Situation Analysis of Children and Adolescents in Kazakhstan: 2024

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Amira, school student of the 1A grade, wears headphones during the break. Secondary school No.26. in Pavlodar, Pavlodar oblast.

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Acronyms

4G	Fourth Generation
5G	Fifth Generation
ADB	Asian Development Bank
ART	Antiretroviral Therapy
BNS	Bureau of National Statistics
CBO	Community-Based Organization
CCA	Common Country Analysis
CCPR	International Covenant on Civil and Political Rights
CCT	Conditional Cash Transfer
CEC	Central Election Commission
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CESCR	International Covenant on Economic, Social and Cultural Rights
CESDRR	Centre for Emergency Situations and Disaster Risk Reduction
CO	Country Office
COSI	Childhood Obesity Surveillance Initiative
CPCR	Committee on the Protection of Children's Rights
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CRVS	Civil Registration and Vital Statistics
CSO	Civil Society Organization
DARE	Digital Acceleration for an Inclusive Economy
DECA	Digital Ecosystem Country Assessment
DFC	Digital Family Card
DPF	Development Policy Financing
DRR	Disaster Risk Reduction
ECD	Early Childhood Development
ECD/E	Early Childhood Development and Education
ECDI	Early Childhood Development Index
ECE	Early Childhood Education
ECEC	Early Childhood Education and Care
EMIS	Education Management Information System
ENOC	European Network of Ombudspersons for Children
EU	European Union
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GDI	Gender Development Index
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GII	Gender Inequality Index
GEWE	Gender Equality and Women's Empowerment
GNI	Gross National Income
GoRK	Government of the Republic of Kazakhstan
HBSC	Health Behaviour in School-Aged Children
HDI	Human Development Index
HMIS	Health Management Information System
ICEF	International Classification of Functioning
ICT	Information and Communication Technology
IHDI	Inequality Human Development Index
ILO	International Labour Organization
IPV	Intimate Partner Violence
ITU	International Telecommunications Union
JMP	Joint Monitoring Programme

KAP	Knowledge, Attitudes and Practices
KZT	Kazakhstan Tenge
Mbps	Megabits Per Second
MCH	Maternal and Child Health
MCI	Monthly Calculation Index
MICS	Multiple Indicators Cluster Survey
MKI	Ministry of Culture and Information
MOE	Ministry of Education
MOFA	Ministry of Foreign Affairs
MOIA	Ministry of Internal Affairs
MOJ	Ministry of Justice
MLSP	Ministry of Labour and Social Protection of the Population
MOH	Ministry of Health
MoSHE	Ministry of Science and Higher Education
MPI	Multidimensional Poverty Index
MWRI	Ministry of Water Resources and Irrigation
NCPH	National Centre of Public Health
NDC	Nationally Determined Contribution
NDP	National Development Plan
NEET	Not in Employment, Education or Training
NER	Net Enrolment Rate
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development
PCB	Polychlorinated Biphenyl
PISA	Programme for International Student Assessment
PrEP	Post-Exposure Prophylaxis
RK	Republic of Kazakhstan
SCA	State Child Assistance
SDG	Sustainable Development Goal
SEN	Special Educational Needs
SGBV	Sexual and Gender-Based Violence
SitAn	Situation Analysis
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
SSA	Special State Allowance
STI	Sexually Transmitted Infections
TSA	Targeted Social Assistance
TVET	Technical and Vocational Education and Training
UCT	Unconditional Cash Transfer
UDHR	Universal Declaration of Human Rights
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UPMP	Universal Progressive Model of Patronage
USAID	United States Agency for International Development
VAC	Violence Against Children
VAW	Violence Against Women
VAW/C	Violence Against Women and Children
VAWG	Violence Against Women and Girls
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
YFHC	Youth-Friendly Health Centre
YFHS	Youth-Friendly Health Services

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1. INTRODUCTION

This situation analysis (SitAn) represents a key United Nations Children's Fund (UNICEF) programmatic output which documents the situation of children and adolescents in Kazakhstan, and monitors progress made advancing their rights. In keeping with UNICEF's mandate to safeguard the rights of all children, this SitAn adopted human rights-based and equity-focused approaches, along with gender and humanitarian action lenses. The focus was on documenting achievements and progress made toward SDGs, coupled with bottlenecks, challenges and barriers that exist across sectors that prevent children and women, especially the most vulnerable, from benefiting from interventions and services, and enjoying their rights enshrined in the Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention on the Rights of Persons with Disabilities (CRPD) and other international and regional obligations of the country.

This SitAn serves to inform evidence-based planning and programming, and guide policy advocacy and partnership efforts. Data and findings from this SitAn can be used to formulate key messages for social and behaviour change (SBC) initiatives, and can be disseminated on UNICEF and partner's websites to inform collective action. This SitAn can also be used to inform the development new Country programme for 2026–2030 later translated into sectoral annual work plans and programme documents with government and other stakeholders, and provides inputs to the annual statistical yearbook, entitled Children of Kazakhstan, and at later stages can be linked to national monitoring instruments related to the Child Well-Being Index.

Conceptual Framework

The conceptual framework for this SitAn was guided by UNICEF's Core Guidance: New Generation Situation Analysis.[1] The focus was on developing a narrative and understanding of children and adolescents in Kazakhstan, including the realization (or non-realization) of their rights in the country. In doing so, this SitAn adopts a human rights-based approach that focuses on those who are most marginalized, excluded or discriminated against, which often requires an analysis of gender norms, different forms of discrimination, and power imbalances to ensure that intervention reaches the most marginalized segments of the population. This requires investigating the unequal realization of children's and adolescents rights to: survive and thrive; learn and acquire skills for the future; to be protected from violence, exploitation, abuse, neglect and harmful practices; use safe and equitable water, sanitation and hygiene (WASH) services; live in a safe and sustainable climate and environment; and have access to inclusive social protection and to live free of poverty.[2]

The conceptual framework situates the analysis in the country context with a clear recognition of regional and global issues that impact the lives of children and adolescents at the country-level.[3] The focus is on identifying data gaps that exist at the country-level and should be addressed to generate a better picture of the situation of children and adolescents in Kazakhstan.[4] This includes "an absence of data on vulnerable groups or 'invisible' or 'unaccounted' children."[5] Illustrating critical data gaps can create opportunities for UNICEF to engage in dialogue and advocate with GoRK and other national partners to fill these gaps with improved administrative data collection, issue-specific surveys, studies and research, and enhanced data analysis of existing data. This can feed into national planning, budgeting and/or legislative and policy processes.[6]

Methodology

The primary methodology for this SitAn was a comprehensive **desk review** of data and information from recognized and credible global, regional, national and subnational data sources that are widely accepted and used, and data and findings from studies, research and evaluations.[7]

An **equity analysis** was undertaken related to each of the dimensions covered in this SitAn, including child-related SDG indicators. The equity analysis focused on inequities based upon the characteristics of children (e.g., gender, age, vulnerability status) and households (e.g., socio-economic quintiles), and geographical differences (e.g., urban/rural and region). Such analysis was important to understanding the multiple forms of discrimination and exclusion experienced by children and adolescents. The equity analysis also allowed for an examination of the strengths and weaknesses of national institutions that influence the realization of children's rights, including rights set out in core international and regional human rights instruments. The measurement of progress against these formal obligations is a central benchmark by which to assess the situation of children and adolescents in Kazakhstan.

Trend analysis was undertaken when relevant data were available for multiple time periods. Trend analysis was useful when analysing changes over time in child poverty, maternal and child health, school enrolment and completion rates, and child protection among others. Trend analysis helped to reveal changes over time in the realization of children's rights by fostering greater social inclusion, especially for the most disadvantaged and excluded children and families, and by reducing disparities and inequality, and strengthening inclusiveness.

Where data and information were available, an effort was made to focus on determinants, including underlying and structural causes of patterns and trends, and observed outcomes among children. The **causal analysis** took into consideration macro-level determinants, such as legislation, policies and public expenditures that contribute to the realization of rights and reduction of inequities among children and adolescents.

Consultations were conducted with UNICEF Country Office (CO) staff, national partners and key stakeholders (governmental and non-governmental) to allow for their inputs on the SitAn Report, regarding content, existing data and data sources, and documents relevant to the desk review and the SitAn. Sector-specific group consultations were conducted to understand general changes in trends and the situation in the programming environment with a focus on key results for children and adolescents.

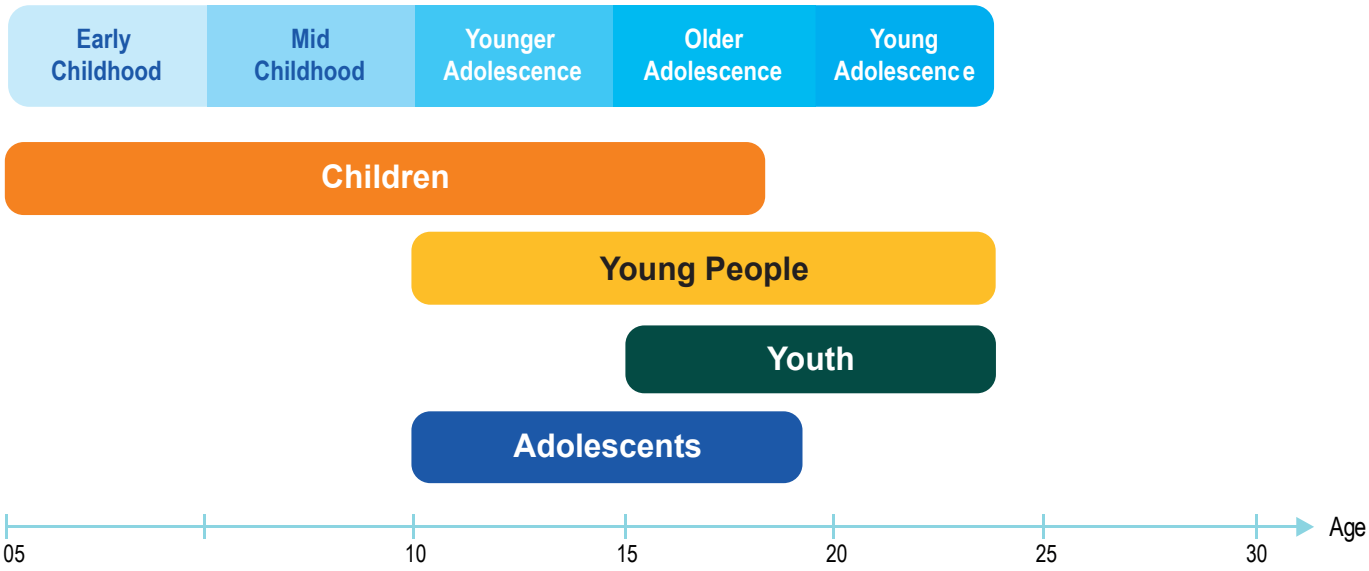
Consultations were also conducted with adolescents ages 15–19 in Kazakhstan to ensure their views and suggestions were taken into consideration in the process of drafting the SitAn.[8] A total of six focus group discussions were conducted with adolescents aged 15–19 in two regions of Kazakhstan, including Astana and Kyzylorda (a region in the south). Consultations with youth focused on engaging adolescents on four thematic areas: priority areas of young people; learning and skills development; health and well-being (including mental health and violence against children); and environment and climate change.

In October 2024, preliminary findings were presented to key stakeholders, including governmental and non-governmental entities, in Astana.

Subgroups of Children, Adolescents and Youth

UNICEF recognizes that individual diversity makes it difficult to define a universal age for the start and end of the critical period of physical growth and development for children, adolescents and youth; yet, defining a specific age span is essential for monitoring progress across context and time. **Figure 1** shows that children aged 0–17 include a number of distinct subgroups, including: early childhood (0–4 years), middle childhood (5–9 years), younger adolescents (10–14 year) and older adolescents (15–19 years). In addition, adolescents aged 10–19 years include younger adolescents (10–14 years) and older adolescents (15–19 years). Young people aged 10–24 years include adolescents (10–19 years) and youth (15–24 years).

Figure 1. **Stages of child, adolescent and youth in terms of growth and development**



Source: *UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents, 2018, p. 9*

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2. KAZAKHSTAN OVERVIEW

Kazakhstan, officially the Republic of Kazakhstan, is a landlocked country and the ninth largest country in the world by area.[9] Since gaining independence in 1991, Kazakhstan has made significant progress in economic and social development, and has been classified by the World Bank as an upper-middle-income country since 2006.[10] In 2023, Kazakhstan had a gross domestic product (GDP) of USD261.4 billion[11] and a GDP per capita of USD13,136.6[12] Despite being an upper-middle-income country, poverty and inequality have been on the rise in recent years, and marginalized groups have yet to fully achieve economic, social and cultural rights.[13]

Demographic Profile

According to Kazakhstan's Bureau of National Statistics (BNS), Kazakhstan's population was an estimated 20 million as of March 2024, of which 12.5 million live in urban areas and 7.6 million in rural areas.[14] Kazakhstan has one of the lowest population densities in the world, although the population has steadily grown over the past two decades, with an average annual population growth rate of 1.3 percent.[15] According to the 2021 population census, Kazakhstan's population was 19,186,015, up by 19.8 percent from 16,009,597 in the 2009 census.

The population is dispersed across the country. The three most populated regions are in the South, including Almaty (11.2 percent), Turkistan (10.7 percent) and Almaty City (10.6 percent); whereas the least populated regions include two regions in the north — North Kazakhstan (2.8 percent) and Pavlodar (3.9 percent) — and three regions in the west — Atyrau (3.5 percent), West Kazakhstan (3.5 percent) and Mangystau (3.8 percent).[16] In 2021, 61.2 percent of the population was living in urban areas (up from 56.1 percent in 2009), and 38.8 percent were in rural areas (down from 43.9 percent in 2009).[17] In 2021, 51.4 percent of the population were women and 48.6 percent men, which is similar to 2009. It is notable that 62.7 percent of women and 59.6 percent of men lived in urban areas, whereas 40.4 percent and 37.3 percent of women lived in rural areas.[18] The majority of the population are Kazakhs (70.4 percent); only 15.5 percent are Russian and 14.1 percent 'other' nationalities.[19] According to the BNS, at the beginning of 2023, the proportion of children ages 0–17 years in Kazakhstan was 34.1 percent. **Chart 1** shows that the proportion of children was highest in Turkistan (43.3

percent), Mangystau (41.8 percent), Shymkent (40.5 percent), Kyzylorda (39.7 percent), Atyrau (38.9 percent) and Zhambyl (38.1 percent); far greater than the national average of 34.1 percent.

Kazakhstan has been grappling with a significant demographic challenge, marked by a high and rising dependency ratio, which reflects the proportion of dependents (i.e., children under 14 years of age and elderly over 65 years of age) to the working-age population. The projected increase in the dependency ratio will further burden the working-age population, which will need to support a growing population of children and the elderly. This trend demands urgent attention, as it threatens the sustainability of social services and economic growth. As the dependency ratio rises, so will the demand for social spending on education, health care and pensions, which will put significant pressure on the public budget, potentially necessitating a reallocation of resources from other critical sectors.

Maintaining fiscal sustainability will become increasingly challenging in Kazakhstan, as the working-age population decreases in proportion relative to dependents. To address this issue, GoRK should prioritize reforms that secure adequate funding for essential social services and safeguard the funding for health care. This may involve exploring innovative revenue generation strategies, optimizing resource allocation, and fostering long-term economic growth to support social programs effectively.[20]

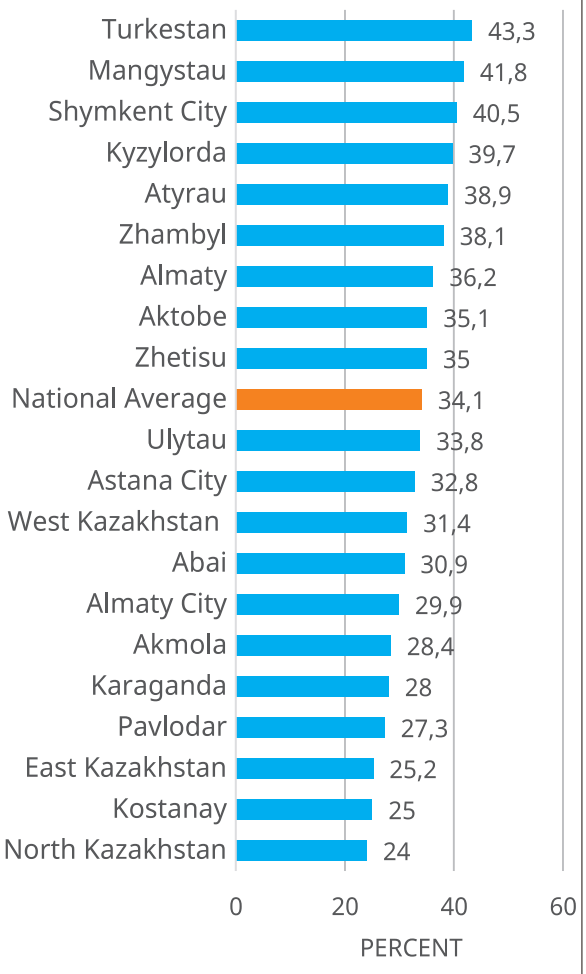
Governance

Since gaining independence in 1991, Kazakhstan has functioned as a unitary state with a presidential system of government. The 1995 Constitution of the Republic of Kazakhstan proclaims the country a democratic, secular, legal and social State. Kazakhstan's transition to democracy included the election of a President of the Republic Kazakhstan as the Head of State, the highlight political official, who determines the main directions of domestic and foreign policy.

Since the establishment of the office of the presidency on 24 April 1989, under the Kazakh Soviet Socialist Republic, President Nursultan Nazarbayev was elected, and remained in office until he resigned in 2019. On 20 March 2019, the current president, Kassym-Jomart Tokayev, assumed office.

In 2022, during the President's State of the Nation Address, President Tokayev announced that parliamentary elections would be held early in the first half of 2023, and that legislative bodies would be 'naturally renewed' to better represent the interests of 'broad groups of citizens' and to enable the executive branch to make more 'balanced decisions'.[21] This transformed the electoral system into a mixed proportional-majoritarian model in the *Majilis*. Under this model, 70 percent of Parliamentarians were supposed to be elected through party lists, and 30 percent in majoritarian constituencies. In addition, the number of seats in the *Majilis* was reduced from 107 to 98 due to the abolition of the previous nine-seat quota that was reserved to the Assembly of People of Kazakhstan. In regional *maslikhats*, the share of proportional and majoritarian seats was 50/50. These changes were expected to enable individuals who are not members of a particular party to participate in parliamentary and local elections.

Chart 1. **Children ages 0-17 in the population by region (%), 2023**



Source: *Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan*

Economy

Since the 2000s, Kazakhstan has seen impressive economic growth drive by the first generation of market-oriented reforms, abundant mineral resources extraction, and strong foreign direct investment. Sustained economic growth has transformed the country into an upper-middle-income economy, commensurately raising living standards and reducing poverty.[22] Over the past decade, however, Kazakhstan's growth has slowed from 10 percent from 2000–2007, to below 4 percent, highlighting the vulnerabilities of an economy still dependent on hydrocarbons and with stagnant productivity growth.[23]

In 2022, Kazakhstan had a GDP of USD225.5 billion[24] and a gross national income (GNI) of USD199.98 billion.[25] In 2020, Kazakhstan's GDP contracted by 2.5 percent, due to the COVID-19 pandemic.[26] By 2021, the GDP rebounded to 4.3 percent, but then fell to 3.2 percent in 2022, due in part to the global downturn following Russia's invasion of Ukraine.[27] In 2023, Kazakhstan's economy grew by 5.1 percent, driven by exports and fiscal stimulus, but was expected to slow to 3.4 percent in 2024, mostly due to delays in expanding the Tengiz oil field.[28] Although inflation is still well above the expected target, it is expected to continue to decline.[29]

Currently, the macroeconomic situation in Kazakhstan remains stable and the short-term outlook is generally positive. Still, however, the war in Ukraine and its geopolitical ramifications poses additional risks due to Kazakhstan's strong political, economic, and cultural ties with Russia. In 2023, economic growth was accelerated by higher mineral extraction and expanded investments in infrastructure and social protection, financed by export revenues and increased allocation from the National Fund of Kazakhstan, the sovereign wealth fund. The highest growth was observed in three sectors — construction, trade, and information and communication technology (ICT).[30]

Digital Development. Kazakhstan has a digital development programme designed to accelerate the pace of development of the country's digital economy and to improve the quality of life of the population. Digital Kazakhstan has focused on digitizing key sectors, including the health, education, employment, agriculture and transport sectors, as well as digitizing all e-services and postal services.[31] In 2022, the Digital Kazakhstan programme met its goal of increasing the internet penetration rate to 82 percent of the population, and the country's mobile networks continue to expand. According to official data, as of April 2023, broadband mobile internet is available to 94 percent of the population, including fourth generation (4G) networks.[32] Several mobile service providers were expected to have introduced fifth generation (5G) services between 2023 and 2025. According to May 2023 testing data from Ookla, the median download speed of fixed line broadband connection in Kazakhstan was 39.6 megabits per second (Mbps) and the median mobile broadband speed was 22.1 Mbps.[33] In 2023, GoRK introduced the Digital Family Card (DFC)[34] as an innovative solution that aims to improve the quality of people's lives by utilizing digital technologies and data-driven decision-making. The DFC analyses vulnerabilities, identifies target populations, and provides comprehensive public services to vulnerable groups across the country in a proactive manner. The DFC aims to directly support vulnerable population groups by providing them with social protection and eliminating barriers associated with traditional bureaucratic systems. The DFC also aims to improve the efficiency of government agencies, increase transparency and accountability of budgetary spending, and ensure overall equal access to social protection services.[35]

Human Development

The *Human Development Report 2025*[36] presents Human Development Index (HDI) values[37] for 193 countries and territories.[38] In 2022, Kazakhstan's HDI value was 0.837, which classifies the country as 'very high' on the HDI, positioning the country at 60 out of 193 countries and territories. To measure human development more comprehensively, the *Human Development Report 2025* presents the Gender Development Index (GDI), which compares female and male achievements on HDI values, and the Gender Inequality Index (GII), which highlights women's empowerment as it relates to reproductive health, education, political representation and the labour market.[39] Kazakhstan's HDI value for females was 0.837, compared to 0.833 for males, resulting in a 2023 GDI value of 1.004, placing the country into Group 1 (i.e., countries with high equality in HDI achievements between women and men).[40] Kazakhstan also has a 2023 GII value of 0.182, ranking it 50 out of 193 countries.[41]

To measure inequality, the Human Development Report presents the Inequality-adjusted Human Development Index (IHDI), which takes into account inequality in all three dimensions of the HDI by 'discounting' each dimension's average value according to its level of inequality. The IHDI is the HDI discounted for inequalities. Kazakhstan's 2023 HDI value was 0.837, but when the value is discounted for inequality, the IHDI value falls to 0.766.[42] Kazakhstan's overall loss due to inequality is 8.5 percent, which is lower than average overall losses due to inequality for Europe and Central Asia (12.1 percent) and very high human development countries (9.9 percent).[43]

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3. CHILD RIGHTS AND GOVERNANCE

Kazakhstan is a member of the UN and has ratified many UN conventions, and many binding international commitments, to adhere to the standards laid down in these universal human rights documents, including the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (CCPR) and Option Protocol[44], and the International Covenant on Economic, Social and Cultural Rights (CESCR).[45]

Kazakhstan has also signed and ratified international conventions that promote gender equality, including the CEDAW[46] and the Optional Protocol to CEDAW.[47] Kazakhstan has also demonstrated its commitment to advancing gender equality by endorsing the Beijing Platform for Action (1995) and pledging to uphold that Beijing Platform of Action at the UN Global Leaders' Meeting on Gender Equality and Women's Empowerment (GEWE). GoRK has engaged with the international community to demonstrate its progress on advancing gender equality and women's rights, such as when it presented its initial report to CEDAW in 2002, and again reported in 2007 and 2014.[48] More recently, in 2020, the Council of Europe invited Kazakhstan to join the Convention on preventing and combatting violence against women and domestic violence (hereinafter referred to as the Istanbul Convention).[49]

Kazakhstan ratified the Convention on the Rights of the Child[50], as well as the Optional Protocol on the sale of children, child prostitution and child pornography[51], the Optional Protocol on involvement of children in armed conflict[52], and the Optional Protocol on a communications procedures.[53] Kazakhstan has also ratified the Worst Forms of Child Labour Convention, International Labour Organization (ILO) No. 182.[54] Kazakhstan also ratified the CRPD[55] and Optional Protocol to the CRPD.[56] Kazakhstan also ratified the 1951 Convention related to the Status of Refugees and its 1967 Protocol in 1999.[57] Recently, Kazakhstan affirmed its commitment to the Global Compact on Refugees.

Kazakhstan also signed on to the 2030 Agenda for Sustainable Development and has demonstrated its commitment to the SDGs through their integration into the State Planning System.[58]

National Legislation and Policy

GoRK has made significant strides translating international commitments to promote children's rights and gender equality into national legislation. Kazakhstan officially accepts women's rights and gender equality in the 1995 Constitution, which guarantees equality of rights and freedoms of all citizens, and prohibits discrimination based upon gender.[59] In an effort to translate international and regional commitments to promote gender equality into national policy, Kazakhstan has formulated policy and undergone legislative reforms, including:

- Law on domestic violence prevention, 2009
- Concept of Family and Gender Policy until 2030 (updated in 2022)
- Act for Equal Central Asian community of practice for gender equality and women employment (2021)
- Law on Amendments and Additions to Certain Legislative Act of the RK Regarding the Protection of Women's Rights and Children's Safety (2024)
- Law on Amendments and Additions to the Administrative Offenses Code of Kazakhstan Regarding the Protection of Women's Rights and Children's Safety (2024)

In 2002, GoRK demonstrated its commitment to advancing the rights of the child by enacting the Law on the Rights of the Child in the RK, which inter alia, protects children from sexual abuse, prostitution, pornography, and trafficking.[60] In 2009, the Government also enacted a Law on State Guarantees of Equal Rights and Equal Opportunities of Men and Women that established the legal principles of equal rights. This law defines basic concepts of gender discrimination and reiterates state guarantees in the civil service, labour market, health care, education and family. The law also affirms that all State agencies are responsible for implementing gender policies.

The Child Rights Protection Committee is Kazakhstan's permanent body for children's rights. The Committee works to develop and implement national policy on the protection and children's rights and considers personal appeals on children's rights issues from the general public. The Committee also has the power to hold individuals and institutions accountable for failing to meet their obligations of protecting children's rights.[61]

In 2016, a presidential decree established the institution of the Ombudsperson for Children's Rights, and in 2022, the Government appointed Ombudsperson for Children's Rights in each region of Kazakhstan.[62] According to UNICEF, the Child Rights Ombudsperson is not fully aligned with the standards for independent national human rights institutions for children which were drafted by a working group of European Network of Ombudspersons for Children (ENOCs) at the fifth annual meeting in Paris, France in October 2001.[63]

In 2023, Kazakhstan adopted its Social Code which extends social childcare benefits for children until they reach 18 year and adopted the 2024–2025 Human Rights and Rule of Law Plan, which focuses primarily on children's rights. This Plan includes: regulating Regional Child Rights Ombudspersons' statuses; strengthening protection measures against domestic violence; revising legislation to register children born outside of health facilities; analysing issues of child labour; promoting gender equality; and adopting an inclusive policy concept.[64] In 2024, GoRK launched the National Fund for Children, which distributed 50 percent of its investment income to children under 18 years of age. Upon reaching 18-years-old, beneficiaries can use the funds for education or housing.[65] In April 2024, President Tokayev enacted the laws of Kazakhstan "On Amendments and Additions to Certain Legislative Act of the RK Regarding the Protection of Women's Rights and Children's Safety" and "On Amendments and Additions to the Administrative Offenses Code of Kazakhstan Regarding the Protection of Women's Rights and Children's Safety." This law strengthens protections for women and children and includes a comprehensive set of measures to create infrastructure that assists families and children, and prevents violence against women and children, and strengthens accountabilities for all forms of violence against children (VAC). This new legislation introduced measures to strengthen the family institution, including: expanding the role of Child Rights Commissioner to improve child welfare and protection; establish contact centres for family matters and the protection of women's and children's rights; introduce Family Support Centres within local executive bodies to support for families facing domestic violence; and introduce new principles in marital and family legislation, with a focus on protection, preservation and promotion of family values. Adopting this law was an important step forward, but more should be done to ensure that women and children are protected from family violence, in accordance with international human rights standards, including by criminalizing domestic violence as a stand-alone offense. The creation of a stand-alone offense of domestic violence could ensure that other types of violence within the family, such as psychological and sexual violence, are also properly investigated and prosecuted.[66]

Child Rights Governance

In Kazakhstan, child rights governance has not evolved much since 2011, despite multiple legal and policy reforms.

There is still no single central government body responsible for setting national policies related to children's rights; this responsibility is shared across ministries and agencies, including: the Ministry of Education; Committee on the Protection of Children's Rights (CPCR) under the MOE; Ministry of Labour and Social Protection of Population (MLSP); Ministry of Health (MOH); Ministry of Internal Affairs (MIA); Ministry of Justice (MOJ); The National Commission on Women Affairs and Family and Demographic Policy under the President of the Republic of Kazakhstan; and the Committee on Youth and Family Affairs of the Ministry of Culture and Information. When it comes to addressing children's rights, lack of coordination has consistently been highlighted by many key stakeholders at the central level.[67]

CPCR among its functions has responsibility for coordinating authorized bodies in relation to protection of children's rights and for exercising control and supervisory functions over the activities of central and local executive bodies. The challenge is that CPCR has no authority over other ministries, making coordination difficult; as a result, sectoral initiatives aimed at protection of children's rights have been fragmented, without

sufficient collaboration or coordination across multiple ministries and departments, even when it comes to the development and implementation of programmes.

Given the national context, the Committee on Child Rights has recommended enhancing the status and authority of the CPCR by moving it out of the MOE; this, however, has yet to happen.

Box 1. **Recommendations for strengthening child rights governance in Kazakhstan**

Efforts to strengthen child rights governance in Kazakhstan require:

1. **Strengthen cross-ministerial and multi-agency coordination and accountability for policy development, advocacy and implementation at the central level.,**

   Actions: GoRK should establish a central inter-ministerial and multi-agency Commission to develop and monitor implementation of national legislation and policies related to the protection of children's rights, with establishment of standing multi-sectoral agencies that have clear accountability lines related to health, education, child protection, social protection, and law enforcement to coordinate the implementation of national legislation and policies related to protection of children's rights across administrative levels. The new Commission and multi-sector agency should be established by law and provided with the necessary financial resources to effectively exercise their functions.

2. **Strengthen the coordination of Oblast, district and municipal *Akimats* to plan and deliver services to children and vulnerable families.**

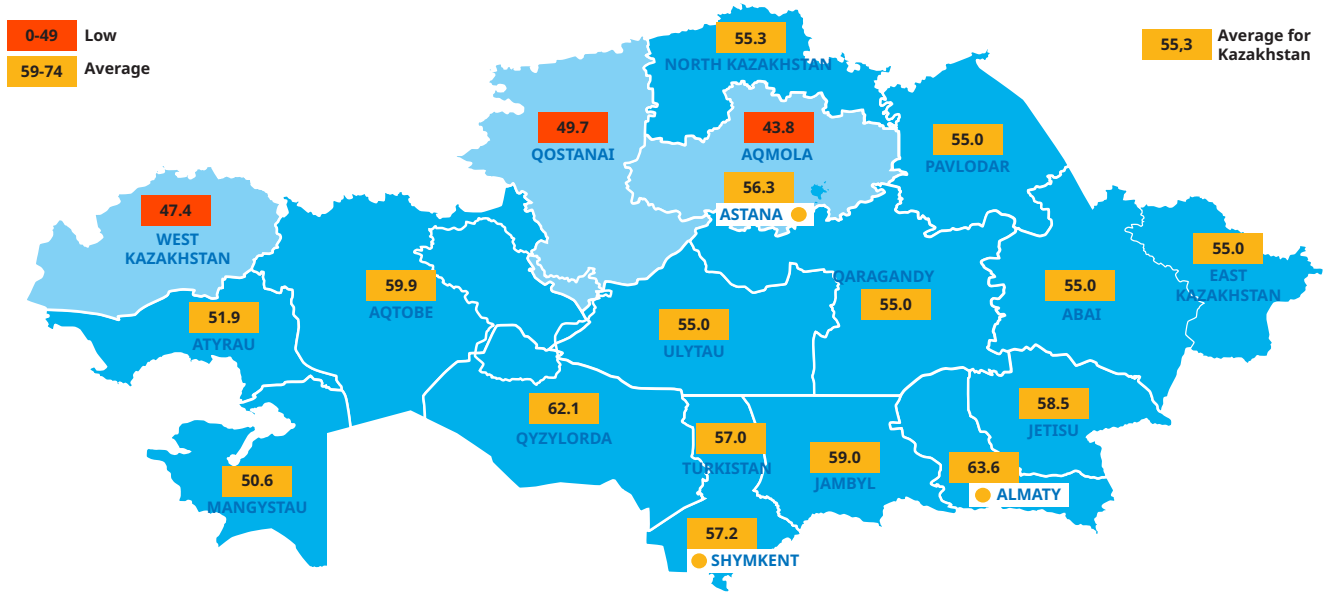
   Actions: A cross-agency department should be established at Oblast, district and municipal levels, and chaired by the Deputy Akim, with representatives from the different sectoral departments, and from NGOs active on child protection issues, should be members of the Department. It is recommended that the multi-sectoral Commissions are provided with the necessary budget and human capacity to be able to exercise the mandate to protect the rights of children.

Source: Cecchetti, R., A. Kulakhmetova & S. Meyer UNICEF (2021). Formative evaluation of the system for prevention and response to violence against children in Kazakhstan from 2011 to 2020: Evaluation Report. UNICEF & Commissioner for Human Rights in the Republic of Kazakhstan: Astana, Kazakhstan, pp. 134–135.

Child Well-Being Index

In 2022, with support from UNICEF and the Economic Research Institute, the Committee for the Protection of Child Rights of the MOE conducted the Child Well-Being Index. The 2022 Child Well-Being Index was designed to track the effectiveness of national policies to improve the situation of children across various spheres of life. The aim was that the Child Well-Being Index will allow public authorities to respond to issues related to child well-being in a timely manner, including at regional levels based upon notable regional differences.

Figure 2. **Categorization of child well-being by region, 2022**



Note: Yellow marked regions have an average level of child well-being and red regions have a low level of child well-being.
Source: 2022 Child Well-Being Index, p. 73.

The Child Well-Being Index included 36 statistical and 20 survey indicators. Based upon these indicators, most regions had a low assessment of child well-being; as a result, three regions were categorised in the 'red zone' and 14 regions in the yellow zone. **Figure 2** shows that the most child friendly region was Almaty (63.6 points), Kyzylorda (62.1 points) and Aktobe (59.9 points). In 2022, the national average for the child well-being index was 55.3, which was the same (55.3) in 2021. Findings from the 2022, 2023, 2024 Child Well-Being Index led to region-specific recommendations and incorporated into National report on child rights status for the President to improve the quality of children's lives and reduce regional disparities in support for children's rights.

Public Finance for Children

Over the past five years, Kazakhstan has made notable progress in modernizing its public finance management (PFM) system, reflecting broader aspirations for inclusive growth, social equity, and enhanced service delivery. These developments — coupled with systemic fiscal challenges — have had profound implications for the financing and sustainability of child-related policies and programs.

Since 2007, the country has been transitioning to a performance- and results-oriented public administration model. This was institutionalized with the 2007 Concept of State Planning and further strengthened by the adoption of a new Budget Code in 2008. This framework emphasized a shift from resource-based to result-based budgeting and introduced multi-year budgeting as a core principle. A more recent milestone was the adoption of a new Budget Code in March 2025, which introduced structural innovations such as the alignment of fiscal, tax, and monetary policy, strengthened parliamentary oversight, the introduction of block budgeting,

and formalized mechanisms for participatory budgeting. The reform also prioritized safeguarding the National Fund's assets by limiting its use to ensure long-term fiscal sustainability[68].

Despite this progress, a number of persistent gaps continue to hinder the effectiveness of public finance in realizing children's rights. One of the most critical issues is the still-weak connection between strategic planning documents and budgetary programs. While results-based budgeting is formally in place, in practice many budget programs remain fragmented across numerous strategic goals. Performance indicators tend to focus on processes and outputs — such as meetings or reports — rather than outcomes that directly improve children's lives. The lack of harmonized and comparable indicators across sectors further limits evidence-based monitoring and course correction[69].

Transparency and accessibility of budget data have also improved, but challenges remain. Kazakhstan's 2023 Open Budget Survey score was 63 out of 100-below many regional peers[70]. Budget data is often complex, fragmented, and lacks disaggregation by population groups such as children. In some cases, up to one-quarter of local education spending is classified under ambiguous "other" categories, reducing the possibility for public oversight and limiting assessments of child-related resource allocations[71].

Moreover, the current budget classification system — based on economic, administrative, and functional lines — does not allow for systematic tracking of spending on children. This significantly hampers child-sensitive expenditure planning and monitoring. Many countries have responded to this challenge by implementing budget tagging practices that assign labels to budget items based on strategic priorities, such as the SDGs, climate, gender, youth, and child-responsive expenditures. Such tagging helps shift the budget discourse from "how much we spend" to "what we spend on and why." Kazakhstan's move toward expenditure tagging — including for SDGs and children — would improve budget transparency, strengthen alignment with policy priorities, and increase the efficiency of public investment in human capital.

In terms of expenditure levels, Kazakhstan's investments in key social sectors remain lower than those in countries with comparable income levels. For instance, in 2023, government spending on education amounted to just 4.7% of GDP and health at 2.6%, compared to OECD averages of 4.9% and 8.4%, respectively.

Table. **General government expenditures by function as a percentage of GDP, 2023**

Country	General Public Services	Defence	Public Order & Safety	Economic Affairs	Environmental Protection	Housing & Community Amenities	Health	Recreation, Culture & Religion	Education	Social Protection
Australia	4.3	2.3	2.0	5.3	0.9	0.6	7.6	0.9	5.7	10.6
Austria	5.7	0.6	1.4	7.4	0.6	0.4	9.1	1.2	4.9	21.4
Belgium	6.8	0.9	1.7	6.8	1.2	0.4	7.9	1.2	6.3	20.1
Chile	2.8	0.8	1.7	2.8	0.2	0.9	5.5	0.5	4.5	8.6
Colombia	11.7	1.0	2.2	4.1	0.6	0.7	11.3	0.7	3.8	12.1
Costa Rica	4.1	0.0	2.4	2.4	0.3	0.6	6.5	0.2	6.6	8.1
Czechia	4.6	1.2	1.8	6.4	0.8	0.9	8.9	1.3	4.5	13.5
Denmark	5.8	1.8	0.9	2.9	0.4	0.2	8.2	1.5	5.5	19.5
Estonia	4.2	2.7	1.9	4.9	0.7	0.5	6.5	2.0	6.3	13.5
Finland	6.6	1.4	1.2	4.6	0.2	0.5	7.6	1.7	6.3	25.7
France	6.2	1.8	1.7	6.3	1.0	1.3	8.9	1.5	5.0	23.4
Germany	6.1	1.1	1.6	5.8	0.6	0.5	7.5	1.0	4.5	19.7
Greece	8.2	2.2	1.9	5.9	1.5	0.4	5.8	1.1	4.0	18.5
Hungary	10.2	1.9	1.7	9.2	0.6	1.6	4.0	2.6	5.2	12.2

Iceland	8.8	0.1	1.6	4.9	0.7	0.6	8.2	3.0	6.7	10.8
Ireland	2.2	0.2	0.8	2.0	0.4	0.6	5.2	0.5	2.8	8.1
Israel	4.7	6.1	1.5	2.9	0.6	-0.2	5.2	1.4	6.5	11.3
Italy	7.4	1.2	1.7	5.8	0.9	4.3	6.5	0.8	3.9	21.1
Japan	3.6	1.1	1.2	4.9	1.1	0.6	8.1	0.4	3.2	16.1
Korea	4.9	2.6	1.2	5.7	1.1	1.2	5.6	1.0	4.8	9.0
Latvia	3.9	3.1	2.6	6.4	0.5	0.9	5.3	1.3	6.1	13.5
Lithuania	3.4	2.5	1.2	3.3	0.5	0.7	5.3	1.2	5.1	14.0
Luxembourg	5.5	0.5	1.3	6.2	1.1	0.6	5.5	1.3	5.0	19.8
Netherlands	3.6	1.3	1.8	5.1	1.5	0.6	7.0	1.1	4.9	16.2
Norway	5.0	1.8	1.0	5.6	1.0	0.8	8.0	1.5	4.6	17.5
Poland	4.9	2.0	2.3	7.5	0.7	0.7	5.7	1.3	4.9	16.8
Portugal	5.8	0.8	1.6	4.4	0.8	0.5	6.7	0.9	4.3	16.6
Slovakia	5.5	1.2	2.4	7.4	0.9	0.5	6.6	1.1	5.0	17.5
Slovenia	4.6	1.2	1.6	6.3	0.9	0.5	7.4	1.5	5.4	17.0
Spain	5.7	0.9	1.8	5.0	1.0	0.5	6.6	1.2	4.2	18.5
Sweden	5.2	1.8	1.4	5.0	0.6	0.8	7.3	1.4	7.2	18.7
Switzerland	4.2	0.9	1.6	3.9	0.5	0.2	2.2	1.0	5.6	13.1
UK	6.4	2.2	2.2	4.9	0.7	0.9	8.7	0.6	4.8	15.4
USA	6.9	3.0	1.9	3.2	0.0	0.5	10.1	0.2	5.4	7.9
OECD	6.0	2.2	1.7	4.6	0.5	0.8	8.4	0.7	4.9	13.4
OECD-EU	5.9	1.3	1.7	5.8	0.8	1.2	7.2	1.2	4.7	19.3
Bulgaria	3.2	1.5	2.6	5.7	0.7	1.0	5.5	0.8	4.1	13.8
Croatia	4.8	1.3	2.2	7.8	0.8	1.6	7.8	2.0	5.3	13.0
Romania	5.4	1.7	2.7	6.5	0.7	1.5	4.7	1.0	3.3	12.8
Kazakhstan	**2.24**	**1.51**	**0.99**	**2.99**	**0.30**	**1.89**	**2.58**	**0.71**	**4.67**	**5.52**

Source: OECD (2025), Government at a Glance 2025, OECD Publishing, Paris. DOI: https://doi.org/10.1787/0efd0bcd-en. For Kazakhstan: IMF Government Finance Statistics Database, https://legacydata.imf.org/regular.aspx?key=61037799

Regional disparities further compound the issue. According to the 2023 Child Well-being Index, the share of local budgets allocated to children varied significantly—from 58.7% in the Ulytau region to only 24.2% in Almaty. This unevenness leads to disparities in service access and outcomes, especially for children in underserved and rural areas.

