

The gendered impact of corruption in the Albanian health care and tertiary education sectors

*Preliminary research and
needs assessment*



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Executive Summary

International research shows that corruption has a larger negative impact on women than on men (Transparency International, 2010) who enjoy more power, protection, and better access to countervailing strategies. Corrupt practices compromise girls' and women' access to basic services (i.e., education) and to their socio-economic empowerment with a ripple effect on their country's potential for economic and social development.

Both theoretic and empirical evidence highlight that integrating a gender lens into the process of policy making establishes long-term organizational resilience against corrupt acts, whilst promoting improvements in gender equality/equity in countries (UNODC, 2020). The production of gender-specific data on corruption is essential not only to facilitate evidence-based policymaking; it is in fact pivotal in the development of gender-specific approaches to fighting corruption that help to boost the economy, foster the respect for human rights and consolidate democracy. These are key ingredients to reach stability and security. Thus, a "whole-of-society" approach (OECD, 2016) is a political and socio-economic imperative to reducing gender stereotypes, encouraging women to participate in politics and in business ventures, as well as removing once and for all implicit and explicit barriers to gender equality. Moreover, corruption in specific sectors – like education and healthcare – disproportionately affects women, especially those who are economically deprived, because of their greater reliance on state services in these sectors.

This preliminary investigation focuses on the gendered impact of corruption in the health care and tertiary education sectors in Albania by approaching the issue through an intersectional perspective recognizing that women are not a unitary category. Other identity traits, such as socio-economic background, age, religion, or ethnicity can lead to disproportionate and completely different impacts of corruption. Based on in-depth interviews and desk research, this paper explores possible correlations between gender and corruption, specifically in sectors of health care and education.

Health Care sector

The reason why this preliminary effort pursued research in the health care sector is due to the fact that women have specific health needs. Moreover, social factors make Albanian women more dependent on health care services, and therefore more exposed than men to corruption that may exist at this service point. The in-depth interviews reveal that currently there are no institutional barriers against petty bribery in the service delivery of health care where informal cash payments in response to a direct or indirect request by doctors are extremely widespread. The Albanian health care system suffers serious lack of capacities, which is fertile ground for the request of informal payments in exchange for services and the willingness of citizens to resort to unfair means to get the service they need.

Higher Education sector

The choice of examining the gendered impacts of corruption in the higher education sector is based on widespread international evidence that corruption in this sector has alarming implications for women because it hinders future opportunities. The interviews with university students and professors indicate that nepotism in student admissions and staff appointments impacts gender, in the sense that women tend to have reduced opportunities to access sources of influence. How far these practices impact the careers and life opportunities of women staff at universities needs to be explored further in the Albanian context. Even though representative data is lacking, this initial, qualitative research also indicates that sexual extortion or sextortion (in which sex is used as a currency of corruption with severe negative impacts on women) exists in the Higher Education sector Albania.

Findings and recommendations

The fight against corruption in Albania has been primarily focused on strengthening legal measures and the institutional set-up, while the impact of corruption on the population, including on different groups of society, has only been addressed sporadically. This could, in turn, support the government to improve perceptions of corruption alongside important institutional and policy reforms.

An indicative example is the widespread nature of informal payments, especially in health care facilities, that requires action by the state. Informal payments to access public services represent a high economic burden, especially for the economically disadvantaged sections of society. The in-depth interviews and a preliminary assessment of existing reporting mechanisms show that despite the widespread nature of informal payments, especially in health care facilities, existing complaint mechanisms are barely used by citizens, due to a lack of trust in state structures and the belief that reporting would not make any difference. Cultural barriers seem to also play a role. As a matter of fact, the extent to which a crime is reported to the authorities by its victims depends on the perceived gravity of the crime experienced, the faith in the authorities to respond effectively, and the immediate benefit the victim can draw from reporting the crime. Special reporting procedures for women and girls seeking to lodge complaints should be taken into consideration.

In light of the absence of official statistical disaggregated data and in-depth qualitative research on the gendered impact of corruption beyond this research, it is suggested to couple policy reforms that allow for gender sensitive data collection with new research to gather knowledge about drivers, causes and impacts of corruption on the different genders.

New qualitative research could allow for examination of correlations with existing and future statistical data on women's socio-economic background, societal gender roles, social and political inequalities as well as criminal and administrative data on corruption. While national

statistics and global or national surveys are mainly aimed at measuring the magnitude of existing problems or verifying the effects of public policies, qualitative research helps to better understand underlying factors, reasons for behaviours and causal explanations. Therefore, qualitative research can help us to understand better what quantitative data does not reveal on gendered processes and how gender dynamics interplay with accountability, transparency and power structures.

This initial exploration reveals that there is indeed a correlation between gender inequalities and corrupt practices. However, nation-wide expansive research and comprehensive data collection, including from official sources, is required for more conclusive findings. So far, data collection on corruption by state institutions is not disaggregated at a sufficient level, systematized, nor analysed. It is pivotal to build a data management system of official complaint mechanisms that disaggregates data by sex, socio-economic factors, geography, educational level, ethnicity, gender identity, and other factors.

Finally, the interviews suggest that some people are not used to identify gender specific aspects of Health Care or Higher Education contexts, which might be explained by cultural norms about gender equality and equity that impede the identification of certain gendered processes. It is therefore fundamental to explore ways of educating the public to get at the core of gender equality issues as key to the building of a democratic and peaceful society.

To this end, the paper offers recommendations for future study and intervention on the nexus between gender inequalities and corruption. The findings of the desk research and the in-depth interviews suggest that the following topics should be examined in greater detail. The chosen topics also reflect on some key factors of Albania's socio-cultural, institutional, and individual context dimensions, such as societal gender roles, social inequalities and discrimination that influence women's experience with corruption. Further research should focus on the following topics:

- The gendered impact of corruption on different groups of society at the point of service delivery, with a focus on marginalized groups, such as women in rural areas;
- The prevalence of sextortion in universities;
- The gendered impact of nepotism in the higher education sector;
- The gendered impact of grand corruption in health care and higher education, for example as relates to services for maternal and post-natal healthcare; and
- The gendered impact of corruption related to the COVID-19 pandemic.

The tools proposed for the research of these topics include a national survey on direct experiences with corruption, focus groups discussions with different groups of women and men across the country, gender sensitive budget expenditure tracking, health care sector and higher education sector analysis, small-scale projects of investigative journalism and case studies of grand corruption cases in both sectors.

1. Introduction and context

1.1 The gendered impact of corruption

Corruption has negative impacts for society in general, but it typically hits already marginalized groups harder than others (Jenkins, 2020). Research confirms that women and men are affected differently by corruption (Boehm and Sierra, 2015). Even though findings continue to be scarce, there is evidence that the proportion of impacted women is higher than the proportion of impacted men (ibid.). Also, research demonstrates that corruption in different sectors – like education and healthcare - disproportionately affects women, especially those economically deprived, because of their greater reliance on state services (Rheinbay and Chêne, 2016). Given that more women than men live in extreme poverty around the world (World Bank Group 2018), women have less resources to make informal payments, and may be directly excluded from crucial services. The gendered impact of corruption is related to societal gender roles, social inequality, and discrimination. Thus, women’s disadvantages – such as economic limitations and their lower bargaining power in many areas of life - result in greater vulnerability to corruption compared to men, who enjoy more power, protection, and better access to countervailing strategies. Corrupt criminal justice institutions can further exacerbate the problem, rendering women unable to report cases of bribery and other forms of corruption. The cumulative effects of these experiences can affect a woman’s financial independence for a lifetime and have long term consequences on women’s education outcomes, psychological and physical health as well as gender equity. Evidence also indicates that corruption adversely affects long-term economic growth through its impact on investment, taxation, public expenditures and human development. Moreover, it affects the equitable distribution of resources across the population, increasing income inequalities, undermining the effectiveness of social welfare programmes and ultimately resulting in lower levels of human development (Chêne, 2014).

Accordingly, the 2015 Organization for Economic Co-Operation and Development (OECD) recommendation of the Council on Gender Equality in Public Life promotes a government-wide strategy for gender equality reform, mechanisms to ensure accountability and sustainability of gender initiatives, and tools and evidence to inform inclusive policy decisions. It also fosters a “whole-of-society” approach to reducing gender stereotypes and removing implicit and explicit barriers to gender equality. This recommendation provides not only governments, but also parliaments and judiciaries, with clear, timely and actionable guidelines for effectively implementing gender equality and gender mainstreaming initiatives, and for improving equal access to public leadership for women and men from diverse backgrounds. The 2017 OECD recommendations of the Council on Public Integrity prepare the ground for a public integrity strategy, by shifting the focus from reactive anti-corruption policies to a comprehensive, risk-based approach with an emphasis on cultivating a culture of integrity across the whole of society. It is within this framework that the OSCE Presence in

Albania seeks to understand the possible impact of corruption on citizens in Albania, including particular demographic groups such as women, who may be more at risk or feel greater consequences of corruption, in order to inform proactive policy formulation.

Data on Albania shows that unbalanced responsibilities regarding care for family members (EIGE, 2020) on the shoulders of women makes Albanian women more dependent on public healthcare and education services, which can lead to a greater exposure to certain types of bribery. Furthermore, given that Albanian women have lower labour force participation rates and employment rates, and higher inactivity rates due to household responsibilities, the costs of informal payments required to access education or health services represent a higher proportion of income for them, meaning that paying bribes hits them harder than their male counterparts. Given that the percentage of the population living at risk of poverty in Albania is significant, petty bribery and its impact on economically deprived people deserve particular attention.¹

Acknowledging these issues, the OSCE Presence in Albania commissioned one international and one local expert to undertake a qualitative preliminary investigation and needs assessment for future research and policy interventions on the gendered impact of corruption in Albania. Chapter 2 will explain the applied methodology, before chapter 3 presents the reasons for focusing on corruption within two sectors of healthcare and tertiary education, and the existing challenges related to them in general and in Albania in particular. Chapter 4 will focus on the challenges of measuring the gendered impact of corruption in general, and in the Albanian context specifically. The findings of the in-depth interviews that were undertaken with users and service providers from both sectors will be presented in chapter 5, while chapter 6 will present opportunities and needs for future research to gain more in-depth knowledge on the gendered impact of corruption in Albania. Possible indicators that can help to assess gender aspects of corruption in the country will be proposed in chapter 7. Finally, recommendations of gender-sensitive, good governance measures to reduce the impact of corruption in these sectors will be discussed.

1.2 Direct and indirect impacts of corruption

When looking into the impact of corruption, it is important to distinguish between *direct* and *indirect* impacts. Evidence suggests that at both levels of analysis, women suffer more, and differently, than men.

Informal payments to access services are the type of corruption that most *directly* affects individuals and their standard of living. National surveys have shown that for economically

¹ Income and Living Conditions Survey EU-SILC (2018). In 2018, 39.6% of the Albanian female population was at risk of poverty vs. 38.4% of the male population https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Poverty_main_indicators,_2018_CPC20.png

vulnerable sections of society, the costs related to repeated acts of corruption in public service delivery represent a high percentage of their income. As public services that depend on additional payments cannot be guaranteed to those who can't pay the extra money, corruption impedes the universal coverage of public services. The question of which gender is at higher risk of becoming a direct victim of corruption depends on (1) the exposure to corruption risks and, (2) which gender-specific characteristics increase the vulnerability to corruption. The first element depends on which household member has more direct contacts with the public administration. While in many cases men might be more exposed to contacts with the public administration, women may still be proportionally more vulnerable, given that they might be considered easier victims as they have less power because of existing gender inequalities (Boehm and Sierra 2015; UNDP, 2015; UNODC, 2018). It is generally assumed that in societies where women are traditionally the primary caretakers for their families, they are often dependent on specific public services like health or education which makes them more vulnerable to certain types of bribery at the point of service delivery.

Recent research on gender specific forms of corruption has put the focus on sexual extortion, or sextortion, which is one of the most significant forms of gendered corruption (Transparency International 2020; International Association of Women Judges, 2017). According to the International Association of Women Judges (IAWJ) (2008), sextortion is the abuse of power to obtain a sexual favour, in exchange for accessing rights and services, such as education, health, water, licenses and permits for economic projects, visas, and others. What distinguishes sextortion from other types of sexual abuse is that it has both a sexual abuse component (request to engage in a sexual activity) and a corruption component (person abuses position of authority to request or accept a sexual favour). Despite the harmful consequences of sextortion, most anti-corruption legal frameworks, including the Albanian Criminal Code, do not explicitly criminalize forced sexual acts as a form of bribery, abuse of authority, or corruption. Even when anti-bribery laws could be used to include sextortion, in practice this rarely occurs, due to perceptions of corruption as a financial crime (ibid.,2017). Due to widespread shaming and victim blaming and the fact that most legal frameworks are ill-equipped to process sextortion, it is a form of corruption that is significantly underreported, and victims worldwide continue to find it difficult to obtain repair.²

It is important to acknowledge that not all women are equally impacted by corruption. Some categories or groups of women are more vulnerable than others and are likely to be more adversely affected by corruption than those that are less vulnerable. Recent research shows that marginalization can exacerbate the effects of corruption, making it even more difficult for groups exposed to discrimination to access public services (Bullock and Jenkins 2020).

