- To clarify cooperation with adjacent structures in order to define the legal status of children
- To have specialists working part-time to work with children in preparing the lessons
- To increase the frequency of re-qualification trainings for the staff
- To review the order of submitting appeals, suggestions by the children
- To define a management board composed of children of 12 and older, which will take part in the decision making and management of resources
- To develop regulation of working relations
- To be consistent in calling the employees to liability in case of violence against the children
- To have a second psychologist out of the Children's Home and appoint reception days
- To develop rules regulating relations between the children
- To have a separate evening schedule for children over 16 years old



- To manage the support provided by different godfathers with a 'common' principle