Kazakhstan also continues to face structural challenges in revenue mobilization. Tax revenues account for nearly 95% of domestic revenue, yet they remain significantly below international benchmarks. Between 2015 and 2022, tax revenues averaged just 17% of GDP—far lower than the OECD average of 34% and below other resource-rich economies. As a result, persistent fiscal deficits averaging 4% of GDP have driven increased borrowing and withdrawals from the National Oil Fund, raising government debt from 14.5% of GDP in 2014 to 22% in 2023. This pattern limits the government's ability to sustainably finance public services, including child-focused programs.

To address these risks, Kazakhstan is undertaking major tax reforms. These include the gradual introduction of progressive income taxation, the removal of inefficient tax incentives, and enhanced VAT compliance through rate optimization and stronger tax administration[72]. Successful implementation of these reforms could expand the fiscal space available for social investments, particularly those benefiting low-income households and children.

Another fiscal concern lies in Kazakhstan's continued allocation of substantial public resources to fossil fuel and utility subsidies. In 2021, fossil fuel subsidies alone accounted for 2.8% of GDP. These subsidies tend to disproportionately benefit wealthier households while encouraging inefficient energy consumption[73]. Reallocating such subsidies toward targeted social support, including child benefits and community services, would both improve equity and enhance the impact of public spending on vulnerable children.

Fiscal decentralization remains constrained. Local governments are responsible for delivering most child-related services but have limited revenue-raising powers and rely heavily on earmarked transfers from the central budget. This restricts their ability to address local child-specific needs with flexibility and responsiveness.

Citizen participation in budget planning remains limited, despite formal mechanisms being in place. Without meaningful engagement of citizens and civil society organizations, especially those representing children and vulnerable groups, budget priorities may fail to reflect actual needs.

Monitoring and evaluation mechanisms are underutilized. Annual assessments of state bodies' effectiveness are rarely used to adjust budget allocations. Evaluation findings often become available too late to influence the next budget cycle[74] . Furthermore, Kazakhstan lacks a regular practice of conducting public expenditure reviews (PERs) with a child-focus. Although the 2025 Budget Code provides for the use of PERs, their implementation requires stronger institutional capacity and the development of robust methodologies.

The recent fiscal reforms and modernization of the PFM framework, particularly the 2025 Budget Code, offer a strong foundation for improving the efficiency, transparency, and equity of child-related spending. However, much remains to be done to bridge the gap between budgetary commitments and real-world outcomes for children. Key priorities include strengthening the link between planning and budgeting, institutionalizing child-responsive expenditure tagging, increasing fiscal space for social sectors, ensuring equitable inter-regional resource distribution, enhancing transparency and citizen participation, and implementing child-focused public expenditure reviews.

By aligning fiscal reforms with child rights objectives and SDG commitments, Kazakhstan can ensure that public finance becomes a driver of more inclusive and equitable development, placing the well-being of every child at the heart of national investment priorities.

Business and Child Rights

In 2015, recommendations from the concluding observations of the Committee on Child Rights were that GoRK should: establish a regulatory framework for industries operating in the country to ensure their activities do not negatively affect human rights or endanger environmental or other standards; and ensure effective implementation by companies, in particular in industrial companies, of international and national environmental and health standards, and effective monitoring of the implementation of these standards, and sanction perpetrators and provide remedies when violations occur, and ensure that the appropriate international certification is sought.

Over the past decade, the UNICEF has increasingly partnered with private entities (businesses) to promote and advance child rights. It is projected that Kazakhstan will transform into a high-income economy in the coming years. This country classification will affect donor funding for development initiatives, including funding to UNICEF to support the protection of children's rights.

Given this recognition, UNICEF Kazakhstan has been exploring partnerships with the private sector to support the protection of children's rights. In keeping, UNICEF Kazakhstan established a business advisory council as a mechanism to advance the public, private and development nexus around children's rights. Issues focused on have included: encouraging private businesses to develop family-friendly policies and practices (e.g., better paternity leave policies, policies and practices related to annual leave to care for children, and flexible working hours for parents); working with businesses to improve children's access to nutritious foods and reduce consumption of sugar-sweetened beverages; and reducing traffic injuries involving children.

In recent years, GoRK has partnered directly with the private sector to construct schools and hospitals, and to ensure that children in rural areas have access to online learning platforms and materials. The government has also obliged businesses to contribute to the Kazakhstan Foundation, which distributes funds to the most vulnerable families. UNICEF aims to work with the government to ensure that Kazakhstan Foundation monies are distributed to the most vulnerable and deprived households and families.

Strategic Thinking on Child Rights and Governance

In keeping with CRC General Comment No. 19, the overarching goal should be to contribute to the realization of children's rights by supporting the best possible use of public budgets. Article 4 of the CRC establishes that, "States parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the CRC. With regard to economic, social and cultural rights, State parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international cooperation."

Public financing for children's rights should focus on: ensuring sufficient public resources are allocated for child-related policies and programmes, and that spending for children is made more efficient by timely disbursement; results-based budgeting and value for money approaches are adopted for more effective spending on children; resources are better distributed to promote equitable spending with greater attention to disadvantaged groups and areas; and citizens (including children and adolescents) are empowered to monitor and participate in budget processes for more transparent and accountable spending:[75]

Four core actions that can increase the effectiveness and impacts of government financing for children include: [76]

- Support data and evidence generation to advocate for greater and better government investment in children and inform sector reforms.
- Engage in the budget process to influence allocation decisions and improve government spending performance on children and adolescents.
- Empower citizens, including children and adolescents, communities and CSOs to track spending and participate in national (and subnational) budgeting processes.
- Support domestic resource mobilization and facilitate service providers' access to credit to expand domestic financing of key services and programmes.

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4. HEALTH AND NUTRITION

Ending preventable maternal and child mortality, and promoting maternal and child health (MCH) and development are fundamental goals of the 2030 Agenda for Sustainable Development, particularly SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages.

Health System

MOH is responsible for developing national health policies and legislation, and facilitating international collaboration, whereas the regional (oblast) health departments are responsible for managing and delivering health care services in their respective jurisdictions. MOPH is the owner of all national clinics and research centres, whereas the regional health departments own and manage all state-owned hospitals and polyclinics in their regions, with a relatively high degree of autonomy. Regional health departments are responsible for the delivery of primary, secondary and tertiary care[77].

In recent years, a mandatory health insurance system has been established, with the aim of increasing the coverage and quality of health services, and reducing informal and out-of-pocket payments. In 2016, the Social Health Insurance Fund was set up, and in 2020, became the purchaser of publicly paid health services in Kazakhstan. Recent health reforms have also aimed to improve health service accessibility, equity and efficiency[78].

While the basket of publicly paid services is relatively extensive, there are still substantial out-of-pocket payments. Citizens and permanent residents of Kazakhstan have access to two packages of medical care – the State-Guaranteed Basic Package, which is financed by the State budget, and the Social Health Insurance Package, which is a single public purchases for both packages of services[79]. The are also some private health providers operating in the both the primary and hospital sectors, and the majority of them contract with the Social Insurance Fund to provide publicly paid health services[80]. The State-guaranteed basic package of health services has been complemented by a package of services funded by mandatory health insurance[81]. In 2021, the proportion of the population covered by social health insurances was 81 percent (down from 84 percent in 2020); the 19 percent not covered by social health insurance are people of working-age who are not registered as employees or unemployed[82].

In many ways, the organizational structure of Kazakhstan's health care system is equal to the structure of most OECD countries. While numerous reforms have been enacted during the past decade, less attention has been paid to implementing and scaling up these reforms, at all levels of the health care system[83]. The main direction for the health care system are outlined in the Concept for Development of Healthcare until 2026 which focuses on key areas of development, including formation of adherence to a healthy lifestyle among the population, life and development of public health services, and improving the quality of medical care and sustainable development of the health care system[84]. To support health promoting behaviours among the population, measures are underway to increase the population's health literacy and to strengthen engagement of NGOs in public health.[85]

In 2019, with UNICEF's support, MOH introduced a universal progressive model of patronage (UPMP) for pregnant women and young children in all primary health care facilities[86]. The strength of the UPMP is its focus on utilizing all family resources, including mothers and fathers, to ensure children's well-being and development. A UNICEF-supported assessment of the UPMP in Turkistan and Almaty City highlighted several issues needed to strengthen the UPMP and better serve target groups' needs. Utilizing the findings from the assessment, MOH set up a working group to develop recommendations to strengthen the UPMP with UNICEF's assistance in four areas: a general continuum of primary health care services for pregnant women and young children; improving reporting forms, and medical information systems; enhancing human resource capacities of patronage services; and expanding the role of primary health care and UPMP in responding to emerging and zoonotic infections and climate change.

Despite having a UPMP for pregnant women and young children, GoRK still needs to strengthen policies related to early childhood development monitoring, as they should be using the International Classification of Function-

ing (ICF) as a framework to facilitate cross-sectoral work on children and development delays/difficulties and disabilities[87]. It is also important that the government support the development of a comprehensive national early childhood intervention action plan/strategy that guarantees equitable access to early childhood intervention services, to ensure that no child is left behind, including children with disabilities[88]. To accomplish this, the government needs to: increase and strengthen public financing for children and early childhood development and education (ECD/E) to close disparity gaps in rights realization of vulnerable and disadvantaged children; strengthen delivery of inclusive ECD/E through building workforce capacities of professionals by investing in and supporting quality curriculum, resources and capacity-building trainings for ECD/E specialists in the health, education, childcare and protection sectors[89]; and strengthen partnerships and coordination, and follow-up protocols across sectors to ensure integrated, multi-sectoral approaches to the provision of early childhood intervention services, and inclusion of children with disabilities into mainstream ECD/E[90].

In 2015, recommendations from the concluding observations of the Committee on Child Rights were that GoRK needs to give more attention to its General Comment No. 15 related to the rights of the child to enjoy the highest attainable standard of health, and recommended GoRK: provide equal access to quality health care services, including specialized care, hospital facilities, qualified doctors and nurses, and all equipment necessary throughout the country, including both urban and rural areas; take measures to address the undernourishment of children in regions where there remains to be an identifiable problem; improve sanitary standards and procedures in all its hospitals and health clinics regarding blood transfusion to prevent any potential negligence by health workers[91].

Despite rapid economic growth and increases in expenditures aimed at improving health care, many key health indicators remain low, as Kazakhstan continues to lag behind upper-middle-income countries[92].

Box 2. **Voices of adolescents: Obstacles accessing healthcare**

As part of this SitAn, adolescents aged 15-19 years were asked, "What problems or obstacles arise when addressing these health issues?" Responses to this question varied widely, but four key issues that adolescents focused on were: challenges accessing health care due to the bureaucratic nature of the health system; long waiting times to access health care; lack of medical specialists; and health care costs.

As it relates to challenges accessing health care, adolescent explained that "there's a bit problem with getting an appointment with a doctor in Kazakhstan." They also reported that it can be difficult to get treatments, especially if the disease is rare. One 19-year-old girl explained,

> *"Kazakhstan has a very strong bureaucracy. To see a specialist or get a check-up we often have to wait two to three weeks, just to see a general practitioner. I recently heard that it is now possible to schedule appointments directly with specialists; however, as a cancer patient, I personally lose a lot of time waiting to see a specialist. We need to simplify these processes. Make it so that everything is very convenient and accessible, and allows us to quickly schedule appointments with doctors on our own."*

Similarly, a 15-year-old girl explained, "It is very difficult to make appointments with doctors; the state needs to address this issue."

As it relates to long waiting times to access health care and lack of medical specialists, one 19-year-old girl explained that "You cannot have a complete medical check-up at clinics. You just waste time there. Paid treatment is expensive, while free treatment often requires time." Similarly, another 19-year-old girl explained that "At the hospital, we waste time in queues." Similarly, an 18-year-old girl explained, "It's difficult to make appointments with doctors, and there is a shortage of specialists."

Finally, several adolescents explained that due to financial difficulties, some people have "problems getting medical tests they need, such as ultrasounds, as medical care is very expensive nowadays." One 19-year-old girl explained that "as a solution, it's better to address health issues early by taking vitamins, monitoring your health, and eating natural products." In addition, a 15-year-old boy pointed out that "some parents prescribe medications for their children themselves, without a doctor's referral, in an attempt to save money." To sum it up, one 16-year-old girl understood that "If you have money, you can maintain your health; if you don't, you may die. I believe it all comes down to money."

Source: Consultations conducted with adolescents in 2024 as part of this SitAn

To accelerate improvements in health outcomes and to bridge gaps on key health indicators, there is a need for increased public financing for the health sector and improvements in the health sector workforce[93].

Health Expenditures

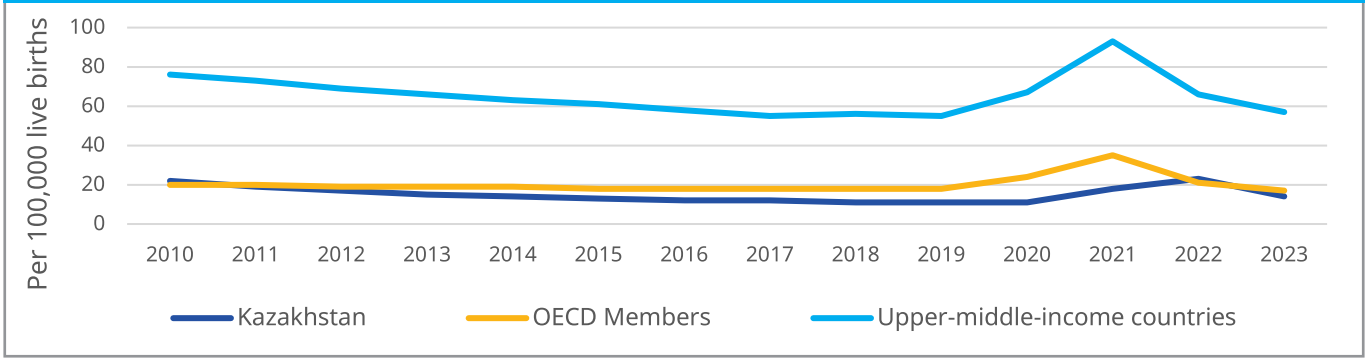
In Kazakhstan, health expenditures, as a percent of the country's GDP, increased from 2.7 percent in 2010 to 3.7 percent in 2022. From 20210-2021, health expenditures have been significantly lower than averages for Organization for Economic Co-Operation and Development (OECD) Members (12.9 percent in 2022) and upper-middle-income countries (5.6 percent in 2022)[94].

Although Kazakhstan's health care spending has typically increased annually over the past decade, the health care system is seriously underfunded. This leads to significant costs for patients who have to pay for medical services out-of-pocket; thus, household spending plays a significant role in overall health spending[95]. In 2022, out-of-pocket payments accounted for 31 percent of health expenditures (up from 25 percent in 2021); this exceeds the norm of 20 percent established by the WHO[96]. According to the WHO, if the share of private spending in total health care spending does not exceed 20 percent, the health care system can be considered sustainable. Given this situation, GoRK needs to take decisive measures to reduce out-of-pocket expenses for health care, especially the cost of purchasing medicines[97]. A large portion out-of-pocket costs are due to the fact that insurance covers a limited number of drugs; whereas in OECD countries, on average, households pay approximately 40 percent of the cost of drugs out-of-pocket; whereas, in Kazakhstan, this number is 84 percent[98]. Experts contend that effective government policy, timely reforms, and mutually beneficial cooperation with pharmaceutical market actors can reduce the level of out-of-pocket expenses of the population for healthcare.[99]

Maternal, Newborn and Child Health

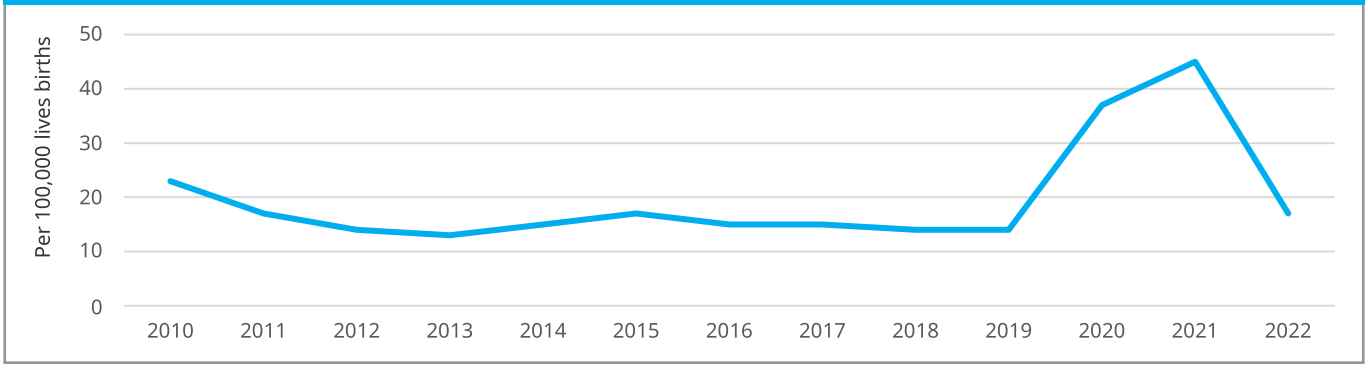
Maternal Mortality. **Chart 2** shows that over the past decade, Kazakhstan has seen a 36 percent reduction in the maternal mortality ratio from 22 deaths per 100,000 live births in 2010 to 14 deaths per 100,000 live births in 2023; in comparison, in 2023, average maternal mortality rates for OECD countries were 17 deaths per 100,000 live births, and for upper-middle-income countries was 57 deaths per 100,000 live births.

Chart 2. **Maternal mortality rate (modelled estimate, per 100,000 live births), 2010-2023**



Source: Retrieved on 24 May 2025 from: Maternal mortality ratio (modeled estimate, per 100,000 live births) - Kazakhstan | Data (worldbank.org); Maternal mortality ratio (modeled estimate, per 100,000 live births) - OECD members | Data (worldbank.org); Maternal mortality ratio (modeled estimate, per 100,000 live births) - Upper middle income | Data (worldbank.org)

Chart 3. **Maternal mortality rate (national estimate, per 100,000 live births), 2010-2022**

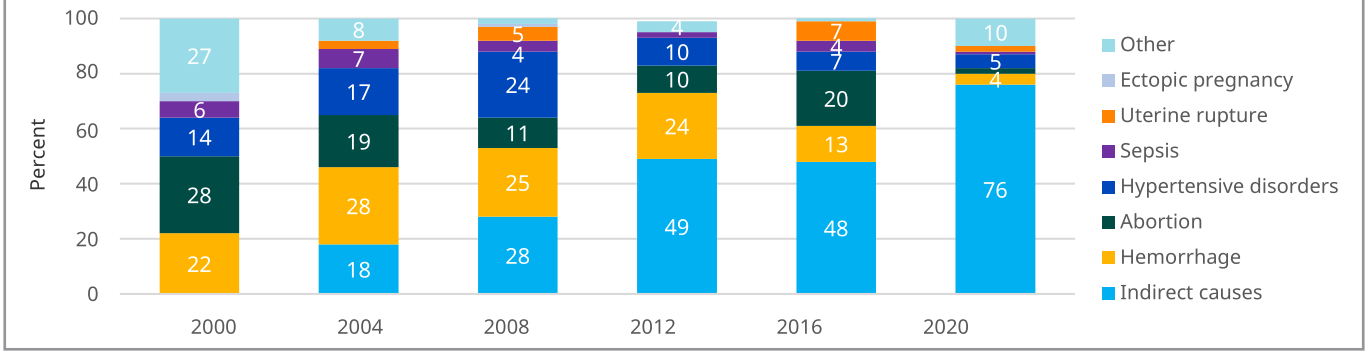


Source: GoRK

Chart 3 shows the national maternal mortality rate reported by GoRK. These data show that the maternal mortality rate decreased by 26 percent from 23 deaths per 100,000 live births in 2010 to 17 deaths per 100,000 live births in 2022. It is especially notable that the maternal mortality rate skyrocketed during the COVID-19 pandemic to 37 deaths per 100,000 live births in 2020 and 45 deaths per 100,000 live births in 2021. In 2022, maternal mortality rates were highest in Atyrau at 41 deaths per 100,000 live births.

From 2000-2020, the main causes of maternal mortality were indirect causes, haemorrhage, abortion, hypertensive disorders, uterine rupture, ectopic pregnancy, and other. Since 2012, indirect causes have been the main causes of maternal mortality in Kazakhstan (**Chart 4**). Over time, there has been a notable decrease in mortality from haemorrhage, abortion, pregnancy, hypertensive disorders, and sepsis; yet pregnancy, childbirth and indirect causes during the postpartum period increased from 58 percent in 2019 to 72 percent in 2020, during the pandemic.[100]

Chart 4. **Causes of maternal mortality (%), 2000-2020**



Source: Zhamantayev, O., G. Kayupova, K. Nukeshtayeva, N. Yerdessov, Z. Bolatova & A. Turmukhambetova (2023). COVID-19 Pandemic Impact on Maternal Mortality in Kazakhstan and Comparison with the Countries in Central Asia. International Journal of Environmental Research and Public Health, Vol. 23, No. 3, pp. 2184. Retrieved on 3 August 2023 from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9914964/

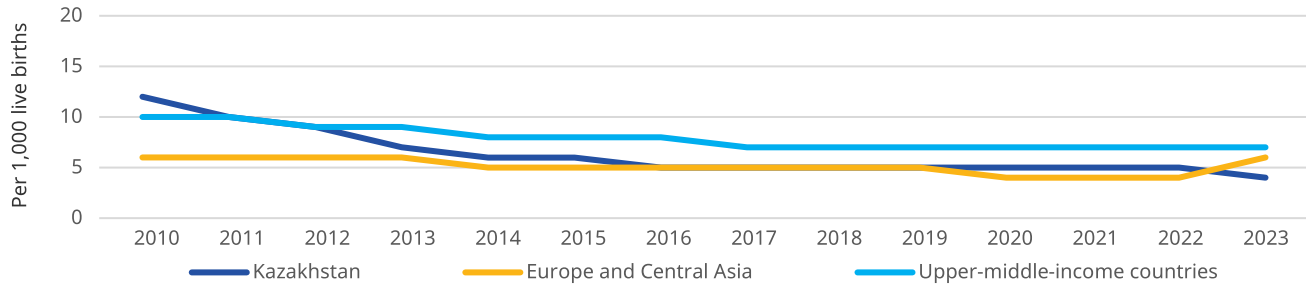
Positive trends in the causes of maternal mortality were the result of an effective policy on maternal care and primary healthcare reforms, as well as nursing training upgrades and involvement of NGOs in the development of quality improvement programmes in the national health plans. There has also been an emphasis on the introduction of evidence-based medicine and multi-sectoral approaches in all health sectors, including maternal care.[101]

One important strategy for reducing maternal and newborn and child morbidity and mortality is to ensure that all births are assisted by skilled birth attendant (i.e., medical doctor, nurse or midwife). Skilled birth attendants should be competent maternal and newborn health professionals who are educated, trained and regulated to national and international standards. Skilled health staff are competent to facilitate physiological processes during labour to ensure clean and safe births, and can identify, manage and refer women and newborns with complications to emergency care.[102] Given the importance of skilled birth attendants in reducing maternal

morbidity and mortality, the proportion of births attended by skilled health staff was included as an SDG indicator (3.1.2), related to SDG Target 3.1, that by 2030, to reduce the global maternal mortality ratio to less than 70 per 100,000 live births. In Kazakhstan, by 100 percent of births are attended by skilled health staff.[103]

Neonatal Mortality. The neonatal period – the first 28 days of life – is the most vulnerable time for a child's survival. **Chart 5** shows that the neonatal mortality rate in Kazakhstan declined by 67 percent from 12 deaths per 1,000 live births in 2000 to 4 deaths per 1,000 live births in 2023. In comparison, in 2023, the average neonatal mortality rates were 6 deaths per 1,000 live births for Europe and Central Asia, and 7 deaths per 1,000 live births for upper-middle-income countries. SDG target 3.2 is that all countries aim to reduce the neonatal mortality rate to at least as low as 12 deaths per 1,000 live births, which Kazakhstan has achieved.

Chart 5. **Neonatal mortality rate (per 1,000 live births), 2000-2023**

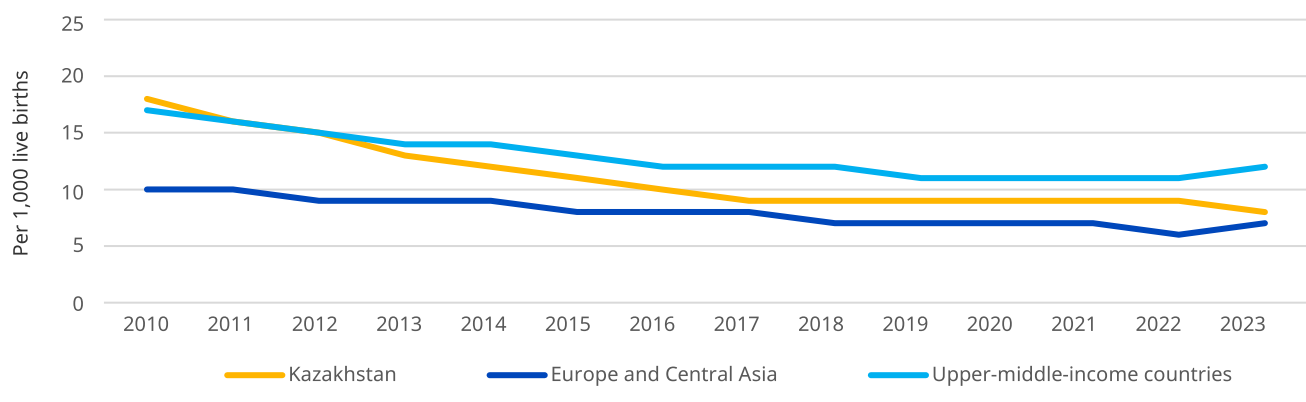


Source: Retrieved on 24 May 2025 from: CME Info - Child Mortality Estimates

Infant Mortality. Infant mortality is the death of children under one year of age. **Chart 6** shows that the infant mortality rate in Kazakhstan has decreased by 56 percent from 18 deaths per 1,000 live births in 2010 to 8 deaths per 1,000 live births in 2023. In comparison, in 2023, the average infant mortality rates were 7 deaths per 1,000 live births for Europe and Central Asia, and 12 deaths per 1,000 live births for upper-middle-income countries. Over the past decade, the infant mortality rate has been slightly higher for males than females in Kazakhstan; yet the gap has been closing since 2016. While the male infant mortality rate decreased by 57 percent from 21 deaths per 1,000 live births in 2010 to 9 deaths per 1,000 live births in 2023, the female infant mortality rate decreased by 53 percent from 15 deaths per 1,000 live births in 2010 to 7 deaths per 1,000 live births in 2023.

The most recent MICS data shows that the infant mortality rate has further fallen marginally to 6 deaths per 1,000 live births, yet rural areas still experience higher rates than urban counterparts with 8 deaths per 1,000 live births and 5 deaths per 1,000 live births respectively. Notably, the highest rates are experienced in North Kazakhstan and Almaty city, with 17 and 16 deaths per 1,000 live births respectively. On the other hand, both Aktobe and West Kazakhstan have the lowest infant mortality rates with 0 deaths per 1,000 live births for each.

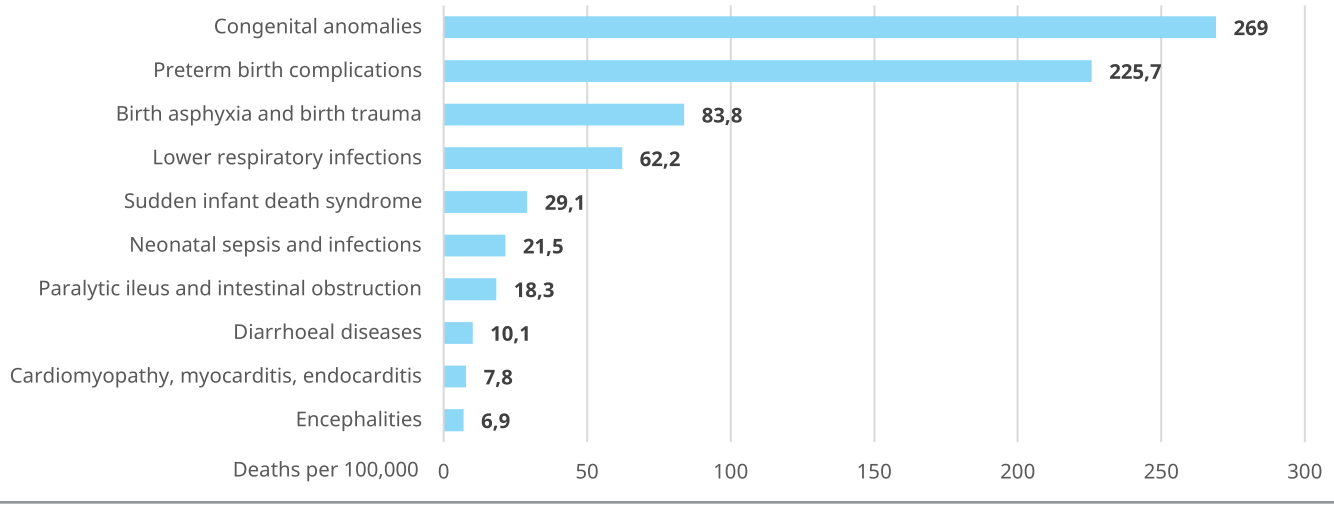
Chart 6. **Infant mortality rate (per 1,000 live births), 2000-2023**



Source: Retrieved on 24 May 2025 from: CME Info - Child Mortality Estimates

Chart 7 shows that in 2021, the leading causes of death among children under one-year was congenital anomalies and preterm birth complications, followed by birth asphyxia and birth trauma and lower respiratory infections.

Chart 7. **Leading causes of death among children under one-year (deaths per 100,000), 2021**



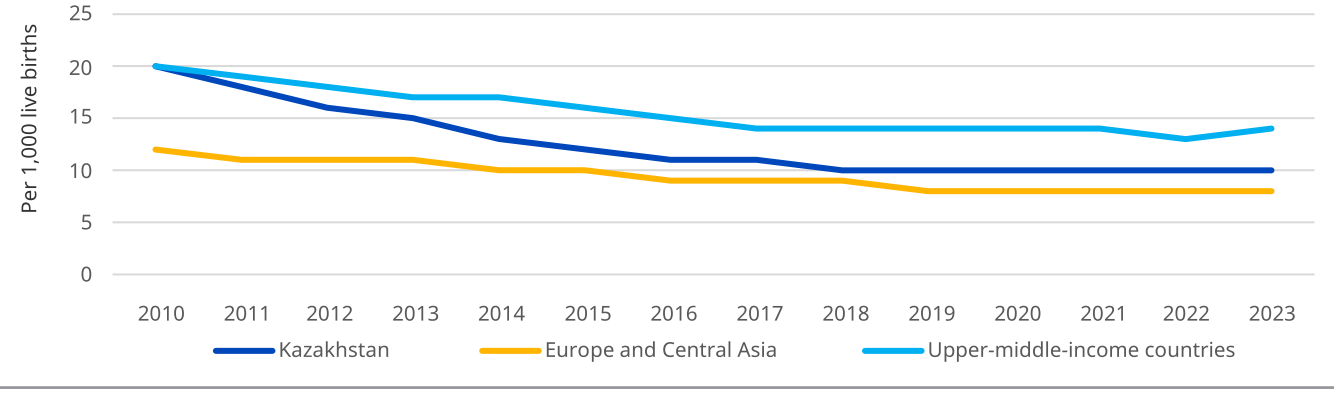
Source: Retrieved on 6 November 2024 from: Global health estimates: Leading causes of death

Under-Five Mortality. **Chart 8** reveals that Kazakhstan experienced a 50 percent decrease in the under-five mortality rate from 20 deaths per 1,000 live births in 2010 to 10 deaths per 1,000 live births in 2023. In comparison, in 2023, the average under-five mortality rates for Europe and Central Asia were 8 deaths per 1,000 live births, whereas the average for upper-middle-income countries was 14 deaths per 1,000 live births. The minimum SDG target of at least 25 under-five deaths per 1,000 live births has been achieved in Kazakhstan since 2009.

Over the past decade, the under-five mortality rate has been consistently higher for males than females in Kazakhstan. The male under-five mortality rate decreased by 52 percent from 23 deaths per 1,000 live births in 2010 to 11 deaths per 1,000 live births in 2023, whereas the female under-five morality rate decreased by 53 percent from 17 deaths per 1,000 live births in 2010 to 8 deaths per live births in 2023.

The most recent MICS data shows that the under-five mortality rate has fallen to an average of 7 deaths per 1,000 live births. Again, however, rural areas experience higher rates than urban ones. In urban areas the under-five mortality rate stands at 6 deaths per 1,000 live births, whereas in rural areas the under-five mortality rate stands slightly higher at 8 deaths per 1,000 live births. Regional disparities are particularly stark, with North Kazakhstan having the highest under 5 mortality rate with 24 deaths per 1,000 live births, followed by Almaty city with 16 deaths per 1,000 live births. By contrast, both Aktobe and West Kazakhstan have a rate of 0 death per 1,000 live births, followed by Abay and Mangystau which both show an under-five birth rate of 2 deaths per 1,000 live births.

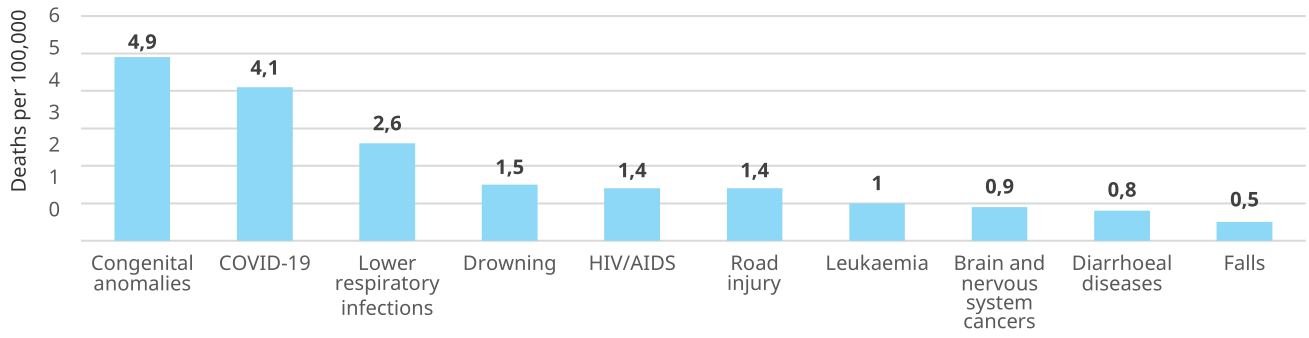
Chart 8. **Under-five mortality rate (per 1,000 live births), 2010-2023**



Source: Retrieved on 24 May 2025 from: CME Info - Child Mortality Estimates

Chart 9 shows in 2021, the leading causes of death among children aged 1-4 years was congenital anomalies and COVID-19, followed by lower respiratory infections.

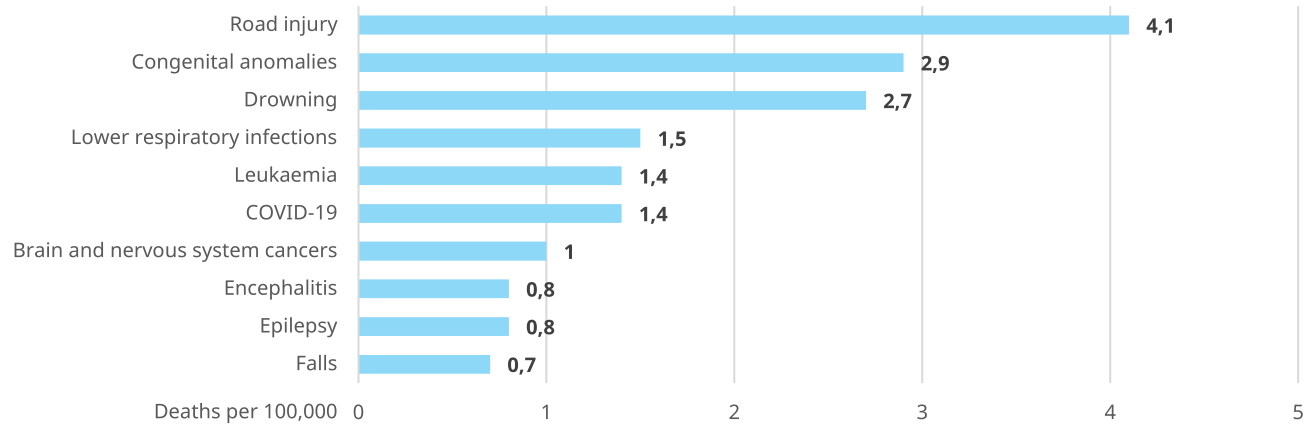
Chart 9. **Leading causes of death among children aged 1-4 years (deaths per 100,000), 2021**



Source: Retrieved on 24 May 2025 from: CME Info - Child Mortality Estimates

Child Mortality (Ages 5-9). Over the past decade, the mortality rate for children aged 5-9 has remained low in Kazakhstan (2 per 1,000 live births in 2010 to 1 per 1,000 live births in 2023); there were no notable gender differences in the mortality rates for children aged 5-9. **Charts 10** shows that the leading causes of death among children aged 5-9 years were most often road injuries, followed by congenital anomalies and drowning.

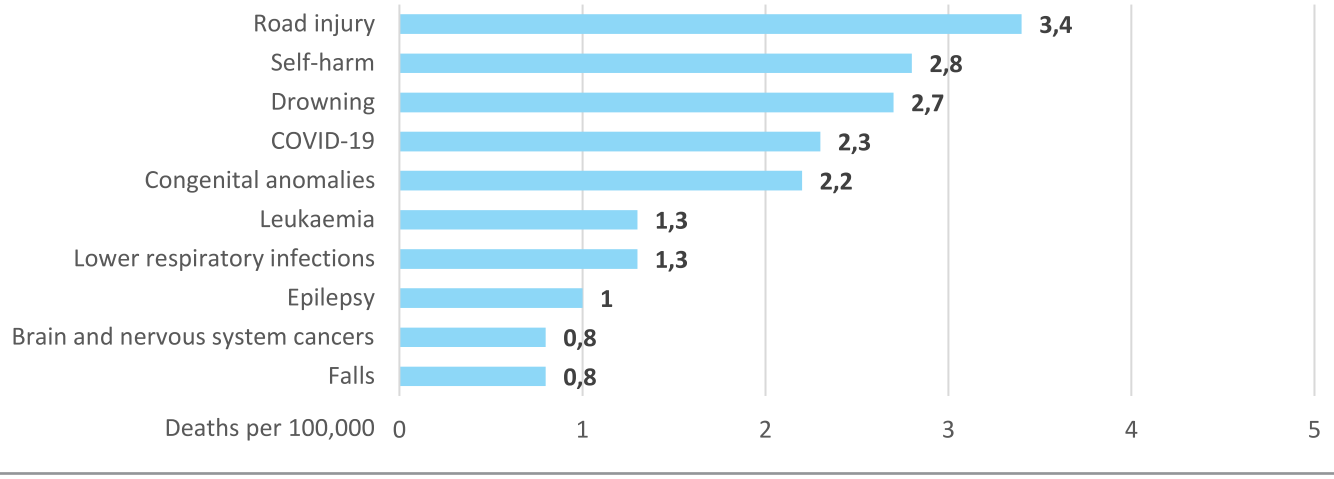
Chart 10. **Leading causes of death among children aged 5-9 (deaths per 100,000 population), 2021**



Source: Retrieved on 6 November 2024 from: Global health estimates: Leading causes of death

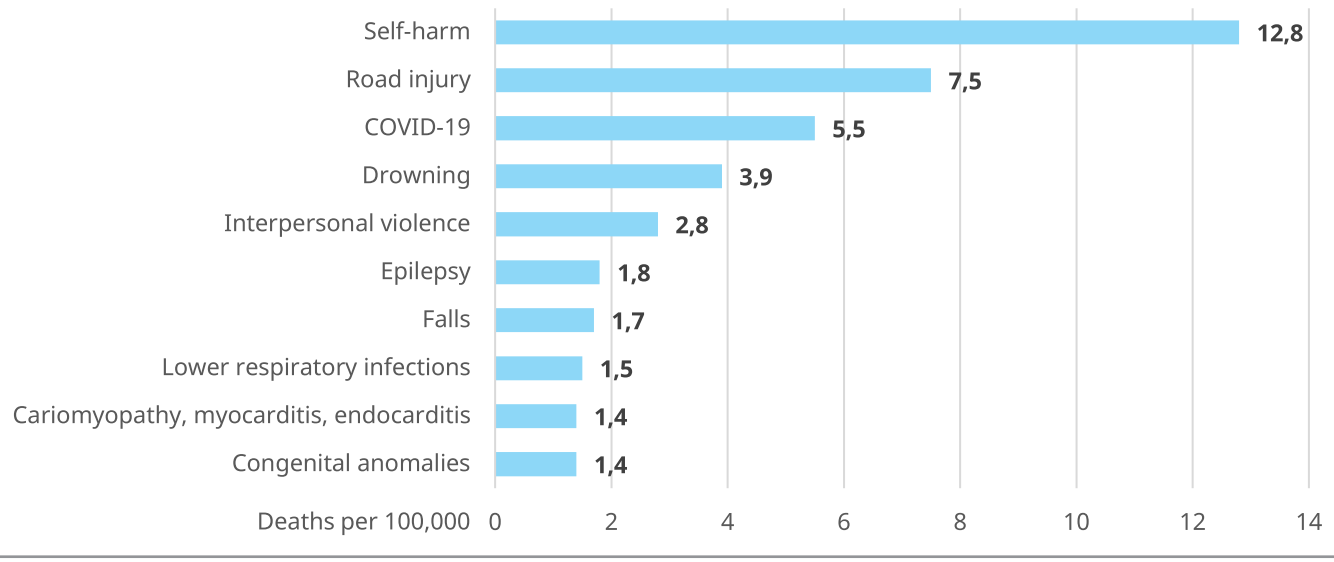
Adolescent Mortality (Ages 10-19). Over the past decade, the mortality rate for children aged 10-14 years has remained low in Kazakhstan (2 per 1,000 live births in 2010 to 1 per 1,000 live births in 2023). In comparison, the mortality rate for adolescents aged 15-19 was higher at 4 per 1,000 live births in 2010 to 2 per 1,000 live births in 2023. There were no notable gender differences in the mortality rates for children aged 10-14 years, but gender differences became more apparent among adolescents aged 15-19 years, with males being twice as likely as females to die. **Chart 11** shows that the leading causes of death among adolescents aged 10-14 years was road injury, followed by self-harm and drowning, and COVID-19 and congenital anomalies. In comparison, **Chart 12** shows that that the leading causes of death among adolescents aged 15-19 years was self-harm, followed by road injury and COVID-19, and drowning and interpersonal violence.