² According to the Global Corruption Barometer (GCB) in Latin America and the Caribbean and in the Middle East and North Africa, 1 in 5 people experienced sextortion or knew someone who had. 71% of respondents believed that sextortion occurred at least occasionally. While a GCB including questions on sextortion is planned for EU countries in 2021, it is not foreseen to be conducted in Western Balkan countries.

While corruption typically affects all disadvantaged groups disproportionately, it does so in unique ways, depending on legal, socio-economic and institutional factors. The costs of corruption can be cumulative, as an individual suffering multiple marginalisation may be even more exposed to different forms of corruption. Therefore, it is important that an analysis on the gendered impact of corruption incorporates an intersectional perspective that takes into account different identity categories - such as socio-economic background, age, religion, ethnicity, among others - that can lead to disproportionate impacts of corruption on women. This aspect is considered to be of particular relevance for the future research needs on the gendered impact of corruption in Albania.

The *indirect* impact of corruption results from *grand corruption*. Through grand corruption, vast amounts of public money are systematically siphoned off to the accounts of a few powerful individuals, at the expense of citizens who should actually benefit. Grand corruption typically involves a systematic or well-organized plan of action involving high-level public officials, and it causes serious harm, usually resulting in higher prices, lower quality services and even deprivation of basic rights and services. It leads to underfunding in infrastructure, health care, education and other sectors, and may even put lives at risk through products of inferior quality and poorly constructed facilities. Like any act that threatens social welfare, grand corruption generates individual, collective and social victims. Anti-corruption practitioners worldwide have only recently started to put more focus on the social impact of grand corruption and the damage that it creates for different groups. Grand corruption clearly implies the existence of victims who should be recognized as such. However, while reparation is addressed in many areas where the damage suffered is collective - such as environmental damage, human rights abuses or consumer protection - to date the collective damage suffered by victims of corruption has been rather neglected. In the past, emblematic grand corruption cases have usually placed their focus on the identification and punishment of the culprits, and not on the harm suffered by those affected.

2. Methodology of the study

This research employs an exploratory methodology of a qualitative nature and combines in-depth interviews with the collection of primary data through desk research regarding available data on the gendered impact of corruption in Albania.

It is worth noticing the limitations of this research, which investigates a vastly unexplored and culture-laden realm of the Albanian social landscape. In full respect of cultural differences and perceptions of integrity, gender and power inequalities – all of which can be highly subjective – the study exercised caution largely because of ethical concerns when discussing personal issues with the selected interviewees for the first time. The study acknowledges well-known distinctions drawn between legal requirements and ethical codes of conducts (Tuhiwai Smith, 2008) and appreciates that the individuals involved in the investigation not only granted

informed consent but agreed to share their own personal knowledge of sensitive, and often personal, matters. To this end, and cognisant of the discomfort that personal and culturally loaded questions may provoke, it was decided to begin the investigation with a limited number of interviewees. Social norms, perceptions and cultural predispositions that may suggest a certain degree of denial of gender-based discriminations at an individual-level were considered during the study. Further in-depth analysis would be needed to assess whether such reactions are to be considered as coping mechanisms that may perpetuate gender inequality factors (Napier, Suppes and Bettinsoli, 2020). Hence this preliminary investigation aims at providing not only viable recommendations but raising awareness on the need to engage in further explorations.

2.1 Desk research

The desk research aimed to get an overview on the existing data and research that could help to better understand how corruption affects the genders differently in Albania and to identify research and data gaps. With a view of obtaining information on existing policies and data, different state institutions were contacted, including the Co-governance platform, the High Inspectorate for the Declaration of Assets and Conflict of Interest (HIDAACI), the Ministry of Health and Social Protection, the Ministry of Education, and the Ombudspersons Office. In order to assess shortcomings and challenges of both sectors, data of complaint and whistleblowing structures was gathered, as well as statistical data on women, poverty, the health care sector, and the tertiary education sector. This data is also relevant as it could be correlated with future findings of qualitative research and serve as a basis for the development of indicators that quantify the impact of gendered corruption in both sectors. While it was possible to make a preliminary assessment of the Co-governance platform, including its functioning and the level of data disaggregation, this was not the case for the whistleblowing structure and the Ombudsperson's complaint mechanism due to the limited data provided.

Moreover, the desk research included reports of the Ombudsperson, reports of international organizations, such as the United Nations (UN) monitoring mechanisms, projects implemented in the area, European Commissions Annual Reports, as well as reports on measurement tools and evidence of gender and corruption from a global perspective.³

2.2 Qualitative research/ in-depth interviews

The objective of the in-depth interviews was to (1) understand how corruption in the health care and tertiary education sectors is experienced by women and men in Albania; (2) document beliefs and perceptions of users and service providers that underlie the practice of

³ For an overview of documentation of the desk research please see list of literature/references.

informal payments; (3) find out at which points of the procedures the informal payments take place and the reasons for those payments; (4) assess the likelihood of reporting bribery incidence to relevant authorities and identify impediments to reporting for women in particular; and (5) identify future research needs to get a better understanding of the gendered impact of corruption in these two chosen sectors.

In total, 22 in-depth interviews were conducted from November 2020 to January 2021, with a selection of women and men, as well as service users and providers from both sectors. Ten interviews were held with stakeholders from **the Health Care sector**, out of which six with patients and caregivers (four female, two male), and four with health care providers, out of which three were doctors (all female) and one nurse (female). In the **Education sector**, nine interviews were conducted, out of which four interviews with professors (two male and two female), and five with students (two female and three male).

Interviews were also conducted with the General Directorate for Policy and Development of the Ministry for Health and Social Protection, the Ministry of Education and the Chair of the Co-governance platform.

On the basis of the desk research and in-depth interviews, a needs assessment for future research in the area of gender and corruption was undertaken, preliminary indicators were developed, and policy recommendations were formulated.

3. Corruption in the Health Care and Education Sectors

This section examines corruption in the Health Care and Education sectors in general, and the relevance of analysing gender in these sectors, before offering a specific examination of corruption in these sectors in Albania.

Corruption in Health Care and Education can occur at different levels, including regulation, budget and resource management, procurement, human resource management and service delivery. At the policy-making level, undue influence by individuals, firms or interest groups may lead to administrative bribery, political corruption and even state capture. Public policy decisions can be bought to suit the interests of powerful elites, with private actors trying to influence the formulation of laws and regulations with the aim to allocate funds to benefit a particular societal group at the expense of others. Procurement processes can be confronted with diversion of resources and private service providers that bribe procurement officials to secure contracts. Public officials can favour friends, relatives or their own companies in awarding government contracts. At the contract implementation stage, suppliers can use fraudulent or lower quality equipment or material in infrastructure projects or supplies to increase their profit margin at the expense of intended beneficiaries, or there can be lack of supervision or oversight between officials and contractors, impacting the quality of public

goods and services. Nepotism can affect the management of recruitments and promotions which can result in oversized and underqualified civil services, with distorted incentive structures and poor work ethics that ultimately undermine the goal of providing efficient and accountable public services to all. Corruption at the point of service delivery often takes the form of bribery by low- and mid-level public officials in their interactions with citizens, where citizens are expected to pay bribes to access basic services. This type of corruption can be driven by low wages and poor working conditions and contribute to poor patient perception of public services.

3.1 The link between health, gender and corruption

Health systems are particularly susceptible to corruption due to large-scale public investments and a large number of public and private providers, which makes it harder to establish effective accountability systems. Analyses of the health sector indicate that public expenditure tends to disproportionately benefit the rich in a majority of countries (OECD, 2012). It is common, for example, that priority is given to tertiary hospitals using costly equipment while smaller primary care clinics may be left out. This could be the result of officials being influenced to allocate funds to benefit a supplier or to benefit a particular group. Consumers on their side cannot regulate this sector through their choices, as patients are often not in a position to choose the best care due to a public service delivery monopoly, distance, limited availability or high cost of private care. Service delivery processes are often delivered by a complex mix of private and public entities and pass various levels of government with weak oversight and accountability mechanisms. The existing asymmetry of information on the providers' side, where health professionals have specialized knowledge about their patients' health that is not easily available or understandable for patients – also puts patients in a vulnerable position. Asymmetry of information of pharmaceutical companies can also affect doctors' decisions related to prescriptions, as pharmaceutical companies know more about their products than the doctors. This asymmetry of information makes it difficult to fully monitor the actions of different actors, to hold them accountable and to detect and assign responsibility for abuses.

The consequences of corruption in health care on people's lives are immense. Empirical evidence shows that corruption reduces immunisation rates, delays the vaccination of newborns, discourages the use of public health clinics, reduces public resources available for medical equipment, drugs, and salaries; distorts health policies; denies citizens access to hospitals, medicines and qualified staff; and undermines efforts to combat major health challenges with negative effects on mortality rates, life expectancies at birth, and control of epidemics and disease (Chene, 2017). Strategies for reforming health care systems to reduce corruption include, among others, adequate remuneration of health care workers; adequate funding and management of the public health care system; community, public, and social accountability; and the strengthening of institutions outside the health care sector.

Undertaking research on the gendered impact of corruption in a sector so prone to corrupt practices such as the health system is relevant for a number of reasons:

1. The health care sector is a highly gendered sector: Research in the area of medical sociology on women and health has shown that health care systems are deeply gendered, and often impact men and women patients differently. Empirical evidence shows that men and women patients presenting the same symptoms received different diagnoses and treatments. For example, medical sociologists have argued that patterned differences in the treatment of men and women may contribute to women's greater mortality from heart attacks (Anspach, 2010). Furthermore, it has been stressed that the highly sex-segregated nature of the professional division of labour demonstrates that recruitment into medicine continues to have ascriptive elements. While men continue to be overrepresented as doctors representing the top-end of the medical hierarchy, women are overrepresented as nurses and administrative support.⁴ Scholars have also noted that the communication between patients and doctors is a highly asymmetrical and gendered process. Such communication dynamics could be confirmed through the interviews undertaken for this research.
2. Women have specific health needs as compared to men: Women are exposed to higher and differentiated health needs in their reproductive years, which includes higher risks because of more frequent and potentially more dangerous interventions than men. The dependency on health services during reproductive years puts women at particular risk when corruption becomes pervasive in healthcare systems. Where corruption reduces the health budget, the provision of women's health services may be especially vulnerable because of the high cost and particular needs of women's health during pregnancy and delivery. In addition to the specific situation of women in their reproductive years, and even though women live longer than men, they spend fewer years in good health (Rieker, 2010). Women are more likely to present invisible illnesses and disabilities which are not recognized by the healthcare system or studied by academics. These include depression, eating disorders, disabilities related to home accidents and sexual violence.⁵ Research also found that social factors - such as abuse during childhood, violence at the hand of partners, and the social experience of

⁴ The gender composition of doctors is however changing. The share of female doctors increased in all OECD countries. The share of female doctors grew from 29% in 1990 to 38% in 2000 and 46% in 2015. Nonetheless, female health workers remain underrepresented in highly skilled occupations, such as in surgery. Although the number of female doctors in European hospitals and in medical schools has risen, men dominate the profession with their presence and ideology thus making it logistically difficult for female counterparts to thrive, especially if they have a family to tend. In most EU countries female doctors are often found working on a part-time basis in specialisations that allow them to cope with all their responsibilities. OECD (2016).

⁵ EIGE (2016). Gender and Health. <https://eige.europa.eu/publications/gender-health>.

motherhood - may play an important role in women's health. Further, gender role conflicts, total workload, and unpaid work have potential adverse effects on women's wellbeing and long-term health (EIGE, 2016).

3. Women are the primary care takers of children and sick family members: While some health conditions are determined by biological differences, others are the result of social gender roles shaped by norms about femininity and masculinity, and power relations that privilege men. As women are the primary providers of homecare and are less empowered to demand accountability and claim entitlements, they are particularly impacted by the consequences of expensive, inaccessible or unsafe health products and services. In addition, there are special categories of women that are at even higher risk. For instance, gender pay and pension gaps put older women in particular at risk of poverty and social exclusion, creating barriers to health services. At the policy design level, women have fewer opportunities to inform policy makers of their needs to demand better service provision. As a consequence, public services and spending may be resourced by men in a gender-biased manner.

3.2 The link between education, gender and corruption

Corruption risks in the higher education sector are broadly similar to that of the health sector, though the amounts of public funds tend to be on a smaller scale. Education is a high stakes endeavour, valued by both governments and parents, who recognize that education outcomes determine the futures of individuals and the nation. This creates incentives for providers of education services to demand bribes, and for parents and students and other users of the system to pay up in order not to miss opportunities. Corruption occurs in procurement of goods and supplies, diversion of university or research funds, or corruption in licensing and accreditation. The management of organizational resources may face risks of embezzlement, bribery for teaching positions, or favouritism and nepotism in hiring practices. Point-of-service corruption in higher education is common, particularly through bribery for professor placements, student admissions, access to tutoring and passing exams. There are several reasons why research on the gendered impact of corruption in the higher education sector is of particular importance:

1. Nepotism is a form of corruption through which women can be impacted differently than men. There is evidence that more women than men are negatively impacted through nepotism and favouritism in the recruitment and promotion of academic staff at institutions of higher education (Kirya, 2019). Given women's societal roles in many countries and their reduced opportunities to access sources of influence, making them less likely to get involved in nepotist practices, it should be examined how far the

practice of nepotism impacts the careers and life opportunities of women staff at universities;

2. Being often poorer than men it is often assumed that there are gender differences in the economic burden of informal payments to access universities and that informal payments represent a higher proportion of income for women;
3. Corruption in education hits women in poor households even harder, as intra-household allocation of education might mean that resources for informal payments are reserved for sons rather than daughters; and,
4. A specific form of gendered corruption in the higher education sector that has recently come under focus is sextortion, mainly of female students, faculty, and staff by males. However, representative data as well as awareness of this form of abuse is still lacking in most countries.