Chart 11. **Leading causes of death among children aged 10-14 years (deaths per 100,000), 2021**



Source: Retrieved on 6 November 2024 from: Global health estimates: Leading causes of death

Chart 12. **Leading causes of death among adolescents aged 15-19 years (deaths per 100,000), 2021**



Source: Retrieved on 6 November 2024 from: Global health estimates: Leading causes of death

Childhood Immunizations

Vaccines are one of the most cost-effective public health interventions with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. Vaccines are a proven tool for controlling and eliminating life-threatening infectious diseases. SDG Indicator 3.b.1 is used to monitor the progress of vaccination of children at the national level.

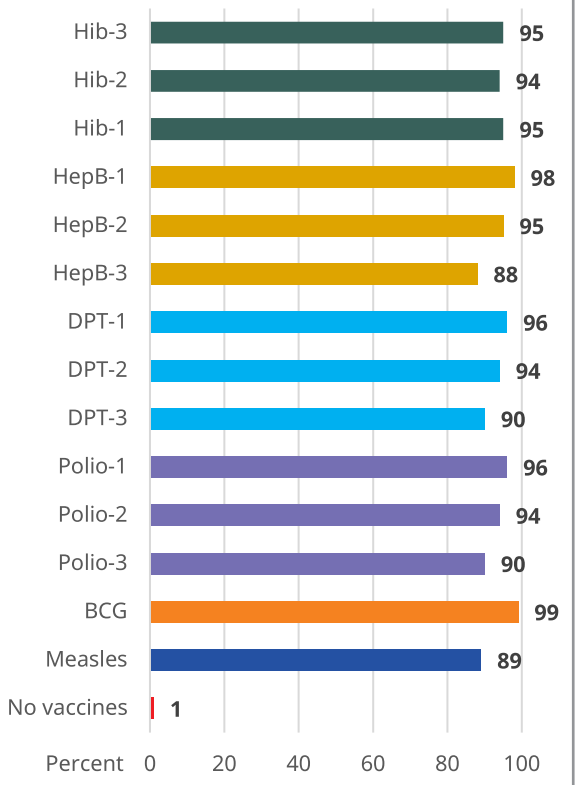
The WHO recommends that all children be vaccinated against tuberculosis, diphtheria, pertussis, tetanus, polio, measles, haemophilus influenzae type b (Hib), pneumococcal bacteria/disease, rotavirus and rubella. Likewise, Kazakhstan's MOH Immunization Programme aims to ensure that 90 percent of all children are fully immunised by the age of one year.

Chart 13 shows that in 2015, basic vaccination coverage was very high among children aged 12-23 months; only 1 percent had no vaccinations. More specifically, 99 percent of children received the BCG vaccine and 89 percent received the measles vaccine.

For multi-dose vaccines, coverage was typically highest for the first dose and fell off in subsequent doses. Still, however, Kazakhstan meets the Global Vaccine Action Plan target of 90 percent.

Kazakhstan has had a decline in vaccine coverage since the beginning of the COVID-19 pandemic; vaccine coverage dropped for the majority of vaccines in the National Immunizations Schedule in 2020, yet the situation slightly improved in 2021.[104] For instance, the percentage of children who received the 2nd does of measles-containing vaccine, according to the nationally recommended schedule was only 91 percent in 2020; whereas heard immunity against measles requires about 95 percent of a population to be vaccinated. The completion of the 3rd dose of the DTP vaccine was 88 percent in 2020, which was the lowest coverage in the last five years. Despite the increase in 2021 to 95 percent, it was not as high as the level that had been reaching before the COVID-19 pandemic.[105] In 2022, GoRK reported 100 percent of children were covered by the measles vaccine, and 99 percent of children were covered by the 3rd doses of Polio and DPT, and 93 percent of children were vaccinated with the BCG [106]

Chart 13. **Children aged 12-23 months vaccinated at any time before the survey (%), 2015**



Source: MICS 2015

The latest MICS data on immunization shows that in 2024, the percentage of children aged 12-23 months vaccinated with all basic antigens was 39.3 per cent, with females being slightly higher than males at 41.4 per cent and 36.9 per cent respectively. Interestingly, the survey results show that rural areas have higher vaccination rates than urban areas with 41.4 per cent and 37.8 per cent respectively. As for the percentage of children aged 12-23 months being vaccinated against vaccine preventable childhood diseases at any time before the survey, the full immunization coverage of basic antigens is at a national average of 39.3 per cent.

In recent years, there has been a global increase in parental hesitancy towards routine childhood vaccinations. The global spread of concerns and mistrust in vaccines are contributing to a growth in the number of individuals doubting vaccination, attempting to delay vaccines or even refusing to vaccinate their children.[107] Similarly in Kazakhstan there has been an increase in the number of vaccine refusals. Vaccine refusal increased by 102 percent from 14,980 in 2018, to 30,326 in the first half of 2022. According to the National Centre of Public Health, among 22,291 vaccine refusals in 2020, 67 percent were related to infants and children under the age of one-year, and 28 percent were related to children aged 1-5 years, and 10 percent were for persons over 6 years of age. Thus, the proportion of unvaccinated children under one year of age substantially increased from 2019 to 2020.[108]

MOH reported the five main categories for vaccine hesitancy in Kazakhstan were personal beliefs (60 percent), religious reasons (12 percent), trust in vaccines (12 percent, and negative information in social media (6 percent).[109] The continuing increase in vaccine hesitancy within the population causes the outbreaks of vaccine-preventable diseases. In 2019, Kazakhstan has had the largest outbreaks of measles with 13,326 laboratory confirmed cases of measles registered, of which 71 percent of those affected were children 14 years of age and younger, and 83 percent were not vaccinated; the majority of children were infants who had not reached the appropriate age to revise the measles vaccine.[110] The outbreak continued in 2020, with more than 3,000

laboratory confirmed measles infections. More recently, in 2023, Kazakhstan recorded the highest incidence of measles, with 13,677 confirmed cases, of which more than 11,300 reported cases among children under 14 years in the country, with 70 percent of them being unvaccinated against measles.[111] It is also notable that in 2019, there was also an increase in pertussis cases in Kazakhstan; 147 individuals had the disease, of which 82 percent were not vaccinated.[112]

Nutrition

SDG Target 2.2 aims to end all forms of malnutrition by 2030, to reduce the prevalence of stunting and wasting in children under-five by 40 percent by 2025, and to address the nutritional needs of adolescent girls and pregnant and lactating women.

Breastfeeding. Breastfeeding is the best source of nutrition for most infants and can lead to better health and growth outcomes, with the potential to reduce stunting during the first two years of life. Breastfeeding can also reduce the risk of certain health conditions for both infants and mothers, and protect children from infection. Breastfeeding is both economical and safe. [113]

Kazakhstan has committed to promoting exclusive breastfeeding for infants under six months for all mothers. Still, however, Kazakhstan's exclusive breastfeeding rate lags the WHO's global target of 50 percent, which countries should reach by 2025. The proportion of infants under six months who were exclusively breastfed increased slightly from 32 percent in 2011 to 38 percent in 2015.[114]

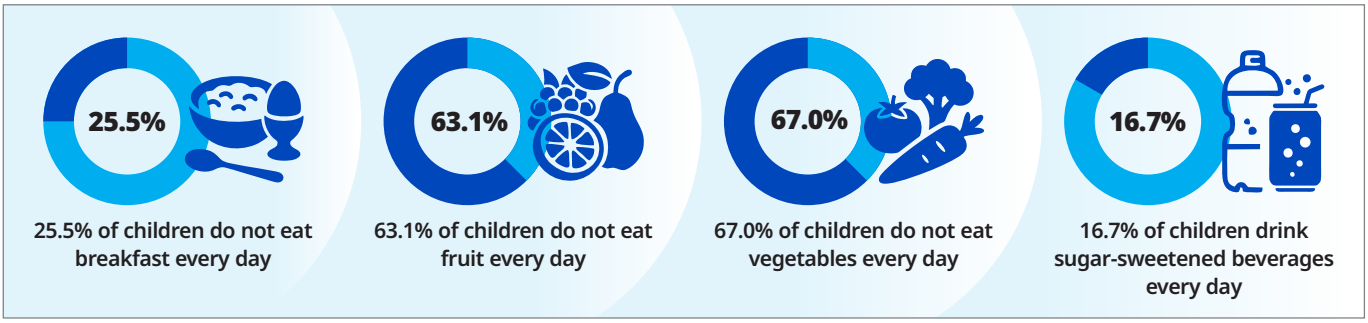
UNICEF and the WHO recommend that infants be breastfed within one hour of birth, exclusively for the first six months of life and up to two years and beyond.

Undernutrition. Children who do not receive the nutrition needed are at-risk of micronutrient deficiencies, diet- related non-communicable diseases, stunting (low height-for-age)[115], wasting (low weight-for-height)[116] and poor cognitive development.[117] Children who suffer from undernutrition are more likely to die from common childhood ailments, and those who survive often suffer recurring illness, and growth and development time lost.

Kazakhstan has made great progress in tackling some of the major nutritional challenges.[118] Still, however, pockets of undernutrition remain in Kazakhstan.[119] On average, urban areas have higher records of undernutrition and males appear to be disproportionally affected. More specifically, regions with the highest percentages of undernutrition (-2 SD1) are Karaganda (5.3 per cent), Aktobe (4.5 per cent) and Atyrau and West Kazakhstan (both showing 4.4 per cent undernutrition). The lowest regions, on the other hand, are Almaty city (0.4 per cent), Mangystau (0.6per cent) and Kostanay (0.9 per cent). Among children under-five, in 2024, only 2 percent of children were underweight (2 percent in 2015).[120] In addition, 8 percent of children under-five were stunted (down from 9 percent in 2015)[121], 5 percent were wasted (up from 3 percent in 2015)[122] and 1 percent were experiencing severe wasting (1 percent in 2015).[123] The 2024 MICS also found among children aged 5-9 years, 3 percent were underweight, 3 percent were stunted, 2 percent were wasted and less than one percent were severely wasted.[124] The main causes of stunting in Kazakhstan are inadequate dietary intake, repeated infections, social and cognitive under-stimulation. To reduce the occurrence of stunting, there are two evidence-based interventions – nutrition education for parents/caregivers and the wider community, with a focus on appropriate complementary feeding practices, and ensuring that food systems are able to deliver safe, nutritious affordable and sustainable foods for young children in Kazakhstan.

Mother and Child Anaemia. Anaemia, especially iron-deficiency anaemia, is common during pregnancy and can affect a baby's growth in the uterus. Because all women are at-risk for anaemia during pregnancy, pregnant women often need more iron and other nutrients. Anaemia in pregnancy is preventable and treatable with prenatal vitamins. Serious and untreated anaemia in pregnancy can cause complications, including pre-term labour, increased blood loss during delivery, low birthweight, and anaemia and/or developmental delays in one's baby. The proportion of pregnant women with anaemia declined from 32 percent in 2010 to 31 percent in 2019[125]; similarly, the proportion of non-pregnant women with anaemia was 29 percent in 2019.[126] Whereas the proportion of anaemic children aged 6-59 months declined from 26 percent in 2010 to 23 percent in 2019.[127]

Overweight and Obesity. Child obesity is associated with a range of problems that can affect a child's development and social prospects in life. Obesity in childhood is an important risk factor for adult non-communicable diseases. Major factors contributing to the global rise in obesity include: an increase in food processing and trade liberalization which has made cheap, highly processed foods readily available; an increase in the consumption of energy dense foods that are high in fat and sugars; a reduction in the availability of plant-based foods; and a decline in activity energy expenditures, largely due to motorized transport and less demanding manual tasks.



Source: Results of Surveillance of Childhood Obesity Nutrition and Physical Activity 2020. MOH National Centre of Public Health: Astana, Kazakhstan.

Kazakhstan has a national childhood obesity monitoring system that is used to track the prevalence of overweight and underweight children, using measurement and surveys that comply with international surveillance standards.[128] In 2020, this monitoring system found that a significant proportion of children aged 6-9 are not getting the proper nutrition needed to support growth and development. In particular, 25.5 percent of children do not eat breakfast every day, 63.1 percent of children do not eat fruit every day, and 67.0 percent of children do not eat vegetables every day. Yet, 16.7 percent of children drink sugar-sweetened beverages every day.

Similarly, in 2022, the Health Behaviour in School-Aged Children (HBSC) Survey found that 16 percent of school children (ages 11, 13 and 15) did not have breakfast.[129] By the age of 15, 30.8 percent of girls and 18 percent of boys did not have breakfast on weekdays.[130] Only 27 percent of adolescents ate fruits, and 36 percent ate vegetables every day. Yet, 67 percent of adolescents drank sugar-sweetened beverages weekly, and 52 percent drank these beverages five to six times a week.[131] In addition, 14 percent of adolescents drank sugar-sweetened beverages every day, and 18 percent drank energy drinks from one to five or six times a week, and 3 percent of children drank energy drinks every day.[132]

To address the issue of overweight and obesity, some adolescents recommended that schools should provide healthy food options in schools and limit fast food and sugary drinks; this would help reduce health problems. They also thought that physical activities should be incorporated into schools to help student take care of their health. One 19-year-old explained, "since young people engage in sports less, their health is poor."

Source: Consultations conducted with adolescents in 2024 as part of this SitAn

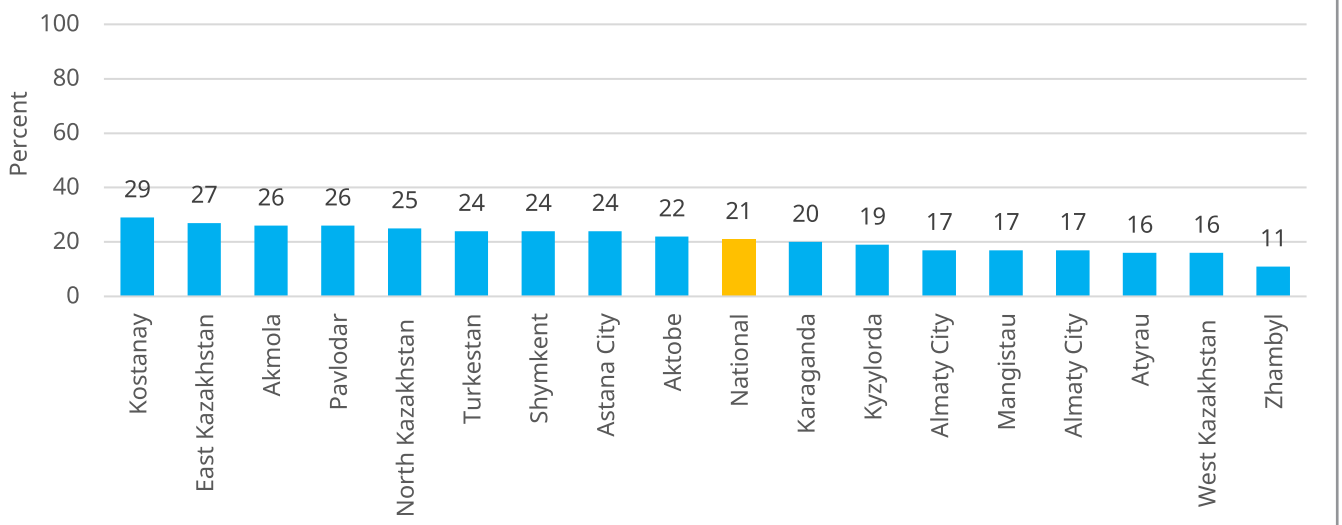
The 2024 MICS found among children under-five, 8 percent were overweight and 2 percent were obese; there were no gender differences (prior data are not available for comparison purposes).[133] Among children under-five, rates of overweight and obese among children is highest in Atyrau (13 percent and 6 percent respectively). Rates of overweight under-five children are also high in Ulytau and Astana City (11 percent each), and Karaganda (10 percent).[134]

Among children aged 5-9 years, the 2024 MICS found that 23 percent were overweight and 6 percent obese. Boys (27 percent) are more likely to be overweight than girls (19 percent), although there are no gender differences related to obesity.[135] Rates of overweight and obesity are highest in Astana City (52 percent and 21 percent), followed by Kostanay (34 percent and 8 percent respectively) and Akmola (30 percent and 8 percent respectively). Rates of overweight are also high among children aged 5-9 years in Mangystau (31 percent).[136] These data reveals that obesity is a growing problem among children.

In 2020, this national childhood obesity monitoring system also found that 21 percent of children aged 6-9 were overweight or obese, including 18 percent of girls and 24 percent of boys. More specifically, 13 percent

of girls and 15 percent of boys were overweight, and 5 percent of girls and 9 percent of boys were obese. Two percent of children were categorized as having severe obesity, including 3 percent of boys and 1 percent of girls (up from 1 percent of boys and girls each in 2015).[137] **Chart 14** shows the prevalence of overweight, including obesity, in children aged 6-9 in oblasts and major cities in 2020.[138]

Chart 14. **Prevalence of overweight and obesity among children aged 6-9 by region (%), 2020**



Source: Results of Surveillance of Childhood Obesity Nutrition and Physical Activity 2020. MoH National Centre of Public Health: Astana, Kazakhstan.

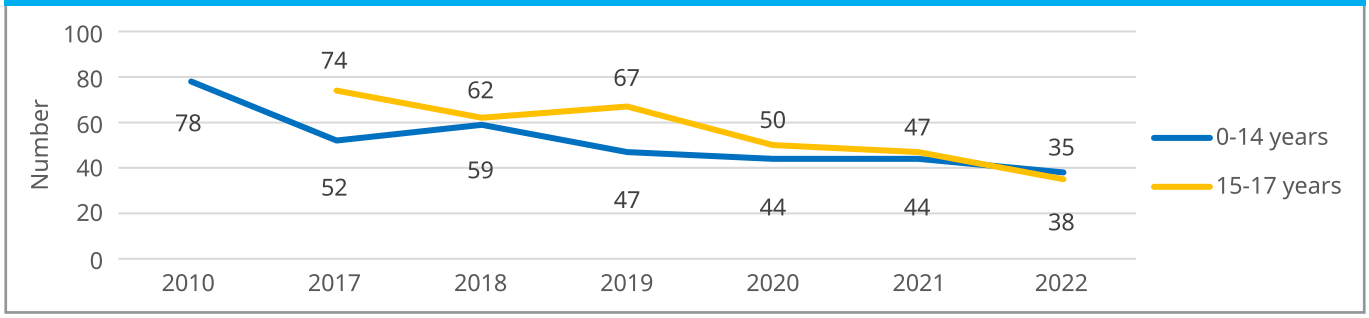
School Feeding Programme. Schools provide an opportunity to reach school-aged children with a nutritious meal and to positively influence lifelong dietary practices. In recognition of the critical need to improve the dietary practices and nutritional status of children, since September 2023, the government has provided free school meals to primary school students in grades 1 through 4, nationwide. By the end of the 2023-2024 academic year, a total of 1.5 million primary school children were receiving daily school meals, funded by local authorities. MOH also used findings from a national school meals assessment to revise national guidelines on macro- and micro-nutrient intake for school-aged children, bringing them into alignment with international recommendations. GoRK also developed a new indicator – the inedibility index - to monitor how many school meals are thrown away instead of eaten and will be used to continuously track the success of the improved school meals and school environment over time.

Adolescent Physical, Mental and Reproductive Health

Adolescent Physical Health. Adolescence is a period of development that begins at puberty and ends in early adulthood, and is characterized by a rapid pace of growth that is second only to that of infancy.[139] Nutritional guidance for adolescents is important for supporting the development of healthy lifestyles, preventing weight-related problems, reducing disease risk and ensuring that all needs are met for growth and development. In balance with adequate physical activity, healthy dietary choices help to prevent excess weight gain, iron deficiency anaemia, and poor bone mineralization, among other health problems.[140] Nutrition is a critical factor for appropriate adolescent development and an important element for prevention of disease development, especially chronic diseases. Families must work to provide improved food environments to encourage optimum nutrition; after all, dietary habits established early in life may be carried into adult life.[141]

Adolescent Mental Health. Kazakhstan has some of the world's highest suicide rates for adolescents and younger children.[142] **Chart 15** shows that in 2022, the number of children aged 0-14 who died by suicide in Kazakhstan was 38 (down from 78 in 2010); this is a 51 percent reduction in suicides of children aged 0-14 from 2010-2022. In addition, in 2022, the number of adolescents aged 15-17 who died by suicide was 35 (down from 74 in 2017); this is a 53 percent reduction in suicides of adolescents aged 15-17.

Chart 15. **Mortality of children from suicide by age group, 2010-2022**



Note: Data for suicides of adolescents ages 15-17 were not available for 2010. Source: Bureau of National Statistics. Children of Kazakhstan 2018-2022 and Children of Kazakhstan 2017-2021.

The number of children and adolescents who died by suicide varies by oblast. In 2022, among children aged 0-14 years, 40 percent of child suicides occurred in Turkistan, 13 percent in Zhambyl, and 8 percent each in Almaty and Zhetysu. In addition, 74 percent of child deaths by suicide occurred in rural areas, and 26 percent in urban areas.[143] Among adolescents aged 15-17 years, in 2022, 17 percent of adolescent deaths by suicide occurred in Almaty and Zhambyl, and 11 percent occurred in Akmola and Turkistan. In addition, 69 percent of adolescent deaths by suicide occurred in rural areas, and 31 percent in urban areas.[144]

In 2015, recommendations from the concluding observations of the Committee on Child Rights were that GoRK should strengthen its efforts to prevent suicides and suicidal behaviour among its adolescents and adopt mental health programmes and other measures, such as making available specifically trained school counsellors to address the specific needs of adolescents who are prone to suicidal tendencies.

Box 3 reveals the voices of adolescents as it relates to how they think older people address issues that are important to young people, and how support (or lack thereof) can impact their mental health and well-being.

Box 3. **Voices of adolescents: How do adults address challenges and issues important to young people?**

As part of this SitAn, adolescents aged 15-19 years were asked, "How do you think older people address the challenges and issues that are important to young people?" Responses to this question varied widely. Many adolescents explained that adults do not understand young people's problems and issues, and sometimes minimize their problems and issues. They found that many adults also disregard the opinions and views of young people, particularly when making decisions that impact their lives. One 16-year-old girl explained, "many parents dismiss their children's and teenagers' problems with comments like, 'What problems could you possibly have?'" Similarly, a 19-year-old boy explained that "older people cannot solve young people's problems because they do not listen to what we [adolescents] say, and they don't understand youth, so they can't find a solution." Another 16-year-old girl added that "each generation has different views, so it is difficult for us to have the same view and opinion; that is why they [older people] cannot cope." Likewise, an 18-year-old boy explained,

> *"Everyone is trying to address the problems of young people, but older generations often view them as if they were in their own time. But times have changed, and only young people truly understand the challenges faced by their peers. Often, people try to understand how young people think, but they do so with a perspective from their own era, but the current era is different."*

Some adolescent felt that they have to solve their problems on their own because of a lack of support from adults. One 17-year-old girl explained, "I often deal with my problems on my own, because when I ask for help, the solutions adults offer often lead to even more problems or they just do not understand." Similarly, a 19-year-old boy explained, "It's common for adults to have difficulties understanding younger generations, often because of different experiences and perspectives; the situations and challenges faced by today's young people can be quite different from those in the past."

Others acknowledged that while adults try to help adolescents, adolescents do not always accept their help. They pointed out that "instead of solving problems for young people, adults should support them in solving their own problems by themselves." A 17-year-old girl explained, "There should be communication with young people, not just listening to them, but also providing concrete answers and finding solutions together."

Other adolescents felt that many parents do try to support, guide and advise young people, and "are even making an effort to visit psychologists to understand their children better, and to help them with their problems" (19-year-old girl). Some adolescents wanted to see more support for parents and young people, such as courses to help parents better understand their children's needs, and crisis centres for young people facing crisis situations.

Source: Consultations conducted with adolescents in 2024 as part of this SitAn

Failure to address adolescent mental health and well-being can have long-term consequences that extend into adulthood, including impaired physical and mental health that limits opportunities to lead a fulfilling life as an adult.[145] Given this recognition, in 2023, GoRK has enacted the Comprehensive Plan for the Protection of Children from Violence, Suicide Prevention and Ensuring Their Rights and Well-being for 2023-2025. Subsequently, in 2024, MOH and MOE signed a Joint Order "On the approval of a unified algorithm for identifying minors with signs of suicidal behavior and further work with them, as well as algorithm for the actions of state bodies to provide assistance to a child who has attempted suicide."

Box 4. **Recommendations to improve children's mental health and prevent suicide in Kazakhstan**

- Overcome stigma related to mental health and mobilize a wider array of health and education actors to address adolescent mental health and prevent suicide.
- Leverage government resources at both national and local levels to implement programmes aimed at promoting adolescent mental health and prevention of suicide.
- Use a multi-disciplinary approach to raise awareness and identify children at risk of suicide.
- Expand treatment options for those with high and complex needs related to mental health and suicide, and childhood trauma.
- Adequately resource frontline service providers to improve children's access to mental health services, and pharmacological treatments (e.g., antidepressants), and availability in rural areas.
- Develop evidence-based and sustainable models for promoting mental health and preventing suicide among children and adolescents.
- Use gender- and equity-focused approaches to screening for mental health and suicide risks among children and adolescents.

Source: UNICEF (2018). Promoting Adolescent Mental Health and Prevention of Suicide in Kyzylorda Oblast, Kazakhstan: Summary Report of the Key Findings and Lessons Learned from the Evaluation of the Programme. UNICEF: Astana, Kazakhstan.

The challenge is that there are fragmented and unregulated mental health and psychosocial support (MPHSS) services, and a lack of coordination across service providers. There is also an absence of quality comprehensive MPHSS in keeping with international standards, and no regulation of mental health information in online spaces. There is also no widely accessible approach to addressing mental health of adolescents, and the number of psychiatrists and psychologists who specialize in adolescent mental health are few and far between.[146]

Adolescent Sexual Behaviours. Healthy sexuality is an important part of adolescent development. Many adolescents have a difficult time navigating this transition, including understanding that risky sexual behaviours can jeopardize their health during these formative years, and can contribute to poor health outcomes in adulthood.[147]

In 2018, among 15-19-year-olds, 22 percent were sexually active before the age of 18, and 44 percent were sexually active in the 12 months prior to the survey. In addition, 44 percent had sexual intercourse with more than one sexual partner in the past 12 months.[148] Boys (52 percent) were nearly three times more likely than girls (18 percent) to have sexual intercourse in the previous 12 months with more than one sexual partner. It is notable that 80 percent of 15-19-year-olds used a condom during the last sexual contact, with no gender differences. Adolescents in urban areas (82 percent) were more likely to use a condom during their last sexual contact, than those in rural areas (74 percent). [149]

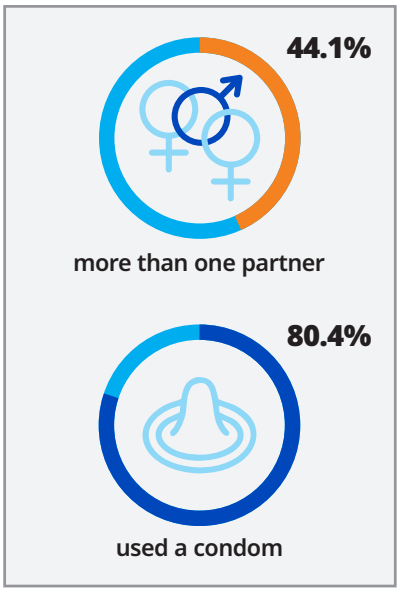
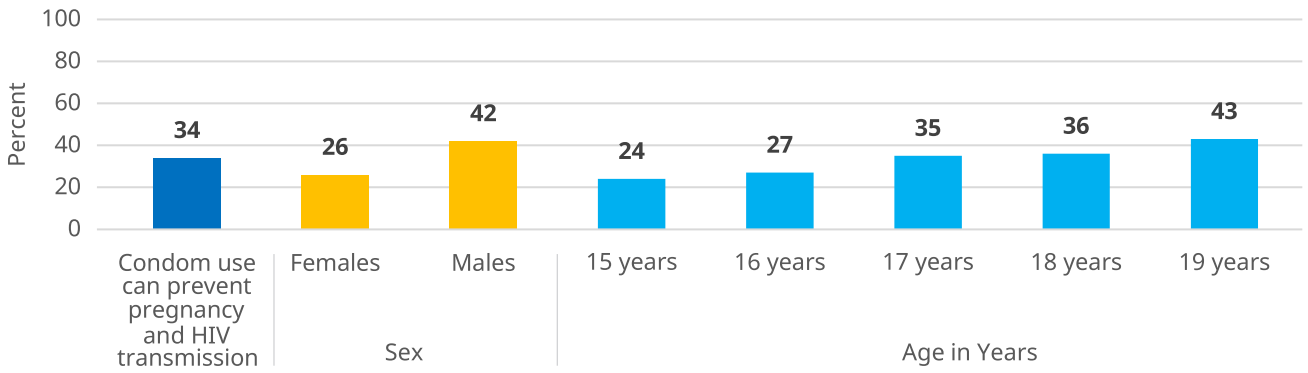


Chart 16. **Condom awareness among adolescents aged 15-19 (%), 2018**



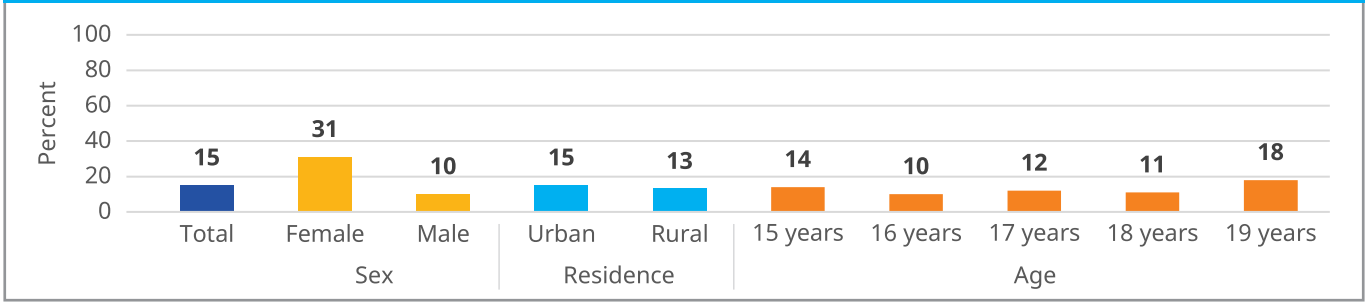
Source: UNFPA (2018). Sociological survey on the status of reproductive health of adolescents and young people aged 15-19, their sexual behaviour and access to reproductive health services and information. UNFPA: Astana, Kazakhstan.

Chart 16 shows that in 2018, only 34 percent of adolescents aged 15-19 knew that condom use can prevent both pregnancy and HIV transmission (46 percent knew that condom use can prevent pregnancy, and 45 percent knew that condom use can prevent HIV transmission).[150] Males (42 percent) were far more likely than girls (26 percent) to know that condom use can prevent both pregnancy and HIV transmission. As adolescent age from 15 to 19 years of age, they are more likely to know that condom use can prevent both pregnancy and HIV transmission.

Among 15-19-year-olds who were not sexually active, 54 percent reported they think it's wrong to have sex before marriage, 44 percent were afraid of becoming infected with HIV or other sexually transmitted infections (STIs), and 37 percent of girls were afraid of becoming pregnant. Females were more likely to believe it is wrong to have sex before marriage (62 percent) and to report they don't feel ready to have sexual intercourse (49 percent), compared to males (42 percent and 26 percent respectively).

Sexually Transmitted Infections. Among adolescents aged 15-19 who were sexually active, 15 percent had at least one STI in the past 12 months. Females (31 percent) were three times more likely than males (10 percent) to have an STI (**Chart 17**).

Chart 17. **Sexually transmitted infections (STIs) among sexually active adolescents aged 15-19 (%), 2018**



Source: UNFPA (2018). Sociological survey on the status of reproductive health of adolescents and young people aged 15-19, their sexual behaviour and access to reproductive health services and information. UNFPA: Astana, Kazakhstan.

In 2018, among adolescent aged 15-19 who had at least one STI symptom in the past 12 months, 63 percent did not seek medical help to have their STI treated in a medical facility; only 10 percent of sexually active adolescents tested for HIV in the past 12 months, and 8 percent knew the results of the HIV test.[151] It is notable that 74 percent of adolescents did not know where to go to be tested for HIV. Lack of knowledge of HIV testing sites was more common among adolescents ages 15-17 years, girls and those living in rural areas.[152] Yet, at the same time, 85 percent of adolescent aged 15-19 sought out information about SRH, STIs and HIV from the internet and social media; the quality and credibility of the information received is unknown.[153]

Adolescent Fertility. Globally, the problem of teenage pregnancy continues to be a focus since complications from pregnancy and childbirth are the leading cause of death among adolescent girls. From 2010-2021, Kazakhstan experienced a 6 percent decrease in the adolescent fertility rate from 30 births per 1,000 in 2010 to 21 births per 1,000 in 2022. In 2022, Kazakhstan's adolescent fertility rate was higher than the average for OECD countries (19 births per 1,000), yet lower than the average for upper-middle-income countries (28 births per 1,000).

The 2024 MICS found that only two percent of women aged 20-24 years had a live birth before age 18.[154] The 2024 MICS revealed that women aged 20-24 years who had a live birth before age 18 were most likely to have a basic education (8 percent), compared to a lower secondary education (3 percent) or upper secondary education (2 percent), and least likely to have a higher education (0.2 percent). The MICS also found that teenage pregnancy was highest in Turkistan (6 percent) and North Kazakhstan (5 percent). Women aged 20-24 years who had a live birth before age 18 were three time more likely to be from the poorest households (3 percent) than the richest households (1 percent). There were no notable differences based upon residence area (urban/rural).[155]

Adolescent birth rate. According to the latest MICS data, the national average for the adolescent birth rate was 22, with urban areas having markedly lower birth rate than rural areas (13 and 48 respectively). This, however, should not imply that urban adolescent birth rates were consistent across the board; whilst Almaty City displayed an adolescent birth rate of 0, Astana city had a birth rate of 20, thereby surpassing some regions further in the periphery. Higher adolescent birth rates often correspond to lower income regions such as Kostanay, Turkistan and Zhambyl (111, 52 and 41 respectively). The lowest birth rates, apart from Almaty city, were observed in Abay, Akmola and Kyzylorda (4, 9 and 9 respectively), suggesting that, apart from low income, other factors such as better education and enhanced family planning might be contributing factors.

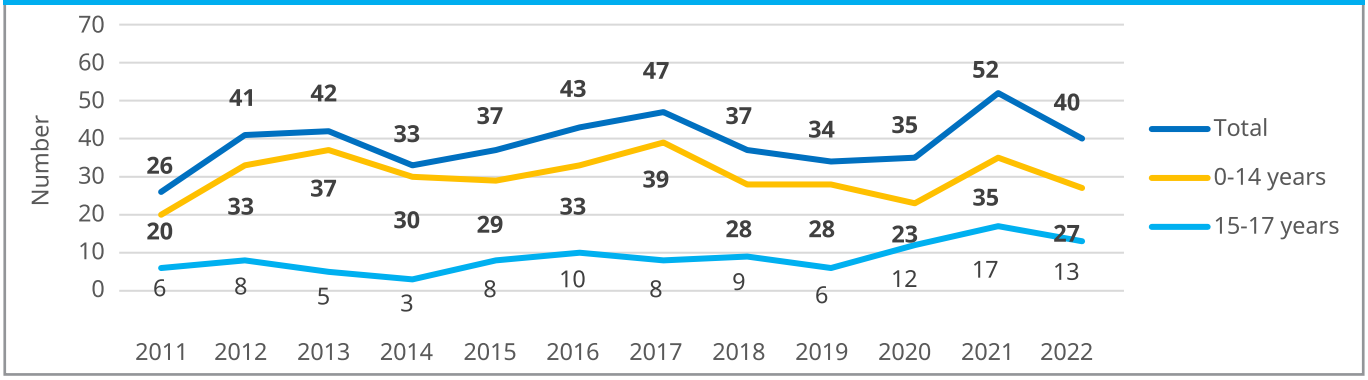
Early Childbearing. Similarly, increased healthcare, family planning and education efforts also seem to have similar effects on early childbearing. On the national level, 1.9 per cent of women aged 15-19 years have had a live birth; amongst women aged 20-24, 1.6 per cent have had a live birth before the age of 18. Again, the rural and urban difference is significant, with the rural average for women aged 20-24 years who have had a live birth before the age of 18 was 2.3 per cent, whereas in urban areas it was only 1.3 per cent. The highest percentages of childbearing were recorded in Ulytau, North Kazakhstan and Kyzylorda (with 5.8 per cent, 4.6 per cent and 3.9 per cent respectively. On the other hand, Akmola, Aktobe, Almaty, Atyrau, Karaganda and Mangystau all had a recorded percentage of 0.0.

HIV/AIDS Among Children and Adolescents

HIV/AIDS is a global public health threat.[156] Children living with and affected by HIV are among the most vulnerable individuals in any society; thus, improving HIV outcomes among them is essential for children's rights throughout the 2030 Agenda for Sustainable Development.[157] SDG target 3.3 aims to end the AIDS epidemic by 2030.

In Kazakhstan, the number of children aged 0-14 and youth aged 15-24 infected with HIV are very small. **Chart 18** shows that over the past decade, there has been a small number of children aged 0-17 newly infected with HIV in Kazakhstan, from an estimated 26 in 2011 to 40 in 2022 (an increase of 54 percent from 2011-2022). Given the small numbers, there was a 117 percent increase in the number of children aged 0-14 newly infected with HIV (from 6 in 2011 to 13 in 2022), and a 35 percent increase in the number of children aged 15-17 newly infected with HIV (from 20 in 2011 to 27 in 2022). The numbers of new HIV infections among children aged 0-14 and 15-17 years peaked at 52 in 2021.

Chart 18. **Number of new HIV infections by age group, 2011-2022**



Source: Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan

GoRK supports global efforts to end HIV/AIDS; thus, the Government is consistently implementing steps to curb the spread of HIV. Issues related to combating HIV are included in the Concept for Healthcare Development in the RK until 2026. Kazakhstan is also implementing WHO recommendations for HIV/AIDS response, including: testing and counselling; information and education work; access to condoms; access to needles and syringes; prevention; post-exposure prophylaxis (PrEP), application of the peer-to-peer principle in outreach work; prevention of mother-to-child transmission of HIV; and antiretroviral therapy (ART); and HIV treatment, care and support. In keeping with the global strategy, Kazakhstan is implementing the UNAIDS 95/95/95 strategy. In 2021, 81 percent of the estimate number of people with HIV knew their status, 79 percent of people of with HIV were on antiretroviral therapy, and 86 percent of those on therapy had an undetectable viral load.[158]

Within the framework of the National Primary Reproductive Health Programme, contraceptives are provided to HIV-infected women of reproductive age, lactation suppression for HIV-infected mothers, and provision of adapted formula milk for children born to HIV-infected mothers. In Kazakhstan, HIV/AIDS services are offered in specialised and vertical AIDS centre, IDS centres, and some HIV services, but are also decentralized and provided in primary health care facilities. For instance, primary health care facilities monitor HIV-infected pregnant women and children born to HIV-infected mothers, and provide information to pregnant or breastfeeding women on proper nutrition, family planning, pregnancy and support for breastfeeding or artificial feeding. Primary health care facilities also provide counselling on care for children born to HIV-infected parents, training in timely introduction and preparation of complementary foods, diagnosis and treatment of co-occurring and associated diseases, and PrEP.[159]

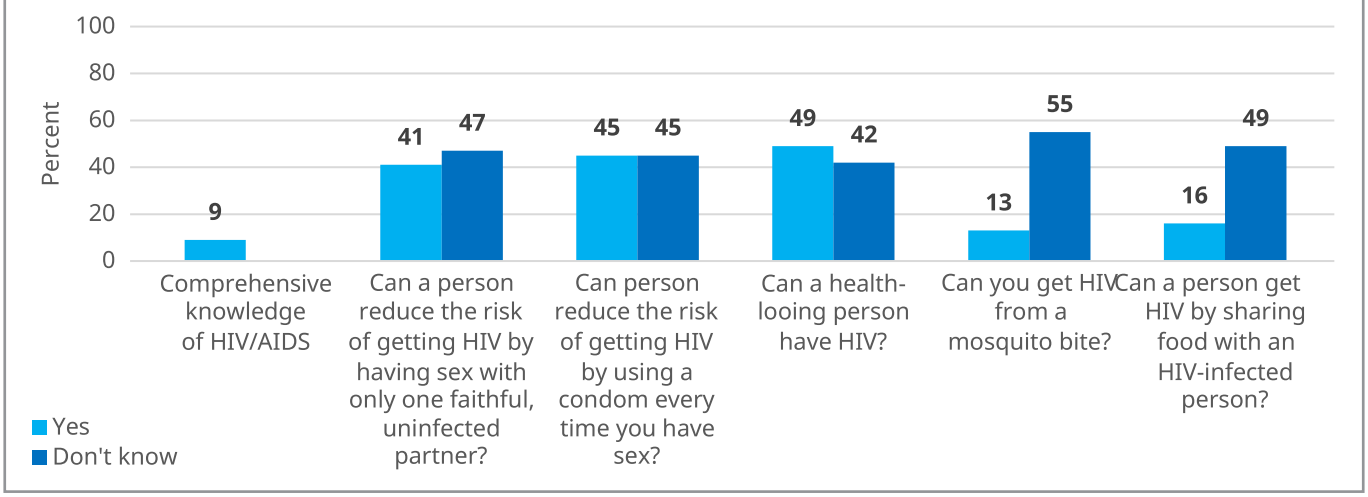
As a result of these initiatives, since 2006, Kazakhstan has made significant strides in reducing vertical transmission of HIV. Vertical transmission of HIV decreased from 55 percent in 2006 to 29 percent in 2021, and mother-to-child transmission of HIV decreased from 8 percent in 2006 to 1 percent in 2021.[160] Success can be attributed to improved access to HIV testing and ART, especially for pregnant women, infants and children,

and by offering nutrition and health counselling for mothers and children affected by HIV/AIDS. Bear in mind, however, HIV prevention and treatment services are dependent on effective health systems.[161]

AIDS-related mortality in Kazakhstan has also decreased from 1.5 per 100,000 population in 2018 to 0.9 per 100,000 population in 2022. The highest numbers of people living with HIV are recorded in Karaganda, Pavlodar, East Kazakhstan and Almaty regions, and in Almaty City. As of 2021, a total of 29,980 people were on treatment in both regional and AIDS centres in Kazakhstan.[162] Young people can also access some HIV-related services and consultations at the youth-friendly health centres (YFHCs).