3.3 Anti-corruption policies and corruption in Albania

For more than two decades, the fight against corruption has been a priority in the political agenda of Albania. Successive governments have taken key steps to fight corruption, in part because of commitments deriving from the European Union (EU) accession process and the subsequent need to adapt national legislation to the Union *acquis* and European standards. Recent reforms include amendments to legislation on asset declarations, Code of Conduct for Members of the Parliament, amendments to the Law on Public Procurement, new legal measures related to anti-money laundering, as well as the establishment of a new institutional investigation chain to address high-level corruption cases, and vetting of all prosecutors and judges, aiming to strengthen the integrity of the country's preventive and suppressive anti-corruption system.

While a gender perspective has been integrated into various policy processes and strategies in other sectors, this has not been the case for anti-corruption policies. The external Mid-Term Review (MTR)⁶ in 2019 of the Intersectoral Strategy Against Corruption 2015-2020 stressed the need to mainstream gender issues in anti-corruption strategic documents and to include possible negative impacts based on gender. In order to integrate gender aspects in a meaningful way into anti-corruption measures, more research on the gendered impact of corruption is needed. In this regard and given the general assumption that in societies where women are traditionally the primary caretakers for their families, as is the case in Albania, the OSCE Presence's decision to initiate research on the gendered impact of corruption on in the

⁶ At the request of the Ministry of Justice in 2019, the OSCE Presence in Albania conducted an external mid-term review (MTR) of the Inter-Sectoral Strategy against Corruption 2015-2020 (ISAC) and its related Action Plans, covering 2015 through 2018. The MTR served to assess implementation of the ISAC and its contributions to reduce corruption in Albania, in order to inform the strategy's revision or adoption of a new strategy beyond 2020.

education and health care sector has the potential to bring important results to the political agenda. The fight against corruption in Albania has been primarily focused on strengthening legal measures and the institutional set-up, while the impact of corruption on the population, including on different groups of society has only been addressed very sporadically. It remains therefore important to show the impact that corruption has on different sections of society to illustrate the immense damage it has on individuals, as well as the negative impact on the country's economic development as a whole.⁷

Despite efforts to create a legal framework and transparent and accountable institutions to reduce corruption and increase government accountability in Albania, significant problems persist, and the number of prosecuted or convicted high-level corruption cases remains very low, with 246 final convictions involving junior or middle-ranking officials in 2019 (289 in 2018) of 2,257 referrals to the prosecution (2,126 in 2018).⁸ Surveys indicate that citizen trust and confidence in political institutions and in democratic processes remains low (IDM/UNDP, 2019). The lack of trust in public institutions was also evident throughout the interviews conducted for this research.

In addition to high levels of perceived corruption,⁹ a significant part of the Albanian population sees itself obliged to engage in acts of petty bribery in order to access public services that should be free of charge or included in taxes.¹⁰ Bribery in the form of small payments plays a devastating role, and especially hits the poorer sections of society, as repeated acts of corruption in public service delivery represent a high percentage of poor families' income. The last dedicated survey on direct experiences conducted in Albania revealed that more Albanian women paid bribes than Albanian men (21.3% vs. 17%).¹¹ The survey also found that 71% of citizens who paid bribes paid them to doctors, and 47% to nurses. These findings indicate that there is a specific gendered and socio-economic impact of bribery in Albania, and that further research is needed to gain more disaggregated data and to better understand existing causalities. However, these numbers have to be treated with caution, given that the survey dates back to 2011.

⁷ Building on the 2003 OSCE Strategy Document for the Economic and Environmental Dimension, the OSCE commitments call on participating States to rethink development towards more inclusive and sustainable approaches with regard to promoting the equal rights of men and women to equal opportunities and participation in the economic sphere. The commitments acknowledge that *“deepening economic and social disparities, [...] widespread poverty and high unemployment are among the factors that contribute to global threats”* and suggest to promote human capital development through quality education and lifelong learning; ensure equitable working conditions and economic empowerment; and support effective legal migration policies and labour mobility. See: <https://www.osce.org/occea/446254>

⁸ European Commission (2020). [Albania 2020 Report](#). Commission Staff Working Document.

⁹ According to Transparency International's Corruption Perception Index 2020, Albania ranked 104 out of 180 countries with a score of 35/100; see: <https://www.transparency.org/en/countries/albania>.

¹⁰ According to Transparency International's Global Corruption Barometer 25% of public service users in Albania paid a bribe in the previous 12 months to the survey, see: <https://www.transparency.org/en/gcb/europe-and-central-asia/europe-central-asia-2016>.

¹¹ UNODC (2011). [Corruption in Albania: Bribery as experienced by the population](#).

3.4 Health Care in Albania

Albania has put in significant efforts to improve legislation related to equal access to healthcare, both in general, and related to sexual and reproductive health in particular, providing special support and health services specific to women, mothers and children. The principle of equal treatment is enshrined in laws related to health care (European Parliament 2020), and improvements have also been made to the legal framework for peri-natal health care, and through guidelines in relation to care of mothers and new-born children. However, there remain several issues to bring the legal framework in line with best international standards, such as the need for the legislation to provide for free service for children up to 18 years old, support to mothers for breastfeeding, free healthcare prior to abortion or follow-up procedures, screening and preventative examinations in early pregnancies, mental health screening, screening of women for cancers of the reproduction system, among others.

The National Health Strategy (2016–2020), the strategic document and action plan for sexual and reproductive health (2017–2021), the national action plan for contraceptive security (2017–2021) and the national action plan on health promotion (2017–2010) provide a strategic framework to the sector. In the National Strategy on Health (2016 – 2020), existing health inequalities are analyzed from a gender sensitive perspective and it is stressed that key parameters to assess health inequalities and health services in the Albanian context include demographic, socio-economic and gender indicators.¹² The Albanian Strategy for Health monitors the indicator on out-of-pocket spending (OOPS). OOPS is a payment by households directly to providers to obtain services and health products. It includes private transactions (individual payments to private doctors and pharmacies), official patient cost-sharing (user fees / co-payments) within defined public or private benefit packages, and informal payments (payments beyond what is prescribed within benefit entitlements, both in cash and in kind). Thus, OOPS includes informal payments/bribery as well as private healthcare services.

In spite of the comprehensive institutional and policy framework for health, concerns remain in the implementation of laws, strategies and policies. A lack of adequate and sufficient financial support and adequate infrastructure, as well as weak institutional capacities for providing health services resulting in low quality and limited services has been noted in different assessments and reports. Public expenditures in the Albanian health sector represented around 10% of the total public spending in 2019 and around 3% of total GDP (EU average was 7.0% of GDP in 2019) (Eurostat, 2021), which is lower than that of countries with similar levels of income, and with disproportionately low resource allocations to primary health care, especially in maternal and child health.¹³ While in EU countries on average nearly

¹² [Albanian National Health Strategy 2016-2020](#), p. 12.

¹³ Neonatal mortality (6 per 1,000 live births), under 5 mortality (9 per 1,000 live births) and infant mortality rates (8 per 1,000 live births) remain high.

EUR 3000 was spent on the health of each citizen in one year in 2017¹⁴, this number was around EUR 250 per citizen in Albania.¹⁵ Albania has 12 doctors per 10,000 inhabitants, which represents the lowest number in Europe (WHO, 2018). The number of hospital beds relative to the population size is 377 per 100,000 inhabitants in Albania, compared to 509 beds per 100,000 inhabitants for the EU average.¹⁶

A number of sources report significant shortfalls in human resources in hospitals, especially in rural areas, due to migration of general practitioners and specialists, and a considerable shortage of diagnostic and treatment equipment, as well as shortfalls in drug supply. Emergency obstetrical services have been reported to be limited or absent in small districts. Opinion polls indicating low trust in the health care system¹⁷, audits undertaken in the health sector by the High State Audit that discovered economic damage¹⁸ and the complaints on health services received by the Ombudsperson in 2019 mainly refer to low standard medical treatment, long waiting lines, lack of medicines, medical protocols, and limited availability of physicians and nurses¹⁹ give proof of the immense challenges faced by the sector. During roundtables in 2017 on access to health in the regional Ombudsperson offices, participants stressed lack of available doctors and nurses in remote villages, poor condition of facilities, lack of necessary supplies, and slow response in emergency situations as the most concerning issues. Most felt the problems were due to poor planning and management of the overall health system and corrupt practices at the central level resulting in less resources being available to areas outside Tirana. The desk research shows that overall, considerable differences exist between the quality of services between urban and rural areas, contributing to an added influx of patients addressing hospitals in Tirana.

3.5 Gender, health care, and corruption in Albania

Albanian women are particularly dependent on the health system due to specific health conditions, as well as their role of primary care givers for children and family members. Although life expectancy at birth is on average higher for Albanian women than men (80.5 years vs. 77.4 years), women in Albania on average live shorter healthy lives than men (51.9 years vs. 54.6 years). This is despite the fact that women are exposed less to some of the key health risk factors, such as smoking or harmful drinking (EIGE, 2020).

Existing data on postnatal checks of mothers and new-borns clearly show the lack of capacities in Albanian hospitals. An INSTAT survey from 2018 found that one quarter of

¹⁴ Eurostat. [Healthcare expenditure across the EU](#).

¹⁵ <https://balkaninsight.com/2018/08/01/drugs-and-data-essentials-missing-in-albania-s-breast-cancer-fight-07-31-2018/>

¹⁶ Eurostat (2019). Key figures on enlargement countries.

¹⁷ Trust in Governance Opinion Poll (2019). This poll found that 48% of Albanians do not trust the healthcare system.

¹⁸ In 2017, the economic damage resulting from six audits conducted in the health sector institutions was 54,585,000 Lek. (USAID project report)

¹⁹ Ombudsperson 2019 Annual Report. 35 complaints related to health care were made in 2019.

women (24%) did not have their postnatal check less than 4 hours after delivery, 12% did not receive a postnatal check during the first 2 days after birth, and 6% of mothers did not receive any form of postnatal check. The data also shows that access to postnatal checks is directly associated with education and household wealth: 71% of women with primary 4-year education or less had a postnatal check less than 4 hours after delivery, compared with 81% of women with a university or post-graduate education.²⁰ The data on post-natal checks are significant indicators for the gendered impact of corruption in health care, as the lack of adequate capacity in healthcare services around childbirth represents a fertile ground for corruption as it leads citizens to resort to unfair means to get the service they need and health care providers to request informal payments. The shortcomings of Albania's healthcare system also affect other specific health needs of women, including the lack of sufficient drug supplies for breast cancer patients, and the lack of proper cancer registries.²¹

In addition to specific biological needs, Albanian women's social role makes them dependent on health care services to a greater extent than men. Albanian women are primary care givers for children and family members: while 51% of Albanian women report that they care for children, grandchildren, or elderly, only 24% of men in Albania report having this role.²² The negative impact of informal payments in the health care sector becomes particularly acute for women that lead single mother households with children. In Albania, 13.7% of households are headed by women, the number of women living alone is 2.4 times higher than men's, and the number of women living alone with their children is higher than the number of men under the same conditions for all age groups (INSTAT, 2019). The Gender Equality Index 2020 (GEI) for Albania revealed very unbalanced responsibilities regarding care for family members (EIGE, 2020) on the shoulders of women. This means that Albanian women are more dependent on public healthcare and education services. This dependence can lead to a greater exposure and vulnerability to certain types of bribery. Furthermore, given that Albanian women have lower labour force participation rates and employment rates, and higher inactivity rates due to household responsibilities, the costs of informal payments required to access education or health services represent a higher proportion of income for them, meaning that paying bribes hits them harder than their male counterparts. Given that

²⁰ Following a similar pattern, 67% of women in the lowest wealth quintile had a postnatal check compared with 85% of those in the highest quintile. Half of the newborns (53%) in urban areas received a postnatal check in the first hour, compared with 23% of newborns in rural areas. Postnatal checks for babies are also closely associated with the mother's education and wealth: 18% of newborns in the lowest quintile were checked in the first hour after birth, compared 58% of newborns in the highest quintile. Slightly more than half (51%) of the newborns were checked during the first two days after birth by a nurse or midwife, 30% were checked by an obstetrician or gynecologist, and 5% were checked by a family doctor. 14% of newborns were not checked in the first 2 days after birth. Very large geographical differences can be observed with postnatal checks of babies. While only 5% in Dibër received postnatal checks of babies in the first hour, more than 50% of women in Tirana received postnatal checks in the first hour.