Adolescent's Knowledge of HIV. Correct information is the first step toward raising awareness and giving adolescents and youth the tools to protect themselves from HIV infection.[163] **Chart 19** shows that only 9 percent of adolescents aged 15-19 had correct knowledge of HIV transmission in 2018 (answered each of the five questions correctly). It is notable that 91 percent of adolescents did not have comprehensive knowledge of HIV/AIDS and 66 percent of adolescents were not informed about the prevention through the use of condoms.

Chart 19. **Knowledge of HIV transmission among adolescents aged 15-19 (%), 2018**



Source: UNFPA (2018). Sociological survey on the status of reproductive health of adolescents and young people aged 15-19, their sexual behaviour and access to reproductive health services and information. UNFPA: Astana, Kazakhstan.

National Policies and Plans on Child and Adolescent Health

In 2020, Parliament amended the National Code "On population health and the healthcare system" to include the rights of minors to receive information on SRH, lower the age of consent to receive outpatient services with parental consent from 18 to 16 years, and grant authority to MOH to approve youth-friendly health services (YFHS) and develop and approve rules on how to organize services and the type of services that YFHCs should provide.[164] Kazakhstan's Health Development Policy prioritizes strengthening YFHSs and YFHCs. In 2023, there were 128 YFHCs, but they were located primarily in large cities and served fewer than one percent of the adolescents aged 14-18. Quality of YFHSs provided in YFHCs has been uneven, as they are neither standardized nor clearly defined or funded by the State-guaranteed funding package; rather, financing for YFHCs has been left to regional authorities.[165]

Kazakhstan has also advanced a SRH Universal Health Coverage Intervention, which is a multi-pronged approach to improve adolescent health and well-being. This includes efforts to implement the WHO's recommendations on developing national quality standards for YFHSs into the national health care system and in the list of services of the mandatory social health insurance. To implement these standards, UNFPA has supported MOH to: develop a comprehensive legal framework, and clinical and operations standards for YFHSs[166]; institutionalize YFHCs, and strengthen their capacities and demand for YFHSs; and develop communication tools.[167] Kazakhstan's package of new regulations and legislation for YFHSs and YHFCs is increasing access to and coverage of health services for adolescents.[168] Mandatory social health insurance services are now included in YFHSs, and the Government covers the insurance premium for minors and youth over 18 years of age who are studying full-time.

Despite such progress, challenges remain, including the need to continue advocacy efforts among adolescent and youth, parents/caregivers, and society at-large on the availability of YFHSs to strengthen the reproductive health of the younger generation.[169] Steps still need to be taken to ensure Kazakhstan's has an enabling policy and legislative environment that advances adolescent health coverage and uptake, and integrated financing arrangement are needed to ensure effective functioning and quality of YFHSs in Kazakhstan.[170]

Table 2. **National policies and programmes on child and adolescent health**		
Operational, multi-sectoral national non-communicable diseases policy, strategy or action plan that integrates several non-communicable diseases and their risk factors		
Operational policy, strategy, action plan to reduce physical inactivity		
National adolescent health programme		
National policy prohibiting selling of unhealthy food and sweetened beverages in/close to schools		
National policy/law designating appropriate minimum age for purchase/consumption of alcohol		
National policy/law to prohibit sale of tobacco products to minors		
Plan or strategy for adolescent mental health		
Plan or strategy for child mental health		
Colour Code	**Yes**	
	No	
	Unknown	

Source: Retrieved on 11 August 2024 from: Adolescent health dashboards country profiles – UNICEF DATA; see also, WHO Policies, Strategies and Action Plans (WHO Global Health Observatory); Mental Health Atlas, 2020; Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey, 2018-2020.

Table 3. **No legal age limit for unmarried adolescents to access services without parental/legal consent**		
Contraceptive services (except sterilization)		
HIV testing and counselling		
Mental health services		
Colour Code	**Yes**	
	Yes (selected population groups)	
	No	

Source: Retrieved on 11 August 2024 from: Adolescent health dashboards country profiles – UNICEF DATA; see also, Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey, 2018-2019.

Table 4. **User fee exemptions for adolescents**		
Contraceptives		
HIV testing and counselling		
Mental health care		
Rehabilitation for substance abuse		
Testing and treatment of STIs		
Vaccination for HPV		
Colour Code	**Yes**	
	Yes (selected population groups)	
	No	

Source: Retrieved on 11 August 2024 from: Adolescent health dashboards country profiles – UNICEF DATA; see also, Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey, 2018-2019.

Table 5. **Taxation of sugar-sweetened beverages and alcohol**		
Sugar-sweetened beverages		
Beer		
Spirits		
Wine		
Colour Code	**Yes**	
	No	

Source: Retrieved on 11 August 2024 from: Adolescent health dashboards country profiles – UNICEF DATA; see also, Global Survey on Alcohol and Health, 2016; Non-Communicable Country Capacity Survey, 2019.

Concluding Remarks

- This chapter focused on the situation related to every child's right to health and nutrition, and there were notable data gaps and bottlenecks that need to be addressed to contribute to systemic change.
- There is a need for improved funding and budget for primary health care, including maternal and child health care, to improve the health of pregnant women and children. This requires updated costing and budgeting models which would contribute to increased funding for primary health care, including maternal and child health services. There should also be increased funding available for early childhood interventions.
- It is also important to ensure that primary health care and maternal and child health services are accessible and of good quality. Thus, the MOH would benefit from an assessment of the functioning and quality of health care at different levels of the health system with a focus on rural and remote populations.
- There is also a need for health care workers and medical students to have improved knowledge of the importance of vaccines and childhood vaccination schedules, and be equipped to effectively communicate this to parents/caregivers to counter anti-vaccine rhetoric.
- Given the significant contribution of external causes of death to infant and child mortality, it is necessary to strengthen the home visiting services to identify, assess and mitigate non-medical risks to the health and development of children.
- It is needed to strengthen the Early Childhood Intervention (ECI) system at PHC level by improving early detection of developmental difficulties, family-cantered practices and support, and specialized therapies with proper funding and ensure its interaction with ECI services undertaken by other sectors.
- Data related to practices of breastfeeding, including exclusive breastfeeding, are available, but more data and information are needed to understand what support and accommodations mothers need to inform their decisions to breastfeed and to ensure exclusive breastfeeding up to 6 months.
- Data related to teenage pregnancy are limited to adolescent fertility rates. Qualitative data related to adolescent girls' experiences around pregnancy and motherhood are lacking. Such data are needed to: reduce teenage pregnancy; develop and evaluate social and behaviour change initiatives; develop and evaluate SRH programmes and policies to reduce teenage pregnancy; develop programmes and policies that support teenage mothers to continue their education, learning and skills development, and access employment; and strengthen social protection services to reduce teenage mothers' risks of falling into or living in poverty with their child(ren).
- Data related to HIV testing, treatment and prevention among young people aged 10-24 years are lacking, as is data related to young people's knowledge and practices related to PrEP.
- Data related to adolescent mental health and well-being, including suicidal tendencies, are available, but outdated, and lacking in depth. Such data are important given the fact that international research has found that anxiety and depressive disorders have increased among adolescents as a result of stressors and strains related to the COVID-19 pandemic and climate change. Such data and information are needed to improve mental health services for young people, and interventions to strengthen demand for services.

- There is a need for an updated legal and regulatory framework which ensures that MHPSS services will be regulated and of better quality, with better funding, and accessible to those who need them. There is also a need for functioning programs of multisectoral mental health promotion and prevention for children and adolescents.
- Data related to nutrition and physical (in)activity among adolescents are lacking. Such data are important to better understanding adolescent's health and potential risks of being underweight, overweight and obese. It would be beneficial to invest in research that focuses on perspectives of children and adolescents and their lived experiences accessing foods, particularly accessing healthy foods, and use human centred design approaches to identify what they are really looking for in terms of food options, as well as their lived experiences with being able to be physically active.

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5. EDUCATION, LEISURE AND CULTURE

With the adoption of SDGs, GoRK committed to achieving SDG 4, to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. Quality education is crucial for securing a successful transition to work, yet there are still deficits in the education system in Kazakhstan that translate into poor learning outcomes for children and adolescents.

Education System

The 1995 Constitution of the RK regulates the scope of education and recognizes that every child in Kazakhstan has the right to a free education. The duration of compulsory primary and secondary education was increased from 10 to 12 years, to bring education and training in line with international standards of most developed countries. Kazakhstan's education system through the inclusive education approach also ensures that the infrastructure of the education system enables every child, including children with disabilities and special educational needs (SENs), to access education.

The education system in the RK consists of several levels of education:[171]

- Preschool education and upbringing (≤ 6 years)
- Primary and basic secondary education (primary grades 1-4, basic secondary grades 5-9)[172]
- Senior secondary education (grades 10-11 (12)
- Post-secondary education / Technical and vocational education and training (TVET)[173]
- Graduate education
- Post-graduate education

The education system is regulated by the 1992 Law on Education and the 1993 Law on Higher Education, and supervised by MOE and Ministry of Science and Higher Education (MoSHE).[174] MOE is tasked with preparing draft education budgets, determining curricula, and providing training for educators, as well as inspecting educational institutions and representing the educational system internationally.[175]

Kazakhstan has focused on bringing its education system up to international standards, with educational reforms and strategic planning, and digitalization. Reforms and innovations also aim to improve the quality and quantity of education.[176] For instance, Kazakhstan's Education Strategy 2011-2020 defined the strategy of teacher education reform. The Teacher Education Reform Programme has been to ensure the professional development of teachers in public schools so that students in schools can be educated with international qualifications of the 21st century. For teachers to be qualified at international standards, three-month training was provided through Centres of Excellence, in accordance with the continuous in-service training approach. [177]

More recently, Kazakhstan adopted the 'On approval of the concept for the development of preschool, secondary, technical and vocation education of the Republic of Kazakhstan for 2023-2029' which sets priorities to improve the quality of pre-primary and secondary schools, to improve inclusive education approaches, and to reduce the number of children in institutions.[178]

In 2020, Kazakhstan also announced a new digital education project that applies to all levels of the education system and aims to train more than three million digital specialists across all economic sectors by 2030.[179] Since 2021, a new digital literacy curriculum was also introduced; under these changes, digital literacy starts at grade 1.[180] In 2020/21, 31 new programmes were also introduced in TVET colleges to train specialists for the digital industry. In higher education, ICT Programmes were also updated according to international professional standard. In addition, the Open University of Kazakhstan introduced a newly developed online platform which provide a range of open online course with the support of 63 higher education institutions. The programme is supported by ongoing efforts to bring high-speed internet connection to a larger number of schools and rural communities.[181]

In addition, in 2024, the Comfortable School Initiative, spearheaded by regional akims (mayors/governors) and the Samruk-Kazyna National Wealth Fund, focused on addressing the need to update educational infrastructure and eliminate issues that have beset Kazakhstan's education system, including the use of three-shift educational systems, emergency school facilities, and persistent shortages of student spots in secondary education facilities nationwide.[182]

Education Expenditures

In Kazakhstan, education expenditures, as a percentage of GDP, has fluctuated from 3.6 percent in 2010 to a high of 4.4 in 2020 and 2021, during the COVID-19 pandemic, and 4.5 percent in 2022. Average education expenditures for Europe and Central Asia have been higher for each year from 2010-2021, but converged at 4.5 percent in 2022, whereas average education expenditures for upper-middle-income countries have been higher than for Kazakhstan from 2010-2019, but then dropped below Kazakhstan's education expenditures as a percentage of GDP from 2020-2022, since the COVID-19 pandemic.[183]

In 2020, an estimated 0.4 percent of Kazakhstan's GDP was spent on early childhood education and care (ECEC), whereas OECD countries spent on average 0.9 percent of their GDP on ECEC in 2019.

Access to Education

Access to quality education is one of the most effective interventions to empower children, adolescents and youth, and ensure they have the knowledge and skills needed to function in and contribute to society. Access to quality education is a vital prerequisite for combating poverty.[184] In 2015, recommendations from the concluding observations of the Committee on Child Rights were that GoRK should provide education in mainstream schools to all children, irrespective of their parents' legal status or whether they possess registration or other documents. Data related to the number of migrant children in schools were not available, as these data were not reliable.

Pre-Primary School Enrolment. Investing in expanding access to quality early learning programmes is a core strategy to improve learning outcomes.[185] SDG Target 4.2 aims to, by 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. SDG Targe 4.2 includes two key indicators: the proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being, by sex (4.2.1); and participation rate in organized learning, one year before the official primary entry age, by sex (4.2.2).

Over the past decade, GoRK has committed to improving the early childhood education and care (ECEC) sector; thus, Kazakhstan has become a regional leader in ECE. In 2010, recognising the value of ECEC, GoRK introduced *the Balapan Programme*, an initiative to provide universal preschool education, and by 2020 through the construction of new kindergartens, rehabilitation of existing kindergartens, and subsidisation of the private sector.[186] From 2010 and 2021, the number of private ECEC institutions increased sixteen-fold (from only 6 percent of all ECE institutions to 46 percent), whereas the number of public institutions grew by only 30 percent during the same time period.[187] Subsequently, the proportion of children receiving private sector ECEC services dramatically increased; as a result, the coverage of children in ECEC services has dramatically increased.[188]

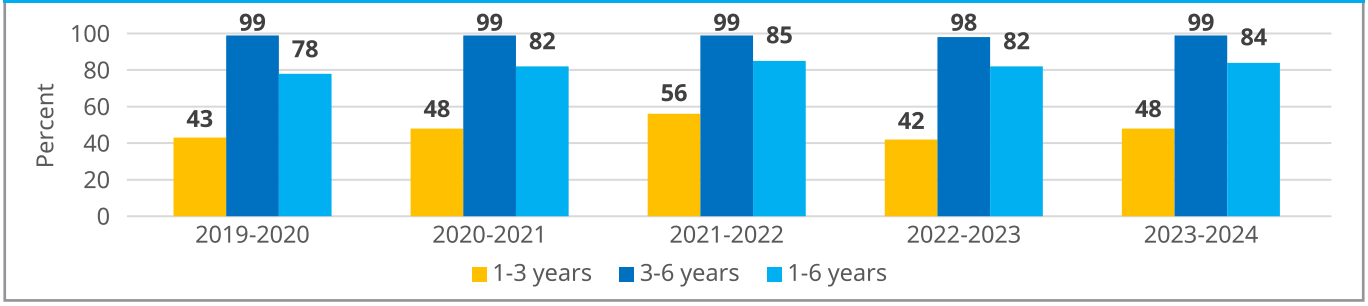
The preschool sector has been recognised as the most successful example of a partnership between state and business in Kazakhstan.[189] By mid-2020, 56 percent of all public-private partnership contracts in Kazakhstan were in the education sector, with a value of KZT 115 billion (equivalent to USD 250 million).[190] More than half of these education public-private partnerships have been in the preschool sector.[191] Despite such progress, the gross enrolment rate (GER) for preschool education has steadily decreased from a high of 58 percent in 2018 to a low of 41 percent in 2023. What is driving this decline is not clear from the data.

In 2022, Kazakhstan had 11,104 organizations of ECE, of which 71 percent were kindergartens and 29 percent were mini-centres. It is also notable that 51 percent were public ECEs and 49 percent were private. The number

of children enrolled in organizations of ECE were 965,204, of which 91 percent were enrolled in kindergartens and 9 percent in mini-centres, and 51 percent were enrolled in public ECEs and 49 percent in private. [192]

Chart 20 shows that in 2023-2024, the proportion of children aged 1-6 years with preschool education and upbringing was 84 percent (up from 78 percent in 2019-2020). Children 3-6 years (99 percent) were twice as likely to be in preschools than children aged 1-3 years (48 percent).

Chart 20. **Net coverage of children with preschool education and upbringing by age group (%), 2019/20-2023/24**



Source: National Statistics Book on Education, 2024

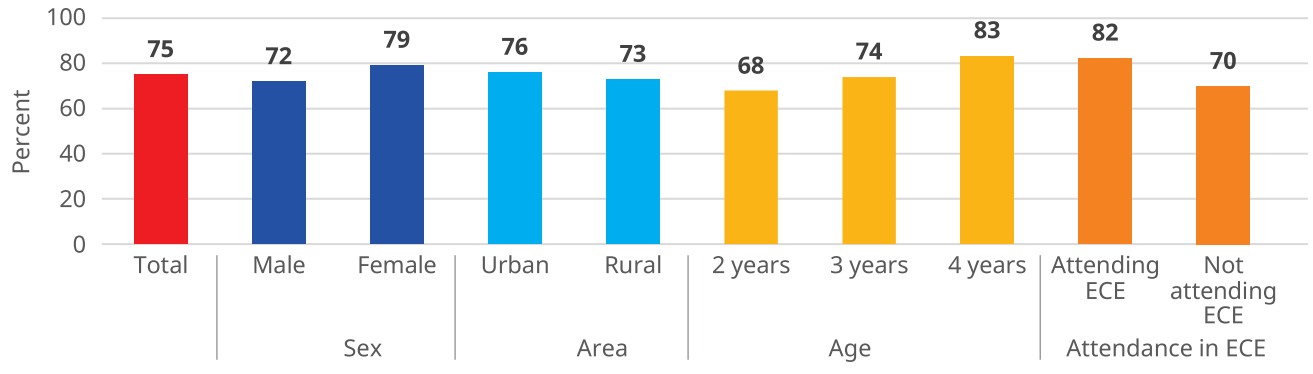
Participation Rate in Organised Learning. The latest MICS data reveals that the participation rate in organised learning (one year before the official primary entry age) corresponds to a national average net attendance rate (adjusted) of 82.7. The gender disaggregation shows comparatively similar rates between boys and girls, with 81.8 and 83.7 respectively. The geographical disaggregation shows a net attendance rate of 83.4 for urban areas and 81,6 for rural areas. By far the lowest net attendance rate has been recorded in Almaty, where net attendance stands at just 69.3, whereas Kostanay has a net attendance rate of 94.7.

Early Childhood Development. Early childhood is the most crucial period for children's holistic development, given the profound, lifelong impact of early experiences on children's future learning, health and earning potential.[193] Nurturing care are essential for all children, especially within the first four years of a child's life, to achieve their full developmental potential. The COVID-19 pandemic highlighted a crisis of care and early learning for children under-five and compounded pre-existing inequalities and exclusion.[194]

In recent years, GoRK has focused on improving the quality of ECEC by adopting new standards, curriculum and syllabus for preschool education (implemented in 2022), and enhanced quality assurance and monitoring with self-assessment tools for preschool providers.[195] Measuring ECD in the early years is a complex undertaking and a specialized field of study, but crucial to understanding children's development to their full potential.[196] Early Childhood Development Index (ECDI) 2030 was designed to capture achievements of key developmental milestones among children aged 2-4 years and addresses the need for nationally representative and internationally comparable data on ECD.[197]

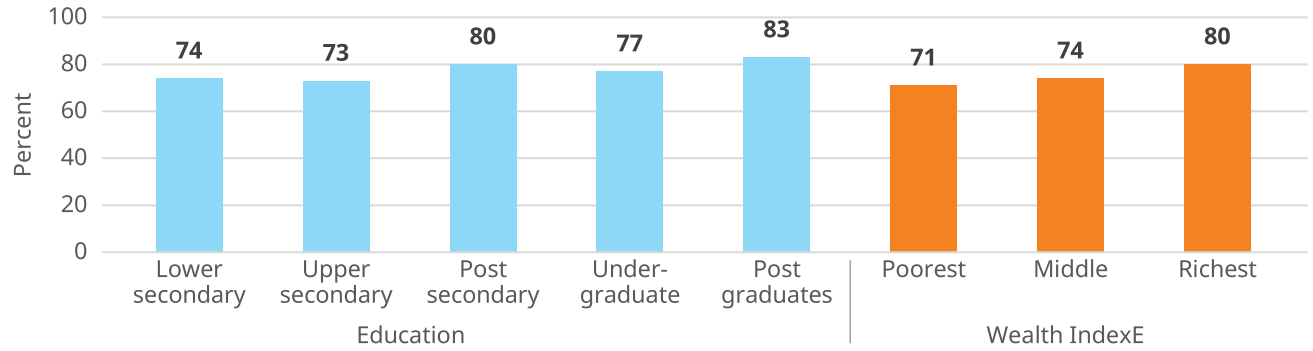
In 2024, 25 percent of children aged 2-4 years were not developmentally on track in health, learning and psychosocial well-being (**Chart 21**).[198] More specifically, girls (79 percent) were slightly more likely than boys (75 percent) to be developmentally on track in health, learning and psychosocial well-being. ECD rate is slightly higher in urban areas (76%) than in rural areas (73%). It is notable that as children increase in age they are more likely to be developmentally on track, and children who attended an ECE programme (82 percent) were more likely to be developmentally on track than children who did not attend an ECE programme (70 percent). **Chart 22** shows that children whose mother had a post-secondary education or higher were more likely to be developmentally on track, compared to children whose mother had a lower or upper secondary education. Likewise, children from the richest households (80 percent) were more likely to be developmentally on track in health, learning and psychosocial well-being, compared to children from middle-income households (74 percent) and the poorest households (71 percent).

Chart 21. **Children aged 2-4 years who were developmentally on track (%), 2024**



Source: 2024 MICS

Chart 22. **Children aged 2-4 years who were developmentally on track (%), 2024**



Source: 2024 MICS

Early Stimulation and Responsive Care. The latest MICS data indicates that the national average for children of 2-4 yeas old with whom adult household members engaged in four or more activities is 77.5 per cent. Notably, there is a gender difference, with 76.2 per cent of male children experiencing early stimulation, whereas 78.8 per cent of female children experience early stimulation from an adult household member. Moreover, there is also a geographical difference, with 80.7 per cent of children in urban areas experiencing early stimulation, whereas in rural areas, only 72.8 per cent of children experience early stimulation. Notably, there is also a stark difference in whom children receive early stimulation from; on the nationwide average, only 18.6 per cent of children engage in four or more activities with their father, whereas with the mother, the average is much higher at 69.7 per cent.

Availability of children's books. The national average for children under the age of five living in households that have three or more children's books is currently at 39.2 per cent, with 40.2 per cent of female children having at least three children's books at home, whereas only 38.2 per cent of male children have three or more children's books at home. There is also a significant geographical difference, with 47.2 per cent of children in urban areas having at least three children's books at home, whereas in rural areas the same can only be said for 27.5 per cent of children.

Availability of playthings. The national average for children under the age of five who play with two or more types of playthings is 75.1 per cent. Notably, geographical and gender differences are not as stark as in the case of children's books; in urban areas 75.2 per cent of children have two or more playthings at home, whereas in rural areas 75.1 per cent of children have two or more playthings at home. Overall, more female than male children have two or more playthings at home, with 76.0 per cent and 74.3 per cent respectively.

Inadequate supervision. The latest MICS data demonstrates that the percentage of children under the age of five left with inadequate supervision in the past week is at a national average of 6.5 per cent. Notably, the

percentage is higher for females than males, with 6.6 per cent and 6.4 per cent respectively. There is also a significant urban/rural difference, with 5.9 per cent and 7.4 per cent respectively. The highest percentages were recorded in Ulytau, Kyzylorda, Mangystau and Almaty, with 16.3 per cent, 13.8 per cent, 13.4 per cent and 10,0 per cent respectively, which are all significantly above the national average.

Despite progress made in improving the coverage and quality of ECEC, challenges remain, including:

- **Access for children with disabilitie**s – Kazakhstan struggles to develop an inclusive ECEC system, as only 1.4 percent of children enrolled in preschools have disabilities.
- **Low public financing** – ECEC public expenditures remain below international benchmarks and OECD averages.
- **Inequitable access** – The average price of private kindergartens is twice as high as for public kindergartens.
- **Quality** – ECEC educators' qualification requirements are lower than in other OECD countries.

Primary School Enrolment. Primary education includes four years of education (grades 1-4). From 2018-2021, the net enrolment rate (NER) for primary education has been nearly 100 percent, whereas the GER for children aged 7-10 years has remained at 100 or higher. In 2022 and 2023, the NER dropped to 98 percent, and the GER dropped to 99 percent in 2022. There are no notable gender or urban vs. rural differences in NERs for primary education.[199] The 2024 MICS found that the primary school net attendance rate (NAR) was 90 percent for children aged 6-9 years, including 90 percent for girls and 90 percent for boys.[200]

Gross Intake Ratio. The national average for the gross intake ratio to the last grade of primary school stand at 92.0, with a gender disaggregation of 90.5 for males and 93.5 for females. The geographic disaggregation follows 92.2 for urban areas and 91.5 for rural areas.

Secondary School Enrolment. Basic secondary education includes five years of basic secondary schooling (grades 5-9) and three years of senior secondary education (grades 10-11 (12). From 2010-2022, GERs for secondary grades have been in excess of 100 percent; only in 2022, did the GER among children aged 11-15 drop below 100 percent, and among children aged 16-17 dropped to 84 percent. From 2019-2022, there were no differences based upon gender or urban vs. rural in NERs for primary education.[201]

The 2024 MICS found that the lower secondary school NAR was 91 percent for children aged 10-15 years for children (91 percent for girls and 91 percent for boys) and the upper secondary NAR was 96 percent for adolescents aged 16-17 years (96 percent for girls and 95 percent for boys).[202] It is notable that there were no significant differences between children from the poorest and richest households in either lower or upper secondary school NARs.[203]

Age for Grade. Age for grade indicates the percentage of children attending primary and lower secondary school who are 2 or more years overage for the grade attended. For primary school, the national average for overage by 2 or more years is 3.1 per cent, with a gender disaggregation of 3.1 per cent for males and 3.2 per cent for females. Being overage also seems slightly less common in urban areas than in rural, with the urban percentage being 3.0 per cent and the rural percentage being 3.2 per cent. As for lower secondary, the national average stands at 0.5 per cent, with a gender disaggregation of 0.4 for males and 0.5 for females, and a geographical disaggregation of 0.4 per cent for urban areas and 0.5 per cent for rural areas.

Completion Rates

Ensuring that all girls and boys complete primary and secondary education is a target of the 2030 Agenda for Sustainable Development. UNESCO defines the completion rate as the percentage of a cohort of children or young people aged three to five years above the intended age for the last grade of each level of education who completed that grade. Since 2010, primary education completion rates have remained very high at 97 percent or higher.[204] Primary education completion rates for girls and boys were in parity.[205] Similarly, the 2024 MICS found that 100 percent of children of primary school age completed primary school.[206]

Lower secondary education completion rates have also remained above 100 percent from 2010-2020. In 2020, the COVID-19 pandemic impacted children's education and resulted in learning time lost. As a result, secondary education completion rates dropped to 94 percent in 2020 and 91 percent in 2021, after which lower secondary education completion rates slowly began to increase, however, have yet to reach pre-pandemic completion rates. There were not gender differences in lower secondary education completion rates.[207] Similarly, the 2024 MICS found that the lower secondary completion rate was 99 percent among adolescents aged 17-19 years, and the upper secondary school completion rate was 97 percent among youth aged 20-22 years.[208]

Out-of-School Children

In 2024, 2 percent of primary school-age children were out of primary school (up from fewer than one percent in 2015).[209] In addition, one percent of children of lower secondary school-age (grades 5-9) were out-of-school (up from fewer than one percent in 2015), whereas 3 percent of children of upper secondary school-age (grades 10-11) were out-of-school (3 percent in 2015). While there are no gender differences, there are some notable regional differences.

- Proportion of out-of-school primary school-age children was 5 percent in Karaganda and 4 percent in Mangystau, North Kazakhstan and Atyrau, which is two times higher than the national average of 2 percent in 2024.[210]
- Proportion of children of lower secondary school-age (grades 5-9) who were out of school was 3 percent in Akmola, Abay and West Kazakhstan, which is three times higher than the national average of one percent in 2024.[211]
- Proportion of children of upper secondary school-age (grades 10-11) who were out-of-school was 8 percent in Zhambyl and 7 percent in Turkistan, which was more than twice as high as the national average of 3 percent in 2024.[212]

Box 5. **Voices of adolescents: Challenges accessing higher education**

Numerous adolescents spoke about being unable to access higher education. In part, this is because students have very few scholarship opportunities and are unable to get grants to support their education. As one 19-year-old boy explained, *"In education, problems include entering higher education institutions and not being able to get grants, and not wanting to burden one's parents."* Similarly, a 19-year-old girl pointed out that *"There is an issue with grants; this year, there weren't enough grants for all students."*

Some adolescents reported "not being able to get into their chosen field of study and not having the means to pay for private education; thus, they eventually end up working instead." This same 19-year-old boy went on to explain that *"many [young people] choose to apply for scholarships, but do not get them, then they cannot afford to pay for private education, and their parents cannot help them. Then, they end up working in any job until the next year."*

In addition to wanting more scholarships for students, adolescents also reported that there needs to be more housing or dormitories for students. As one 17-year-old girl explained, *"The government should build more housing and dormitories. Many students live in rental apartments due to a shortage of dormitories. Also, scholarships for students should be increased, as currently, only students in fields like medicine and teaching receive higher scholarships."*

Some adolescents also identified it as problematic that parents make decisions about their children's field of study. As an 18-year-old boy explained, *"The child may express their opinion in various places, but they are still guided [by their parents] to study in the field that has opportunities. Later to find out that they unable to find a job in that field and the issue of unemployed youth stem from this."* For these reasons, adolescents believed that "it's better [for parents] to discuss and decide on the profession or education together with the child, considering their own preferences" (16-year-old boy).

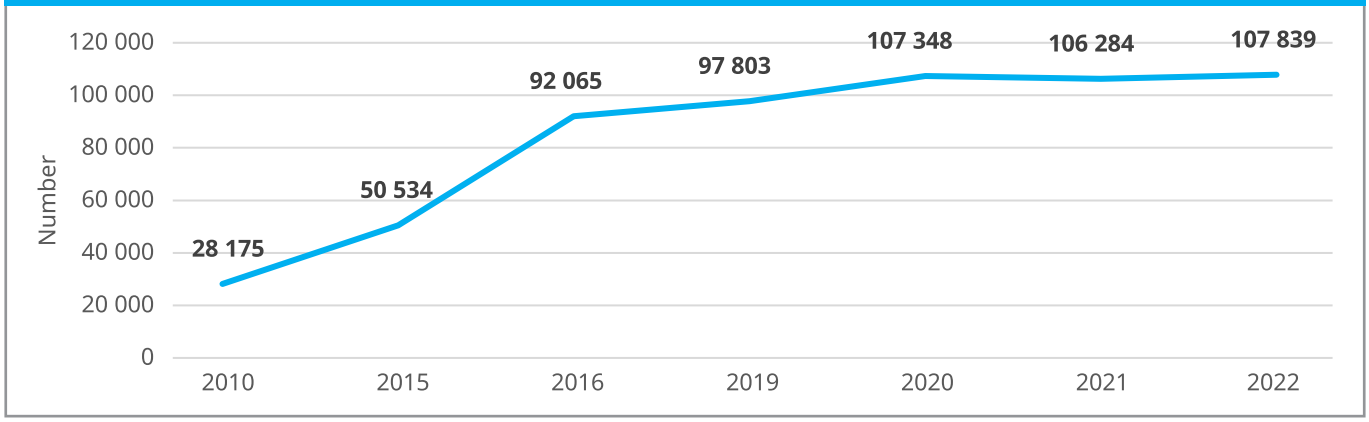
Source: Consultations conducted with adolescents in 2024 as part of this SitAn

Inclusive Education

In Kazakhstan, legislation defines inclusive education as the process of ensuring equal access to education for all, including children with special educational needs (SENs). In 2017, there were seven resource centres for inclusive education in Kazakhstan, which provided expert support to teachers and parents of children with SENs. In 2018, GoRK began implementing a World Bank project, in which one of the goals is the creation of 17 inclusive education resource centres.[213] To support inclusive education, NGOs have formed collaborations with schools and municipalities.[214] Still, however, there is a lack of vision for promoting and implementing inclusive education, which leads to limited understanding of SEN learners, due in part to outdated capacity building for teachers and poor quality monitoring of schools working with SEN learners.[215] As a result, SENs, including children with disabilities, are vulnerable to being excluded from the educational system.

Chart 23 shows the number of children aged 7-18 years with SENs has increased by 283 percent from 28,175 in 2010 to 107,839 in 2022. In 2021, 11 percent of pre-school children with SENs attended special groups in regular kindergartens and 13 percent in special kindergartens; this is despite the fact that the proportion of schools that created conditions for inclusive education has steadily increased. Yet, the focus has been mainly on improving physical access to pre-schools for children with SENs. In recent years, more resources have been allocated to digitalisation and teachers' salaries, but these improvements have not clearly benefited children with SENs; thus, improving inclusive education in Kazakhstan is an ongoing discussion.[216]

Chart 23. **Number of children with SENs from ages 7-18, 2010-2022**



Source: Bureau of National Statistics. (2023) Children of Kazakhstan 2018-2022: Statistical compilation. Bureau of National Statistics: Astana, Kazakhstan, p. 48; Bureau of National Statistics data for 2023 number of children aged 6-18 with disabilities.

In 2023, there were 137,434 children aged 6-18 years with disabilities registered in Kazakhstan. In the 2023-2024 academic year, 38 percent or 52,655 children with disabilities were enrolled in secondary education institutions.[217] Bear in mind, not all children aged 6-18 years would be eligible for enrolment in secondary education. More detailed descriptive data are lacking on children with disabilities and SEN learners in educational institutions.

In Kazakhstan, resource allocation for children with SENs is highest for home schooling and targeted at children with learning disabilities versus other vulnerable groups at-risk of exclusion. There is a need for more effective investments in inclusive education, with a focus on sectoral and intersectoral policy changes, development and quality of services, and coordination.[218] Sectoral and intersectoral policy changes require expanded horizontal and vertical multi-sectoral coordination mechanisms among different stakeholders. There is also a need for more effective investments in strengthening leadership and pedagogy to support inclusive education, as well as equipping schools with appropriate assistive technologies that can support students with SENs in accessing educational materials and participating in classroom activities, thereby fostering mainstreaming of SEN learners into schools (countering segregation into special needs institutions).[219]

It has been established that planning and implementation of inclusive education policies is mostly based upon a top-down approach. Some important steps that would foster an inclusive approach to framing these policies

requires establishing partnerships between schools, teachers, parents/caregivers and children, and provision of more rights and opportunities in the development of 'change projects' for directors and other stakeholders.[220]

Steps also need to be taken to combat stigmas associated with SENs and to use more inclusive language. In 2022, a UNICEF-supported survey of parents/caregivers found that although 70 percent of parents/caregiver believed that children with developmental difficulties should attend kindergarten/preschool, only 33 percent would be okay with a child with developmental difficulties in the same kindergarten/preschool classroom as their child, and 31 percent would be okay with their child playing with a child with developmental/difficulties or delays. Instead, 48 percent of parents would not be okay with a child with developmental difficulties in the same kindergarten/preschool as their child, and 52 percent would not be okay with their child playing with a child with developmental difficulties or delays.[221] Only 17 percent of health care specialists and 57 percent of education specialists thought that children with developmental difficulties should be in the same kindergarten/preschool classroom as children who are on track developmentally (without developmental difficulties/delays).[222]

In 2024, the Committee on the Rights of Persons with Disabilities expressed concern that genuine inclusive education in practice has been slow, given the fact that a significant percentage of children with disabilities continue to be educated at home, isolated from their peers. Also, children with disabilities living in residential institutions may receive little or no education, and there has been troubling information coming out related to these institutions.[223]

Box 6. **Voices of adolescents: Support for inclusive education for persons with disabilities**

As part of this SitAn, adolescents aged 15-19 years were asked, "How can we promote the inclusion of people with disabilities, particularly in education and employment? Responses to this question varied widely, yet nearly all adolescents supported integrating persons with disabilities into society and thought that it should begin at a young age. One 19-year-old girl explained, *"From a young age, we should teach children that people with disabilities are just like everyone else."* Similarly, several adolescents expressed the view that *"to integrate people with disabilities into society, we should not point out or focus too much on their limitations. We should treat these individuals as equals so that they feel comfortable and at ease."* More specifically, a 17-year-old explained that *"individuals with Down's syndrome are just regular people too. A person just has one extra chromosome. I believe they should be given opportunities to express themselves in their own areas of interest."*

Adolescents recognized that children with disabilities need access to inclusive education, including *"the opportunity to study in public schools where they can be together with everyone"* (19-year-old boy). They believe that teachers should provide children with disabilities with the support they need to learn and develop skills that they will need to integrate into the workforce and society at large. One 15-year- old girl pointed out that *"educational conditions should be improved because people with disabilities may not be able to get to an educational institution, which is an immediate obstacle to obtaining education."* They want that support should be provided to children and youth with disabilities in schools and universities.

Adolescents also recognized that persons with disabilities *"need support that allows them to work, just like everyone else, without being isolated; they should integrate with us. Thus, it is necessary to teach children from an early age so that they understand that there are people with disabilities, and they are not bad"* (17-year-old girl). Adolescents thought it very important that persons with disabilities are seen as people and accepted for who they are, and people should stop feeling sorry for them. To reinforce this point, one 16-year-old girl pointed out that *"We need to teach children that it is normal [that there are persons with disabilities] and that there is nothing unusual about some people being different or special."*

Adolescents also recognized that persons with disabilities *"need to be provided with all the necessary conditions for comfort, such as building proper roads for mobility and ensuring that buildings are accessible. It is necessary to teach children how to communicate with such children and people; so that they understand that these are the same people as us."* Buildings should have ramps and elevators, and specially equipped

restrooms to accommodate persons with disabilities. This same 17-year-old girl explained, *"Make them understand that there is virtually no difference between us; it is necessary to unite such people into a common society so that they develop in the same environment with the same comfortable conditions for them. It is necessary to give them the opportunity to express themselves, to work and to share their opinions. Foster a positive and inclusive attitude toward interactions between people in society."*

Adolescents pointed out that persons with disabilities should not be discriminated against, but should be supported and fully integrated into society. They want the government to *"do as much as possible to support persons with disabilities, such as providing them with housing, jobs and additional treatments."* They thought *"it would be good if the government provided more job opportunities for people with disabilities, which would help society become more accustomed to persons with disabilities"* (18-year-old boy). Similarly, a 19-year-old girl explained that *"people with disabilities should be promoted and encouraged to participate in the workforce as much as possible."*

Source: Consultations conducted with adolescents in 2024 as part of this SitAn

Trained Teachers

According to international standards, a trained teacher is one who has received at least the minimum organized pre-service pedagogical teacher training and in-service trainings required for teaching at the relevant level. Training of teachers can have a great impact on student learning outcomes; yet this only happens when teachers apply new knowledge and skills in their classroom. In Kazakhstan, in 2023, 100 percent of teachers in pre-primary education were trained[224], as were 100 percent of teachers in primary education[225] and secondary education.[226]

ECEC educators' qualification requirements were lower in Kazakhstan, compared to OECD countries. In Kazakhstan, the minimum qualification required for ECE educators are short-cycle tertiary education programmes that provide professional knowledge, skills and competencies, which are practical and occupation-specific to the labour market. In 2021-2022, only 23 percent of ECE educators had a short-cycle tertiary education certificate in higher preschool education, which is considered the initial teacher training in Kazakhstan. In other words, fewer than one out of four educators completed the initial teacher training, which is substantially lower than the indicator of 80 percent.[227] In comparison, in OECD countries, most minimum requirements are a bachelor's degree; although there is variation, with some countries requiring short-cycle tertiary programmes, and other requiring a bachelor's degree or equivalent or a master's degree.[228]

Learning Quality and Skills

MOE is working to improve teaching quality to ensure that students learn basic literacy and numeracy skills, which will make the overall educational system more efficient. Kazakhstan tends to benchmark its educational performance against those of leading economies through international surveys, such as the OECD's Programme for International Student Assessment (PISA). Results from PISA 2018 revealed that the average student in Kazakhstan scored around 100 points below the OECD average in reading and around 64 percent of students were unable to achieve a baseline level of reading proficiency needed to participate fully in society.[229] In 2018, the share of low performers was much higher than the OECD average of 23 percent, and one of the highest among PISA participating countries in the OECD Eurasia Competitiveness Programme.[230]

Results from the PISA 2022 showed that 36 percent of students in Kazakhstan attained Level 2 or higher in reading[231]; far less than the average of 74 percent for OECD countries. Only one percent of students scored at Level 5[232] or higher in reading (compared to the average of 7 percent for OECD countries). On the PISA 2022, girls outperformed boys in reading by 37 score points.[233]

In mathematics, only 50 percent of students attained at least Level 2 proficiency in mathematics[234] on the PISA 2022, which is significantly less than the average of 69 percent for OECD countries.[235] It is also notable that 32 percent of students (the largest share) were in the fourth international quintile of the socio-economic scale, meaning they were neither from the most disadvantaged, nor among the most advantaged student who took the PISA test in 2022; their average score in mathematics was 430 score points.[236] Socio-economically advantaged students (in the top 25 percent in terms of socio-economic status) outperformed disadvantaged students (in the bottom 25 percent of socio-economic status) by 41 score points in mathematics; this is smaller than the average difference between the two groups (93 score points) across OECD countries. Some 17 percent of disadvantaged students in Kazakhstan scored in the top quarter of mathematics performance; these students can be considered academically resilient. Boys and girls performed at similar levels on average in mathematics.[237]

In science, 55 percent of students in Kazakhstan attained Level 2[238] or higher; far less than the average of 76 percent for OECD countries. In Kazakhstan, only one percent of students were top performers in science, meaning that they were proficient at Level 5 or 6[239] (compared to the average of 7 percent for OECD countries).[240]

In 2020, OECD documented the challenge of widening inequalities in Kazakhstan, which have been compounded by demographic trends that are straining the system's capacity to provide a quality education for all students.[241] In particular, rapid urbanization has created overcrowded schools in cities across the country; as a result, in 2018, more than 6 percent of students attended schools that operated in triple shifts. Achieving universal access to education in a large country with many remote communities has created an extended network of small rural schools that face challenges related to poor infrastructure and staff shortages; representative of these circumstances is 'ungraded schools', which do not have enough students to form full classes of separate grades. In 2018, around 41 percent of public schools were ungraded schools, although they enrolled only six percent of the student population.[242]

Other data related to learning outcomes and skills are lacking in Kazakhstan, particularly as it relates to literacy and numeracy skills among students in primary and basic secondary education, primary and basic secondary education (primary grades 1-4, basic secondary grades 5-9), and senior secondary education (grades 10-11 (12)).