²¹ Kita, E. (2018). [Drugs and Data: Essentials Missing in Albania's Breast Cancer Fight](#). BIRN Albania.

²² Albania Gender Equality Index (2019), p. 18.

the percentage of the population living at risk of poverty in Albania is significant, petty bribery and its impact on the poor deserve particular attention.²³

As shown through the in-depth interviews (Chapter 5), informal cash payments are a common feature in the health sector. The above-mentioned INSTAT survey 2018 revealed that 34% of women aged 15-49 reported at least one problem in accessing health care for themselves, and the most frequently mentioned problem was getting money for treatment (25%) - followed by distance to the health facility (14%) and not wanting to go alone (13%). Women in rural areas had a higher proportion of reporting at least one problem in accessing health care (45%) than women in urban areas (26%).²⁴ The survey also showed that household wealth strongly determined the existence of serious problems preventing access to health care: 62% of women in the lowest wealth quintile mentioned at least one serious problem compared with only 10% of women in the highest quintile. Education was also an important factor according to the survey results. While 66% of women with a primary 4-year education or less reported at least one serious problem, only 15% of women with a university or post-graduate education did so.²⁵ The survey also showed that the proportion of births occurring in private health facilities tends to increase with the mother's education and household income. Both data sets – the one on problems accessing healthcare and the one on postnatal checks find that wealth and education are determining factors.

Women's organisations in Albania stress that barriers to health care and sexual and reproductive health services particularly affect the rural women, as well as women from other vulnerable groups, such as Roma women, elderly, or women with disabilities. The physical distance to health services is often aggravated by the anticipation of negative interactions with health services due to unprofessional attitudes, traditional patriarchal views on gender roles and conservative attitudes towards women's sexuality, biased and discriminatory attitudes from the health personnel, as well as informal payments. Also, lack of awareness among disadvantaged women on their sexual and reproductive health rights, availability of health care and the importance of preventive and regular screenings related to sexual and reproductive health contributes to limited access.²⁶

3.6 Higher Education in Albania

Though Albania has improved access to education and learning outcomes in the last two decades, learning levels remain among the lowest in Europe, and the sector is characterized

²³ Income and Living Conditions Survey EU-SILC (2018). In 2018, 39.6% of the Albanian female population was at risk of poverty vs. 38.4% of the male population https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Poverty_main_indicators,_2018_CPC20.png

²⁴ Population survey INSTAT: Accessing health care.

²⁵ Institute of Statistics, Institute of Public Health (2018). [Albania Demographic and Health Survey 2017-18.](#)

²⁶ UN Universal Periodic Review; Shadow report CEDAW (2016). Actual situation and the problems identified by NPOs. Stakeholder Submission 7; prepared by CSOs and women's organisations, listed most important problems of Albanian women in the field of health. CEDAW Committee (2016). Concluding observations on the fourth periodic report of Albania.

by low funding and limited capacity (OECD, 2020b). Government expenditure on education as a percentage of GDP was 3.1% in 2017, with an average of 3.4% between 1994 and 2017, and it represented 12.3% of public spending in 2017. As a comparison, the world average for public spending on education in 2017 based on 116 countries was 4.4% of GDP, and the world average of spending on education as a percentage of public spending was 15%. In 2015, EU-28 public expenditure on education was equivalent to 5.0% of GDP (INSTAT, Enlargement countries, 2019).

Tertiary educational attainment in Albania was less than one quarter (23.5%). In the EU-28, this ratio stood at 39.9% in 2017. Enrolment at the tertiary level in Albania fell from 66% in 2014 to 55% in 2018, being in part due to the closure of private universities awarding a high volume of reportedly low-quality degrees, as well as migration outflows driven by the pursuit of education and career opportunities abroad. Enrolment rates in tertiary education indicate large gaps between females (60%) and males (40%) in 2018. The ratio of graduates in tertiary education in 2019 was 66.4% female and 33.6% male.²⁷

Gender differences exist as regards the fields of study. While 44.3% of females in Albania study in the fields of teaching/educational sciences, health and welfare, humanities and arts (which are less paid than other fields where men usually work), men represent only 21.4% in these fields. The fields of study in which more females graduate are business administration and law (27%), health and welfare (17%), educational sciences (14%) and arts (14%). Most males graduate in business administration and law (30%), engineering and construction (15%), and health (13%). While only 4% of males graduate in educational sciences, 5% of females graduate in engineering. The comparison in the study field indicates that the field mostly dominated by females is that of educational sciences (85%), followed by health and welfare (73%), and social sciences (71%). The field of services is the one mostly dominated by males in higher education (71%), followed by engineering (62.6%), agriculture (59.7%) and information technology (52.5%).

Even though the ratio of female graduates is higher compared to male graduates, higher academic positions are occupied by men. Data from the Rectorates of Public Universities indicate that there is only one female Rector. This data is relevant in so far as potential corruption related to hiring and promotion in the higher education sector (see section on interviews in the education sector) might have an impact on the employment situation of women within higher education.

The desk research on corruption complaints has shown a general lack of information on exposure to corruption within higher education institutions in Albania. In 2019, the Ombudsperson handled 53 complaints in the field of education. The scope of these

²⁷ INSTAT (2020). [Graduation Statistics](#).

complaints was mainly: non-exclusion of needy students from tuition fee, non-reply from the Ministry of Education, Sports and Youth (MoESY), administrative issues involving university staff and administration officials, alleged breach of equality principle in employment and transfer of teachers. According to a survey undertaken by the Friedrich Ebert Foundation in 2018, 73% of the surveyed students claimed that corruption was present in their university, while 19% of the students did not give an answer, arguing that they have no evidence of the presence of the phenomenon and only 8% denied its presence.²⁸

4. Measurement of the gendered impact of corruption

4.1 Existing data challenges for the gendered impact of corruption

The illegal and hidden nature of corruption makes its measurement particularly complicated. Corruption data usually comes from (1) direct observation, such as complaint mechanisms, law enforcement records (police, prosecutors, courts, anti-corruption agencies), or audit reports, from (2) perception surveys (public opinion surveys, expert assessments),²⁹ or from (3) surveys on direct experiences of citizens. In official statistics, corruption tends to remain under-reported. While measurement of corruption as such is already a big challenge, data collection on the *gendered* impact of corruption is even more difficult.

Complaint mechanisms are an important source to get insight into existing patterns of corruption and can – if designed with a gender perspective – also allow for conclusions on the gendered impact of corruption. An analysis of the differentiated impact of corruption on men and women requires national statistics to be disaggregated and systematized by sex and other socio-economic factors, which however, is often not the case. In addition, most official complaint mechanisms do not function in a way that gives sufficient trust to female citizens to report corruption. A gender perspective in complaint mechanisms would require capacity building of complaint mechanism staff that applies a victims-based approach and uses inclusive language, the offer of online platforms that make filing complaints easier, as well as mobile units that reach out to remote and marginalized communities, among others.

While data collected by states most often does not give sufficient insight into the (gendered) impact of corruption, surveys on direct experiences can yield results on the magnitude of corruption, its modalities and the sectors, positions and administrative procedures more at risk, as well as its differentiated impact on different groups in society. Policies formulated based on survey data can be more nuanced and responsive to the complex relationship

²⁸<https://www.fes-tirana.org/e/the-civic-resistance-announces-monitoring-findings-73-of-students-admit-corruption-in-universities/>

²⁹While perception-based indicators are useful for raising awareness about corruption and help to advocate for policy measures, they fail to provide findings on the real extent of corruption.

between corruption, gender, culture and context. The most prominent survey on direct experiences of corruption is Transparency International's Global Corruption Barometer (GCB). The 2019 GCB shows that as primary caretakers for their families, women are often dependent on public services, which makes them more vulnerable to certain types of bribery. The GCB 2019 also reveals that women are more likely to pay bribes for health services and public-school education, while men are more likely to pay bribes for police, utility services and identity documents. Furthermore, the GCB shows that women are less likely to report corruption, because they are more afraid of the consequences. Other research indicates that in many countries, women's lack of political and economic leverage, as well as lower levels of literacy and awareness of their rights and entitlements reduce their ability to demand accountability (Divjak, 2020).

Even though global surveys, such as the GCB, are extremely useful to show overall trends, they usually fail to provide sufficient disaggregated data, on the basis of which public policies could be formulated. Often, in global surveys, the size of the sample by country is too small to allow for a proper analysis by country taking into account gender or other factors. National surveys on direct experiences of corruption with bigger samples are therefore an important tool to gain more in-depth knowledge that can be useful for policy formulation.³⁰

While national statistics and global or national surveys are mainly aimed at measuring the magnitude of existing problems or verifying the effects of public policies, qualitative research helps to better understand underlying factors, reasons for behaviours and causal explanations. Such qualitative research can include specific sector analysis as well as tools that allow for more in-depth discussions with targeted communities, such as focus group discussions.

For a better understanding of contextual factors that create favourable environments for a differentiated impact of corruption on men and women, as well as to formulate future research needs in a given country, it is also necessary to assess statistical population data and population survey data in a broader sense. Having in mind the severe impact that corruption has specifically on poorer and less educated women, it is important to look into statistical figures reflecting indicators related to demography, poverty, geography, educational background and other socio-economic factors. In addition to the population data, more gender disaggregated data relevant to these different sectors is needed.

In spite of challenges of measuring the gendered impact of grand corruption, there are arguments that support the assumption that women do suffer more from the indirect effects of corruption. Given that women are more likely to have less income, the relative impact of higher prices is greater for them than for men. Also, given that the poor sections of society

³⁰ One example of a national survey that includes questions on sextortion was conducted by Transparency International's National Chapter in Peru. Proetica (2019). [Encuesta Nacional sobre percepciones de la corrupcion en Peru.](#)

are more dependent on public services that are often depleted by corruption suggests that women might be impacted harder by grand corruption. Measuring the indirect gendered impact of corruption caused through grand corruption is more challenging. Even though, there is clear evidence that the reduction of public resources and services significantly impacts women's development, *quantifying* this impact is difficult. One possibility to estimate the gendered impact of grand corruption are case studies that assess detected corruption cases in sectors of particular relevance for women. Such an analysis could yield an estimation of the impact of *one* particular grand corruption case and its impact on the victims. However, the question of how grand corruption affects men and women differently *overall* remains a question that goes beyond the scope of this research assignment.

There are other analytical tools than those that attempt to *measure* corruption based on an assessment of contextual factors that contribute to corruption. Such assessments (risk and sector analysis) aim to describe the characteristics of a given context, such as the legal, institutional, and social frameworks that facilitate or discourage corruption, as well as the broader political economies and social norms that drive corrupt practices.

4.2 Measuring the gendered impact of corruption in Albania

In Albania, administrative corruption data from criminal statistics, complaint mechanisms, as well as survey data on direct experiences of corruption is scarce. Available criminal statistics are not disaggregated by sex³¹, nor do existing complaint mechanisms give insights into the gendered impact of corruption, and surveys on direct experiences of corruption are not undertaken on a regular basis. There are three official complaint mechanisms where corruption could potentially be detected: (1) the whistleblower protection mechanism, (2) the Co-governance platform, and (3) the Ombudsperson's complaint mechanism. There is no inter-institutional cooperation among these three complaint structures. While the co-governance platform has not introduced any specific features to make the mechanism gender sensitive, no gender specific information was provided by the institutions administering the whistleblowing mechanism and the Ombudsperson's complaint mechanism. It may therefore be assumed that none of the existing complaint mechanisms in Albania includes specific features on gender and that these institutions do not engage in a gender analysis of their databases.

The whistleblowing system has eight responsible units in the health sector and 13 units in the education sector. When statistical data was requested on whistleblowing cases, the responsible institution reported that in 2019, five cases were filed related to the education

³¹ Criminal statistics were not requested to law enforcement bodies. The available data through INSTAT does not give any meaningful details for the research on gender and corruption. It can be assumed that even if the law enforcement bodies made available more data, they would not be helpful for the analysis of the gendered impact of corruption.

sector and three cases related to the health sector. No further information was available at the time of writing.

The Co-governance platform is a channel attached to the Prime Minister's office where citizens can file complaints about administrative irregularities, including corruption. Citizens cannot remain anonymous: they have to register with their names, and according to the rules of procedure they receive a response to their complaint from the government within 10 working days. The platform has different features, including the possibility for citizens to propose new initiatives or request hearings with MPs, Ministers or the Prime Minister to discuss certain issues. A network of 24 coordinators, either attached to the Prime Minister's office or to one of each ministry addresses the complaints. The database of the platform does not allow for sex disaggregated data or socio-economic information of the complainants. In 2019, a total of 23,605 complaints related to public administration were filed, out of which 20 cases were related to corruption. 1,150 complaints were related to education, out of which 4 cases were about informal payments in the higher education sector. Twelve out of 5,785 cases related to the health sector were about informal payments in hospitals. According to the Co-governance platform, in all of these 16 cases, no further detailed facts were provided by the citizens apart from the initial denunciation, therefore the cases were closed without being resolved. The reluctance of citizens to provide further information may indicate a lack of trust or belief in the efficiency of the complaint mechanism, which is also one of the findings of the in-depth interviews (see chapter 5).

The Ombudsperson's Office received 35 complaints related to health care structures in 2019. These were related to sub-standard medical treatment, long waiting lines, lack of medicines, and limited availability of physicians and nurses. As for the education sector, the Ombudsperson received 53 complaints in 2019, including administrative issues involving university staff. The Ombudsperson's regional offices have gained importance in recent years as a complaint channel for citizens. While in 2015 only 5% of the overall complaints were channelled through regional offices, in 2019 this percentage rose to 44%. No reply was received from the Ombudsperson's Office when detailed data on the complaints was requested by the lead expert of this study.

The low number of cases reflected in the complaint statistics contrasts with the qualitative research undertaken through in-depth interviews, in which all interview partners reported of direct corruption experiences in healthcare. Evidence from the interviews and other sources shows that patients refrain from reporting petty bribery due to a general lack of trust in the state institutions and out of a fear of retaliation. Given that the interviews undertaken for this research unanimously indicate an unwillingness of citizens in Albania to report bribes or other forms of corruption through the existing complaint mechanisms, it is difficult if not impossible to detect corruption in the Albanian healthcare and education system through formal state structures and to make any conclusions on its gendered impact. In addition to underreporting

of corruption through complaint mechanisms in general, women in Albania are likely to refrain from reporting corruption as complaint mechanisms are not gender sensitive. And given that gender blind reporting mechanisms are likely to result in underreporting of corruption by women, the government lacks any data that could confirm the gendered impact of corruption, which may lead to the conclusion that corruption is a phenomenon that affects men and women equally.

The existing surveys on the quality and capacity of health care services mentioned in chapter 3.6 can provide useful indicators that can help understanding in how far the context is favourable or not to corrupt practices.

As regards grand corruption, measuring the indirect gendered impact in Albania is challenging. As repeatedly stressed by the yearly European Commission reports, the track record of investigations, prosecutions and convictions in the fight against corruption remains a long-term objective that requires further structured and consistent actions. As the number of prosecuted grand corruption schemes in Albania remains extremely low, an estimation of the gendered impact of grand corruption within the two sectors of focus cannot rely on any concrete cases. One possible source of information to identify the diversion of funds in both sectors are audit reports from the Supreme Audit Institution.

5. In-depth interviews

5.1 Interviews with patients and service providers from the Health Care sector

Nine in-depth interviews were conducted with users (2 male and 3 female Albanian citizens) and service providers of the health-care system (3 female doctors, and one female nurse), as well as with one representative from the Ministry of Health and Social Protection.

Prevalence of petty bribery

Overall, respondents agreed that informal payments are a constant phenomenon in health care services. This view was also shared by the doctors and the nurse. While most patients and caregivers interviewed were of the opinion that a patient would not get any service without making an informal payment, the service providers said that the service would still be given, even if patients did not make an informal payment (they would get less attention, but they would still get the service). Only one patient reported that in her experience, she always received the service, and only paid afterwards as a sign of gratitude. Patients and caregivers report that some doctors ask directly, and some ask indirectly, but all agree that an informal payment is expected. Respondents agreed that once paid, the service was good. The examples that patients give show that an informal payment is sometimes requested before, sometimes after and sometimes in-between the treatment. Although informal payments are a constant phenomenon, interview partners reported that they also have

become less visible. Often the doctor will not ask explicitly for a payment but will use other means of making clear that a payment is required. Some of the interviewees mentioned that the doctors create an atmosphere of insecurity for the patient in order to force him / her to pay. Respondents reported that usually the doctor would ask about the reason the patient came to visit the hospital and then disappear and come back later, disappear again, and so on, until the informal payment would be done. Some respondents reported that the money would be placed directly in the doctor's pocket.

Reasons for making informal payments

Most patients and caregivers report that the main reason why they make informal payments is because they fear being denied treatment. When patients or caregivers pay after the treatment, they do so for being afraid of not receiving the necessary follow-up they will need. There was only one respondent who said that the reason for paying was gratitude and a recognition of doctor's low salaries.

Gender aspects to informal payments

Overall, respondents were of the opinion that caregivers are usually, if not always female. Respondents think that women and men are requested equally to make informal payments. Respondents reported that families in Albania stick together to be able to make the informal payments, and that the burden is not on the women's shoulders alone. It is important to keep in mind that the negative impact of informal payments becomes particularly acute for women who lead households as single mothers with children, given the existing wage gap and the fact that single mothers face several difficulties to enter in the labor market that relate mainly to the lack of child care services, adequate employment and welfare policies, as well as effective support services.³² Therefore, it has to be kept in mind that 13.7% of households in Albania are headed by women and that the number of women living alone is 2.4 times higher than of men.³³

When asked about experiences with sextortion, respondents said that it was not an issue in the health care sector in Albania, but in the education sector, particularly in universities. All interviewees referred to the existence of sextortion in the universities, usually blaming the students, and not the professor. None of the interviewees had heard about anyone who experienced sextortion in the health care sector.

Even though interviewees did not identify gender related aspects themselves during the interviews, one female patient and one female care giver reported that informal payments were usually negotiated with the husbands. In one case it was for the treatment of the care givers' child, where the husband made the payment, and in the case of the patient it was also

³² See UN Women/UNDP (2016). Gender Brief Albania; and Income and Living Conditions Survey EU-SILC (2018).

³³ INSTAT (2019). [Women and men in Albania 2019](#).

her husband who made the payment. These suggest existing gendered power dynamics where such agreements are made among men.

Informal payments during maternity care at hospitals

Evidence from the interviews suggests that women (and their husbands) have to invest substantial amounts of money in informal payments during the pregnancy, delivery and post-natal care. According to the interviewees, it is expected that for the delivery of a baby, patients make informal payments of between 5.000 and 50.000 Lek. During the stay at the maternity hospital, respondents report that the nurses (indirectly) request to be paid every time there is a new turn (informal payments are around 1000-1500 Lek per day). Respondents say, based on their own experiences, that when nurses are not paid, patients don't receive attention from them. One patient explained that the treatment of patients is differentiated according to the amount of money they pay, and that this unequal treatment is clearly visible in the nurses' attention towards patients.

One interviewee reported that on the day she gave birth, she had to wait for 4 hours in the hospital before someone visited her. She said that no hospital personnel talked to her, she had no attention at all. Then the doctor that had followed her during pregnancy (who was not at the hospital on that day), called the doctor that was at the hospital and told him to look after her. The respondent reported that once the doctor came, he was angry because she had talked to her doctor.

The same interviewee reported that during her pregnancy, she paid 1000 Lek informally during each visit to her gynaecologist. This doctor never asked her directly, but the patient knew that it was a common practice to give money on a regular basis during pregnancy, and she was also afraid that she would not get the appropriate care and service. The respondent concluded that in the end, her doctor saved her the day when she gave birth, by calling the doctor that was at the hospital when she told him to look after her. The respondent said that in order to have this type of protection, people pay the gynaecologists during pregnancy on a regular basis.

One male respondent said that when his wife gave birth, he made an informal payment to the doctor after the birth of his daughter. The respondent said that the doctor had been very nice and had given a lot of attention to his wife. Even though this same respondent considered informal payments as unfair in general, he perceived the delivery as a different matter. He said that the money he paid after the birth of his daughter was a gift, a sign of gratitude, because the doctor protected his wife. This example indicates that informal payments within primary health care services may not always be viewed as corruption by all citizens but may be considered as a favour to the individual doctor by some.

The mother of a new-born reported having paid 30.000 Lek informally for an emergency operation (caesarean). This respondent said that the care she received after the delivery was only due to the informal payment. In addition to the informal payment for the doctor, she paid 1500 Lek to the nurses on a daily basis. Given that her baby was in another building the mother had to walk several floors up and down to nurse her. As she had just been operated this was extremely painful and difficult for the mother. She described the communication with the doctor as very difficult and unfriendly and that even though the baby was in an incubator, she was hardly informed about the health of her baby.

Nepotism

One of the doctors reported about cases of nurses that had to pay money after the election of a new political party in order to maintain their jobs. The doctor reported that this can also be the case for doctors that want to get a position in a specific hospital. No further evidence of nepotism to retain or advance employment was revealed in the limited scope of this research's interviews.

Private clinics

The interviews suggest that it is common for doctors to send patients to private practices and clinics when patients have to undergo complex analysis. Respondents say that due to a lack of capacity within public hospitals, most often only part of the analysis can be done in the public hospital, while most analysis are done in private clinics. Respondents also said that the analysis done in private clinics are expensive. One female respondent reported that during pregnancy, half of the analysis that needed to be done were done in a private clinic, including the analysis of down syndrome. Only minor analysis were done in the public hospitals during her pregnancy.

Reporting mechanisms

The awareness about existing complaint mechanisms in Albania is low among interviewees (even among doctors and nurses). None of the respondents ever reported a case of bribery in the health care system. Health care service users stress that the main reasons why they do not report cases of informal payments are that they think their complaint would not make any difference and that they do not trust in such mechanisms. Some respondents said that they are afraid that reporting will have negative consequences and that the doctor in question will be informed. Respondents say that in order for them to report cases, they would need to be reassured that they are taken seriously, that their report remains confidential, and that such a mechanism should be independent and controlled. The patients and caregivers said that open communication, and information about what happened to the case would be very important. When asked about reporting mechanisms, most respondents referred to investigative shows on television.

The findings on the use of reporting mechanisms are in line with a 2011 UNODC survey, which showed that less than 1% of Albanian citizens who experience bribery actually report the incident.³⁴

5.2 Interviews with university professors and students

Prevalence of petty corruption

Overall, the interviewed students reported that informal payments in universities were a common practice. Students and professors both reported that students usually know which specific professors accept informal payments. One of the professors reported that informal payments are especially prevalent in regional universities outside of Tirana. None of the interviewees reported about direct experiences with informal payments but referred to people they know. One student reported of an incident where a female student was asked for an informal payment in order to pass an exam in front of the entire class. One out of four interviewed professors said that informal payments were an exception.

Forms of payment

The informal payments that have been reported from students are paid in cash and not in other forms, such as: food and drinks, valuable merchandise, or in exchange for other services. The students interviewed suggest that the informal payments are done between two parties in person without involving third parties.

Perception of the corruption

The perception of corruption in the education sector can be seen as the result of a process in which the information, be it based on a direct or indirect experience, is processed and evaluated by any given person, namely student or professor. Most of the professors and students interviewed didn't have any experience on their own, but they heard something from someone. Respondents believe that Albanian students use informal payments as a way to pass an exam or to improve their records in the hope to get a well-paid job through an educational degree.

Reasons for making informal payments

Most students and professors said that the reasons for making informal payments were either related to be accepted at university, to pass an exam or to receive a diploma. One professor referred to the low salaries of university staff as a reason for accepting informal payments.

³⁴ According to the survey, the reasons why citizens do not report bribery are because they see it as a common practice (45%), because they give bribes voluntarily as a sign of gratitude (13%) or they think reporting is pointless, because nobody would care (29%).

Gender aspects to informal payments

None of the interviewees thought that there was a gender aspect as regards informal payments. Professors reported that women and men professors were paid equally but that they had not the same opportunities as regards promotion.

Even though interview partners reported that sextortion was prevalent in Albanian universities, respondents mostly discussed *having heard* of people that faced sextortion. However, there is no direct empirical evidence that was discovered in the context of this research. When asked about sextortion, all four professors believed it is an existing phenomenon, even though they reported of not having heard about direct cases. Three out of five interviewed students heard about sextortion at Albanian universities in the news. One interviewee stressed that there have been cases of sextortion at regional universities. Given the general shame and victim blaming associated with sextortion, it is not surprising that respondents refrain from addressing the issue openly.

Nepotism

The interviewed professors have a general awareness of the recruitment process as not being merit based and transparent. One professor said that informal payments exist to ensure friends' and relatives' access to positions at universities.

Reporting mechanisms

Overall, there is very low awareness of existing reporting mechanisms. Interviewees believe that cases about informal payments are not reported because it is a common practice, and nobody would give it any importance. Some believed that people are afraid of possible negative consequences, as it implicates them as bribe-givers.

When asked about the features an efficient reporting mechanism would need to have, two professors said that it should be located outside of the university. The professors said that people need to be assured that they remain anonymous and that reporting is free of charge. All students interviewed believe that ordinary people can make a difference to stop corruption.

Concluding remarks on interview findings of the health care and higher education sectors

The interviews confirm that currently there are no institutional barriers against petty bribery in the service delivery of health care and in the higher education sector.³⁵

³⁵ Interestingly, the findings of the limited number of interviews undertaken within this assignment in the health care sector are in line with the results of the 2011 UNODC survey on direct experiences of corruption. The UNODC survey found that around 30% of bribes paid are actually offered by citizens themselves, while in more than half of cases they are paid in response to an indirect request by a public official and for almost 15% they refer to an explicit request by a public official or

As regards the health care sector, while it could be noted throughout the interviews that the patients and caregivers showed a general anger and a complete lack of trust towards the public system in general, the results also indicate that the universal health care system in Albania is not perceived as a service that is free of charge. There is a general perception that informal payments are not a form of corruption, but rather part of the local culture. The reported practice of redirecting patients to private health clinics indicates that the health care capacity of services and medicine is limited. Shortages in healthcare capacity are a fertile ground for corruption as citizens resort to unfair means to get the service they need. More research on limited capacity in healthcare structures could yield results on its impact on the different genders.