More recently, the 2024 MICS found that among children attending grades 2/3, 69 percent had successfully completed three foundational reading tasks and 51 percent had successfully completed four foundational numeracy skills.[243]

Reading Habits at Home. Nationally, 84.7% of children aged 7–14 either read books or are read to at home. However, there's a noticeable gender gap: 90.6% of girls engage in reading at home compared to 79.2% of boys. Urban children are more likely to read or be read to, with 87.0% participating, while the rate is slightly lower in rural areas at 81.6%.

Box 7. **Voices of adolescents: What challenges young people face in education and skills development?**

As part of this SitAn, adolescents aged 15-19 years were asked, *"What challenges do many young people face regarding education and skills development for thriving in both the present and future?"* Responses to this question varied widely.

Adolescents recognized that they face significant education challenges as it relates to the educational curriculum and teaching methods; as a result, they become disinterested and fall behind in education. One 16-year-old girl explained that *"teachers' pay attention to and promote only students with good grades, inviting them to participate in different competitions; the rest are ignored. I think if teachers treat all students equally, children would perform better."* Another 16-year-old girl explained that *"sometimes, teachers or instructors struggle to connect with students, which can lead to negative or even hostile attitudes towards them [students]; this causes students to develop a dislike or even hatred for the subject, and all of this stems from the incompetence of teachers."* This same girl went on to explain that *"I had a talent for math, but unfortunately, the teacher was very old-fashioned, which made the subject less engaging and even led to a growing dislike for it [math]."* Likewise, a 17-year-old girl explained, *"If you tell someone that they are not doing well, they might become discouraged or abandon the task."*

Similarly, an 18-year-old boy explained that *"In the current education system, children need to have motivation; because schools fail to engage students in learning, motivation must come from the students themselves. Many students only think about moving from grade-to-grade or passing the ENT, without aiming for further development and success; therefore, modern education should focus on engaging and motivating students."*

Adolescents also found that certain subjects and learning opportunities, and special programmes were unavailable to them (e.g., engineering, electronics, technology, and trade skills). One 15-year-old girl explained, *"Unnecessary subjects are being added to schools; instead, it would be better to consult with young people and teach them subjects and skills that would be useful to them."* In addition, a 19-year-old girl found that *"the quality of education in our [Kazakhstan's] higher education institutions is very low; as a result, it's not possible to gain good education and skills."* A 16-year-old boy summed it up by stating that *"any skills like education requires financial investment, so the problem is definitely money."*

Adolescents wanted access to an educational curriculum that supports skills development that will provide them with the skills they need to transition into the labour market. One 17-year-old girl explained, *"In the realm of education, the general curriculum often provides an excessive amount of unnecessary information; a lot of things that we study will never come in handy. Whereas knowledge relevant to our specific field or specialty may be scarce or hard to access."* To reinforce this point, a 17-year-old boy explained that *"developing skills is not easy, it takes 20 percent theory and 80 percent practice; a skill is something that you can do with your knowledge."*

Some adolescents pointed out that *"youth often face financial constraints when trying to develop specific skills; thus, increasing the number of available courses would provide more opportunities for skill development."* Adolescents in rural areas wanted increased consideration for the educational and skills development needs of young people in rural areas, where such opportunities and courses are far fewer than in urban areas. One 18-year-old boy explained, *"We cannot say that it's not happening in rural areas, but often it is just one-time events. I believe it should be something that happens on a regular basis."* This same boy added that, *"If we consider basic social media marketing courses or mobile photography courses, they are regularly offered, but cost around KZT 100,000; young people may want to take these courses, but they do not have enough money."*

To increase access to education and skills development, some adolescents wanted more free courses. One 19-year-old girl reported that *"there are many free courses and educational centres supported by the government to help adolescents, therefore, there are many ways to improve your knowledge and skills, but these free programmes are for large families and talented children."*

Source: Consultations conducted with adolescents in 2024 as part of this SitAn

To develop a sustainable and knowledge-based economy that Kazakhstan envisions, OECD noted that the government needs to create systems and instruments that help it understand how all students are performing and how they can be supported in their learning.[244] This is important because there is concern that gaps in early and primary education are impacting learning and skills development, as reflected in the fact that only two out of five youth in secondary education are on track to attain secondary-level reading and mathematics skills, and digital and life skills.[245] Youth who lack these skills will have a more difficult time transitioning into the labour market.

Literacy Rates

Since 1989, youth literacy rates (ages 15-24) have been 100 percent in Kazakhstan.[246]

Use of Information and Communications Technology

The 2024 MICS found that 95 percent of households have access to the internet by any device from home, yet only 54 percent of households have a computer.[247] GoRK recognizes that transformation of the education system into a 21st century learning environment that provides learners with the skills they need to succeed in today's information-age economy. Since the COVID-19 pandemic, GoRK has invested in upgrading school internet connectivity to broadband speeds under Giga, an initiative launched by UNICEF and the International Telecommunications Union (ITU) to connect schools to the internet worldwide. In 2021, UNICEF commissioned a Feasibility Study of Potential Technical and Financial Solutions for Upgrading School Connectivity to Broadband Speeds in Kazakhstan to identify optimal strategy for bringing functional, universal internet connectivity to the country's schools, thereby contributing to improvements in students' educational experiences and the expansion of access to knowledge and information. [248]

Table 7. **Under-connected schools and schools beyond reach of fiber backbones/LTE networks (as of April 2022)**

Region	Total Schools	Under-Connected (.10 Mbps)	Under-Connected (% of total schools)	Schools beyond reach of fiber backbones or LTE networks
Akmola	572	463	81%	80
Aktobe	422	173	41%	50
Almaty City	299	26	9%	0
Almaty	793	451	57%	30
Atyrau	208	69	33%	20
Astana City	133	16	12%	0
East Kazakhstan	677	510	75%	200
Zhambyl	467	178	38%	25
Karaganda	535	274	51%	70
Kostanay	507	414	82%	100
Kyzylorda	314	212	68%	25
Mangystau	163	18	11%	10
North Kazakhstan	480	323	67%	120
Pavlodar	367	63	17%	40
Shymkent City	182	60	33%	0
Turkistan	931	715	77%	150
West Kazakhstan	388	182	47%	60

Source: Terabit Consulting & UNICEF (2022). Feasibility Study of Potential Technical and Financial Solutions for Upgrading School Connectivity to Broadband Speeds in Kazakhstan. Terabit Consulting & UNICEF: Astana, Kazakhstan, p. 8.

Table 7 shows that in 2022, most schools with inadequate connection speeds of less than 10 Mbps were in Turkistan (715), East Kazakhstan (510), Akmola (463), Almaty (451), Kostanay (414) and North Kazakhstan (323). Regions with the most schools connected at speeds of 10 Mbps or above were Almaty (337), Pavlodar (302), Zhambyl (289), Almaty City (273), Karaganda (255), Aktobe (248), Turkistan (212) and West Kazakhstan (206). More recently, as of 2023, 6,920 schools were registered with Giga's Project Connect map, of which 6,900 had connectivity. The average upload speed was 11.59 mbps and average download speed was 13,66.[249]

There has been an increase in computer use from 77 percent in 2018 to 91 percent in 2022, and an increase in internet use from 73 percent in 2018 to 92 percent in 2022. The increase of computer use and internet use has been slightly higher in urban versus rural areas in 2018 and 2022, as well as similar for boys and girls in 2018 and 2022.[250]

In a 2023 study of children's online behaviours, the majority of children aged 9-17 years reported they began using the internet between 5-8 years (46 percent) and 9-12 years (32 percent), and most children used the internet or a smartphone at home on a daily basis (47 percent), and 36 percent use them at school on a daily basis.[251] Among children who reported barriers to internet access, the majority reported that the internet takes up too much time (59 percent) and that their teacher does not allow them to use the internet (53 percent). A large proportion of children reported being worried about their privacy security (45 percent), that their parents do not allow them to use the internet (45 percent), they don't have enough time to use the internet (41 percent), and there is no/poor signal where they live (34 percent).[252]

Leisure and Culture

Leisure and culture are about the opportunities for children to engage in play, leisure, sports, cultural and artistic activities and exercise their right to rest. In Kazakhstan, the 2022 Child Well-Being Index revealed that 68 percent of children had access to courtyard playgrounds and/or sports grounds/facilities. The 2021 Child Well-Being Index also revealed that although children, on average, reported spending 3.7 days a week outdoors[253], as many as 52 percent of children noted a lack of choice of past-time. Interviews with children and parents noted a lack of infrastructure and recreational facilities for children (e.g., parks, squares, cinemas, modern playgrounds and sports facilities).[254] Although more than half of children reported they have playgrounds and sports facilities. The problem of availability of playgrounds is most relevant for children in Karaganda (49 percent), Shymkent City (46 percent) and Mangystau (39 percent).[255] Other reasons for children spending little time outside may be due to climatic features of the region, especially in regions where there are more hot days.[256]

Concluding Remarks

There were data gaps and bottlenecks that need to be addressed to contribute to systemic change.

- 1 in 4 children aged 2 to 4 years (25%) are not on track in terms of development (physical, cognitive development, and psychological well-being), it requires looking and improving the quality of the early childhood development and education programmes in the regions, provision of various models of public/private preschool education and financing models, parenting to systematize support for children at the stage of early learning school readiness and development of functional literacy, taking into account individual characteristics and socio-emotional state.
- Strengthening the family-focused support approach and awareness raising of families and parents, especially caregivers with children with SEN, to advance appropriate child development, access to pre-schools, socialization, social emotional skills and school readiness, self-care and help seeking behaviours will increase the chance for young children to reach their full potential.
- ECD requires a comprehensive,multisectoral approach that includes health care, education, social protection, including the need to establish coordination mechanisms at central level for coordinated multisectoral policy and programmes planning, implementation and monitoring. This underscores the need for ECD policy to adopt a multisectoral focus in order to address the holistic needs of young children effectively prior to entry into primary school.
- **Increase in share of GDP allocated to pre-school and pre-primary education will align the country to** international benchmarks and OECD averages. **Investing in early childhood education yields higher economic returns** than investing in subsequent education levels. High quality early childhood programmes can yield a $4 – $9 dollar return per $1 invested.

- Challenges persist in the policy concerning the quality of ECEC, which should integrate contemporary research findings and cultural relevance. A comprehensive understanding of ECEC quality should encompass multiple dimensions, including pedagogy (notably play-based approaches), educator–child interactions, leadership, and inclusion. All existing quality assurance mechanisms—such as monitoring, certification and inspection, self-assessment tools, and the licensing system to be introduced in 2027—should be coherently aligned to support and enhance the overall quality of ECEC.
- The government would benefit from having a comprehensive and exhaustive vision for promoting and implementing inclusive education for children with SENs and disabilities from early years. There is also a need to strengthen the capacities of school management, teachers and specialized staff to implement inclusive education and support children with SENs and disabilities, and to monitor the ability of schools to deliver quality and inclusive education.
- An increasing number of children are being home schooled, yet data on the number of children being home schooled, particularly with SENs/disabilities, are limited; such data are needed to expand inclusive education.
- Regional disparities exist in the proportion of out-of-school children, the systemic analysis of the causes may identify the reasons for non-attendance of school and provide some appropriate age-appropriate localised response measures.
- MOE has a wealth of education-related data that is collected on an annual basis, which is relevant to key indicators related to SDG 4, which aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. Education data are not analysed or reported on in keeping with international standards to fully report on key indicators (some data are available, in part, for some indicators).
- Raw numbers are typically reported, but percentages are not always calculated, which makes data interpretation and comparisons difficult. In addition, from year-to-year, data reported can vary, which makes comparisons difficult at times. These data should be disaggregated by sex, region, area wealth quintile and other vulnerabilities (e.g., orphaned status, children with disabilities).
- NERs and GERs are lacking for pre-school, primary and lower and upper secondary education, as are gross and net intake rates for primary education, and transition rates from lower to upper secondary education.
- Grade repetition and dropout rates are lacking, but needed to inform the development of policies and programmes that help to ensure that 'no child is left behind'.
- Data on children with disabilities and SENs are available, but data related to equitable access to education for children with SENs, including disabilities, are lacking. It would be beneficial to report the proportion of students with SENs enrolled in pre-schools, primary schools, and lower and upper secondary schools, with disaggregation by region and type of disability. It would also be beneficial to have a qualitative study of the situation of children with SENs and disabilities in the education system to understand the challenges they face accessing education, and the ability of educators to meet their specific needs and understand learning challenges that they face.
- Data and statistics related to learning and skills outcomes are limited to the PISA. It would be beneficial to collect and report on learning and skills outcomes in keeping with SDG indicator 4.1.1; this, however, requires national examinations.
- The government would benefit from understanding how the education sector is able to adapt and respond to regional labour markets to ensure that youth are acquiring the skills needed to transition into the labour market.
- There are regional disparities in education that need to be understood and addressed, including as it relates to budgeting and financing of education, teachers' capacities, and learning and skills outcomes. There is a need for budgeting models that will offer greater efficiency and equity in the education system.
- Focus should be strengthened on efficiency, equity and effectiveness as core principles in the design and execution of education policies.

- Education policies and programmes need to be updated to reflect recent transformations in the education sector. This should include policies and programmes that advance teaching methods in schools that are more agile to meeting the needs of learners through differentiated education.
- Address regional disparities in provision, safety and inclusivity of playgrounds and recreational facilities for all children.

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6. FAMILY ENVIRONMENT AND PROTECTION FROM VIOLENCE AND HARMFUL PRACTICES

Experiencing violence in childhood impacts lifelong health and well-being.[257] Children exposed to violence, abuse and exploitation, either directly or indirectly, are at increased risk of being physically injured or harmed, experiencing impaired brain and nervous system development, and developing negative coping strategies, such as alcohol and/or drug use/abuse, and engagement in high-risk sexual behaviours.[258] They are also more likely to experience low self-esteem and suffer from anxiety, depression and other mental health problems that can lead to self-harming and suicidal behaviours.[259] Children exposed to violence, abuse and exploitation are also at increased risk of learning difficulties, performing poorly at school, dropping out of school, and facing difficulties findings and keeping a job.[260] They are also at heightened risk for later victimization and/or perpetration of interpersonal and self-directed violence, which can affect the next generation of children.[261] The social and economic costs of violence against children (VAC), in terms of lost potential and future social and economic well-being are well documented.[262]

Violence, abuse and exploitation of children can be prevented, but it requires systematic efforts to address risk and protective factors at the four interrelated levels of risk – individual, relationship, community and society.[263] With the adoption of SDGs, GoRK committed to achieving SDG 16, to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels, and SDG 5, to achieve gender equality and empower all women and girls.

Child Protection System

In Kazakhstan, the Committee for Children Rights Protection of the MOE plays a leading role in coordinating and developing standards for preventing, detecting and responding to violence against children. In accordance with the Guidelines for Interdepartmental Cooperation in Detecting and Responding to Incidents of Violence and Abuse Against Minors[264], the Committee for Children Rights Protection coordinates and monitors the activities of Commissions on Minors' Affairs and Protection of Their Rights that exist among Akimats at regional and district levels, and in Astana, Almaty and Shymkent cities. The Guidelines for Interdepartmental Cooperation in Detecting and Responding to Incidents of Violence and Abuse Against Minors specifies the roles and functions of each agency with regard to prevention and detection of VAC.[265]

In 2022, the Interdepartmental Commission on Minors' Affairs and Protection of the Their Rights and local-level Commissions on Minors' Affairs and Protection of Their Rights were vested with powers and functions in accordance with the Model Statute on the Activities of the Commissions on Minors' Affairs and Protection of their Rights; this was abolished by Decree 'On some issues of consultative and advisory bodies under GoRK'.[266] In keeping with the Model Statute, the Commission is responsible for: applying to the courts for protection of minors' rights and interests; submitting proposals to guardianship and custodial authorities to support minors in need of state assistance and in difficult life situations; taking measures to protection of minors from physical, sexual and mental violence, and all forms of discrimination and exploitation; reviewing submissions from the administration of educational organizations regarding the long-term nonattendance of school-age minors in general educational institutions; and assisting minors who have suffered physical or psychological trauma as a result of crime, violence and other unlawful acts, and providing the necessary assistance in recovery and social adjustment.[267]

It is notable that the Commission does not have its own state funding. In addition, local-level Commissions cannot be considered an authority responsible for the protection of children, as it does not have its own staff or

budget, and does not offer specialized child protection services. On the other hand, the Committee for Children Rights Protection, under the aegis of the MOE, can serve as a basis for the organization of a child protection agency, but cannot be considered as such, since it has mainly regulatory functions and is not represented at local levels, and does not provide direct services to children and families.[268]

It is notable that responsibility for developing, implementing and evaluating policies, programmes and services related to child protection sits within each of the line ministries; this has not provided for strong enough accountability and execution of policies.[269] Given that there is no single agency responsible for the protection of children and that the Commission is poorly institutionalized, and that the Committee for Children Rights Protection is not tasked with providing services, it is crucial to create a state agency responsible for the protection of children with State funding and a staff commensurate with the actual workload.[270] Strengthening the governance of the child protection system is equally urgent, both at central and sub-national levels.[271]

The regulatory framework for child protection includes a number of legal and policy frameworks, including the Criminal Code, which addresses prevention of criminal acts and punishment of convicted persons.[272] In addition, the Law on the Prevention of Domestic Violence defines prevention of domestic violence as a set of legal, economic, social and organizational measures that aim to: protect the rights, freedoms and interests of a person (citizen) in the family and domestic relations; prevent and suppress domestic violence; and identify and eliminate conditions that contribute to domestic violence.[273] Elaboration and implementation of measures for the prevention of domestic violence and rehabilitation of children who are victims of domestic violence, lies within the Commissions on Minors' Affairs and Protection of Their Rights. Similar responsibilities are assigned to the Commissions for Women Affairs, Family and Demographic Policy, including approval and control of the execution of local budgets related to domestic violence prevention, whereas local executive bodies are empowered to identify children suffering from domestic violence and 'dysfunctional families'.[274] Identification and preventive registration of 'dysfunctional families'[275] is one of the foundations of secondary prevention of VAC, which according to law falls primarily within the purview of internal affairs and education agencies.[276]

In accordance with the Law[277] of the Republic of Kazakhstan dated April 15, 2024, No. 72 'On Amendments and Additions to Certain Legislative Acts of the Republic of Kazakhstan on the Protection of Women's Rights and Child Safety', MOE is responsible for developing and approving assistance programmes for children who have been subjected to violence, abuse and bullying, as well as children who have witnessed crimes against persons.

The 2008 Law on Special Social Services created the legal basis for the development of social services for children and families. In the last decade, specialised social services were created, but very few have prevention or response to VAC as their central objective[278]. Specialized services for child victims of violence are rare in Kazakhstan, both in terms of availability and coverage. Support services for child victims of violence are mainly residential and provided by the State and NGOs.[279] The Law on Specialized Social Services has invested enormously in planning, development and support of the social service workforce, and has established the necessary legal and regulatory framework, including the classification of cadres and other professionals, certification requirements and practice.[280]

In August 2023, the Government adopted the 2023-2025 Comprehensive Plan[281] for the Protection of Children from Violence, Suicide Prevention, Rights and Wellbeing, which includes anti-bullying initiatives and a case management system in educational settings. The Plan includes prevention and early identification of children subjected to violence, bullying and cyberbullying, and strengthening parenting skills and awareness-raising on online safety of children, as well as increasing the number of educational psychologists.

By order of MLSP, an Interdepartmental Council for priority areas of social work was established, which ensures interdepartmental cooperation and coordination in the field of improving the model of social work. Standards for the functioning of social workers, including case management, have been developed and implemented in the health sector; however, the lack of a child protection agency makes it difficult to adopt a similar standard for social workers who provide services to vulnerable children. Thus, it was recommended that "priority be given to the creation of a body responsible for the protection of children, and that an appropriate regulatory

framework be developed, including standards for the functioning of social workers based upon the case management model."[282]

Bans on Corporal Punishment. In Kazakhstan, corporal punishment remains lawful in the home and alternative care and day care settings, and is considered unlawful in schools, penal institutions and sentencing (**Table 8**).[283] While there is no confirmation in law that parents have a right to punish their children, there is no explicit prohibition of all forms of corporal punishment in childrearing.[284] For instance, Article 72 of the Marriage and Family Code 2011 states that parents do not have the right to harm the physical and mental health or moral development of the child, and establishes that methods of education must exclude neglectful, cruel, brutal or degrading treatment of abuse, humiliation or exploitation; yet, the Code does not explicitly prohibit all corporal punishment in the home.[285] In addition, the 2002 Law on the Rights of the Child confirms children's rights to respect for human dignity and the State's obligation to protect children from physical and mental abuse, and cruel, inhuman or degrading treatment (Article 10), and confirms parents' duty to educate and care for children (Article 24); yet, does not explicitly prohibit all corporal punishment.[286] In 2020, GoRK supported a UPR recommendation to explicitly prohibit corporal punishment of children.[287]

Corporal punishment is prohibited in some alternative care settings. While the 2000 Law on Children's Villages of Family Type and Youth Homes prohibits corporal punishment in children's villages and children's homes, it does not explicitly prohibit corporal punishment in other care settings.[288] In day care settings, corporal punishment is considered unlawful in the provision of preschool education and upbringing under the Law on Education 2007, which prohibits physical and mental violence, and protects pupils' right to respect for their honour and dignity. There is no explicit prohibition of corporal punishment in other early childhood care (e.g., creches, family centres) and day care facilities for older children (e.g., day centres, childminding); children in these settings are protected from some form of physical and mental abuse, but not all forms of corporal punishment.[289]

Table 8. **Status of legal abolition of corporal punishment in Kazakhstan**

Setting		Status
Home		
Alternative care settings		
Day care		
Schools		
Penal institutions		
Sentencing		
Colour Code	**Abolished in law**	
	Not abolished	

In 2015, concluding observations of the Committee on the Rights of the Child were that legislation fails to explicitly prohibit corporal punishment in the home, residential care institutions and day care facilities. The Committee was also concerned about violent disciplinary measures being applied in families, schools and residential care institutions. In lights of its general comment No. 8 on corporal punishment, the Committee urged GoRK to take immediate measures to explicitly prohibit corporal punishment in the home, residential care institutions and day care facilities, and ensure that those who violate the law are held accountable. The Committee also recommended that the government take measures to foster positive, non-violent and participatory forms of child-rearing and discipline among parents, teachers, staff of residential care institutions and day care facilities, and other professionals working with children.[290]

Box 8. **Recommendations to strengthen the child protection system in Kazakhstan**

Prevention and response services

- Improve the availability, coverage and access to primary prevention services and integrated services for the care and support to child victims/survivors of violence and their families.

Governance of the child protection system

- Strengthen cross-ministerial and agency coordination and accountability for policy development, advocacy and implementation at the central-level, as well as coordination of Oblast, district and municipal Akimats to plan and deliver services that prevent and respond to VAC.

Laws and policies

- Strengthen laws and policies on VAC, including laws that protect children from corporal punishment in the home and kindergartens, and ensure child victims access to specialized services.

Oversight and monitoring

- Strengthen government capacities to collect VAC data and use indicators to inform and monitor national policies and programmes on VAC.
- Develop common cross-sectoral minimum standards and procedures for all services preventing and responding to VAC.

Human and financial resources

- Strengthen government capacities to allocate the necessary financial resources to services and programmes on VAC, and to assess their cost-effectiveness.
- Strengthen the number, capacities and harmonising social workforce across sectors.

Participation and norms

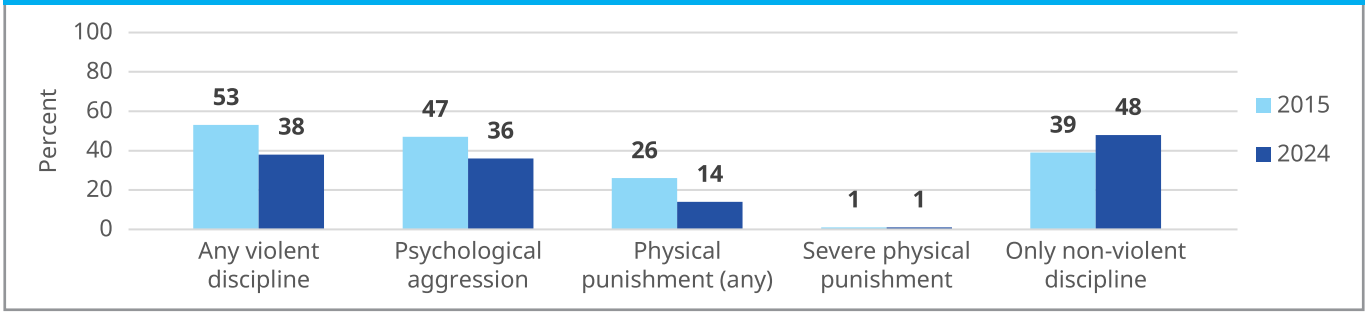
- Empower children to exercise and advocate for their rights and a life free from violence; and supporting their consultation in the development of all laws, policies and services that concern them.
- Support parents/caregivers to build more nurturing relationships with their children and improve non-violence skills and practices in upbringings.
- Support professionals and public engagement in protecting the rights of all children to grow up free from violence.

Source: UNICEF (2021). Formative evaluation of the system for prevention and response to violence against children in Kazakhstan from 2011 to 2020. UNICEF: Astana, Kazakhstan, pp. 13-15.

Violence Against Children

Corporal Punishment. **Chart 24** shows that in 2024, 38 percent of children aged 1-14 years experienced any violent method of discipline in the one month prior to the survey (down from 53 percent in 2015). More specifically, in 2024, 37 percent of children aged 1-14 years experienced psychological aggression (down from 47 percent in 2015) and 14 percent experienced any physical punishment (down from 26 percent in 2105); only one percent experienced severe punishment in 2015 and 2024. It is notable that 48 percent of children aged 1-14 years experienced only non-violent discipline in 2024 (up from 39 percent in 2015).

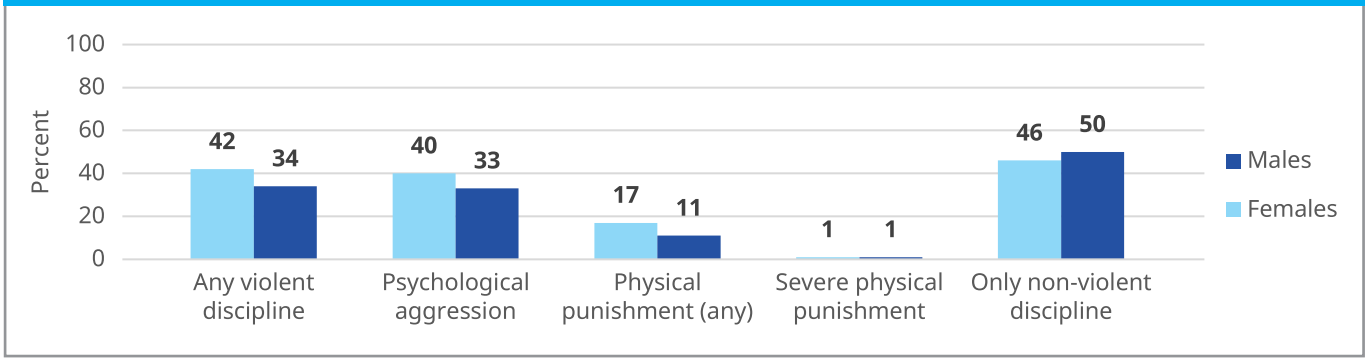
Chart 24. **Children aged 1-14 years who experience child disciplining method (%), 2015 and 2024**



Source: 2015 MICS; 2024 MICS

Chart 25 shows that in 2024, boys (42 percent) were more likely than girls (34 percent) to experience any violent discipline. It is notable that girls (50 percent) were slightly more likely than boys (46 percent) to experience only non-violent discipline.

Chart 25. **Children aged 1-14 years who experience child disciplining method (%), 2024**



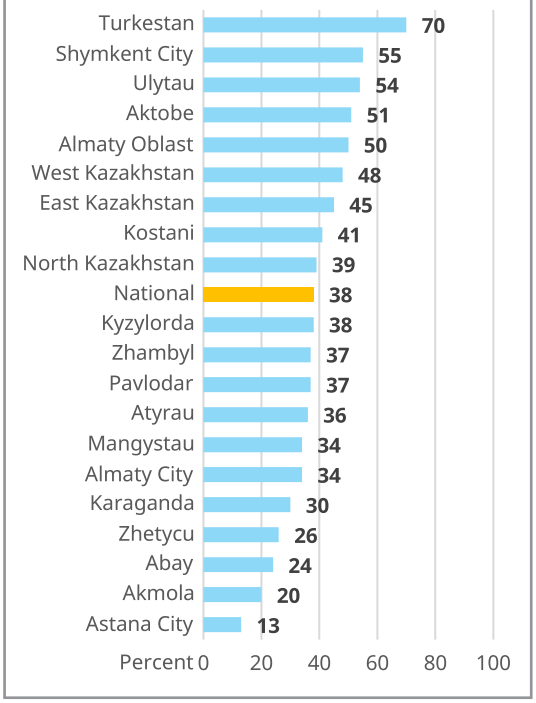
Source: 2024 MICS

In 2024, the proportion of children aged 1-14 years who experienced any violent discipline method by a parent/caregiver varied by region. Children in Turkistan (70 percent), Shymkent City (55 percent), Ulytau (54 percent), Aktobe (51 percent) and Almaty Oblast (50 percent), West Kazakhstan (48 percent) and East Kazakhstan (45 percent) were most likely to experience any method of violent discipline by a parent/caregiver, which was higher than the national average (**Chart 26**). In comparison, children aged 1-14 years in Astana City (13 percent) were least likely to experience any method of violent discipline. There were no notable differences in children's experiences of violent discipline by a parent/caregiver between urban (37 percent) and rural areas (34 percent).

There were differences in children's experiences of violent discipline in the home based upon wealth index quintile, as 41 percent of children from the poorest households and 34 percent from the richest households experienced any violent discipline.

There were also notable differences based upon children's age (**Chart 27**). As children increase in age, they are more likely to experience violent discipline by a parent/caregiver; the increase is from 20 percent at 1-2 years of age to 43 percent at 5-9-years-old and 41 percent at 10-14-years-old.

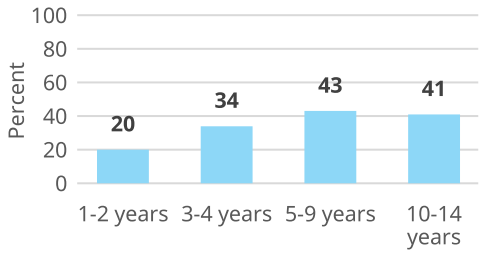
Chart 26. **Children aged 1-14 years who experience any method of violent discipline by region (%), 2024**



Source: 2024 MICS

The 2024 MICS also found that children aged 1-14 years who lived in a households with a head of household (HoH) that had no primary education (44 percent) were slightly more likely to experience violent discipline, compared to children living in a household with a HoH that had a higher education (36 percent).

Chart 27. **Children aged 1-14 years who experience any method of violent discipline by age (%), 2024**



Source: 2024 MICS

Chart 26 shows the rounded-up percentages of children aged 1-14 years who experience any method of violent discipline by region from the 2024 MICS data. Notably, experiencing any violent discipline method is more common amongst males than females; on average 41.5 per cent of males experience any form of violent discipline, whereas for females only 34% experience any form of violent discipline. The geographic difference is less stark, yet indicate that violent discipline is more common in rural areas with the urban average any method of violent discipline being 36.8 per cent and the rural average being 39.6 per cent.

Parent's/Adults Use of Corporal Punishment. Understanding children's risks of experiencing corporal punishment in the home requires understanding the extent to which parents/caregiver use violent discipline. UNICEF-supported KAP surveys measured parents/adults use of violent discipline to discipline and control children in the home. The 2020/21 KAP survey found that 74.3 percent of parents/caregivers used at least one or more types of violent discipline to discipline and control children in the home in the past two years; 72.2 percent of parents/caregivers used one or more forms of verbal abuse/mental violence and 30.6 percent used one or more forms of physical violence. More specifically, 28.6 percent of parents/caregivers used both mental and physical violence to discipline and control children in the home (**Table 9**).

Table 9. **Parents/adults use of violent discipline in the family (%), 2020/21**

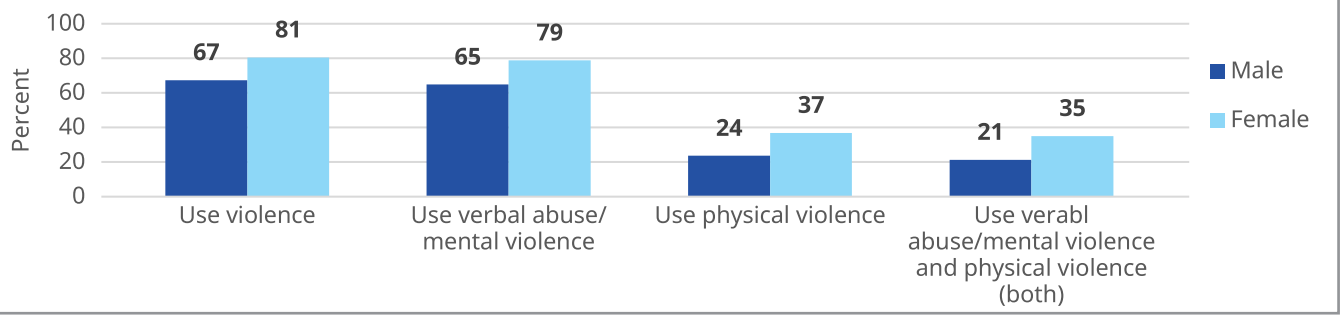
In the past two years, have you . . .	% General Public Adults (with children) N=1,146
Use violent discipline (one or more of the types of violence)[a]	74.3
Use verbal abuse/mental violence[b]	72.2
Scream, shout or yell at your child	69.3
Swear at/curse your child or called them names (idiot or stupid)	26.4
Threaten to hit/beat your child	15.7
Threaten to kick your child out of the house	2.7
Use physical violence[c]	30.6
Hit/slapped your child with your hand on the buttocks, leg or arm	23.6
Twisted your child's ear/pinched your child	9.9
Hit/slap your child on the head/face	4.5
Hit your child with a hard object (e.g., belt, stick or other item)	2.7
Use verbal abuse/mental violence and physical violence (both)[d]	28.6

a Use of violence discipline is computed as parents/adults who used one or more of the eight types of mental or physical violence
b Use of mental violence is computed as parents/adults who used one or more of the four types of mental violence
c Use of physical violence is computed as parents/adults who used one or more of the four types of physical violence
d Use of mental and physical violence (both) is computed as parents/adults who used at least one type of mental violence and one type of physical violence.

Source: Haarr, R.N. (2021). Violence Against Children in Families in Kazakhstan: Knowledge, Attitudes and Practices Survey. UNICEF: Astana, Kazakhstan

Chart 28 shows that women (81 percent) were more likely than men (67 percent) to use violent discipline in the home. Women were more likely to use mental violence (79 percent) and physical violence (37 percent) than men (65 percent and 24 percent respectively); thus, women (35 percent) were more likely than men (21 percent) to use both verbal abuse/mental violence and physical violence to discipline children in the home.

Chart 28. **Parents/adults use of violent discipline by sex (%), 2020/21**



Sign < .01; Source: Haarr, R.N. (2021). Violence Against Children in Families in Kazakhstan: Knowledge, Attitudes and Practices Survey. UNICEF: Astana, Kazakhstan

Public Acceptance of Corporal Punishment. Understanding children's risks of experiencing corporal punishment in the home requires understanding the extent to which corporal punishment is accepted by the wider public. **Table 10** shows that the 2020/21 KAP survey found that 45.7 percent of general public adults and 32.8 percent of child protection and justice specialists supported the use of corporal punishment when raising children. Nearly one out of three or 31 percent of gender public adults thought that it is sometimes necessary for parent to use physical punishment to discipline and control children, 24.1 percent thought that strong or harsh parenting practices strengthens and prepares children for life, 17.4 percent believed that parents who do not use physical punishment spoil their children, and 16.6 percent believed that physical punishment teaches children to respect adults, including parents and teachers. It is notable that 32.8 percent of child protection and justice specialists supported the use of corporal punishment in the family and home.

Table 10. **Support for corporal punishment (%), 2020/21**

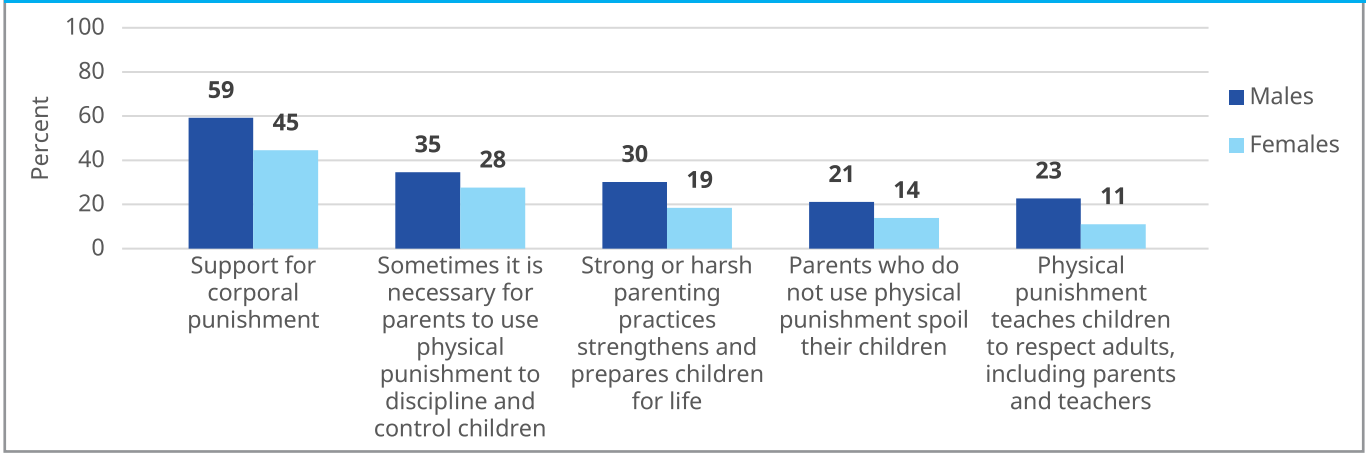
In the past two years, have you . . .	% General Public Adults N=1,616	% Child Protection and Justice Specialists N=61
Support for corporal punishment	45.7	32.8
Sometimes it is necessary for parents to use physical punishment to discipline and control children	31.0	18.0
Strong or harsh parenting practices strengthens and prepares children for life	24.1	19.7
Parents who do not use physical punishment spoil their children	17.4	8.2
Physical punishment teaches children to respect adults, including parents and teachers	16.6	11.5

*Sign < .01; **Sign < .05; Source: Haarr, R.N. (2021). Violence Against Children in Families in Kazakhstan: Knowledge, Attitudes and Practices Survey. UNICEF: Astana, Kazakhstan

The 2024 MICS data uses a different scope to assess attitudes towards corporal punishment by considering the percentage of mothers and caregivers of children aged 1-14 years who believe that physical punishment is needed to bring up, raise, or educate a child properly. Regardless, the data shows that the nationwide total percentage of mothers and/or caregivers who believe that a child needs to be physically punished is 2.7 per cent. Again, the data suggests this is more applicable to males than females, where 4.1 per cent of mothers and/or caregivers report the necessity to physically punish male children, whereas only 2.7 per cent of mothers and/or caregivers report the necessity to physically punish female children. West Kazakhstan has by far the highest percentage of mothers and/or caregivers reporting the necessity to physically punish their children at 11 per cent, whit the next highest region following at only 5.6 per cent. The lowest regions are Astana city with 0 per cent, Atyrau with 0.3 per cent and Abay with 0.4 per cent.

Chart 29 shows that there are notable gender differences in support for corporal punishment. Findings in Chart 29 are a bit surprising given that Chart 25 revealed that women were more likely than men to use corporal punishment to discipline children. It is possible that because women are more likely to be responsible for child care and rearing, they are more likely to be responsible for disciplining children; thus, women may be expected to use corporal punishment to discipline and control children, or women may revert to using corporal punishment out of frustration and anger. It may also be that women are using corporal punishment because men in their family (husbands) believe that corporal punishment is a necessary and effective way of disciplining and controlling children.

Chart 29. **General public adults support for corporal punishment by sex (%), 2020/21**



Sign < .01; Source: Haarr, R.N. (2021). Violence Against Children in Families in Kazakhstan: Knowledge, Attitudes and Practices Survey. UNICEF: Astana, Kazakhstan

Box 9. Voices of adolescents: Traditional parenting practices that are not important today

As part of this SitAn, adolescents aged 15-19 years were asked, *"Are there any traditional parenting practices that are not as important today, as in the past, or that you do not work well for today's children and young people, such as yourselves?"* The two main responses related to ending the practice of corporal punishment of children and ending reinforcement of gender inequalities in the family and society.

Many adolescents thought that the use of corporal punishment was an effective method of discipline and inappropriate in today's society. One 16-year-old girl explained, *"It seems to me that children were often physically punished in the past, such as being hit with a ruler in schools or made to stand on peas. These are all old-school methods; such methods are not needed now. Beating children does not benefit the child, either at school or at home."* Similarly, a 17-year-old boy said, *"I believe that hitting children should not be considered a way to achieve obedience. But parents raise us the way they were raised themselves; they justify it [the use of corporal punishment] by saying that they were beaten themselves, so they also discipline their children in the same way."* As they explained, parents need to end these old, outdates traditions of using physical punishment on children because *"this is the worst thing that parents can do to their children"* (17-year-old girl).

Girls also identified the practice of reinforcing gender inequality as a tradition that is no longer relevant, this includes some of the traditions related to daughters-in-law in the southern regions of Kazakhstan. Other forms of gender inequality that girls tended to focus on related to practices of restricting girls in what they are allowed to do, where they are allowed to go and what they are allowed to wear. One 16-year-old girl explained, *"It is often said to girls not to speak too much and not to wear short clothing, as they are expected to be future daughters-in-law. In the past, girls were compared to their mothers, however, nowadays, it is not relevant anymore, because their personalities may differ."* Similarly, an 18-year-old girl pointed out that *"nowadays, only girls are judged; I do not agree with that."*

Source: Consultations conducted with adolescents in 2024 as part of this SitAn

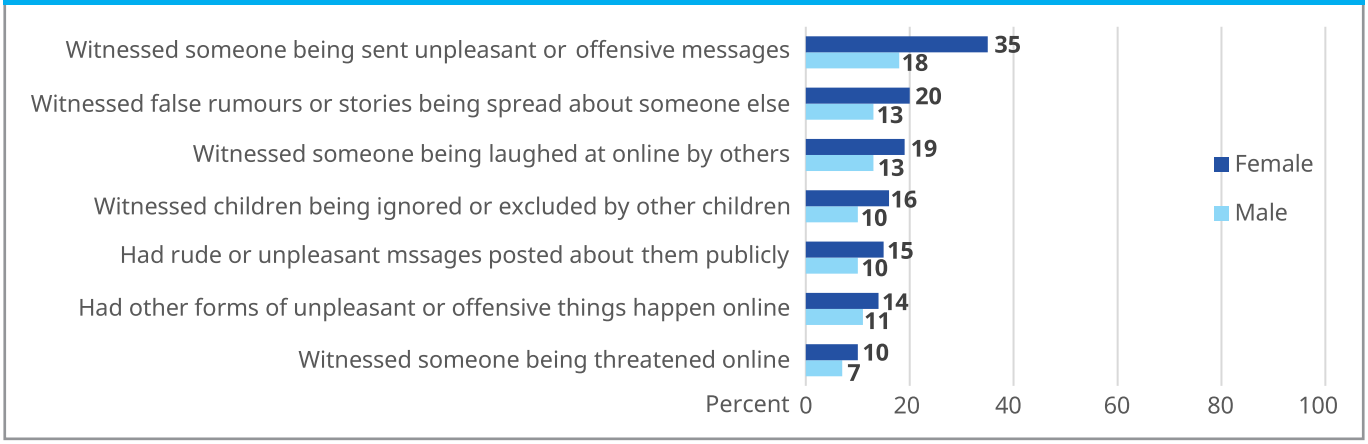
Exposure to Harmful Content Online. Exposure to harmful content online and online child sexual exploitation and abuse are real concerns given the increased use of digital technology among children and adolescents in Kazakhstan.[291] In 2023, the Kazakhstan Kids Online study found that 12 percent of children aged 9-17 saw sexual images, videos or other content that had been sent to a friend and 7 percent directly received sexual images, videos or other content. In addition, 7 percent of children saw sexual images online at least once a month or more in the past years. Although few in number, 4 percent of children reported that someone on the internet asked them to talk about their relationships and 3 percent commented on them with sexual innuendo and/or asked them to show/send a photo/video of their private parts. Also, 2 percent of children reported that someone asked them to provide sexual information about themselves and/or asked them to do something related to sex.[292]

Among children who saw sexual content over the past year, most did not want to say how they felt about what they saw. Children who experienced some form of sexual contact online were unlikely to seek help related to their experience, but when they did, they were most likely to tell a friend (50 percent); whereas only one out of ten children told a parent about their unwanted sexual contact.[293]

The study also explored children's exposure to other risks, such as violence, hate speech and self-harming behaviours. The study found that 14 percent of children were exposed online to images displaying blood or violence and 12 percent were exposed to messages containing hate speech. In terms of exposure to self-harming behaviours, 15 percent of children were exposed online to ways to become thin, 9 percent were exposed to ways of self-harm and 6 percent were exposed to ways of taking their own life. Also, 4 percent of children were exposed to online content about using drugs.[294]

Exposure to Cyberbullying. Cyberbullying is among the most common forms of violence experienced by children. In 2023, the Kazakhstan Kids Online study asked children aged 9-17 years about a range of behaviours that may constitute cyberbullying. **Chart 30** shows that girls aged 9-17 were more likely to both be exposed to and/or to directly experience cyberbullying than boys. In particular, girls (35 percent) were twice as likely as boys (18 percent) to witness someone being sent unpleasant or offensive messages online. Girls were also more likely to witness false rumours or stories being spread about someone (20 percent), to witness someone being laughed at online by others (19 percent), and to witness children being ignored or excluded by other children online (16 percent), compared to boys (13 percent, 13 percent and 10 percent respectively). In addition, girls were more likely to experience having someone post rude or unpleasant messages about them online (15 percent), to have other forms of unpleasant or offensives things online (10 percent), and to witness someone being threatened online (10 percent), compared to boys (10 percent, 11 percent and 7 percent respectively).

Chart 30. **Exposure to cyberbullying in the past year (%), 2023**



Source: UNICEF (2023). Kazakhstan Kids Online: The Digital Lives of Children in Kazakhstan – Final Report. UNICEF: Astana, Kazakhstan.

Administrative Data on VAC. To facilitate evidence-based decision-making and to advocate for strengthening the national response to VAC, the Government and child protection service providers require accurate, regular and up-to-date data and information on VAC and services provided to child victims of violence and their families

(e.g., number of children and families served by sex, age, region, population group), and the type and quality of services accessed and delivered; such data can be used to inform policy and programme planning, and to improve service delivery for children exposed to and impacted by violence. In 2020, however, a cross-sectoral assessment of administrative data on VAC revealed that such administrative data are lacking in Kazakhstan.[295]

In Kazakhstan, there are few indicators related to VAC that are regularly collected, analysed and disseminated by the Government. Indicators that exist relate to registered criminal offenses committed against children, with a particular focus on sexual offences and child homicides, as well as child suicides (although child suicide is not necessarily a criminal offence). These data are collected by the Ministry of Internal Affairs (MIA) and the courts, and are compiled, analysed and disseminated by the Committee on Legal Statistics and Special Accounts.[296]

Neither the MOE or MOH have indicators specific to VAC, nor are they mandated to collect such data on VAC.[297] Some health facilities do, however, compile the number of identified cases of child abuse and neglect from medical records and share that data with the Head of the Medical Facility. Health workers, particularly patronage nurses, who visit newborns and mothers in their homes, are more likely to identify incidents of newborn and infant child abuse and neglect. In some regions, these data are shared with the inter-sectoral commission of the Akimat for purposes of oversight. Data on sexual assault/rape are not aggregated or reported on by the MOH because incidents of sexual assault/rape are reported to the police, and the police are responsible for registering/recording incidents of sexual assault/rape.[298]

Violence Against Women and Girls

The 2030 Agenda for Sustainable Development identifies the elimination of violence against women and girls (VAWG) as a crucial priority for achieving gender equality and sustainable development.[299] VAWG is a cause and consequence of gender inequality and a major obstacle to women and girls' enjoyment of all human rights and their full participation in society and the economy. Ending VAWG is a cross-cutting priority across the SDGs and vital to achieving SDGs, including: ending poverty (SDG 1); improving health (SDG 3); improving quality education (SDG 4); establishing sustainable cities and communities (SDG 11); and establishing peace, justice and strong institutions (SDG 16).[300]

International instruments, including CEDAW and the Declaration on the Elimination of Violence Against Women (DEVAW), along with general recommendations provided by the Committee on the Elimination of Discrimination and Violence Against Women provide the most comprehensive understanding of VAWG at the international level and defines legal obligations of States to end VAWG. Regional human rights instruments that address VAWG include the Council of Europe Convention on preventing and combating violence against women and domestic violence (known as the Istanbul Convention), to which Kazakhstan was invited to accede to by the Council of Ministers of the Council of Europe on 22 April 2020. Kazakhstan and Tunisia were the first non-member States invited by the Council of Ministers of the Council of Europe to accede to the Istanbul Convention.[301]

> Violence against women (VAW) is defined as "all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."
>
> 993 Declaration on the Elimination of Violence against Women

There are many challenges to ending VAWG in Kazakhstan, including greater commitment on the part of the State's bodies, particularly the police and justice systems to protect VAWG survivors and to prosecute perpetrators of VAWG. Police and justice officials tend to lack the specialized training and staffing needed to properly handle VAWG cases, and there are legal issues and funding gaps that limit police and justice system responses to VAWG, and ensure that VAWG survivors have access to quality essential services.[302]

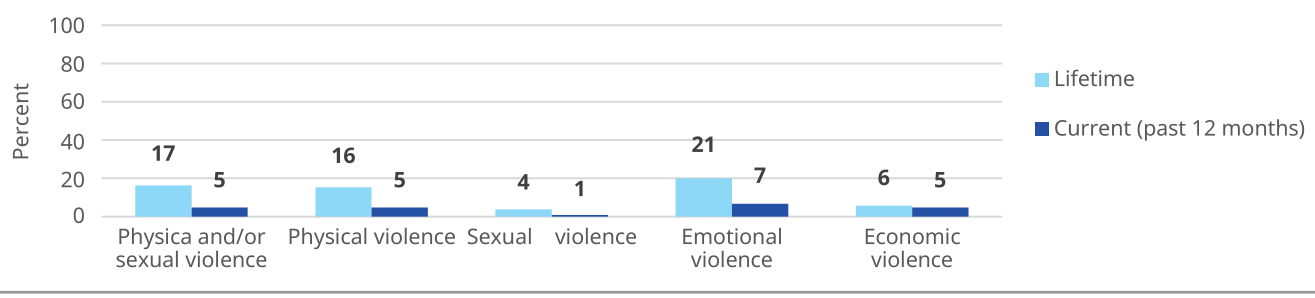
In April 2024, Kazakhstan's President signed a new law to strengthen protections from violence against women and children, including domestic violence. The laws of Kazakhstan "On Amendments and Additions to Certain

Legislative Act of the RK Regarding the Protection of Women's Rights and Children's Safety" and "On Amendments and Additions to the Administrative Offenses Code of Kazakhstan Regarding the Protection of Women's Rights and Children's Safety." These laws strengthen protections for women and children and includes a comprehensive set of measures to create infrastructure that assists families and children, and prevent VAW/C. It also strengthens accountability for all forms of VAC, including the criminalization of beatings and causing minor physical harm.

While adopting these laws was an important step forward, more should be done to ensure that women and children are protected from family violence in accordance with international human rights standards, including by criminalizing domestic violence as a stand-alone offense. The creation of a stand-alone offense of domestic violence could ensure that other types of violence within the family, such as psychological and sexual violence, are also properly investigated and prosecuted.[303]

VAWG Prevalence Data. Data on the national prevalence of VAWG are limited to a 2017 study and limited to women ages 18-74 years. **Chart 31** shows that in 2017, 17 percent of ever-partnered women aged 18-74 ever experienced physical and/or sexual intimate partner violence (IPV) in their lifetime. More specifically, 16 percent ever experienced physical IPV and 4 percent experience sexual IPV. Also, 21 percent of ever-partnered women experienced emotional IPV and 6 percent experience economic violence in their lifetime. In terms of current experiences of IPV, five percent of women were currently experiencing physical and/or sexual violence, 7 percent were experiencing emotional violence and 5 percent were experiencing economic violence.

Chart 31. **Prevalence of intimate partner violence (IPV) among ever-partnered women aged 18-75 (%), 2017**

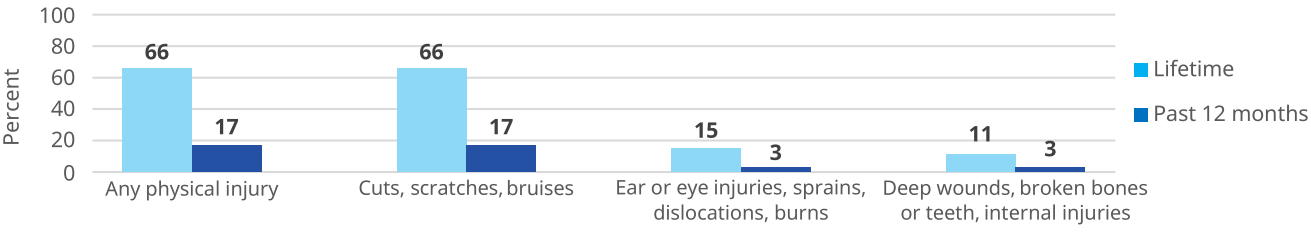


Source: Sample Survey on Violence Against Women in Kazakhstan, 2017.

In terms of non-partner violence, 3 percent of women aged 18-75 experienced physical violence by someone other than their intimate partner, and 2 percent experienced sexual non-partner violence. The most common perpetrators of physical violence were male family members, male friends and male strangers; whereas the most common perpetrators of sexual violence were male friends, male strangers and male colleagues.[304]

IPV-Related Injuries. **Chart 32** shows that among women who ever experienced physical and/or sexual IPV, 66 percent were injured at least once as a result of their partner's violence. Most women experienced cuts, scratches and/or bruises (66 percent), but some women experienced ear or eye injuries, sprains, dislocations and/or burn (15 percent) and deep wounds, broken bones or teeth and/or internal injuries (11 percent). In addition, 17 percent of women who experienced physical and/or sexual IPV experienced physical injuries in the 12 months.

Chart 32. **Women who experienced physical injuries from intimate partner violence, among women aged 18-75 who experience physical and/or sexual intimate partner violence (%), 2017**



Source: Sample Survey on Violence Against Women in Kazakhstan, 2017.

Women's Help-Seeking Behaviours. Women who ever experienced physical and/or sexual IPV were asked about their help-seeking behaviours. The majority of women never told anyone about their partner's violence (51 percent). Among women who told someone about their experiences of IPV, they most often told their parents (23 percent) or their in-laws (21 percent), followed by their friends (14 percent) or other relatives (10 percent). Very few women told someone in a position of authority; only 8 percent of women told the police and 3 percent told a health worker/doctor.[305]

Children in Alternative Care

To facilitate evidence-based decision-making and to advocate for strengthening the national child protection system, GoRK and child protection service providers require accurate, regular and up-to-date data and information on how child protection and social services systems are functioning, including children and families, and the type and quality of services accessed and delivered. Such data can be used to inform policy and programme planning, and to improve service delivery, however, such administrative data are limited in Kazakhstan.[306]

In 2022, a total of 22,081 orphans and children without parental care (down from 25,753 in 2018), of which 73.4 percent were under trusteeships and guardianship, 13.4 percent were in an institution under the education system, 8.6 percent were in foster care, 2.6 percent were in a medical or social institution under MLSP, 1.2 percent were in children's homes under MOH, and less than one percent were a family type orphanage (**Table 11**).

Table 11. **Orphans and children without parental care, 2022**

	n	%
# of orphans and children without parental care	22,081	100.0
Under trusteeship and guardianship	16,197	73.4
In foster care	1,903	8.6
In family type orphanages	191	0.9
In organizations under the MOH (children's home)	258	1.2
In organizations under MLSP (medical and social institutions)	573	2.6
In organizations under MOE	2,959	13.4

Source: Bureau of National Statistics. Children of Kazakhstan 2018-2022 and Children of Kazakhstan 2017-2021.

In 2022, among the 3,790 orphans and children without parental care, of which 55.3 percent were boys and 44.7 percent were girls (**Table 12**). The majority were Russian children (55.6 percent); only 25.9 percent were Kazakh and 18.5 percent other nationalities. In terms of age, 86.1 percent were 7-18 years of age, only 9.3 percent were 3.6 years and 4.7 percent were 0-2 years. Many orphans and children without parental care had mental and/or physiological disabilities (48.1 percent)

Table 12. **Orphans and children without parental care in residential institutions, 2022**

	n	%
# of orphans and children without parental care	3,790	100.0
Sex		
Boys	2,096	55.3
Girls	1,694	44.7
Nationality		
Kazakh	981	25.9

Russian	2,107	55.6
Other nationalities	702	18.5
Age group		
0-2 years	177	4.7
3-6 years	351	9.3
7-18 years	3,262	86.1
Health status		
Healthy	1,966	51.9
With mental or physiological disabilities	1,824	48.1

Source: Bureau of National Statistics. Children of Kazakhstan 2018-2022 and Children of Kazakhstan 2017-2021.

Table 13 shows that there has been a significant reduction in the number of children in formal residential care from 2018 to 2022, and a slight increase in the number of children in all formal family-based care and formal foster care.

Table 13. **Children in alternative care, 2018 and 2022**

	2018	2022	% change
# children (0-17 years) in formal residential care	26,871	12,651	-52.9
Male	15,514	5,649	-63.6
Female	11,357	4,144	-63.5
# children with disabilities (0-17 years) in formal residential care	7,513	2,691	-64.2
Male	4,472	1,635	-63.4
Female	3,041	1,056	-65.3
# children (0-17 years) in all formal family-based care	18,215	18,291	0.4
Male	9,126	9,242	1.3
Female	9,089	9,049	0.4
# children (0-17 years) in formal foster care	n/a	169	n/a
Male	n/a	90	n/a
Female	n/a	70	n/a

Source: Bureau of National Statistics. TransMonEE data.

The Committee on Legal Statistics and Special Accounts also reports on deprivation of parental rights, including the number of children whose parents are deprived of parental rights and the number of satisfied claims for deprivation of parent rights; however, reasons for deprivation of parental rights are not provided in the analysis. In 2022, 1,963 children's parents were deprived of parental rights (down from 2,220 in 2018).[307]

In 2015, recommendations from the concluding observations of the Committee on Child Rights were that GoRK should: continue to support and facilitate family-based care for children wherever possible and establish an effective system of foster care for children with a view to further reducing the institutionalization of children; ensure adequate safeguards and clear criteria, based on the needs and best interests of the child, for determining whether a child should be placed in alternative care; and provide children who are about to leave institutions with sufficient support and ensure that they obtain the knowledge and skills necessary to live independently and are provided with an adequate standard of living.

Box 10. **Bottlenecks and barriers related to institutionalization of children**

In Kazakhstan, there are numerous bottlenecks and barriers as it relates to institutionalization of children. These include:

- Absence of legislation related to emergency foster care
- Lack of a comprehensive child protection policy and strategy with a budgeted action plan
- Lack of a childcare reform strategy
- Lack of standards and operating procedures for an alternative family-based care system
- Fragmented child protection system due to the lack of a high-level inter-agency coordination body
- Lack of pre- and in-service training system for child protection and social work
- Lack of dedicated child protection social workers responsible for case management
- Underdeveloped family-based care services (e.g., foster care) and lack of adequate support
- Foster families receive minimal post-placement help leading to high rates of failure and return of children to institutional care
- Lack of a well-defined child protection mandate and function within the social services resulting in punitive approach to social vulnerability and child protection.
- Limited community-based support service to keep children within their families
- Service providers view institutional care as a default option leading to ineffective case management
- Stigma of children with disabilities leading to exclusion and institutionalization
- Local officials and heads of institutions are often resistant to childcare reform

Child Marriage and Other Harmful Practices

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child.[308] Child marriage is identified as a harmful practice in the 2030 Agenda for Sustainable Development. SDG 5 includes a target aimed at eliminating all harmful practices, including child, early and forced marriage by 2030, and SDG Indicator 5.3.1 monitors the proportion of women aged 20-24 who were married or in a union before the age of 15 and 18 years.

In Kazakhstan, the Marriage (Matrimony) and Family Code 2011 sets the minimum legal age of marriage at 18 years and establishes that both males and females must voluntarily provide consent to marry. Under Article 10 of the Marriage (Matrimony) and Family Code, however, the legal minimum age may be reduced to 16 years in cases of pregnancy or mutual agreements between parents/guardians.[309]

Although rare in Kazakhstan, forcing minor girls into marriage without their consent, including bride kidnapping, does occur; however, such acts are criminal offences.[310] In cases of bride kidnapping, however, perpetrators who voluntarily release the abductee are absolved of criminal responsibility, if in this action they did not commit another offence; meaning that bride kidnapping is not necessarily treated as a crime.[311]

In 2015, recommendations from the concluding observations of the Committee on Child Rights were that GoRK should: establish protection schemes for victims of early and forced marriages who file a complaint; fully eradicate the harmful practice of bride kidnapping; and develop awareness-raising campaigns and programmes on the harmful effects of early marriages on the physical and mental health and well-being of girls.

In 2024, 6 percent of women aged 20-24 were first married or in a union by the age of 18 (down from 17 percent in 2015)[312], and fewer than one percent were first married or in a union by the age of 15 (unchanged from 2015)[313]. In In addition, 4 percent of girls aged 15-19 were married or in a union. In comparison, only 3 percent of boys aged 20-24 were first married or in a union by the age of 18, and 2 percent were first married or in a

union by the age of 15. In addition, only one percent of boys aged 15-19 were first married or in a union.[314] Although specific programmes or policies are not in place to protect children from early marriage, the National Committee on Women's Affairs, Family and Demographic Policy has undertaken awareness campaigns in targeted areas, such as South Kazakhstan, where the Commission considers there is a greater risk of occurrence.[315]

During its 2019 review, the CEDAW Committee expressed concerns about the prevalence of child marriage, especially unregistered religious marriages and bride kidnappings in Kazakhstan. The Committee recommended that GoRK intensify its efforts to prevent and eliminate these practices, ban the religious registration of marriages of girls under the age of 18 years and strengthen awareness-raising campaigns.[316] During its 2019 UPR, Kazakhstan agreed to review recommendations to strengthen their efforts to protect children from all forms of violence, including sexual violence and child, early and forced marriage.[317]

Young Women Currently Married or in Union. The latest MICS data shows that the percentage of women aged 15-19 currently married or in union stands at a national average of 3.5 per cent, with 2.9 per cent in urban areas and a comparatively higher value of 4.8 in rural areas. By far the highest percentage is recorded in Kostanay (13.7 per cent), followed by East Kazakhstan (7.1 per cent) and and Ulytau (6.8 per cent). Urban areas such as Astana city and Almaty city stand below the average (2.1 per cent and 0.8 per cent respectively). Moreover, Almaty region, Kyzylorda and Pavlodar all have a recorded observation of 0.0 per cent.

Child Labour and Trafficking

In Kazakhstan, children are subjected to child labour, including the worst forms of child labour. It is notable that data related child labour, including children working in hazardous conditions are lacking in Kazakhstan. In 2023, it was established that 3 percent of children aged 5-14 years were working[318]; whereas the 2024 MICS found that 8 percent of children ages 5-17 were involved in child labour.[319] There has yet to be comprehensive research on child labour in Kazakhstan that can provide details about the number of children working in different sectors, the nature of their work or the hazards involved.[320] Despite a lack of data, a review of available information revealed that children work in the agricultural sector, industry and services, and the worst forms of child labour (**Table 14**).[321]

Table 14. **Children's work by sector and activity**

Sector/Industry	Activity
Agriculture	Farming, harvesting vegetables, weeding, collecting worms, harvesting cotton
	Milking cows, tending livestock, including horses and goals
Industry	Construction and road repair
Services	Working in markets and on the streets, including transporting and selling items
	Domestic work, including childcare
	Working in gas stations
	Car washing
	Working in catering and in restaurants as waiters
	Working as bus conductors
Worst forms of child labour	Commercial sexual exploitation, sometimes as a result of human trafficking
	Forced begging
	Use in illicit activities, including selling drugs

Source: Kazakhstan 2023 Findings on the Worst Forms of Child Labor. Bureau of International Labor Affairs.

Table 15. **National laws and regulations on child labour**

Standard	Meets International Standards	Age	Legislation
Minimum age of work	No	18	Labour Code, Article 31 & 69 Criminal Code, Article 153
Minimum age for hazardous work	No	18	Labour Code, Article 26.1(2) Criminal Code, Article 153
Identification of hazardous occupations or activities prohibited for children	Yes		Labour Code, Article 26.1(2) Degree of the Minister of Health and Social Development No. 944 of 2015
Prohibition of slavery, debt bondage and forced labour	No		Labour Code, Article 7 Criminal Code, Articles 3, 128 & 135
Prohibition of child trafficking	Yes		Criminal Code, Article 135
Prohibition of commercial sexual exploitation of children	No		Criminal Code, Article 134, 135 & 312
Prohibition of using children in illicit activities	Yes		Criminal Code, Articles 132, 133 & 135.2(9) Labour Code, Article 26.1(2)
Minimum age for voluntary state miliary recruit	Yes	19	Military Service Act, Article 38.1(2)
Prohibition of compulsory recruitment of children by (State) military	Yes		Military Service Act, Article 31
Prohibition of military recruitment of non-state armed groups	Yes		Law on Children's Rights, Article 41 Criminal Code, Article 132 & 267
Compulsory education age	Yes	17	Constitution, Article 30 Law on Education, Articles 12 & 30
Free public education	No		Constitution, Article 30

Source: Kazakhstan 2023 Findings on the Worst Forms of Child Labor. Bureau of International Labor Affairs.

Research indicates that children from the Kyrgyz Republic, some of whom may be unaccompanied, are reported to engage in work in Kazakhstan. Migrant children seeking work in Kazakhstan are often unable to work legally, limiting their entitlement to work protections. Fear, corruption and discrimination against migrants can also prevent migrant children from the Kyrgyz Republic from obtaining legal work permits. Migrant children over the age of 16 who have an irregular migration status are especially vulnerable to administrative fines, arrest and detention with adults.[322]

Kazakhstan has ratified most key international convention related to child labour, including ILO Convention 138 on Minimum Age and ILO Convention 182 on the Worst Forms of Child Labour, and the Palermo Protocol on Trafficking in Persons. Kazakhstan has also established national laws and regulations related to child labour. Still, however, gaps exist in Kazakhstan's legal framework to adequately protect children from the worst forms of child labour, including the exclusion of informal work from labour legislation (**Table 15**). In particular, Labour Code protections, including the minimum age for employment and prohibitions on hazardous work do not meet international standards because they do not cover children working without a written employment contract.[323]

In 2022, the MIA developed a draft bill targeting trafficking in persons, which is designed to improve Kazakhstan's legal framework on human trafficking in accord with international standards. The draft bill adds child trafficking as a specific offense. At the same time, however, Labour Code protections, including minimum age for employment and prohibitions on hazardous work, do not meet international standards because they do

not cover children working without a written employment contract. Although the Criminal Code criminalizes involving a minor in prostitution, and trafficking of minors (including for purposes of sexual exploitation), no law clearly criminalizes the users (clients) of prostitution involving children. Government officials, however, report that users identified in the course of a prostitution investigation involving minors will be charged under Article 122 of the Criminal Code, which criminalizes adult sexual relations with persons under the age of 16.[324]

GoRK has established two key policies related to child labour, including the National Action Plan (NAP) on the Elimination of the Worst Forms of Child Labour 2022-2025 and the NAP to Counter Trafficking in Persons 2021-2023, and adopted a Roadmap to Strengthen the Protection of the Rights of Children, Counter Domestic Violence, and Address Suicide Among Adolescents 2020-2023.[325] The government also established the National Coordination Council on Combatting the Worst Forms of Child Labour, which is responsible for implementing the NAP on the Elimination of the Worst forms of Child Labour 2022-2024, and overseen by MLSP.[326]

GoRK has established institutional mechanisms for enforcement of laws and regulations on child labour. MLSP enforces child labour laws and conducts labour inspections through the Ministry's Committee on Labour and Social Protection. In 2022, MLSP's Committee on Labour, Social Protection and Migration was split into two different committees, with one focused on labour and social protection, and the other on migration. In addition, MIA overseas police and specialized law enforcement officials, including the Anti-Trafficking Unit.[327] In 2022, labour law enforcement agencies in Kazakhstan took actions to address child labour. Still, however, gaps exist within the operations of enforcement agencies that may hinder adequate enforcement of child labour.[328]

Children Returning from Conflict Zones

Kazakhstan's humanitarian operations, 'Zhusan' and 'Rusafa', saw a total of 526 children returned from Syria (from Al-Hol and Roj camps) and Iraq, of which 71 percent (n=373) were younger than 10-years-old, and 10 percent (n=50) were returned without parental care.[329] Operation 'Zhusan' started in January 2019 and continued until March 2020[330] ; whereas operation 'Rusafa' was a small operation that occurred in November 2019 and involved the return of 14 children from Iraq. The 14 children were held in prison with their mothers who were serving life sentences; thus, the mothers were not allowed to return with their children.[331] There have been other returns outside of operations 'Zhusan' and 'Rusafa'. For instance, in 2017, the National Security Committee announced that it had returned 63 Kazakh children and another 50 were expected to be repatriated. In 2019, 7 women and 26 children were repatriated from Turkey and Syria with support of the GoRK[332]; yet it is unclear whether these repatriations were included in the figures for operations 'Zhusan' or 'Rusafa'.[333]

Repatriates from operation 'Zhusan; were taken directly to the 'Centre for Rehabilitation and Adaption' in Aktau City, Mangystau, where they remained for approximately one month, and received a range of services to meet their needs and to start the process of (re)adapting to their new surroundings in Kazakhstan.[334] Children who arrived with operation 'Rusafa' did not go to the Aktau Centre; rather, little data are available on the processes followed for the initial reception of these children, but one participant reported that they were taken straight to Astana city where they lived in family-type accommodations and were provided with time to recover and adapt.[335]

Box 16. **Good practices returning women and children from conflict zones**

1. Swift repatriation of children from highly precarious and dangerous environments where many of their fundamental rights were at stake, to a place of safety and protection contributed to defending the rights of the children to: life, survival and development; nationality; protection against violence, abuse, neglect and exploitation; access health care services; and to education, among other rights, enshrined in the CRC

2. General policy of refraining from prosecuting children upon their return, reflects the internationally recognized position that children whose parents are believed to have been affiliated with Daesh should be considered victims first and foremost.[336]

3. Restoring family links through returning women and children to their regions and families of origin, and prioritising the placement of unaccompanied children in kinship, family-based care, when possible, reflects the internationally recognised position of the family as the natural environment for the growth, well-being and protection of children.[337]

4. Swift restoration of identity documentation for children born in Kazakhstan, and the issuance of documents for children born abroad, respects children's right to a nationality.

5. Endeavours to ensure child-friendly repatriation procedures, including prioritising the non-separation of siblings and families on repatriation flights, when possible, and the presence of specialists trained in children's rights to comfort unaccompanied children.

6. Requiring professionals and practitioners working with repatriated children to sign confidentiality agreements contributes to upholding children's right to privacy, and protects the child from stigma and discrimination, and facilitates their reintegration.

7. Provision of support from multidisciplinary groups of professionals to ensure swift restoration of identity documents and citizenship, pedagogical and psychological therapy and support, and access to medical and educational services for children, as well as targeted social assistance and training opportunities for mothers and women returnees. Combined, these services aimed to uphold a multitude of children's rights set out in the CRC, including children's right to psychological recovery and social reintegration in an environment which fosters children's health, self-respect and dignity.[338]

8. Multi-disciplinary repatriation programme efforts, involving key sectors – education, social protection, child protection, security and law enforcement, health, religious affairs and justice – across administrative levels, including Government and civil society, is a significant achievement.

Source: Repatriation, rehabilitation and reintegration of children returning from conflict zones to Kazakhstan: Legislative and regulatory review. Rights on Human Rights Consulting, 17 July 2023.

Despite these good practices, there is still a need to develop standard operating procedures (SOPs) and inter-agency working protocols that can be applied in future repatriation initiatives. These SOPs and protocols should adopt human rights and child rights-based approaches to working with repatriated children and their families. Compulsory pre-service trainings should also be developed and delivered for professionals and practitioners involved in repatriation programmes, with a focus on implementing SOPs and working protocols for handling cases involving repatriated children.[339] A system of support should also be developed to ensure that social service workers working with repatriated children are mentored and supported. Independent supporters should also be introduced and appointed for all unaccompanied and separated children, which was proposed in the 'model for providing protective services for children affected by migration', which was tested in selected regions of Kazakhstan in 2020.[340] This includes identifying and mobilising stakeholders with expertise and who can provide gender-sensitive and trauma-informed support services for repatriated children across sectors.[341]

Child Protection and Climate Change

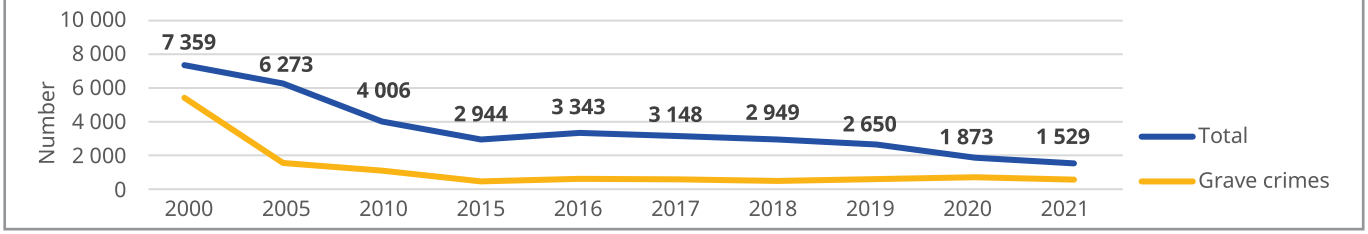
Child protection is a cross-cutting issue when it comes to the impacts of climate change on households, families and communities. Incidents of child abandonment are likely to increase if families are displaced, separated or forced to relocate following climate change-related events (e.g., floods). Children are also vulnerable to emotional distress and trauma if they experience climate change-related events and disasters (e.g., floods, drought), especially if they result in a loss of life, housing and/or livelihoods, and loss of livestock and destruction of agricultural crops. In the aftermath of extreme weather events (e.g., floods), families may be displaced and forced to live in crowded spaces (e.g., gymnasiums, community halls). Decreased agricultural production may also lead to increased rural to urban migration, which can expose children to increased vulnerabilities and harm, and risks of being abused or exploited, and falling victim to human traffickers. Extreme temperatures can also cause heat stress, which can cause mental health disturbances and increased children's risk of being abused.

Justice for Children

Over the past decade, GoRK initiated a series of reforms in the field of juvenile justice which aimed to provide services that protect children and brings national practices in line with international standards. These reforms have contributed to the adoption of new legal frameworks that restrict pre-trial detention of minors, replace criminal responsibility with alternative correction treatment, and provide support and assistance to child victims and witness of crime.[342] Legal reforms have established that minors aged 14-17 who violate criminal law can be sentenced to a range of punishments (i.e., being deprived of the right to engage in certain activities; fines; correctional labour; community service; and restriction of liberty or imprisonment).[343]

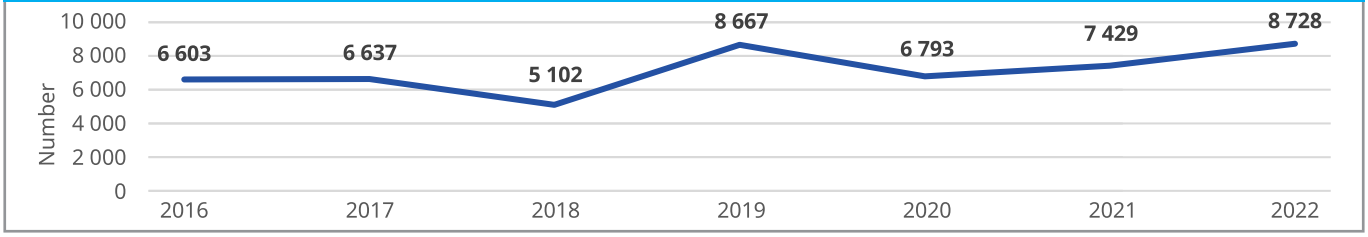
In recent years, there has been a significant reduction in the use of deprivation of liberty for minors in conflict with the law due to the establishment of 19 juvenile courts, including the creation of specialized rooms for questioning children. The purpose of these courts is to consider criminal and administrative offenses against juveniles.[344] In 2021, there 1,529 registered crimes committed by minors or with their accomplices, of which 561 were grave crimes (**Chart 33**), and 8,728 minors held liable for administrative offenses (**Chart 34**). In 2022, there were 527 minors in criminal cases and 762 civil cases against minors.[345]

Chart 33. **Registered crimes committed by minors or with their accomplices, 2000-2021**



Source: Bureau of National Statistics Agency for Strategic Planning and Reforms of the RK

Chart 34. **Minors held liable for administrative offenses, 2016-2022**



Source: Bureau of National Statistics Agency for Strategic Planning and Reforms of the RK

Over the past decade, Kazakhstan has gained experience when it comes to implementing a juvenile justice system. Still, however, law enforcement practices highlight the need for clear mechanisms for the administration and coordination of justice for children.[346] In 2015, recommendations from the concluding observations of the Committee on Child Rights were that the GoRK should:

- Adopt a comprehensive law that will regulate all aspects of the juvenile justice system.
- Ensure that all cases involving children in conflict with the law are dealt with by the juvenile justice system.
- Ensure that all children in the justice system are provided with psychological counselling and social assistance.
- Provide regular training on children's rights to all professionals dealing with children in the justice system, in particular judges, prosecutors and police officers
- Ensure the provision of qualified and independent legal aid to children in conflict with the law at an early stage of the procedure and throughout the legal proceedings.
- In cases where detention is unavoidable, ensure that the children are able to have frequent contact with their families, and that detention conditions are compliant with international standards.

Concluding Remarks

There were notable data gaps and bottlenecks that need to be addressed to contribute to systemic change.

- Corporal punishment should be explicitly prohibited in all settings, including in the home, alternative care and day-care institutions, through comprehensive legal reform. This legal ban should be reinforced by institutionalized parenting programmes and sustained public awareness campaigns that promote positive, non-violent discipline and challenge the social acceptance of corporal punishment among caregivers, teachers and the general public.
- There is a lack of data on children's exposure to physical, sexual and emotional violence in the home and family, schools, residential institutions, and communities. This requires measuring the prevalence of experiences of violence in childhood (before the age of 18), including direct experiences of physical, sexual and emotional violence, and witnessing such violence, whether in the home, schools, residential institutions or the community.
- Data are lacking on peer violence, particularly among adolescents, including in schools, public spaces and online.
- A common vision for child protection should be developed and integrated into multisectoral strategic frameworks and policies. This includes formal coordination mechanisms across health, education, justice, and social protection sectors, and clear procedures for case management and service delivery at national and local levels.
- To facilitate evidence-based decision-making and to advocate for strengthening the national child protection and social services provisions, the government and their partners require accurate, reliable and timely data and information. This includes data and information on how the child protection system and social service providers are functioning, including the number of children served by the child protection system and social services providers by gender and age, as well as the quality of services provided. In Kazakhstan, lack of child protection is a notable gap that needs to be addressed by strengthening administrative data systems across sectors responsible for child protection and the capacities of institutions to analyse and disseminate this data in a meaningful and useful way for data users. Ministry/agency personnel often require technical assistance and capacity building to strengthen their abilities to collect, analyse and utilized administrative data.
- Data related to child labour are available, but very limited. Data related to children working in hazardous conditions and the worst forms of child labour are also lacking. More data are needed, including qualitative data related to child labour, including the experiences of children working in hazardous conditions and the worst forms of child labour. Qualitative data are needed to develop a more accurate understanding of children who are working, and working in hazardous conditions, which inform prevention and protection initiatives.