While the desk research indicates a disproportionate impact on women, interviews in the health care sector show that women and men do not perceive a strong correlation. When asked directly, respondents do not see a gender element going beyond the observation that the caretakers' role is taken by women in Albania. This might also be the case because even in cases where the woman is the patient, the transaction of the informal payment is carried out by married men on behalf of the family, so it is perceived as a joint effort of the family. The answers of interviewees to gender related questions suggest that some people are not used to identify gender specific aspects in the health care or higher education contexts, which might be explained by cultural norms about gender equality and equity that impede the identification of certain gendered processes.

Assessing the gendered impact of corruption at the point of service delivery in the health care system requires additional data, as well as research targeting specific focus groups, such as single-mother households, households at risk of poverty, specific marginalized groups, among others. Gender disaggregated data on health conditions and maternity is relevant to understand, even if used as a suggested correlation, the incidence with which women are interacting with health services and increasing their exposure to corruption. Suggestions in this regard will be made in chapter 7 on possible indicators to measure the gendered impact of corruption.

As regards the higher education sector, more research is needed on the gendered impact of corruption as regards nepotism. Data shows that even though female students outnumber male students in the attainment of university degrees, their male counterparts outnumber them in the occupation of high positions in the universities. Research is needed in order to analyse whether male university staff is more "successful" in using practices of nepotism in recruitment processes than women and in how far this form of corruption impacts women differently than men.

a third party. The survey also found that in many cases bribes are paid to facilitate bureaucratic procedures: 70% of citizens who participated in a bribery acted do so to receive better treatment, while 9% aimed to speed up a procedure.

Further research is also needed on the phenomenon of sextortion in the higher education sector. Even though, there are no direct experiences that can be extracted from the interviews, all respondents (including interview partners from the health care sector interviews) report that this phenomenon exists. There is evidence now at global scale that sextortion is a common practice, though it remains highly underreported due to shaming and victim blaming.

6. Research needs on the gendered impact of corruption in Albania

In order to get a better understanding of the ways in which women in Albania are impacted by corruption differently to men, it is necessary to apply a toolbox of different methodologies and approaches. This chapter proposes some topics that if investigated according to certain methodologies can help in getting more in-depth knowledge on the gendered impact of corruption. It also reflects on some key factors of Albania's socio-cultural, institutional, and individual context dimensions, such as societal gender roles, social inequalities and discrimination that influence women's experience with corruption. The desk research and the in-depth interviews revealed further research needs in the following areas:

- Gendered impact of corruption on different groups of society at the point of service; delivery, with a focus on marginalized groups of society;
- Prevalence of sextortion in universities;
- Gendered impact of nepotism in the higher education sector;
- Impact of grand corruption in health care and higher education;
- Gendered impact of corruption related to the COVID-19 pandemic.

6.1 Topics

- A. *Gendered impact of corruption on different groups of society at the point of service delivery, with a focus on marginalized groups of society*

When analysing the gendered impact of corruption, it is important to consider the aspect of intersectionality, namely where inequalities, subordination, discrimination, social status, education, ethnicity, age and class intersect with the impact of corruption. A simple binary approach that treats gender as a unitary category having fixed and stable attributes would ignore the social relations and historical contexts within which categories take on meaning. There is evidence that the exclusionary impact of corruption will inevitably be greater for women in lower income conditions and for women of ethnic and racial minorities. According to the Global Corruption Barometer 2019, poorer people are twice as likely to pay bribes for basic services, such as education or health, than wealthier people. In eight out of nine services, users whose stated income corresponded to low-income households paid bribes

more frequently than those having stated higher income levels (GCB, 2019). Other qualitative research shows that vulnerable groups are more likely to suffer multiple forms of corruption (Bullock/Jenkins 2020). Such findings suggest that it is important not to look only into the impact of corruption on women as such, but to differentiate between specific sub-groups of women (elderly women³⁶, rural women³⁷, single mothers³⁸, women with disabilities³⁹, Lesbian, Gay, Bisexual, Transgender, and Intersex women⁴⁰, women belonging to the Roma and Egyptian community⁴¹). Each of these vulnerable groups will possibly be impacted differently by corruption, and for each of these groups different policy responses might be needed.

B. Prevalence of sextortion in Albanian universities

The in-depth interviews indicate that sextortion is an existing phenomenon in the Albanian tertiary education sector (less so in the health sector). Existing information about other countries, including of an anecdotal nature, suggests that requests for sexual favours by public officials are a recurrent practice, with women being disproportionately affected. In spite of growing visibility, collecting reliable data on this phenomenon continues to be a challenge given its highly sensitive nature. As sextortion is a largely unrecognised form of bribery, such practice is usually not detected or punished by the accountability systems in

³⁶ Elderly women represent 14.3% of the Albanian population (INSTAT 2019). Around 60% of the elderly live in rural areas. Elderly women are much more likely to live alone: in 2011, 77% of elderly living alone (18,600 persons) were women. Due to higher life expectancy and lower age at marriage, 48% of elderly women are widows. The average old-age pension for women is lower than that of men, which reflects the accumulation of gendered disadvantages during one's lifespan, particularly economic disadvantages (UN Women 2016). This data shows that older women are particularly vulnerable to poverty and poverty-related phenomena and that corruption will have a disproportionately negative impact on them.

³⁷ Women and girls in rural areas are financially mostly dependent on men (INSTAT 2018). Health services are available mainly in big cities, while women/girls from rural and remote areas do not have access or have very limited access to direct support services. Regional offices of the Ombudsperson have engaged on corruption in the healthcare sector in the past and might want to build on the lessons learned through structured dialogue with women in rural areas.

³⁸ 13.7% of households in Albania are single mother households.

³⁹ People with disabilities may be exposed to corruption through abuse by care providers, when faced with scarce resources and poor instructions, with consequences of neglect, and, at an extreme, violations or coercion (Bullock/Jenkins 2020). One way of reaching out to women with disabilities could be through universities where there is a higher percentage of students with disabilities. INSTAT data from 2018 indicates a particularly high percentage of university students with disabilities at the University Aleksandër Xhuvani in Elbasan.

⁴⁰ In Albania, LGBTI+ women suffer from multiple forms of discrimination: as women, they are subject to discrimination and are at high risk of violence because of their gender; as persons belonging to the LGBTI+ community, they suffer discrimination and violence because of their sexual orientation. This is particularly the case in areas outside of the capital. There is evidence from other country contexts that LGBTI+ individuals are subject to blackmail and extortion by police officers and struggle to have crimes committed against them investigated properly (The Equal Rights Trust 2015).

⁴¹ Survey and focus group data from Kosovo, Macedonia, and Serbia finds that ethnic minorities are more likely to consider bribery acceptable in societies where minorities have lower social status (Skendaj, 2016). Faced with state discrimination and neglect, minorities tend to "try harder" than majority citizens, in order to compensate for their disadvantaged status. In Albania, women from the Roma and Egyptian community are exposed to poverty, difficult living conditions, lack of basic infrastructure, and limited access to health services, and suffer from low educational levels and discrimination. The health situation among Roma and Egyptians in Albania is worse than among the majority population, which is reflected in their lower life expectancy. From empirical evidence and recently emerging analyses, it is evident that for Roma and Egyptian women and girls, discrimination on the grounds of gender and ethnicity converge, resulting in a particularly vulnerable situation (UN Women, 2016). There is a significant number of Roma and Egyptian women that do not receive any medical care, including antenatal check-ups, check-ups during pregnancy, postnatal health checks and that are affected by various health problems. They also experience higher rates of infant mortality (UPR, 2019).

place. This is why the International Association of Women Judges and Transparency International are advocating for including this form of abuse of entrusted power for private gain into anti-corruption laws and policies worldwide. There is a general lack of awareness among the population, apathy among officials, and fear of shame by victims. Sexual harassment laws in place have many limitations, as they are restricted to employment settings and only to civil and administrative penalties. The lack of typification of sextortion as a form of abuse of power in the Albanian criminal legislation means that this type of abuse will not appear in any of the criminal statistics. Given the lack of solid evidence of this topic in Albania, a dedicated study on this practice could help to understand the extent and modality of this phenomenon and help design policies that can effectively reduce this form of corruption.⁴²

C. Gendered impact of nepotism in the higher education and health care sectors

Data shows that even though female students outnumber male students in the attainment of university degrees, their male counterparts outnumber them in the occupation of high positions in the universities. Research is needed in order to analyse whether male university staff is more “successful” in using practices of nepotism in recruitment processes than women and in how far this form of corruption impacts women differently than men. In a UNDP study in 2014, favouritism, nepotism, and patronage were among the most witnessed corrupt practices at the workplace in the public administration in Albania. Women more often than men, saw gender inequalities manifested within the civil service. They were 3 times more sensitive towards gender inequalities in the access to all sectors and hierarchical levels than men (UNDP Gender Corruption Public Service, 2014). In the interviews conducted with university professors for this research assignment, respondents indicated that there is a lack of merit-based recruitment processes in Albanian universities and that informal payments exist to ensure friends’ and relatives’ access to positions at universities. According to an INSTAT Survey in 2019, 9% of Albanian citizens that applied for a job in the public sector and whose application was successful admitted to paying money, giving a gift or doing a favour to help secure their position. Among those who failed, there is a widespread perception that factors such as cronyism, nepotism or bribery played a decisive role in the recruitment process, while only 15% believe that the selection was made on merit. In a small country like Albania social networks (including extended family) are strong and might explain part of the existing favouritism in the Albanian civil service. Research on this topic could help to understand which gender is more likely to use nepotism to secure employment and promotion in the public sector, and how this negatively impacts women’s promotions and careers. Audit reports in both sectors by the Supreme Audit Institution should be analysed in this regard.

⁴² A preliminary review of the Albanian Criminal Code found that the provisions related to active and passive corruption are not limited to monetary bribes by referring to any irregular benefit (Criminal Code Articles 244 and Article 259 on active and passive corruption).

D. Impact of grand corruption in health care and higher education

Grand corruption typically involves a systematic or well-organized plan of action involving high-level public officials. Causing serious harm, it usually results in higher prices, lower quality services and it is to be assumed that men and women are affected differently. In light of the fact that many grand corruption cases remain unrevealed in Albania, research on the impact of grand corruption is challenging. An additional challenge here is that grand corruption cases that do come under investigation in Albania are not always properly investigated and sometimes the investigations are limited to publicly known facts.⁴³ One way to start gaining more insight into the gendered impact of grand corruption cases is to engage in a case study on grand corruption in the health or education sectors that has been investigated or prosecuted and to develop estimations on the impact on women and men that this particular case had.

Given the particular need of health care facilities for women during childbirth and the prevalence of corruption detected during pregnancy, childbirth and post-natal care, in-depth research focus on the impact of grand corruption around these services in particular could be of high importance. The lack of funds and capacity of reproductive health care facilities reflected in existing statistics as well as in the in-depth interviews provides a fertile environment for corruption which can have severe impacts on women.

E. Impact of corruption on women related to the COVID-19 pandemic

The risk of corruption in health care is even higher in emergency situations such as the COVID-19 pandemic, when medical care is needed urgently, and oversight mechanisms are often bypassed. During an outbreak, corruption carried out by healthcare workers, such as informal payments, over-prescribing, favouritism, and nepotism are likely to be exacerbated as the system experiences a greater patient load.

From a general gender perspective, the pandemic has heavy consequences on women's health, as well as their social and economic well-being. Women are at the forefront of the response to COVID-19, making up almost 70% of the health care workforce (OECD 2020) and accounting for the majority of essential low-skilled, low-paid workers who keep communities running. At the same time, women are shouldering much of the burden at home, given school and child-care facility closures and longstanding gender inequalities in unpaid work. Yet, women are absent from the leadership and expert groups managing COVID-19 and have limited opportunities to voice their concerns and inform the policy response to the pandemic.

⁴³ Nieves Zúñiga (2020). [Examining State Capture: Undue Influence on Law-Making and the Judiciary in the Western Balkans and Turkey](#). Transparency International.

This makes them particularly vulnerable to corruption across the health care system, both as patients and providers. The prominent role women play in caring for the sick and the elderly means that they will be more confronted with the need to make informal payments in exchange for health care services. Another risk is the diversion of public resources away from health services that are relevant for women, such as maternity and obstetric care, and other forms of primary health care – putting the lives of women at risk. There is evidence at a global scale that gender-based corruption has been on the rise since the beginning of the pandemic (Transparency International 2020). Since January 2020, more than 1,800 people have contacted Transparency International’s worldwide network of Advocacy and legal Advice Centres (ALACs offer free and confidential advice to victims and witnesses of corruption in more than 60 countries around the globe) to report corruption and seek assistance for issues related to COVID-19. In the coming months, applying a gender lens in anti-corruption measures in the context of the pandemic will be essential to ensure that controls introduced to reduce disease or corruption risks do not disproportionately marginalise or disadvantage women and other vulnerable groups.