- There is a need for policies related to child online protection and safeguarding. There is also a need for legislation on criminalizing and processing all forms of online child sexual exploitation and abuse, including notice and take down procedures. The government would also benefit from working with the private sector to ensure due diligence at identifying, preventing and addressing the adverse effects of the digital environment on children. Children should also be education to understand their rights in the digital environment, and have the knowledge to protect themselves from harms and risks that they may encounter online.
- Data are also lacking on child protection issues faced by children impacted by climate change, as well as issues of vulnerability and risk experienced by their families.
- The institutional framework for child protection should be reformed to designate a clearly mandated national authority responsible for coordinating child protection efforts across sectors. This body must lead the development, implementation and monitoring of a holistic national child protection system that ensures access to prevention, identification, response, alternative care, rehabilitation and reintegration services for all children, especially those at risk or deprived of parental care. A body at the sub-national level should also be established to ensure coordination and accountability at the local level.
- A comprehensive, costed national child protection strategy should be developed and implemented, aligned with international standards and inclusive of all key stakeholders, with clear roles, monitoring indicators, and budget allocations. It should also define a Minimum Package of child protection services to be available in all regions and municipalities, covering prevention, early intervention, case management, and referral mechanisms.
- Children who experience violence, abuse or exploitation should have timely access to comprehensive, integrated, and child-friendly support services. A nationwide rollout of multidisciplinary "one-stop" centres offering psychosocial, medical, legal and social assistance under one roof should be prioritized, alongside the establishment of quality standards, trauma-informed procedures, and sufficient numbers of trained child protection professionals to avoid re-traumatization.
- The professional capacity of all child protection actors – including social workers, law enforcement, judiciary, health and education professionals – must be enhanced. This includes mandatory, standardized training using trauma-informed, gender-responsive, and child-sensitive methodologies, structured supervision, and dedicated modules on addressing sexual violence, including its online manifestations. A dedicated cadre of professional child protection social workers must be established as an integral part of the national child protection system. These professionals should operate under a clearly defined mandate, with responsibilities for case management, intersectoral coordination, and direct support to children and families. They must be adequately resourced to ensure systematic identification of child protection risks, timely response, and follow-up.
- Alternative family-based care services should be expanded and better supported, especially foster care and kinship care. Local gatekeeping mechanisms must be strengthened to prevent unnecessary institutionalization, and children under three and those with disabilities must be prioritized for deinstitutionalization and placement into family environments with appropriate support.
- Media and social media actors should be sensitized and trained on ethical reporting of child sexual abuse and gender-based violence. Awareness should be raised on how to avoid perpetuating harmful stereotypes and how to cover sensitive issues responsibly to avoid further trauma to children.
- The Government is encouraged to ratify the Council of Europe Lanzarote Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, thereby reinforcing its international commitment and aligning national legal frameworks with global standards for child protection from all forms of sexual violence.
- Mechanisms for child participation should be strengthened, ensuring that children and adolescents can express their views and contribute meaningfully to the development of policies and services affecting them.
- Children's exposure to risks related to climate change and environmental hazards requires greater attention, including research and policy action on how such risks affect their safety, health, and wellbeing, particularly for vulnerable and marginalized groups.

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7. POVERTY AND ADEQUATE STANDARD OF LIVING

Children are more likely than adults to live in poverty and are more vulnerable to the effects of poverty; in other words, growing up poor has detrimental impacts on the physical, emotional and social development of children, which threatens their life chances and increases their risks of inter-generational poverty.[347] SDG 1 focuses on ending poverty in all forms everywhere.[348]

Poverty

The Global Multidimensional Poverty Index (MPI) 2024[349] uses the most recent comparable data available for 110 countries to estimate multiple overlapping deprivations suffered by individuals in three dimensions – health, education, and standard of living. The most recent survey data publicly available for Kazakhstan MPI estimations were from 2015. Based upon 2015 data, it was estimated that only 0.5 percent of the population was multidimensionally poor and 0.0 percent were in severe multidimensional poverty, yet 1.8 percent of the population was vulnerable to multidimensional poverty (**Table 16**).[350] The breadth of deprivation (intensity) in Kazakhstan, which is the average deprivation score experienced by people in multidimensional poverty, was 35.6 percent. In comparison, 5.2 percent of the population lived below the national poverty line and 0.0 percent lived below the poverty line of PPP $1.25 a day. Based upon these data, in 2024, Kazakhstan's MPI value was 0.002.[351] Kazakhstan's MPI value is similar to the MPI value of 0.004 for Europe and Central Asia, where an estimated 1.2 percent of the population are multidimensionally poor and 0.1 percent are in severe multidimensional poverty.[352]

Table 16. **MPI for Kazakhstan (based upon 2015 survey data), 2024**

	Kazakhstan	Europe and Central Asia
MPI value	0.002	0.004
Population in multidimensional poverty		
Headcount (%)	0.5	1.2
Intensity of deprivation (%)	35.6	7.1
In severe multidimensional poverty (%)	0.0	0.1
Vulnerable to multidimensional poverty (%)	1.8	2.6
Population living below monetary poverty line		
National poverty line (%)	5.2	12.0
PPP $1.90 a day (%)	0.0	1.4

Source: UNDP & Oxford Poverty & Health Development Initiative (OPHI) (2024). Global Multidimensional Poverty Index 2024: Poverty and Conflict. UNDP & OPHI: New York, NY, USA.

In Kazakhstan, health (90.4 percent) most often contributes to overall multidimensional poverty (Table 17). Data for Europe and Central Asia are provided for comparison purposes.[353]

Table 17. **Contributions of deprivation to overall multidimensional poverty in Kazakhstan, 2024**

	Health (%)	Education (%)	Standard of living (%)
Kazakhstan	90.4	3.1	6.4
Europe and Central Asia	66.7	16.5	16.8

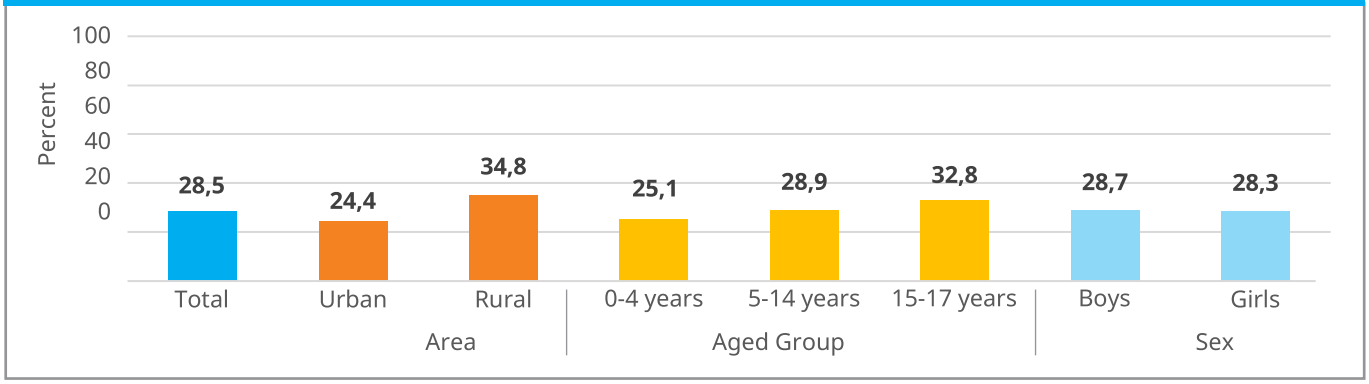
Source: UNDP & Oxford Poverty & Health Development Initiative (OPHI) (2024). Global Multidimensional Poverty Index 2024: Poverty and Conflict. UNDP & OPHI: New York, NY, USA.

The national poverty rate dropped from 6.5 percent in 2010 to 2.4 percent in 2017, but subsequently increased to a high of 5.3 percent during the COVID-19 pandemic, and since then has remained at 5.2 percent. Kazakhstan's weak social protection system and limited financial and in-kind relief provided by the government to people who had lost their jobs during the pandemic were ineffective in preventing poverty and economic hardship. This was because financial relief provided was lower than the monthly living wage needed to cover basic expenses. [354] In 2023, the national poverty rate was highest in Turkistan (9 percent), Abay (8 percent), Zhetysu (8 percent) and Mangystau (7 percent), and lowest in Karaganda (3 percent), Atyrau (3 percent) and Astana City (2 percent).

Child Poverty and Multidimensional Deprivation

Children often bear the burden of poverty and poor children are frequently left behind when it comes to fulfilling their rights. Child poverty limits children's access to vital resources, including nutrition, health care, education, learning and skills development, social services and WASH, which prevents them from achieving their full potential. Families living below the poverty line are not typically provided with adequate safety nets and social services to ensure that their children have the same opportunities as wealthier children. Ultimately, child poverty threatens the future of national economic and social development objectives. In 2023, UNICEF and BNS conducted a multidimensional analysis of child poverty in Kazakhstan using the European Union Child Deprivation Index.[355] This analysis found that 28.5 percent of children aged 0-17 were multidimensionally poor, including 34.8 percent in rural areas and 24.4 percent in urban areas (**Chart 35**).

Chart 35. **Multidimensional child poverty rates (ages 0-17) by area, age group and sex (%), 2023**



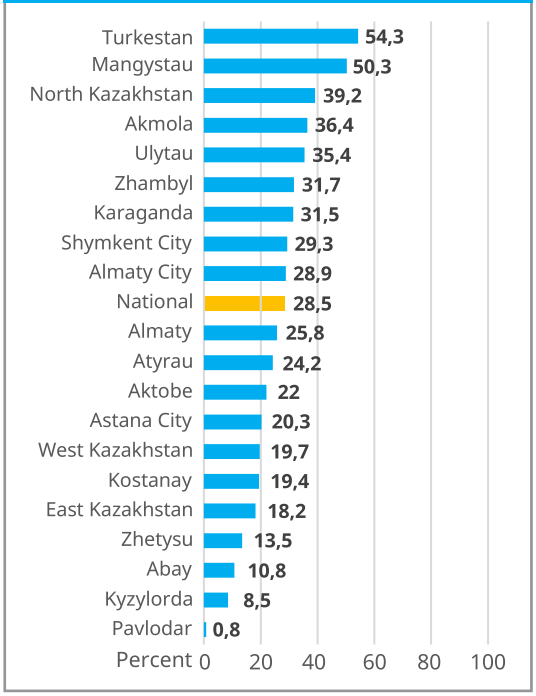
Source: UNICEF (2023). Measuring Multidimensional Child Poverty in Kazakhstan 2023 Report. UNICEF: Astana, Kazakhstan

Multidimensional child poverty rates are higher for children living in large families (34.1 percent) versus not large families (26.3 percent). In addition, multidimensional child poverty rates are higher in households that have a child with a disability (43.4 percent), compared to household that do not have a child with a disability (30.0 percent).

Chart 36 shows that multidimensional child poverty rates vary by region. Multidimensional child poverty rates are highest in Turkistan (54.3 percent) and Mangystau (50.3), followed by North Kazakhstan (39.2 percent), Akmola (36.4 percent) and Ulytau (35.4 percent). Multidimensional child poverty rates are also higher than the national average in Zhambyl (31.7 percent), Karaganda (31.5 percent), Shymkent (29.3 percent) and Almaty City (28.9 percent). Whereas multidimensional child poverty rates are lowest in Pavlodar (0.8 percent), Kyzylorda (8.5 percent), Abay (10.8 percent) and Zhetysu (13.5 percent).

Building resilience against shocks can be achieved through responsive social protection and reducing exposure to shocks.

Chart 36. **Multidimensional child poverty rates (ages 0-17) by region (%), 2023**



Source: UNICEF (2023). Measuring Multidimensional Child Poverty in Kazakhstan 2023 Report. UNICEF: Astana, Kazakhstan

Social Protection and Assistance

Social protection is a right enshrined in the Universal Declaration of Human Rights (UDHR) and recognized in Article 26 of the CRC (every child has a right to social security). Social protection is concerned with preventing, managing and overcoming situations that adversely affect people's well-being. Social protection consists of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacities to manage economic and social risks (e.g., unemployment, exclusion, illness, disability and old age). Social protection includes social assistance (e.g., cash transfers), social insurance (e.g., health insurance), and employment and educational support. Such programmes and policies can reduce multidimensional child poverty and improve families' and children's access to nutritious and sufficient food, health care, and education, and improve the overall physical, emotional and social development of children.[356]

In 2015, the Committee on the Rights of the Child recommended that the GoRK take additional measures to combat poverty, in particular by identifying and addressing root causes and increasing its social welfare and child support allocations to families with children in needs.

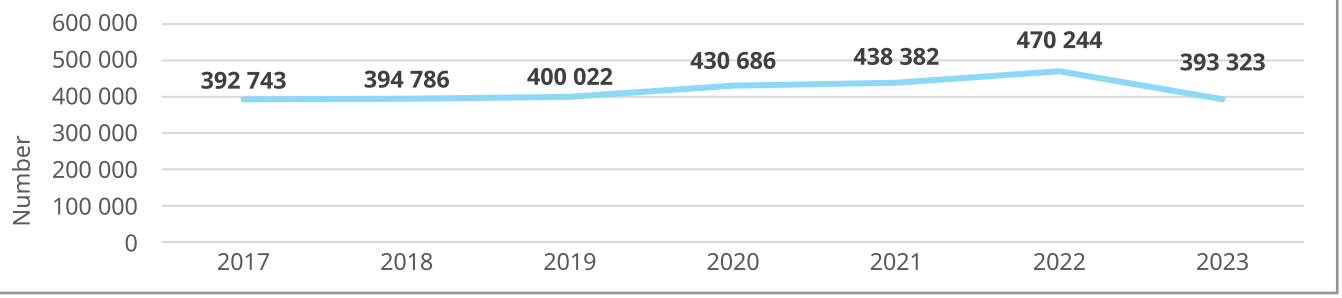
To respond to poverty and vulnerability, Kazakhstan implements a comprehensive set of social protection policies and programmes, including both contributory and non-contributory schemes, in the form of social insurances and social assistance programmes.[357] The Government's work in this area is now guided by the National Development Plan of the Republic of Kazakhstan until 2029, which sets out strategic priorities for enhancing the social protection system in response to evolving demographic, economic, and social challenges. The Plan emphasizes five key priorities for the development of social protection through 2029: (1)Improving the delivery of social support measures, including a shift toward proactive and targeted provision based on objective assessments using the Digital Family Card; (2) Enhancing the effectiveness of targeted social assistance (TSA) by revising eligibility criteria (e.g., using median income as the poverty line) and strengthening administrative mechanisms; (3) Developing the insurance-based component of social protection, with greater coverage, improved benefit adequacy, and stronger financial sustainability of the social insurance system; (4) Increasing citizens' pension savings, with a focus on the inclusion of informally employed individuals, raising minimum pension guarantees, and improving asset management; (5) Building an inclusive society, by promoting employment of persons with disabilities (PwDs), improving the accessibility of infrastructure and services, and enhancing the quality and accountability of social services.[358]

Kazakhstan has established a comprehensive social protection system comprising over 40 types of benefits, aimed at supporting a wide range of vulnerable population groups. As of today, approximately 5 million citizens receive pensions and social benefits. This figure is projected to increase to 6 million by 2029, reflecting both demographic trends and expanded coverage of social protection programs.[359]

Social protection support to vulnerable families with children entails poverty-targeted benefits that cover specific vulnerable groups, coupled with universal benefits that include a one-time allowance for each birth. Categorical benefits include the state benefit for childcare up to one-year of age, for families who are not insured in the compulsory social insurance system, special benefits for families and mothers with many children, and for children with disabilities. The poverty-targeted benefit is the means-tested targeted social assistance (TSA), which is provided to low-income individuals and households.[360]

Birth Allowance Programme. The Birth Allowance Programme is a one-time state allowance granted and paid to all women who give birth to a child, regardless of income or a woman's work status (including working and non-working mothers).[361] **Chart 37** shows that the number of beneficiaries of the Birth Allowance Programme increased by 19.7 percent, from 392,743 in 2017 to 470,244 in 2022, but then decreased by 16.4 percent to 393,323 in 2023. The benefit amount for a first, second and third child is based upon a 38.0 monthly calculation index (MCI), whereas the benefit for a fourth child or more children allowance is based upon a 63.0 MCI.[362] In 2023, the average benefit amount was KZT 157,396, although the allowance depends on the birth order of a child.[363] In 2023, budget expenditures were KZT 61.9 billion for the Birth Allowance Programme (up from KZT 32.6 billion in 2017).[364]

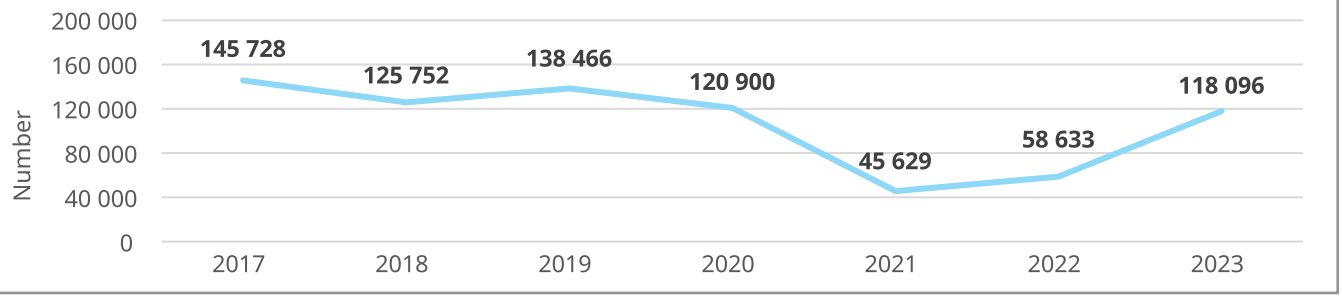
Chart 37. **Birth Allowance Programme beneficiaries, 2017-2023**



Source: Bureau of National Statistics (2022). Children of Kazakhstan 2017-2021. Bureau of National Statistics: Astana, Kazakhstan; Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan; Data for 2023 was provided by the Bureau of National Statistics in September 2024.

Care Allowance Programme. The Care Allowance Programme is a monthly state allowance, granted and paid for the care of a child upon reaching the age of one-year, and is paid to women who are not participants in the compulsory social insurance system (i.e., women who have not previously worked), regardless of family income.[365] **Chart 38** shows that the number of beneficiaries of the Care Allowance Programme drastically decreased by 68.7 percent from 145,728 in 2017 to 45,629 in 2021, but it increased by 158.8 percent to 118,096 in 2023. The benefit amount for a first child was 5.76 MCI, and increased to 6.81 MCI for a second child, and 8.85 MCI for a third child, and 8.90 MCI for a fourth child or more.[366] In 2023, the average amount of social benefits in connection with caring for a child upon reaching the age of one and a half years was between KZT 19,872 and KZT 30,705. In 2023, budget expenditures were KZT 39 billion for the Care Allowance Programme (up from KZT 32.6 billion in 2017).[367]

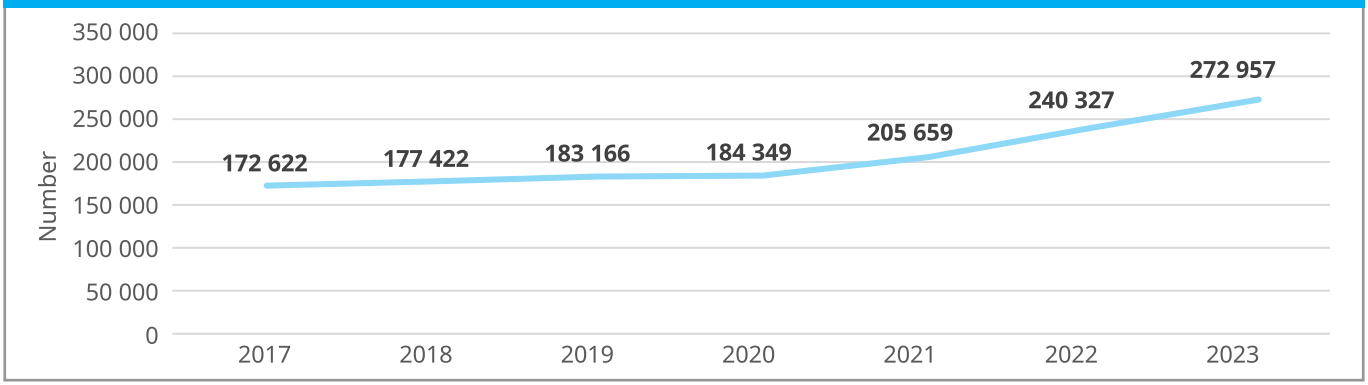
Chart 38. **Care Allowance Programme beneficiaries (for unemployed), 2017-2023**



Source: Bureau of National Statistics (2022). Children of Kazakhstan 2017-2021. Bureau of National Statistics: Astana, Kazakhstan; Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan; Data for 2023 was provided by the Bureau of National Statistics in September 2024.

Care Benefits Programme. The Care Benefits Programme is a payment to cover loss of income during pregnancy, childbirth, and adoption of a newborn child for participants of the compulsory social insurance system (i.e., previously employed).[368] **Chart 39** shows that the number of beneficiaries of the Care Benefits Programme which covers loss of income during pregnancy, child birth and adoption of a newborn increased by 58.1 percent, from 172,622 in 2017 to 272,957 in 2023. In 2023, the average amount provided under the Care Benefits Programme was KZT 1.3 million. In 2023, budget expenditures were KZT 348.2 billion for the Care Benefits Programme (up from KZT 62.6 billion in 2017).[369]

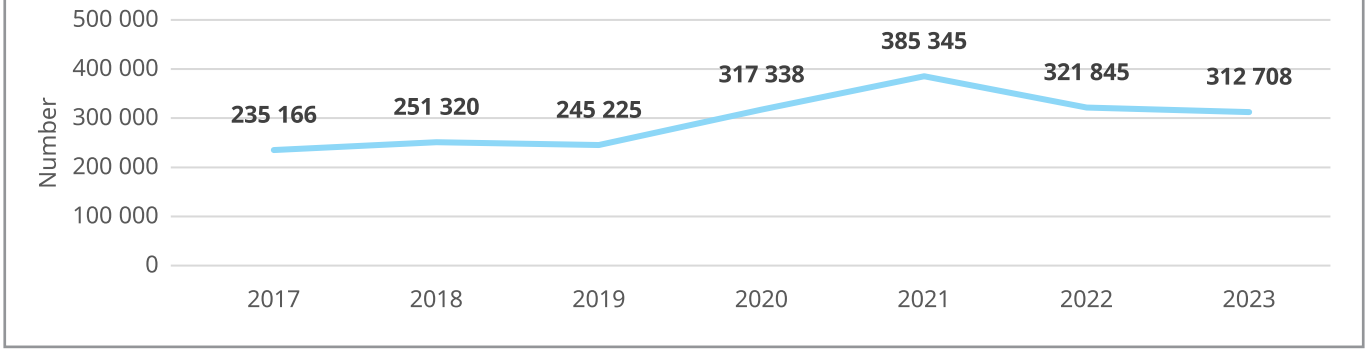
Chart 39. **Care Benefits Programme beneficiaries, covers loss of income during pregnancy, childbirth and adoption of a newborn child, from the State Fund of Social Insurance, 2017-2023**



Source: Bureau of National Statistics (2022). Children of Kazakhstan 2017-2021. Bureau of National Statistics: Astana, Kazakhstan; Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan; Data for 2023 was provided by the Bureau of National Statistics in September 2024.

The Care Benefits Programme also includes monthly social payments in case of loss of income in connection with the care of a child after reaching the age of one-year, particularly for participants of the mandatory social insurance system.[370] **Chart 40** shows that the number of beneficiaries of the Care Benefits Programme which covers loss of income increased by 63.9 percent, from 235,166 in 2017 to 385,345 in 2021, but then decreased by 18.8 percent to 312,708 in 2023. In 2023, the average amount provided under this component of the programme was KZT 54,253. In 2023, budget expenditures were KZT 287 billion for this component of the Care Benefits Programme (up from KZT 74.2 billion in 2017).[371]

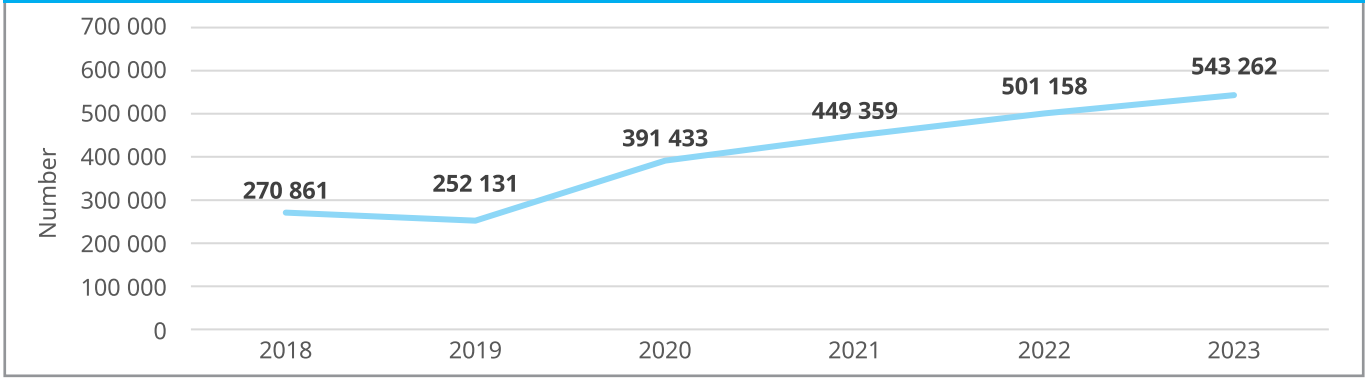
Chart 40. **Care Benefits Programme beneficiaries, covers loss of income due to child care up to one-year, from the State Fund of Social Insurance (for employed), 2017-2022**



Source: Bureau of National Statistics (2022). Children of Kazakhstan 2017-2021. Bureau of National Statistics: Astana, Kazakhstan; Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan; Data for 2023 was provided by the Bureau of National Statistics in September 2024.

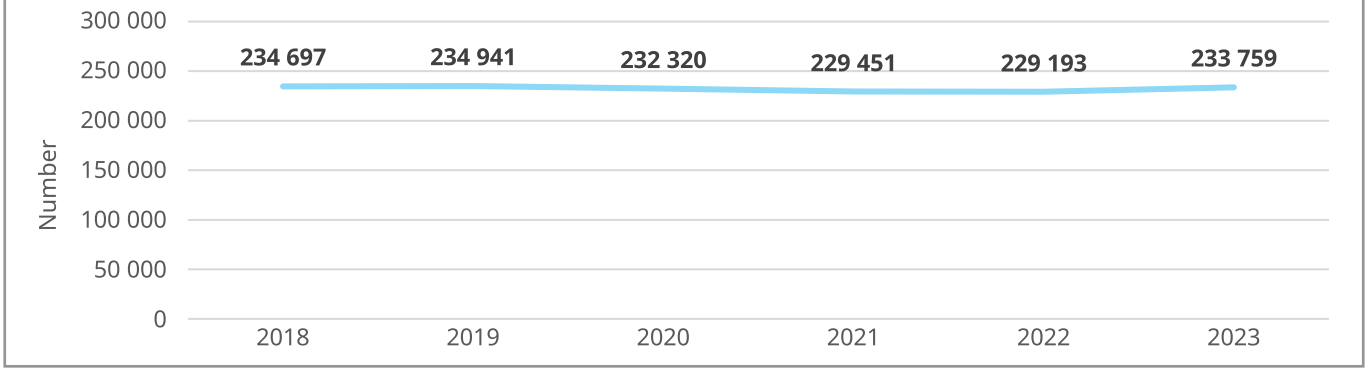
Special State Allowance (SSA). SSA for large families with four or more under-age children (including children enrolled as full-time students at secondary, technical, professional or higher education institutions) are entitled to receive the benefit until the child(ren) reach adulthood and graduation from educational institutions (but not after the age of 23 years). **Chart 41** shows the number of beneficiaries of SSA for large families with four or more under-age children increased by 100.6 percent from 270,861 in 2018 to 543,262 in 2023. In 2023, the benefit amount for four children was KZT 55,304, for five children was KZT 69,138, for six children was KZT 82,973, for seven children was KZT 96,807 and for eight or more children was KZT 13,800 for each child. In 2023, budget expenditures were KZT 413.3 billion for SSA for large families with four or more under-age children (up from KZT 30.7 billion in 2017).[372]

Chart 41. **SSA beneficiaries, large families (4 or more under-age children), 2018-2022**



Source: Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan; Data for 2023 was provided by the Bureau of National Statistics in September 2024.

Chart 42. **SSA beneficiaries, mothers with many children (6 or more children), 2018-2022**

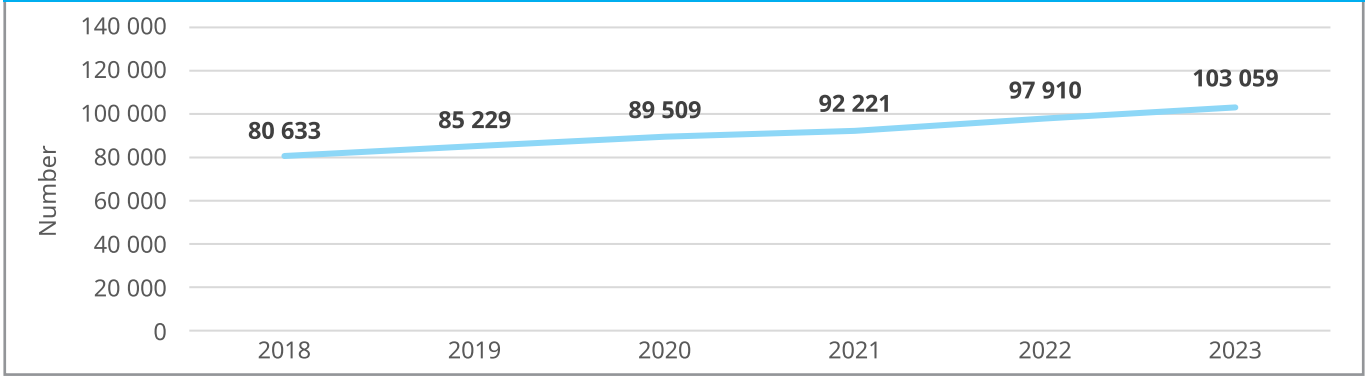


Source: Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan; Data for 2023 was provided by the Bureau of National Statistics in September 2024.

SSA also includes a monthly allowance granted and paid to mother with many children (six or more children); this allowance is life-long and does not stop after a woman retires, and is also appointed regardless of a woman's income.[373] **Chart 42** shows that the number of beneficiaries of SSA for mothers with many children (six or more children) remained unchanged from 234,697 in 2018 to 233,759 in 2023.

Chart 43 shows that the number of beneficiaries of SSA for mothers with many children (seven or more children) increased by 27.8 percent, from 80,633 in 2018 to 103,059 in 2023.

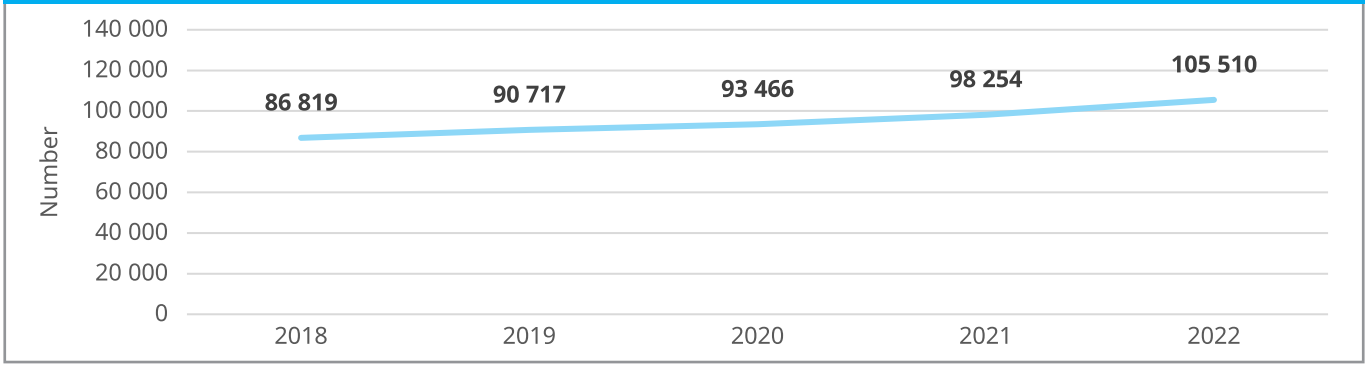
Chart 43. SSA beneficiaries, families, mothers with many children (7 or more children), 2018-2022



Source: Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan; Data for 2023 was provided by the Bureau of National Statistics in September 2024.

Finally, SSA also includes a monthly allowance for children with disabilities. The basic disability allowance is a categorical transfer and offers support to parents/caregivers bringing up a child living with disabilities. There is no means-test applied to this allowance.[374] **Chart 44** shows that the number of beneficiaries of SSA for children with disabilities increased by 21.5 percent, from 86,819 in 2018 to 105,510 in 2022. In 2019, the benefit amount was 1.4 times the subsistence minimum level (SML), which is a minimum cash income per person, equal to the value of the minimum consumer basket.[375] The size of payments to those who care for children with disabilities increased by 80 percent from KZT 36,381 per month in 2019 to KZT 65,313 in 2023.[376] In 2019, budget expenditures were KZT 38.1 billion for SSA for children with disabilities (up from KZT 24.4 billion in 2017).[377]

Chart 44. **SSA beneficiaries, children with disabilities, 2018-2022**



Source: Bureau of National Statistics (2023). Children of Kazakhstan 2018-2022. Bureau of National Statistics: Astana, Kazakhstan

Targeted Social Assistance (TSA). TSA is offered to families with an average per capita income below 70 percent of the national subsistence minimum. The applicants undergo a means test and in order to maintain eligibility and are required to submit relevant income documents every quarter. Able-bodied beneficiaries must participate in active employment measures. TSA is calculated as a difference between per capita income and the poverty line.[378] In 2023, 598,400 people from 114,100 families were receiving TSA, including 391,200 children and 54,100 large families. In 2023, budget expenditures were KZT 57.4 billion for TSA (up from KZT 13.0 billion in 2017).[379]

Recent Social Assistance Reforms

Since 2018, the GoRK has embarked on implementing a path of amendments and reforms, which have significantly affected the design of selected child- and family-focused social assistance programmes. The GoRK initiated the social assistance reform process because evidence suggested that targeted social assistance was not effective in guaranteeing the minimum subsistence need of poor households because of the limited benefit amount and programmes did not reach many poor households.[380] To achieve the right balance between addressing subsistence needs and reducing vulnerabilities, it was crucial to improve coverage, adequacy and targeting effectiveness of poverty-targeted transfers.[381]

Reforms in 2018. In 2018, MLSP amended its flagship poverty-targeted social assistance programme to ensure that more resources go to those who need them most, while encouraging employment, and increased coordination and integration between cash assistance and social services. Three main benefits for vulnerable and poor families were integrated through the reform.[382]

On the basis of the Law on Amendments and Additions to Certain Legislative Acts of the Republic of Kazakhstan on Social Protection of the Population (adopted in 2015), the following changes were made effective 1 January 2018, onwards: abolition the SCA and SSA for new large families; preservation of SSA for large families to whom this allowance was appointed before 1 January 2018; mandatory participation of able-bodied TSA family members in active employment; and increase the subsistent minimum to the poverty line, on the basis of which TSA is allocated, from 40 percent to 50 percent of the subsistence minimum line.[383]

Under the aegis of TSA, two types of cash transfers were introduced, i.e., unconditional and conditional cash transfers.[384] Unconditional cash transfers (UCT) are provided to families with persons without able-bodied family members. Whereas conditional cash transfers (CCT) are provided to families with at least one able-bodied, working member of the family. To receive CCT, the family is requested to sign a social contract and fulfill the conditions stipulated therein. In the event of non-fulfillment of conditions and obligations stipulated in the social contract, monetary assistance to all adult family members is reduced by 50 percent upon initial refusal or suspended completely upon repeated refusal. Students and family members caring for a child under seven years of age are exempted from the reduction and suspension.[385]

As part of the new TSA format, the 'one-stop-shop' principle was introduced, which means that an individual or family can apply with one package of documents for different means of support within one location. Within these centres, assistants and consultants for social work are meant to support and monitor low-income families by identifying them and involving them in active employment measures, and linking them to other relevant social support, and monitoring the implementation of social contract conditions.[386]

Reforms in 2019. In 2019, reforms focused on strengthening measures to support low-income citizens. Various amendments were made to the Law on State Targeted Social Assistance, including:[387]

- Establishment of a fixed payment for each child from among TSA beneficiaries, amounting to 70 percent of the subsistence minimum.
- Exclusion of SSA benefit state allowances to mothers of large families, child disability allowance, and student scholarships in the calculation of the total family income when assigning TSA.
- Procedure for determining family composition was changed. Previously, TSA family was understood as the whole household, however, from 1 April, 2019 onward, individuals living together, but not being close relatives were not considered family.
- Threshold for the provision of TSA was increased from 50 to 70 percent of the subsistence minimum.
- Simplification of the procedure for citizens to apply for TSA.

Reforms in 2020 (COVID-19 Pandemic). In 2019, the Law on State Targeted Social Assistance was amended to increase motivation to work and to ensure transparency as well as social justice; these amendments came into force in January 2020. Included among these was: reintroduction of a universal state allowance for large families with four or more children, including students under the age of 23 years; reduction of eligibility for UCT and CCT provided under TSA to three months; revised benefit formula for calculation of TSA, wherein the benefit is calculated for all beneficiaries as a difference between per capita family income and poverty line (no fixed benefit for children anymore); inclusion of more items in the calculation of the total family income when assigning TSA; and introduction of a guaranteed social package for children from low-income families.[388]

Digital Family Card (Reform Since 2021). During the pandemic, the United Nations Development Programme (UNDP) supported the GoRK to develop an innovative DFC platform that is capable of collecting, integrating and processing data and information on the most vulnerable groups in Kazakhstan, in an effort to provide them with targeted social support. The aim of the DFC platform was to create a holistic, gender-sensitive and efficient system to provide social support for the most vulnerable groups, in order to prevent families from falling into poverty and empower local decision-makers by providing them with real-time data on population categories in urgent need of support. The new DFC platform enables local and state agencies to proactively deliver social assistance to those most in need by consolidating real-time data from state databases and ensure transparent access to information about the socioeconomic status of families in Kazakhstan.[389] The DFC platform has helped to improve shock responsiveness and adaptability of the social protection system.[390]

Social Protection System Strengths and Weaknesses

In 2020, the UNICEF-support evaluation of the social protection and assistance system found that the social protection system has strengths and weaknesses, including:[391]

- Reforms of social assistance for children and families was only partially in line with the needs and expectations of families with children, particularly the poor and most vulnerable. Such families' needs are often complex, as they face multiple deprivations (e.g., related to income, health, education and social services).
- Recent reforms have included changes to targeting and eligibility criteria, yet these created additional bottlenecks for families to access assistance, and reduced the effectiveness of social assistance to reach all children and families in need. Changes in eligibility criteria meant that families that were previously eligible for SSA, were not automatically eligible for the reformed TSA, as it excludes households living above the benefit cut-off point, and those living just above the SML, who are still vulnerable to shocks, leaving a large number of vulnerable households without assistance.
- TSA exhibits positive effects on poverty for beneficiaries; however, this effect has been less pronounced for families with children. This target group has faced less effective coverage through the elimination of the SCA, and receives significantly less adequate benefit amounts per household member than families without children.
- The link to employment has failed to lead to financial independence for most, and has been ineffective in reducing poverty, especially for single mothers. Still, however, the social protection system and its reforms have not been fully effective in enhancing the well-being of families and children in need. This is because of low benefit amounts for the most vulnerable groups, especially for large families, in contrast to families without children, leaving families with children often struggling to meet basic needs.
- Social protection system reforms offered the chance to increase the efficiency of social assistance programme delivery through the integration of different programmes into one programme. The integration of SCA, SSA, and TSA into one single programme has potential for higher efficiency, particularly in terms of administration and financial and human resources needed to implement the programme.
- Introduction of a 'one-stop-shop' principle is likely to increase administrative efficiency, as different means of support for one family are available in one place. Still, however, there are inefficiencies in the distribution of resources and a shortage of resources, especially in rural areas, where bottlenecks to accessing services remain.
- Reformed TSA has helped beneficiaries to cover their basic needs, but did not help families with children to cover additional costs related to children's needs. Most beneficiary families spent the transfer on food, suggesting that TSA plays an important role in contributing to food security, but families were rarely able to afford a nutritious diet with fresh fruits and vegetables. TSA's universal basic care package for families with children has the ability to positively impact education and can lead to more social inclusion of vulnerable children, but lack of access to kindergarten remains a problem for families with young children.
- Recently introduced in-kind support through the universal basic care package has been important in increasing TSA's appropriateness by facilitating educational access. Still, however, TSA has not helped beneficiaries access additional needed social services, such in the areas of child protection.
- The employment link for able-bodied beneficiaries has not helped families with children reach financial independence and escape the cycle of poverty. Employment opportunities provided were usually temporary, low-wage, and of an inflexible nature; thus, they did not constitute a long-term opportunity, and left many families with unmet employment needs.
- MLSP is well-capacitated and skilled to design and implement social protection programmes; however, shortcomings in human resources prevent employees from providing tailored support to families; thus, it has been difficult for government employees to work with families, as more time and resources are required.
- Fluctuations in social protection budgets point towards a potentially unstable and financially unsustainable expansion of social assistance for children and their families, with volatile budget allocations.

Box 18. **Recommendations for strengthening the social protection system for children and their families**

- **Review TSA's targeting approach to reduce targeting errors.** High inclusion and exclusion errors of TSA signify the need to conduct a review of TSA's current targeting approach and assess whether there is a need to refine it. The review should examine reasons for exclusion of vulnerable groups from the programme, and assess TSA's targeting approach.
- **Review benefit adequacy for families with children.** Benefits should be adequate in amount and duration to ensure adequate living standards, basic income security, and access to health care, nutrition, education and care. Benefit levels should be based on the principles of: equity enhancement (i.e., levelling the playing field by distributing the highest benefit amounts to the poorest); sensitivity to household size (i.e., accounting for the increased risk of deprivation that accompanies increased household size and number of children); and regular adjustment to inflation and food prices (i.e., ensure benefit adequacy to avoid erosion of purchasing power).
- **Refine the employment linkage of the conditional TSA.** Improve the supply, quality and administration of job opportunities by working with employers and introduce regulations to ensure more jobs with higher quality and pay.
- **Upskill social workers to provide more comprehensive support to families.** This requires capacitating social workers to conduct needs assessments and refer families to services. To support and fast track referrals, establish and map referral pathways to available services.
- **Introduce an integrated social registry to increase efficiency in the targeting process of social assistance programmes.** The registry should build on existing infrastructure, such as e-Halyk.