6.2 Tools and methods

National survey on direct experiences

A national survey on direct experiences is a crucial tool to have an *overview* of the impact of corruption in service delivery on men and women in Albania. In light of the current lack of representative samples on the prevalence of corruption in public service delivery, it is not possible to reach final conclusions about the gendered direct impact of corruption at the point of service delivery. Moreover, without up-to-date data it is difficult to draw the attention of government officials to the need to address the issue of petty bribery and its impact on society as a whole, and on women in particular. So far, the direct impact of corruption at the point of service delivery, including its disproportionate impact on women has received little or no attention by policy makers in Albania. For policy making purposes, a national survey would be extremely relevant as it could provide insights into the conditions that facilitate the payment and refusal of bribes and the reporting of them. It would allow for a gender analysis of general attitudes on the acceptability of bribery and the implications for refusals and reporting, particularly if combined with further socioeconomic variables such as sex, age, socio-economic status and educational levels.

Focus group discussions

Collecting information on the contexts of how bribery impacts women and men – including on vulnerabilities, drivers, risk factors, and quality of public services - can be best understood through in-depth discussions with affected population groups. The added value of focus group discussions as compared to sample surveys is that it can give more and deeper insights on specific topics and underlying causalities. One reason why the tool of focus group discussions features so prominently in many of the proposed research topics is the overall

lack of official data and research that could potentially give insights into the gendered impact of corruption in Albania. Another important advantage of engaging with a wide range of targeted communities through focus groups lies in the crucial information for the development of indicators through first-hand input that these groups can provide. Undertaking qualitative research within the populations that are most impacted can provide better guidance about what can be measured and how it should be categorised. Indicators that are created along with qualitative information can develop more accurate and locally relevant data. When more parties are involved, indicators will be more complex and difficult to use, but they will also better reflect the diversity of the social experiences they are measuring. A final added value of using the tool of focus groups is that this could allow punctual interventions in the sectors and among population groups.

When analysing the gendered impact of corruption, it is important to consider the fact that not all women are impacted in the same way by corruption. Focus group discussions should therefore include, in particular, vulnerable sections of society. Each of the focus groups can be organized differently but should respond to core issues, such as prevalence of corruption, acceptance/refusal of corrupt behaviours, response to reporting mechanism, prevalence of sextortion, among others. Focus group discussions should be organized across the country to reflect regional differences and they should include men and women, in order to identify possible differentiated impacts. Cooperation with grassroots women's organisations should be considered in order to reach out to the proposed communities.

Assessment of official statistical data relevant for the gendered impact of corruption

Collecting different sources of existing statistical data on women's socio-economic background, societal gender roles, social and political inequalities is important to make correlations with data that will be gathered through future qualitative research. There is currently scarce data from official reporting mechanisms, and as mentioned above, without current gender-disaggregated data, it is difficult to measure the direct impact of corruption on women and society as a whole, let alone to draw attention to policy responses to address the issue. For the area of nepotism, data on the (1) number and % of women and men professors and doctors, (2) specific positions of men and women in both sectors, (3) asset declarations from middle and high-ranking civil servants from both sectors need to be consulted. The availability of new data through official public collection as well as through qualitative research could allow for correlations in the future with existing statistical data on women's socio-economic background, societal gender roles, as well as social and political inequalities. And for what data exists, there needs to be continuous monitoring.

Small-scale projects with investigative journalists

Investigative journalism is among the most important tools to create public awareness on corruption and it has been an essential source for the detection of corruption cases. Investigative journalism provides systematic, in-depth, and original research and reporting,

often involving heavy use of public records and data, with a focus on social justice and accountability. There are excellent examples of investigative journalism in Albania. In the context of research needs on gender and corruption this approach promises to add value for the topics on corruption related to reproductive and maternal health, prevalence of sextortion in the higher education sector, and on the gendered impact of nepotism in the higher education and health care sectors, among others.

Health Care and Tertiary Education sector assessment of with a gender perspective, including a capacity assessment of Health Care structures

This approach does not seek to measure or quantify the gendered impact of corruption as such, but to gain knowledge on the framework and context to help determining which environments are more or less favourable to corrupt practices. It assesses the overall gender sensitiveness of the legal and administrative framework in the healthcare and/or higher education sector, including rules on transparency and accountability. It enquires about the existence of: (1) gender sensitive and publicly accessible anti-corruption safeguards, strategies and planning; (2) a unit or agency dealing with corruption in the sector that conducts gender sex disaggregated assessments; (3) gender sensitive complaint mechanisms; (4) public availability of budgets dedicated to men and women in a disaggregated manner; (5) gender sensitive standards easily accessible to the public; (6) gender sensitive codes of conduct for professionals; (7) well-defined transparent procedures and standards for merit-based recruitment and promotion; (8) Gender perspective in control, oversight and sanctioning mechanisms; (9) cases of corruption in the sector prosecuted and sanctioned. A gender sensitive context assessment is important in order to know which types of corrupt behaviours are common in the sector, the institutional and legal arrangements that facilitate those behaviours, the relationships and power dynamics that drive corruption, and the stakeholders who may promote or hinder change. A sector analysis should also assess existing capacities of the sector, to help identifying specific shortcomings, and thereby indicate particular corruption risks in areas with scarce resources and the interplay of scarce resources with gender. Moreover, for the health care sector, exit/user surveys conducted immediately after patients and caregivers make use of healthcare facilities could help in collecting short feedback on quality and satisfaction with services and instances of bribery.

Table: Research needs and tools

Topic	Tools / methodologies	Existing and potential official data source
Gendered impact of corruption on different groups of society at the point of service delivery, with a focus on marginalized groups of society	National survey; Exit/user surveys conducted immediately after users make use of healthcare facilities; Focus group discussions; Sector analysis with a gender perspective; analysis of official disaggregated data; Small-scale projects of investigative journalism Targeted research on particular marginalized groups, for example rural women: focus	Official disaggregated data from reporting mechanisms, audit reports, special investigations from the Ombudsperson

	groups with rural women that made use of health care centers and hospitals in rural areas (possibly through the regional offices of the Ombudsperson)	
Prevalence of sextortion in Albanian universities	National survey; small scale project of investigative journalism Focus group discussions with male and female students from some universities;	Official disaggregated data from reporting mechanisms,
Gendered impact of nepotism in the higher education and health care sectors	Focus group discussions with women and men professors, and doctors; Projects of investigative journalism; assessment of asset declarations exposing unexplained wealth of higher education and health sector officials; information about the promotion history of a selected sample of professors, doctors and other health care staff	Official disaggregated data from reporting mechanisms; Data on number and % of women and men professors and doctors, specific positions of men and women in both sectors, asset declarations from middle and high-ranking civil servants from both sectors.
Impact of grand corruption in health care and higher education	Sector analysis with a gender perspective to understanding corruption risks for women in health care and higher education sectors; case study on detected case of grand corruption from health or higher education sector. For targeted research on corruption and reproductive/maternal health: National survey; Focus groups with staff from two maternity hospitals in Tirana; Focus groups with patients that delivered in maternity hospital; Small-scale projects of investigative journalism	Audit reports; Ombudsperson's special investigation reports; criminal statistics, newspaper, interviews with actors related to a particular corruption case in the health and education sectors INSTAT Healthcare survey 2017; Official disaggregated data from: reporting mechanisms, health care sector related audit reports, special investigations from the Ombudsperson about health care services
Impact of corruption on women related to the COVID-19 pandemic	National survey; Focus group discussions with women and men that underwent treatment interviews with public officials, doctors, nurses and healthcare workers; Projects of investigative journalism; sector analysis, including a capacity assessment and an expenditure tracking of the health budget to assess how health expenditure has changed with the outbreak of the pandemic, and whether budget lines that are essential for women's health have been negatively affected	Official disaggregated data from reporting mechanisms; audit reports of healthcare sector

7. Indicators to quantify the gendered impact of corruption

The table below proposes possible indicators aiming to help quantify the gendered impact of corruption in Albania and connects them to the different proposed research topics and tools. It should be noted that not all indicators can be used in the present, as data on a variety of issues is currently missing.

Table: Topics, tools and indicators for future research on the gendered impact of corruption in the Albanian health care and higher education sectors

Topic	Tools / methodologies	Indicators	Existing and potential official data sources
Gendered impact of corruption on different groups of society at the point of service delivery, with a focus on marginalized groups of society	<ul style="list-style-type: none"> National survey on direct experiences of corruption Exit/user surveys conducted immediately after users make use of healthcare facilities or after finishing university Focus group discussions Analysis of official disaggregated data 	% of women and men reporting paying a bribe to access health services and in universities disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex, single/non single mother households	Official disaggregated data from reporting mechanisms; National survey on direct experiences of corruption CURRENTLY NO DATA
	<ul style="list-style-type: none"> National survey on direct experiences of corruption Exit/user surveys conducted immediately after users make use of healthcare facilities Focus group discussions Analysis of official disaggregated data 	% of monthly income dedicated to informal payments on health care services and in universities (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex)	Official disaggregated data from reporting mechanisms; National survey on direct experiences of corruption CURRENTLY NO DATA
	<ul style="list-style-type: none"> Assessment of all existing complaint mechanisms (could be part of an overall gender sensitive sector analysis) Interviews with complaint mechanism staff 	Existence of gender sensitive complaints mechanisms (yes/no)	CURRENTLY NO DATA
	<ul style="list-style-type: none"> National survey on direct experiences of corruption Focus group discussions Analysis of official disaggregated data 	% of complaints by health service users and providers, by students, professors, university staff effectively processed; % of complaints by health service users that lead to corrective action	Official disaggregated data from reporting mechanisms (Co-governance platform, Ombudsperson's complaint mechanism; HIDAACI whistleblower mechanism) CURRENTLY NO DATA
	<ul style="list-style-type: none"> Assessment of data from INSTAT demographic survey 	% of women who report at least one problem with health care services (disaggregated by socio-	INSTAT. Albania Demographic and Health Survey 2017-18.

		economic status, educational level, geography, ethnic background, age, sex)	
	<ul style="list-style-type: none"> Assessment of official data related to poverty 	Share of women involved in the informal labour market (and thus do not benefit from social protection schemes)	INSTAT. Income and Living Conditions Survey (EU-SILC)
	<ul style="list-style-type: none"> Assessment of official data related to poverty 	% of women who gave birth and who received maternity allowance (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex, single/non single mother households)	INSTAT. Income and Living Conditions Survey (EU-SILC)
Impact of corruption on single mother households	<ul style="list-style-type: none"> National survey on direct experiences of corruption Focus groups with with single mother households 	% of women from single mother households using public health care facilities making informal payments during pregnancy, childbirth and postnatal care (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex)	Official disaggregated data about single-mother households (in order to identify target group) CURRENTLY NO DATA
	<ul style="list-style-type: none"> National survey on direct experiences of corruption Focus groups with with single mother households 	% of monthly income of single-mother households dedicated to informal payments on health care services (disaggregated by socio-economic status, educational level, ethnic background, age, sex)	Official disaggregated data about single-mother households (in order to identify target group) CURRENTLY NO DATA
Corruption related to reproductive and maternal health	<ul style="list-style-type: none"> National survey on direct experiences of corruption Focus groups with staff and patients from maternity hospitals Small-scale projects of investigative journalism 	% of women using public health care facilities making informal payments during pregnancy (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex)	Official disaggregated data from reporting mechanisms (Co-governance platform, Ombudsperson's complaint mechanism; HIDAACI whistleblower mechanism), special investigations from the Ombudsperson CURRENTLY NO DATA
	<ul style="list-style-type: none"> National survey on direct experiences of corruption Focus groups with staff and patients from maternity hospitals Small-scale projects of investigative journalism 	% of women using public health care facilities making informal payments at childbirth (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex)	Official disaggregated data from reporting mechanisms (Co-governance platform, Ombudsperson's complaint mechanism; HIDAACI whistleblower mechanism), special investigations from the Ombudsperson CURRENTLY NO DATA

	<ul style="list-style-type: none"> Assessment of all existing complaint mechanisms (could be part of an overall gender sensitive sector analysis) Interviews with complaint mechanism staff 	Existence of gender sensitive complaints mechanisms for reproductive health care (yes/no)	Official disaggregated data from reporting mechanisms
	<ul style="list-style-type: none"> Assessment of data from INSTAT demographic survey 	% of women who received antenatal care from a skilled provider (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex)	INSTAT. Albania Demographic and Health Survey 2017-18.
	<ul style="list-style-type: none"> Assessment of data from INSTAT demographic survey 	Proportion of women with a postnatal check less than 4 hours after birth (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex)	INSTAT. Albania Demographic and Health Survey 2017-18.
Gendered impact of corruption in healthcare and higher education in rural areas	<ul style="list-style-type: none"> National survey on direct experiences of corruption Focus groups with rural women that made use of health care centers and hospitals in rural areas (possibly through the regional offices of the Ombudsperson) 	% of monthly income of rural women dedicated to informal payments on health care services (disaggregated by socio-economic status, educational level, ethnic background, age, sex) as compared to urban women	Official disaggregated data from reporting mechanisms, including complaints from regional offices of the Ombudsperson CURRENTLY NO DATA
	<ul style="list-style-type: none"> Assessment of all existing complaint mechanisms (could be part of an overall gender sensitive sector analysis) Interviews with complaint mechanism staff 	Existence of gender sensitive complaints mechanisms in rural areas (yes/no)	Official disaggregated data from reporting mechanisms (Co-governance platform, Ombudsperson's complaint mechanism; HIDAACI whistleblower mechanism), CURRENTLY NO DATA
Prevalence of sextortion in Albanian universities	<ul style="list-style-type: none"> National survey on direct experiences of corruption; small scale project of investigative journalism Focus group discussions with male and female students from some universities 	% of those that report having given sexual favours to help secure their position, get university admission, pass an exam or receive a diploma (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex)	Official disaggregated data from reporting mechanisms (Co-governance platform, Ombudsperson's complaint mechanism; HIDAACI whistleblower mechanism) CURRENTLY NO DATA
Impact of corruption on women related to the COVID-19 pandemic	<ul style="list-style-type: none"> National survey on direct experiences of corruption Focus group discussions with women and men that underwent treatment during the pandemic 	% of women and men reporting paying a bribe to access health services for COVID-19 treatment (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex)	Official disaggregated data from reporting mechanisms (Co-governance platform, Ombudsperson's complaint mechanism; HIDAACI whistleblower mechanism) CURRENTLY NO DATA
	<ul style="list-style-type: none"> National survey on direct experiences of corruption 	% of women and men reporting paying a bribe to access health services for other treatment than	Official disaggregated data from reporting mechanisms (Co-governance platform,

	<ul style="list-style-type: none"> Focus group discussions with women and men that underwent treatment during the pandemic 	COVID-19 (disaggregated by socio-economic status, educational level, geography, ethnic background, age, sex)	Ombudsperson's complaint mechanism; HIDAACI whistleblower mechanism) CURRENTLY NO DATA
	<ul style="list-style-type: none"> Expenditure tracking of the health budget to assess how health expenditure has changed with the outbreak of the pandemic, and whether budget lines that are essential for women's health have been negatively affected Interviews with public officials, doctors, nurses and healthcare workers Capacity assessment Small scale project of investigative journalisms 	Expenditure changes since the outbreak of the pandemic have taken place in budget lines that are essential for women's health (maternal and reproductive health, breast cancer etc) (yes/no)	National Health Budget (in categorized and itemized format) CURRENTLY NO DATA
	<ul style="list-style-type: none"> Expenditure tracking of the health budget to assess how health expenditure has changed with the outbreak of the pandemic, and whether budget lines that are essential for women's health have been negatively affected Interviews with public officials, doctors, nurses and healthcare workers Capacity assessment Small scale project of investigative journalisms 	% of expenditure changes due to COVID 19 emergency measures that are relevant for women's health care in comparison to overall expenditure redirection to emergency measures	National Health Budget (in categorized and itemized format) CURRENTLY NO DATA
Gendered impact of nepotism in the higher education and health care sectors	<ul style="list-style-type: none"> National survey on direct experiences of corruption Focus group discussions with women and men professors, and doctors 	% of those that admit to paying some money, giving a gift or doing a favour to help secure their position	Official disaggregated data from reporting mechanisms (Co-governance platform, Ombudsperson's complaint mechanism; HIDAACI whistleblower mechanism); CURRENTLY NO DATA
	<ul style="list-style-type: none"> Assessment of official data from INSTAT 	Number of men and women professors and leading positions at universities	INSTAT (Data on number and % of women and men professors and doctors, specific positions of men and women in both sectors)
	<ul style="list-style-type: none"> Assessment of official data from INSTAT 	Number of men and women hospital directors and leading positions in hospitals	INSTAT (Data on number and % of women and men professors and doctors, specific positions of men and women in both sectors)

	<ul style="list-style-type: none"> • Assessment of asset declarations exposing unexplained wealth of higher education and health sector officials • Collecting information about the promotion history of a selected sample of professors, doctors and other health care staff • Small-scale projects of investigative journalism 	% of asset declarations of high-ranking positions at hospitals indicating illicit enrichment	HIDDACI data on asset declarations from middle and high-ranking civil servants from both sectors.
	<ul style="list-style-type: none"> • Assessment of asset declarations exposing unexplained wealth of higher education and health sector officials • Collecting information about the promotion history of a selected sample of professors, doctors and other health care staff • Small-scale projects of investigative journalism 	% of asset declarations of high-ranking positions at universities indicating illicit enrichment	HIDDACI data on asset declarations from middle and high-ranking civil servants from both sectors.
Impact of grand corruption in health care and higher education	<ul style="list-style-type: none"> • Case study on detected case of grand corruption from health or higher education sector in areas relevant for women's health or education 	Number of grand corruption cases detected through law enforcement bodies in sectors sensitive to women	Criminal statistics, newspaper, interviews with actors related to a particular corruption case in the health and education sectors
	<ul style="list-style-type: none"> • Assessment of SAI audit reports 	Amount of lost public funds in health care area relevant from women's healthcare	SAI Audit reports
	<ul style="list-style-type: none"> • Assessment of SAI audit reports 	Amount of lost public funds in higher education	SAI Audit reports
	<ul style="list-style-type: none"> • Sector analysis with a gender perspective to understanding corruption risks for women in health care and higher education sectors; 	Number of risks detected in healthcare and education relevant for women and men	Currently No DATA

8. Conclusions and recommendations

The widespread nature of informal payments, especially in health care facilities, requires action by the state. Informal payments to access public services represent a high economic burden, especially for the poor sections of society. In light of the absence of official statistical disaggregated data that could give insights into the gendered impact of corruption, qualitative and quantitative research is necessary to gather data and knowledge about the gendered impact of corruption on different sections of society in Albania.

Fighting corruption in the health and education sectors requires an overall commitment to integrate an anti-corruption perspective and incorporating transparency and accountability. Measures to tackle corruption risks in both sectors need to be included in overall anti-corruption strategies. Such measures need to tackle issues such as (1) poor management and supervision; (2) the lack of information that citizens have regarding what services are provided, where and when they are provided, who provides them and procedures to be followed; and (3) weak institutional capacity for monitoring and enforcement, among others. Adequate control mechanisms, such as regular audits and inspections, are crucial to detect corruption. Public scrutiny and social control are key deterrents to corruption. Including citizens in direct accountability strategies between users [patients or students] and providers has proven to improve the performance of public institutions in other contexts. An informed citizenry that expects education and health to be delivered responsibly and equitably is a powerful tool for preventing abuse. This requires information campaigns by policy actors to inform citizens about their rights.

A first step for the government to get more data on the gendered impact of corruption in both sectors is to build a functional and effective complaint mechanism structure in the country. The desk research showed that existing complaint mechanisms are barely used by Albanian citizens, due to a possible lack of trust in state structures that was expressed during the in-depth interviews and the belief that reporting would not make any difference. An essential step for the state to address this issue lies in the reform of the structures of complaint mechanisms so that citizens feel comfortable and secure when reporting incidents of corruption. The extent to which a crime is reported to the authorities by its victims depends on the perceived gravity of the crime experienced, the faith in the authorities to respond effectively, and the immediate benefit the victim can draw from reporting the crime. Special reporting procedures for women and girls seeking to lodge complaints should be taken into consideration. Practitioners have suggested that complaint mechanisms need to be clear, transparent, and independent governance structures must be in place to ensure that there is no bias or interference in the process (legitimacy). Citizens need to be aware of their right to complain, and the mechanism needs to be accessible to all and provide adequate assistance to those who wish to access it, including specific groups such as children, women, and people with disabilities, among others. Accessibility needs to take into consideration language,

literacy, awareness, finance, distance, and fear of reprisal. Stakeholders must have reasonable access to the sources of information, advice, and expertise they need to engage in the process on fair and equitable terms. The mechanism must provide a clear and known procedure, with a specified time frame for each stage, clarity on the types of processes and outcomes the mechanism can and cannot offer, and a way to monitor the implementation of outcomes (predictability). Complaint mechanisms can be internal, external, or there can even be different channels in place. However, currently there is no data exchange or coordination among different complaint mechanisms in Albania. This also means that state structures do not have a comprehensive overview about the number and nature of complaints. Having an overall picture would, however, be crucial to base public policies on the result of citizen's complaints. In order to make complaint mechanisms more visible and to inform citizens about their right more pro-active outreach activities are needed, including mobile units reaching out to communities in rural areas. To make the existing complaint mechanisms gender sensitive requires capacity development of complaint mechanism staff in order to apply a victims-based approach and inclusive language. Online platforms that make filing complaints easier should be offered, as well as mobile units that reach out to remote and marginalized communities. Women's civil society organisations – having a deep understanding of the realities and needs of women and having expertise on working with women – should be consulted when developing gender sensitive reporting mechanisms.

As regards data collection on the gendered impact of corruption, this preliminary study's assessment is that present data collection efforts by state institutions are not disaggregated, systematized, nor analysed at a sufficient level. It is pivotal to build a data management system of official complaint mechanisms that disaggregates data by sex, socio-economic factors, geography, educational level, ethnicity, gender identity, and other factors. This data should be open to the public and it should be published in an itemized manner, and not in an aggregate format. Any kind of information in the public complaint database that helps to understand underlying factors of corruption should be accessible. Otherwise, understanding the drivers, the impact and relationships between perpetrators and victims will not be possible. Data collection needs to take an intersectional perspective that takes into account the different identity categories of women. An intersectional approach can identify the interplay between factors such as class, religion, ethnicity, and others and the impact of corruption. Addressing gender in the context of corruption involves not only talking about women as a unitary category, but to show that within this group there are identities that generate different experiences for different women.

Not surprisingly, the interviews suggest that some people are not used to identify gender specific aspects in the Health Care or Higher Education contexts, which might be explained by cultural norms about gender equality and equity impeding the identification of certain gendered approaches. It is therefore advisable to explore processes of socialisations that encouraged to conform to established cultural norms as well as ways of educating the public

to get at the core of gender equality issues. Fostering gender equality and women's empowerment play a vital role in ensuring a more inclusive, transparent and accountable economic landscape, which is an antidote to collusive and clientelist networks and key to strengthening a democratic and peaceful society.

Tailored gender sensitive transparency and accountability policy measures can be best taken when they are based on a gender sensitive assessment of corruption risks in the health care and higher education sectors. The aim should be to identify corruption risks in health care service delivery, access to health care services for women and girls, including primary as well as sexual and reproductive health care, as well as corruption risks in higher education in areas that impact women and men differently, with an emphasis on women and girls from rural areas and from disadvantaged groups. In spite of the damaging nature of service delivery corruption for individuals and their trust in government structures, the fight against corruption in Albania has been primarily focused on strengthening legal measures and the institutional set-up, while the impact of corruption on the population, including on different groups of society has only been addressed very sporadically. Policy makers in Albania should give more visibility to the consequences of corruption on individual lives, differentiating by sectors and gender, to illustrate its immense damage.

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ANNEX: INTERVIEW PARTNERS

Table Interview partners health sector

Interview category	Sex	Age	Civil Status	Education level	working status	Geographical location	Income level
Patient/caregiver Nr 1	female	35	Married	High school	Working full-time	Rural area or village	Manages with difficulties
Patient/caregiver Nr 2	female	34	Married	Bachelor	Working part-time	Rural area or village	Manages with difficulties
Patient/caregiver Nr 3	female	36	Single	Masters	Working full-time	Large town	Has enough to buy what she wants
Patient/caregiver Nr 4	female	33	Married	8 years of school	Working part-time	Rural area or village	Manages with difficulties
Patient/caregiver Nr 5	male	37	Married	8 years of school	Working full-time	Rural area or village	Has just enough to buy what is needed
Patient/caregiver Nr 6	male	63	Married	Primary school	Pensioner	Rural area or village	Manages with difficulties
Doctor Nr 1	female	52	Married	Masters	Working full-time	Large town	Has just enough to buy what is needed
Doctor Nr 2	female	42	Married	Masters	Working full-time	Large town	Has just enough to buy what is needed
Doctor Nr 3	female	55	Married	Bachelor	Working full-time	Large town	Manages with difficulties
Nurse	female	50	Married	Bachelor	Working full-time	Large town	Has just enough to buy what is needed

Table interview partners higher education sector

Interview category	Sex	Age	Civil Status	Education level	Working status	Geographical location	Income level
Student Nr 1	female	20	No data	High school	Not working	Large town	Manages with difficulties
Student Nr 2	female	21	No data	High school	Student	Large town	Manages with difficulties

Student Nr 3	male	24	No data	Bachelor	Student and working part-time	Large town	Manages with difficulties
Student Nr 4	male	24	No data	Masters	Student and working part-time	Large town	Manages with difficulties
Student Nr 5	male	22	No data	Bachelor	Student and working part time	Large town	Has enough to buy what is needed
Professor Nr 1	female	28	No data	Masters	Working part time	Large town	has just enough to buy what is needed
Professor Nr 2	female	55	No data	PhD	Working full-time	Large town	Manages with difficulties
Professor Nr 3	male	50	No data	PhD	Working full-time	Large town	Has enough to buy what is needed
Professor Nr 4	male	30	No data	Masters	Working full-time	Large town	Manages with difficulties