Source: Economic Policy Research Institute (2021). Evaluation of the social protection system for children and their families in Kazakhstan 2015-2020. Economic Policy Research Institute: Williamstown, MA, USA, p. ix.

Concluding Remarks

Kazakhstan's social protection system has demonstrated significant evolution in recent years through the adoption of the Social Code, expansion of digital tools (such as the Digital Family Card), and increases in overall social spending. However, critical structural, institutional, and operational bottlenecks continue to limit its effectiveness and inclusiveness. Addressing these constraints requires a comprehensive and strategic reform agenda that transcends the priorities of any single programme or development partner and focuses on systemic transformation at both central and local levels.

Key directions for strengthening the social protection system include:

Strengthen the Legal and Regulatory Framework for Inclusive Social Protection to ensure inclusiveness and consistency with international human rights standards:

- Revise the legal framework to move beyond a category-based approach, and adopt a needs-based system for access to social protection and child protection services, ensuring that no child is excluded based on arbitrary classification.
- Introduce and legally define core concepts such as social protection, social assistance, social services, and vulnerability in line with the Social Protection Floor framework.
- Ensure non-discrimination, the best interests of the child, and equal access to protection for all children, including refugees, asylum seekers, stateless persons, and undocumented migrants.

Enhance Policy Coherence, Governance, and Financing

Kazakhstan's social protection system remains fragmented across programmes, legislation, and institutions. To increase impact:

- Finalize and implement a unified, lifecycle-based framework aligned with the Social Code.
- Clarify institutional mandates and streamline benefit delivery across social programs.
- Improve public spending efficiency by shifting resources from regressive and untargeted transfers (e.g., fuel subsidies) to poverty-targeted programmes like TSA.
- Institutionalize citizen participation and strengthen public financial management, including transparency and local budget planning.

Expand Coverage and Adequacy of Social Protection

Despite growing public social spending in recent years, coverage and adequacy remain insufficient for key vulnerable groups:

- Revise TSA eligibility rules, including raising the poverty threshold to 100% of the subsistence minimum and updating income calculation formulas to reflect real living costs.
- Remove restrictive conditionalities, particularly those linked to employment, for vulnerable populations such as single parents and caregivers of young children
- Index cash benefits to inflation and actual living costs, particularly for children, persons with disabilities, and caregivers.

Strengthen Local-Level Delivery and Reduce Regional Inequality

Local governments are critical implementers but face capacity and financing constraints:

- Strengthen local strategic and budgetary planning aligned with national priorities.
- Expand local delivery of integrated social services and improve subnational M&E systems.

Improve Inclusion, Accessibility, and Responsiveness for Vulnerable Groups

Structural and procedural barriers limit access to support:

- Expand use of the Digital Family Card for proactive, inclusive targeting—including offline access for rural households.
- Improve public awareness, outreach, and social service navigation, particularly for informal workers, women, persons with disabilities, and children in small or migrant families.

Invest in Data, Monitoring, and Analytical Capacity

A modern, evidence-based system requires timely and integrated data:

- Improve the interoperability of registries (civil, tax, health, education) and integrate with social protection platforms.
- Conduct regular poverty diagnostics, benefit incidence analyses, and programme impact evaluations (e.g., using ISPA/CODI).
- Integrate climate vulnerability mapping and gender-disaggregated analysis to inform inclusive and shock-responsive design.

Build System Resilience to Economic and Climate Shocks

The shock of recent years, such as COVID-19 pandemic or massive floods of 2024, revealed critical gaps in crisis responsiveness:

- Institutionalize contingency financing and scalable benefit delivery in the Social Code.
- Use digital platforms for rapid identification and transfer of benefits in emergencies.
- Expand vulnerability mapping to climate risks and link it with social protection planning and adaptation strategies.

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8. CLEAN AND SUSTAINABLE ENVIRONMENT

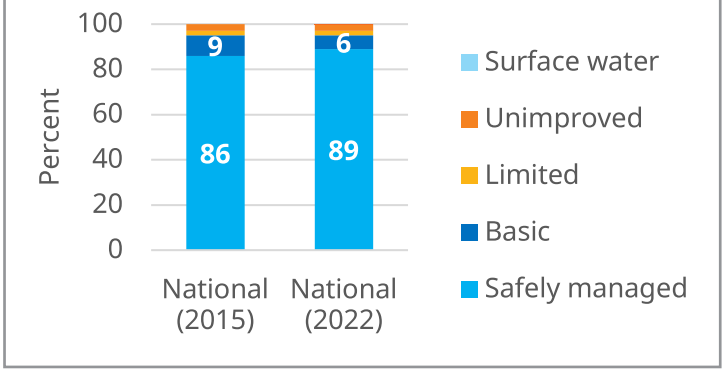
Kazakhstan's environment is increasingly under threat, in part from the impacts of climate change and disasters and hazards; these and other deteriorating environmental conditions threaten the services on which children rely in the areas of water, sanitation and hygiene (WASH). Thus, strengthening the capacity and resiliency of communities and governmental systems to maintain safe, clean and sustainable environments is critical to environmental and resiliency components of the 2030 Agenda for Sustainable Development.[392] An even greater challenge is to ensure that new and existing WASH systems are resilient to climate change, and the growing threat of water scarcity.[393]

Water, Sanitation and Hygiene

Access to safely managed drinking water, sanitation services and good hygiene practices are considered core socio-economic and health determinants, and are key for mother, newborn and child health and survival. Thus, SDG indicators focus on the proportion of the population with safely managed drinking water (6.1.1) and sanitation services (6.2.1), and on mortality rates attributed to exposure to unsafe WASH services (3.9.2). In accordance with SDG 6, the GoRK has committed to achieve by 2030, universal and equitable access to safe and affordable water for all, access to adequate and equitable sanitation and hygiene for all, and an end to open defecation.

Safe Water. Everyone has the human right to safe drinking water. Kazakhstan has made great strides in ensuring the households are using safely managed drinking water. **Chart 45** shows that according to the WHO-UNICEF JMP, from 2015-2022, there have been some improvements in access to safely managed drinking water in Kazakhstan. Based upon WHO-UNICEF JMP data, 89 percent of households had safely managed drinking water in 2022 (up from 86 percent). Only 6 percent of households had access to basic drinking water (down from 9 percent in 2015), 2 percent had limited water sources, 3 percent had unimproved water sources, and 1 percent relied on surface water.

Chart 45. **Households using safely managed drinking water by area and year (%), 2015 and 2022**



Source: WHO-UNICEF JMP. Retrieved on 16 August 2024 from: JMP (washdata.org)

Similarly, the 2024 MICS found that nearly all percent of households were using improved sources of drinking water (up from 97 percent in 2015), of which 82 percent of households had piped water into their dwelling and 2 percent into their yard or plot.[394] Households in urban areas (87 percent) were more likely to have piped water into their dwelling than in rural areas (73 percent). More specifically, households in North Kazakhstan (46 percent), Ulytau (54 percent) and Turkistan (68 percent) were least likely to have water piped into their dwellings.[395] It is also notable that only 55 percent of the poorest households had water piped into their dwellings, compared to 87 percent of middle-income households and 93 percent of the richest households.[396]

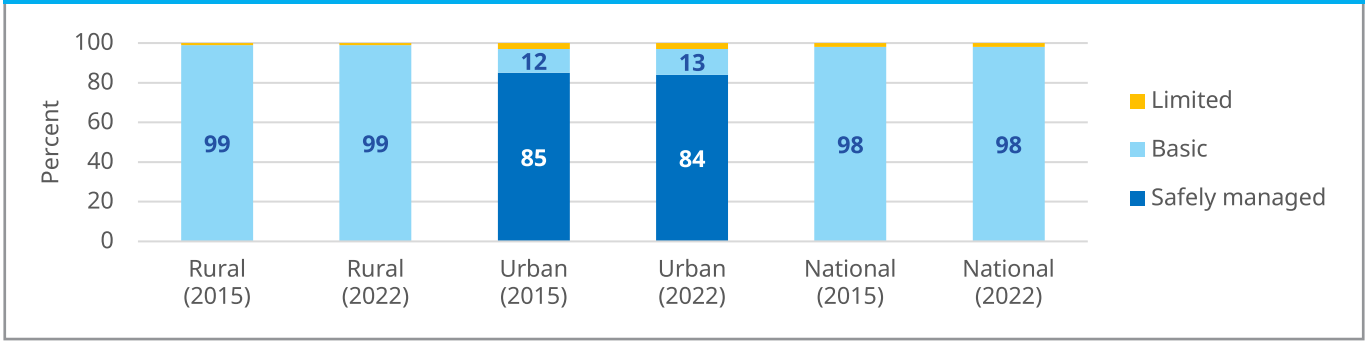
Kazakhstan still has villages that are not hooked to the water distribution grid; although the Government has pledged to hook up all villages across the country to the water distribution grid by 2026, as part of a broader economic development agenda. In April 2023, 1,395 villages had yet to have access to tap water and were forced to use other drinking water sources.[397] The lack of availability of water in homes in remote regions is due in large part to aging infrastructure. In 2023, 51 percent of the water grid was deemed by the government to be substandard; thus, the goal is to bring that number down to 40 percent by 2029. Under the terms of the Government's development strategy for 2021-2024, at least KZT 181 billion were earmarked to fix the water accessibility problem; however, results have yet to be achieved due to weak oversight and corruption.[398]

There is a lack of data on access to safely managed drinking water in schools and health facilities in Kazakhstan.[399] Lack of access to safely managed water is likely an issue in some remote areas where infrastructure is still lacking.

Drinking Water Availability. The percentage of household members with drinking water available in sufficient quantities in the last month stands at a national average of 90.5 per cent, with availability in urban areas standing slightly above the average at 91.5 per cent and availability in rural areas being below the national average at 88.7 per cent. In comparison, the percentage of household members with drinking water available in sufficient quantities in the last twelve months stands at a recorded national average of 85.5 per cent, again with availability in urban areas being slightly above the national average (86.1 per cent) and availability in rural areas being slightly below the national average (84.4 per cent).

Sanitation. Adequate sanitation is essential to child survival and development; whereas poor sanitation puts children at-risk of diseases and malnutrition that can impact their overall growth, development and learning.[400] According to the WHO-UNICEF JMP, in 2022, 98 percent of households in Kazakhstan had access to basic sanitation services (**Chart 46**). In 2022, 85 percent of urban households had safely managed sanitation services, whereas 99 percent of rural households had access to basic sanitation services. Some households in both urban and rural areas had access to limited sanitation services.

Chart 46. **Households using safely managed sanitation services by area and year (%), 2015 and 2022**



Source: WHO-UNICEF JMP. Retrieved on 6 March 2024 from: JMP (washdata.org)

In comparison, the 2024 MICS found 99 percent of households had improved sanitation (up from 98 percent in 2015).[401] In 2015, 38 percent of households had an improved sanitation facility in the form of piped sewer system and 52 percent of households had a pit latrine with slab or ventilated improved pit latrine. Urban households (68 percent) were 17 time more likely to have a piped sewar system than rural household (4 percent), whereas rural households (86 percent) were four times more likely than urban households (22 percent) to have pit latrines with slab or ventilated improved pit latrine.[402]

There is a lack of data on access to safely sanitation services in schools and health facilities in Kazakhstan.[403] Lack of access to safely managed sanitation services is likely an issue in some remote areas where infrastructure is still lacking. In 2023, requirements for school toilets tightened in Kazakhstan with the national standard on sanitary units of comprehensive schools, which are general and safety requirements, were approved by the GoRK.[404]

Hygiene. Good hygiene is critical for preventing the spread of infectious disease and helping children to lead long and healthy lives, and can help to prevent children from missing school, which results in better learning outcomes. For families, good hygiene means avoiding illness and spending less money on healthcare. In some contexts, good hygiene can also secure a family's social status and help individuals to maintain their self-confidence.[405] The 2024 MICS found that 98 percent of households had a place for washing hands (either a fixed place or mobile place) with soap and water (up from 97 percent in 2015).[406] There is a lack of data on access to hygiene in schools and health facilities in Kazakhstan.[407] Lack of access to hygiene is likely an issue in some remote areas where infrastructure is still lacking.

Mortality Attributed to Unsafe WASH Services

The impact of unsafe WASH on death rates of children under-five and mothers in the year after childbirth is important to understand; unfortunately, that data are not available. Data that are available relates to SDG 3.9.2, which is the mortality rate attributed to exposure to unsafe WASH. **Table 18** shows that Kazakhstan has a low mortality rate attributed to exposure to unsafe WASH at 3.2 per 100,000 population, which is lower than averages for other country groupings.

Table 18. **Mortality rate attributed to unsafe WASH (per 100,000 population), 2019**

Kazakhstan	3.2
OECD Members	3.7
Europe & Central Asia	3.6
European Union	3.7
Upper middle-income countries	5.4

Source: Retrieved on 16 August 2024 from: Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100,000 population) | Data (worldbank.org)

Climate Change and the Environment

The right to a healthy environment is a powerful tool to protect children from the impact of climate change and environmental degradation.[408] In a resolution passed in 2022, the UN General Assembly declared climate change and environmental degradation among the most pressing threats to humanity's future; thus, it called on UN Member States to step up efforts to ensure that their people have access to a "clean, healthy and sustainable environment."[409] The resolution comes as the planet grapples with what has been described as a 'triple planetary crisis' of climate change, nature and biodiversity loss, and pollution and waste. If left unchecked, these problems could have disastrous consequence for people around the world, especially the poor, women and girls, and children.[410]

Kazakhstan's topography and location makes it highly vulnerable to the impacts of climate variability and change. Nearly 45 percent of the country's area falls under the cold desert and semi-arid climatic zones, which experience long hot summers, cold winters and high aridity. In addition, the northern part of Kazakhstan experiences very harsh winters that can last up to 6 months, with strong winds and blizzards. While precipitation is low throughout the whole country, the south eastern plains experienced very low precipitation, whereas the mountains in the south and south east received the country's highest precipitation.[411]

UNICEF contends that 75 percent of Kazakhstan is subject to a high risk of natural disasters.[412] Kazakhstan is also vulnerable to climate-related extreme weather events and natural hazards, many of which are expected to be exacerbated by climate change. Key threats include earthquakes, floods and mudflows, drought, avalanches and landslide.[413] Kazakhstan also experiences fires, which are projected to become more frequent in steppe and forest areas in the coming decades, driven by higher temperatures and more frequent droughts. Heatwaves are also projected to increase significantly in Kazakhstan. These events and disasters are expected to increase in frequency and intensity and contribute to desertification and land degradation.[414]

Other challenges posed by climate change include those related to water resource availability. There is evidence that climate change is causing a reduction in the level of terrestrial freshwater storage in eastern, southern and central Kazakhstan. Climate change is expected to impact the quality of land and soil, including soil moisture, which is a key factor for agricultural productivity in Kazakhstan; losses in soil moisture could have a significant impact on the agricultural sector.[415] Increased temperatures are also expected to reduce the availability of pasture during summer and autumn months, with a detrimental effect on livestock farming.[416] Also, more frequent flooding, related in part to the melting of Kazakhstan's glaciers, is likely to lead some contamination of water supplies as pollutants from farming, mining and industry risk being washed into rivers.[417]

Although Kazakhstan is not water-scarce in terms of total water supply per capita, the country has already begun to experience climate change-related shortages of water resources.[418] In 2021, UNICEF estimated that 55 percent of children in Kazakhstan were exposed to water scarcity. In response to climate change-related shortage of water resources, the GoRK introduced a draft Concept of Water Resources Management System Development for 2024-2030, and the Ministry of Water Resources and Irrigation (MWRI) introduced a new

Water Code.[419] These legal and policy frameworks aim to achieve and maintain safe levels of water availability and use, in an effort to promote sustainable economic development, enhance citizens' living conditions, and preserve the environment.[420]

Although Kazakhstan is a landlocked country, the impact of climate change on the level of the Caspian Sea is a reality. Caspian Sea levels have fallen in recent decades, and evaporation has played a dominant role in this sea-level reduction; this decrease in the level of the Caspian Sea is expected to continue.[421]

In 2021, the University of Notre Dame Global Adaptation Index (ND-GAIN Index) ranked Kazakhstan 36 out of 185 countries, given the country's low vulnerability score of 0.322, and readiness score of 0.518. The ND-GAIN Index presents an overall picture of a country's vulnerability and capacity to improve its resilience to climate change. More specifically, Kazakhstan is ranked 22nd among vulnerable countries and the 51st among ready countries out of 185 countries.[422] That same year, Kazakhstan ranked 15 in the top 20 countries for CO_2 emissions per capita, at 12.1 CO_2 emissions per capita.

In 2021, UNICEF's first comprehensive analysis of climate risk from a child's perspective, Kazakhstan ranked 102 among 163 countries in terms of risk, with climate and environmental factors having a particular impact on children.[423] UNICEF estimated that 10% of children in Kazakhstan were exposed to riverine flowing, and 84 percent of children were exposed to heatwaves. More recently, in 2024, UNICEF documented that children in Kazakhstan have experienced a notable increase in extreme heat days (measured as more than 35 degrees Celsius). Using a comparison between 1960s and 2020-2024 temperature averages, children in Kazakhstan experienced an average of 17.45 extreme heat days from 2020-2024, up from 8.55 extreme heat days in the 1960s. Thus, climate change is likely to deepen the vulnerability of children in Kazakhstan.[424]

Extreme heat can have numerous concerning effects, which can be compounded when experienced in longer periods of time. Heat stress within the body, caused by exposure to extreme heat, poses unique threats to the health and well-being of children and pregnant women, particularly if cooling interventions are not available. Heat stress has been linked to pregnancy complications (e.g., gestational chronic diseases) and adverse birth outcomes (e.g., stillbirths, low birthweight and pre-term birth). Excess levels of heat stress also contribute to child malnutrition, non-communicable diseases (e.g., heat-related illnesses), and leave children more vulnerable to infectious diseases that spread in high temperatures. Evidence shows that extreme heat can also impact neurodevelopment, mental health and well-being.[425]

UNICEF recognizes that climate change is a direct threat to children's ability to survive, grow and thrive. In 2015, recommendations from the concluding observations of the Committee on Child Rights were that the GoRK should take further steps to address environmental hazards that affect the health of children living in close proximity to the Aral Sea and Semipalatinsk, and to strengthen its efforts to address environmental issues concerning waste disposal and the use of pollutants and chemicals. The Committee further called on the GoRK to allocate more resources in this regard and to strictly enforce its environmental legislation.

Box 19. **Voices of adolescents: What impact is climate change having on adolescent's lives?**

As part of this SitAn, adolescents aged 15-19 years were asked, "How is climate change impacting your lives? What impact is climate change having on people's lives in Kazakhstan?" Responses to this question varied widely. Surprisingly, quite a few adolescents stated that they are not worried about climate change because climate change does not affect them personally; whereas other adolescents recognized the climate, particularly extreme heat, can affect people's moods and lives, and cause headaches and rising blood pressure (e.g., people who dislike heat often work less effectively). If your region has a very humid climate, you may only be able to grow certain crops and have limited opportunities to cultivate others.

One 17-year-old boy also reported that *"if it's hot, I don't feel like doing sports or studying."* In addition, a 19-year-old girl explained that *"heat affects her mood and causes sun allergies in extreme temperatures, as well as lowers her blood pressure; thus, she tries to stay indoors during the hottest days."*

Some adolescents also recognized that *"climate change personally affects them because if there are floods, the harvest can be ruined, and if there is drought, there will be nothing at all. As a result, it affects consumers and peoples' finances"* (19-year-old girl). A 16-year-old girl also pointed out that *"some people are forced to move because of climate change; thus, sometimes there is population migration."*

Adolescents also recognize that climate change affects people's daily lives and their financial situations. As an 18-year-old boy explained, *"if there is a water shortage, it affects agriculture, and without enough forage, it impacts livestock farming."*

Some adolescents also recognized that climate change affects the economy and food supply in Kazakhstan. One 16-year-old girl explained, "If one region experiences a drought, while another has heavy rainfall, it ultimately affects the food supply. Unfortunately, prices are rising, but earnings are not." One 17-year-old girl also recognized that *"floods can cause significant financial losses for people who have to relocate, particularly if they lose their homes."* Flooding has also caused significant disruptions to children's education and learning.

Source: Consultations conducted with adolescents in 2024 as part of this SitAn

Box 20. Voices of adolescents: Perceptions of steps that should be taken to address climate related issues

As part of this SitAn, adolescents aged 15-19 years were asked, "What steps are being taken to address climate change-related issues in Kazakhstan? What more can be done?" Although a large portion of adolescents reported they did not know what steps could be taken to address climate change, or they were not interested, others thought the government should allocate money to address climate change. Several adolescents felt "the government should be prepared for climate-related disasters." Similarly, a 19-year-old girl explained that "measures need to be taken promptly at the government level." Ideas put forth by adolescents to address climate change were: prepare in advance and making predictions; adapt cities and infrastructure to withstand natural disasters; create reservoirs to manage flood and use them when needed; fill the Aral Sea with artificial rain; support green activities; plant trees; prevent air pollution; regulate environmental conditions; and reduce emissions from factories.

Source: Consultations conducted with adolescents in 2024 as part of this SitAn

In 2016, the GoRK signed the Paris Agreement on climate change under the aegis of the UN Framework Convention on Climate Change (UNFCCC), which was adopted on 12 December 2014 at the 21st session of the Conference of the Parties of the UNFCCC CoP21, held in Paris, France.[426] In keeping with Paris Agreement commitments, Kazakhstan adopted the Nationally Determined Contribution (NDC) of the RK to the global response to climate change, and updated it in 2023.[427] In recent years, Kazakhstan submitted its NDC to the UNFCCC and Eighth National Communication and Fifth Biennial Reports to the UNFCCC in 2022.[428] The NDC, under the Paris Agreement, sets out climate mitigation and adaptation objectives across sectors, along with financing and capacitation requirements.[429]

To mitigate and adapt to climate change, GoRK has adopted legislation and policies, including, but not limited to: Environmental Code of the RK, No. 400-Vi, 2021[430]; National Action Plan for the Implementation of the Concept for the Transition of the RK to Green Economy, 2021-2030[431]; and Concept for the Development of the Fuel and Energy Sector of Kazakhstan by 2030.[432] These national legal and policy frameworks provide a common vision of climate change adaptation, environmental protection and climate resilience for the country, and outlines priority areas for achieving this vision, and include a series of evolving strategic objectives, interventions and outcomes. This includes pursuing a low-carbon growth strategy and low emission development strategy.

According to the World Bank, informing citizens about the green transition and ensuring popular support for green transition constitutes an important agenda. Citizen participation in green transition needs to be well-informed to support a successful transition.[433] In 2022, a World Bank survey found that people who were more informed about climate change were more supportive of addressing it, even if doing so came at a cost. In Kazakhstan, 71 percent of people recognized that climate change is a serious problem; however, compared to other European and Central Asian countries, Kazakhstan has one of the lowest rates of awareness of climate

change, its impact and measures being taken by the government to tackle climate change.[434] This lack of awareness typically translates into less support for action to address climate change, compared with other ECA countries.[435] It is also notable that fewer than half of respondents agreed that Kazakhstan needs to start using alternative energy sources; this share is far smaller than in other ECA countries. In addition, only about 40 percent of survey respondents believed that building a greener economy will lead to more or better jobs; and 32 percent supported reducing public subsidies for fossil fuels, particularly if it raises energy costs. There is a lack of consensus around the impact climate change will have, the benefits of spending to address climate change, and the need to hold polluting industries to account.[436]

Climate resilience is key to sustainable development and to achieving SDGs; at the same time, achieving SDGs will facilitate Kazakhstan's efforts to mitigate and adapt to climate change.

Box 21. Bottlenecks and barriers to addressing climate change and the environment in Kazakhstan

- Health, education and social protection sector policies do not sufficiently integrate climate change impact on children and youth, and related mitigation and adaption
- Local-level development plans and budgets do not integrate climate change and environmental risks to children
- Lack of fully functioning multi-sectoral coordination mechanisms at central and local levels on climate change and the environment
- Lack of leadership and institutional capacities within the MoENR to coordinate on climate change and children
- Lack of evidence and data on the impact of environmental pollution and climate change on children to support policy design and implementation at central and local levels
- Lack of proper monitoring system in schools to assess the safety and climate resilience of schools
- Education system does not adequately provide information, education and skills on climate change, disaster preparedness and environment protection
- Gaps in existing standards related to DRR, safety and emergency preparedness
- Children, youth and parents no not have sufficient knowledge and skills for climate change mitigation and adaptation, environment and disaster preparedness

Impact of Air Pollution and Hazardous Chemicals

In 2018, the WHO reported that globally, exposure to fine particulate matter is responsible for an estimated 4.2 million deaths annually.[437] Air pollution affects all regions of the world, but populations in low and middle-income urban areas are most impacted. According to the latest air quality database, 99 percent of the world's population lives in places where air pollution levels exceed WHO guideline limits.[438] In 2019, it was reported that 97 percent of cities in low and middle-income countries with more than 100,000 inhabitants do not meet WHO air quality guidelines; in high-income countries, this percentage decreases to 40 percent.[439] Globally, poor air quality has been linked to morbidity, including premature deaths; as air quality declines, the risk of stroke, heart disease, lung cancer, and chronic and acute respiratory diseases, including asthma, increases for people.[440] Mortality attributed to households and ambient air pollution has costs for the health care system and results in economic loss.[441]

In 2021, Kazakhstan was ranked as the 23rd most polluted countries in the world based on $PM_{2.5}$ exposure.[442] Air pollution is among the top 5 risk factors for death in Kazakhstan, with more than 13,000 deaths from air pollution. The top five sources of outdoor $PM_{2.5}$ and associate health burdens come from the energy, industry

and agricultural sectors, as well as residential and anthropogenic dust. Due to agricultural expansion policies, territories of Southern Kazakhstan have been experiencing substantial land use, leading to an increase in the frequencies of dust storms. Studies indicate that dust storms can increase $PM_{2.5}$ concentrations.[443]

The top five risks in Kazakhstan related to air pollution include high systolic blood pressure, dietary risks, tobacco, air pollution, and high LDL cholesterol.[444] In 2021, UNICEF estimated that 73 percent of children were exposed to ambient air pollution at the rate of particulate matter $(PM)_{2.5}$ >= 10 µg/m3 and 19 percent were exposed at the rate of $PM_{2.5}$ >=25 µg/m3. That same year, air pollution accounted for nearly 7 percent of all deaths in Kazakhstan.[445] The United Nations Environmental Programme (UNEP) points out that Kazakhstan lacks national standards for $PM_{2.5}$ levels; thus, the country's air pollution standards do not adhere to WHO guidelines.

Table 19 shows that the mortality rate attributed to household and ambient air pollution was 83.4 per 100,000 population in Kazakhstan, which is four times higher than averages for OECD countries and the European Union, and nearly twice as high as the average for Europe and Central Asia. Kazakhstan's mortality rate attributed to household and ambient air pollution is also higher than the average for upper-middle-income countries.

Table 19. **Mortality rate attributed to household and ambient air pollution (per 100,000 population), 2019**

Kazakhstan	83.4
OECD Members	20.1
Europe & Central Asia	44.7
European Union	20.3
Upper middle-income countries	78.1

Source: Retrieved on 17 August 2024 from: Mortality rate attributed to household and ambient air pollution, age-standardized (per 100,000 population) - Kazakhstan | Data (worldbank.org)

Kazakhstan does not have integrated air quality management policies or strategies; there are only some measures in climate change and green-related strategies that related to air quality management and target reducing the amount of total greenhouse gas emissions. Thus, UNEP has been advocating for policy approaches that focus on prioritizing action on the most harmful air pollutants (e.g., $PM_{2.5}$), instead of focusing on reducing total air pollutant emissions. UNEP has also focused on raising awareness on air pollution and environmental education for children and adolescents.

Exposure to hazardous chemicals is also a public health concern in Kazakhstan. Hazardous chemicals and waste of concern include mercury, asbestos, polychlorinated biphenyls (PCBs), lead and pesticides. There is a lack of data, however, on the environmental health risks facing Kazakhstan's children exposed to these hazardous chemicals. Yet, in 2021, UNICEF estimated that 5 percent of children were exposed to lead pollution in certain areas of the country. Children living in homes with lead-based paint may also be exposed to lead in indoor dust and play areas. Lead exposure is associated with reductions in intelligent quotients (IQ), learning difficulties, poor school performance, and aggressive or violent behaviours later in life.

Children's exposure to pesticides in both urban and rural settings is also a public health concern. Children's unique vulnerabilities to pesticides is well documented. In 2021, UNICEF estimated that 42 percent of children in Kazakhstan were exposed to pesticide pollution. Research has found that babies with birth defects are more likely to be born to women exposed to garden and agricultural pesticides, and DDT indoor residual spraying (IRS), as well as to women engaged in livestock dipping for ticks, and women who re-use pesticide containers for collecting water.

Disaster Risk Reduction

Over 70% of Kazakhstan's territory is vulnerable to the impacts of climate change, pollution, and multi-hazard disasters. 73% of children are exposed to air pollution and 42% to pesticide pollution. Around 3.4 million children are exposed to water scarcity (55%) and more than 600,000 are exposed to riverine floods (10%).

The Ministry of Emergency of the Republic of Kazakhstan is the country's central executive body responsible for overseeing the prevention and elimination of natural and man-made emergencies, civil defence, fire and industrial safety, the formation and development of the state material reserve, ensuring the operation and further development of the national civil protection system, as well as organizing fire prevention and firefighting efforts.

At the local level, the Ministry of Emergency is represented by the Departments of Emergency in the regions, cities of national significance, and the capital; firefighting and emergency rescue services, as well as the Departments of Industrial Safety in the regions, cities of national significance, and the capital.

Kazakhstan's Centre for Emergency Situations and Disaster Risk Reduction (CESDRR) is a permanent intergovernmental body and international organization accredited by the Ministry of Foreign Affairs (MOFA). CESDRR was established to ensure effective mechanisms to decrease the risk of and mitigate consequences of emergencies, and to organize a joint response to emergencies through agreed upon measures, and to stimulate regional and international cooperation.[446]

The CESDRR is also important at the Central Asian regional level, as it: offers recommendations on the harmonization of the classification of emergency situations and the criteria for their assessment-based based on international experiences and practices; reviews legislative and regulatory legal bases in the field of civil defence/protection, prevention and elimination of emergencies of Central Asian countries; reviews of bilateral and multilateral interstate agreements in the field of prevention and elimination of emergencies with the participation of Central Asian countries; and analyses strategies, concepts, programmes and plans on DRR and emergency prevention in Central Asian countries.

Kazakhstan's CESDRR has yet to engage children and youth in DRR or resilience building. Engaging children and youth in DRR and resilience building is key to ensuring their needs are met and their contributions are integrated into DRR efforts, and that children's rights are upheld in the process.[447]

Concluding Remarks

This chapter is focused on data related to every child and adolescent's right to live in a safe, clean and sustainable environment, as well as on systemic bottlenecks that need to be addressed to contribute toward more informed, inclusive, and resilient environmental and climate action. The following recommendations aim to guide these efforts:

Strenhtnening data collection and monitoring systems:

- There is a pressing need for comprehensive data and information on the availability and quality of safely managed water, sanitation, and hygiene (WASH) services and WASH-related infrastructures in early learning centres, schools and health facilities.[448]
- Data and information should be collected on steps taken to ensure that both new and existing WASH infrastructure and systems are resilient to climate change and the growing threat of water scarcity.
- Information is needed on the number of early learning centres, schools and health facilities affected by disasters, and the nature and extent to which WASH facilities at early learning centres, schools and health facilities are at-risk, particularly due to climate-related events and disasters. There is a lack of data and information on indoor air pollution, including in spaces where children spend significant time (e.g., maternity hospitals, homes, early learning centres, schools), and the sources of such air pollution.
- Disaggregated data and information are needed on the impacts of air pollution and hazardous chemicals on children and adolescents in Kazakhstan, including attribution to specific health outcomes.

Integrating child- and youth-sensitive approaches in climate policies:

- Health, education and social protection sector-specific policies and plans should mainstream climate change and environmental protection issues to gradually ensure that these social sectors are climate smart and resilient. Kazakhstan's Nationally Determined Contributions (NDCs) and National Adaptation Plan should explicitly incorporate child- and youth-sensitive approaches. UNICEF has developed toolkits and policy briefs that the Government of the Republic of Kazakhstan (GoRK) can use to ensure these frameworks uphold children's rights.[449]

Institutionalizing child and youth participation:

- The GoRK should institutionalize civic engagement and participation mechanisms and platforms to ensure that children and youth are able to advocate for and engage with the government in decision-making processes related to climate change and the environment at both the national and sub-national levels.
- Empowering children and youth to address climate change and environmental issues will build a better, stronger future for children and youth. UNICEF offers a range of resources, including a toolkit - A young person's booklet to Nationally Determined Contributions (NDCs) | Voices of Youth, thematic brochures, and materials for the young volunteers that can be used by the GoRK to develop the capacity of children and youth for climate action.

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9. PARTICIPATION AND CIVIL RIGHTS

Birth Registration and Identity

Article 7 of the CRC provides that a child shall be registered immediately after birth and shall have the right from birth to a name and nationality. Birth registration establishes the existence of a person before the law and lays the foundation for protection of children's rights. Birth certificates are proof of registration and the first form of legal identity. For these reasons, birth registration is an SDG target and indicator. SDG Target 16.9 aims to by 2030, provide legal identify for all, including birth registration, and SDG Indicator 16.9.1 is the proportion of children under-five years of age whose births have been registered with a civil authority and by age.[450]

In Kazakhstan, birth registration is governed by the Code on Marriage and Family. While Kazakhstan has a birth registration rate of almost 100 percent, children born to undocumented migrants and people with undetermined nationality were previously unable to have their birth officially recorded.[451] In 2019, however, Kazakhstan amended its Code of Marriage and Family to allow universal birth registration for all children, regardless of the legal status of their parents. This legal reform has benefited children born to parents who are undocumented in Kazakhstan, and people with undetermined nationality. The aim of these reforms was to prevent children from becoming stateless in the future.[452] These legislative reforms followed commitments made by the GoRK in 2019 at a meeting on statelessness, where authorities pledged to improve access to birth registration procedures.[453]

Child and Adolescent Participation

In keeping with the CRC, children and adolescents have the right to be heard, to engage with governments and businesses and to influence matters that affect them. When adolescents are provided opportunities to contribute to social change, they build better futures for themselves and contribute to the prosperity of entire communities.[454]

Globally, UNICEF works to promote child and adolescent participation and civic engagement, and empowers adolescents, in particular, to become drivers of social change through a variety of actions: promote policies and laws that encourage adolescent participation; strengthen platforms for adolescent participation; help adolescents to develop the skills needed to form and voice their opinions; help communities to support adolescents to create solutions and lead to change; and focus on adolescents most likely to be excluded.[455]

In 2015, recommendations from the concluding observations of the Committee on Child Rights were that the GoRK should:

- Take measures to abolish the age limit for a child to express his/her views and ensure the effective implementation of legislation recognizing the right of the child to be heard in relevant legal proceedings, including by establishing systems and/or procedures to ensure social workers and courts comply with the principle
- Develop toolkits for public consultation on national policy development to standardize such consultation at a high level of inclusiveness and participation, including consulting with children on issues that affect them.
- Conduct research to identify the issues that are the most important to children and to hear their views on those issues.
- Conduct programmes and awareness-raising activities to promote the meaningful and empowered participation of all children with the family, community and schools, including within student council bodies, with particular attention given to girls and children in vulnerable situations.
- Establish the children's parliament and ensure that it is provided with a meaningful mandate and adequate human, technical and financial resources, in order to facilitate children's effective engagement with national legislative processes on issues that affect them.

Youth Labour Force Participation

In 2021, the total youth population (aged 15-24) was estimated at 2,408,841 or 12.6 percent of the population, of which 42 percent were employed in the labour force (down from 46 percent in 2010). From 2022-2024, the youth labour force participation rate remained at 42 percent. This is compared to 80 percent of adults aged 15-64 who were employed in the labour force in 2023 and 2024. Historically, the labour force participation rate for adults aged 15-64 has been higher than that of youth aged 15-24.

From 2010-2024, among the working age population, males have been more likely than females to participate in the labour force. The male labour force participation rate increased from 81 percent in 2010 to 83 percent in 2024,[456] whereas the female labour force participation rate increased from 74 percent in 2010 to 76 percent in 2024.[457] In 2024, 45 percent of male youth and 39 percent of female youth participated in the labour force. Gender inequalities in labour force participation, coupled with gender differences in GNI per capita, often contributes to gender inequalities in the family and community, and women's lack of economic independence.

Unemployment. Unemployment rate[458] is the most widely used indicator for unemployment and is a designated SDG Indicator (8.5.2). From 2010-2023, the unemployment rate in Kazakhstan has remained relatively low around 5 percent, and the youth unemployment rate has remained at 4 percent. In 2023, the female unemployment rate was 5 percent (down from 7 percent in 2010) and the male unemployment rate was 4 percent (down from 5 in 2010). Among youth aged 15-24, in 2023, the female youth unemployment rate was 4 percent (down from 6 percent in 2010) and the male youth unemployment rate was 3 percent (down from 5 percent in 2010).

Youth Not in Employment, Education or Training (NEET)

Between the ages of 15-24 years of age, most youth complete their education and enter into the labour force. The majority of youth will transition successfully into the labour force, but the transition from school to work is not as straightforward for all youth. There are youth who complete their schooling and are unable to obtain employment, and find the search for employment to be a long and arduous processes, characterized by cycles of unemployment, zero-hour contract jobs, unpaid internships, apprenticeships or traineeships, and low-quality jobs with few legal rights or social protection. This has profound social and economic impacts in terms of lost productivity.[459]

The proportion of youth NEET (ages 15-24) is an SDG indicator (8.6.1). Youth NEET is the percentage of youth population that are neither working, nor in education or training; it includes youth who are unemployed and who are inactive for other reasons. This SDG indicator is the result of a recognition that unemployment is strictly defined as those who are not in employment and are actively seeking work and are available for work. As a consequence, the definition of unemployment excludes a potentially significant proportion of the youth population who are not working, but are not actively seeking employment for a variety of reasons.

Over the past two decades the youth NEET rate (ages 15-28) remained fairly steady, increasing from 8 percent in 2010 to 10 percent in 2015, after which it declined to 7 percent in 2023. From 2001-2022, youth NEET rates were calculated in accordance with the Law of the RK, 'On State Youth Policy in the RK', with youth being defined as aged 15-28 years; on 1 January 2023, the age of youth was increased to 35 years of age. In comparison, the 2024 MICS found that 17 percent of youth aged 15-24 years were NEET.[460]

Differences in youth NEET rates based upon sex are not available from BNS, but regional differences are available. In 2022, youth NEET rates for youth ages 15-28 years were highest in Karaganda (9 percent), Mangystau (8 percent), Turkistan (8 percent) and Kyzylorda (8 percent), and lowest in East Kazakhstan (5 percent), Pavlodar (5 percent) and West Kazakhstan (3 percent). In 2023, based upon a calculation of youth NEET rates for youth ages 15-35 years, there was a notable increase in the proportion of youth NEET in Mangystau (10 percent), Turkistan (10 percent) and West Kazakhstan (5 percent).

Civil and Political Freedoms

Civil and political freedoms have to do with ensuring children have opportunities for children's democratic engagement and promoting children as active, participating members of society. These include opportunities for children to enjoy the freedom to hold and express opinions through any media, freedom of thought and religion, and freedom of association and of peaceful assembly.

Information, Internet and Protection Privacy

Governments are responsible for establishing standards to protect individuals' privacy as it relates to administrative data records and other personal information contained in records and data. Thus, the GoRK, including its ministries and agencies, implements data management strategies and safeguards that protect privacy, ensure confidentiality, prohibit disclosure of private information, and sets limits and conditions on data uses and disclosures without an individual's authorization.

The Law of the RK 'On Personal Data and their Protection' regulates personal data and determines the purpose, principles and legal bases of activities related to collection, processing and protection of personal data to ensure the protection of rights and freedoms of persons and citizens upon collection and processing of personal data.[461] This law has been amended a number of times in recent years to reinforce the protection of personal data and to consolidate control over how owners, operators and third parties comply with legal requirements for collecting and process of personal data. More recently on 11 February 2024, Kazakhstan put into effect the Law 'On the Introduction of Amendments and Supplements to Certain Legislative Acts on Information Security, Informatization, and Digital Assets' (No. 44-VIII ZRK, 11 December 2023). This law introduces notable changes and supplements to the existing legislation, specifically the Law 'On Personal Data and their Protection.'[462]

The GoRK is responsible for developing effective legal and policy frameworks that regulate the digital landscape and its impact on children; however, neither of the abovementioned laws address children per se. There needs to be a balance between expanding the role of the digital environment in facilitating children's access to information, and protecting children's privacy arising from their increasing presence in the digital environment. The GoRK has yet to develop effective strategies to protect children from the potential harms of the internet and data breaches.[463]

Concluding Remarks

There were notable data gaps and bottlenecks that need to be addressed to contribute to change:

- There is a need to undertake further measures and to revisit and decrease age limits for children/adolescents that leave them out of being heard or making decision-making regarding their lives, health and mental health. This should be done along in consultations with affected age groups and work across health, education, justice, and social protection sectors to ensure consistent age-related provisions and capacity building measures for frontline workers to understand how to assess and respond to needs across the developmental spectrum.
- Data related to youth labour force participation and unemployment rates are limited, and qualitative data are missing to understand the experiences of adolescents and youth as it relates to labour force participation and unemployment.
- Youth NEET data are limited. It is important to collect youth NEET data and to disaggregate this data by sex and age groups (15-19 years and 20-24 years). Qualitative data are also missing to understand the experiences of youth who are NEET, and the support that youth NEETs need to address their vulnerabilities, change their life course, and improve their future social and economic well-being.

- Strengthened national capacities to generate and use sex- and age-disaggregated data for gender analysis is required to design gender-responsive macro-economic and social policy and programmes.
- Address and combat gender stereotypes: fostering trust in women's capabilities and building their confidence is key to gender-transformative social change.
- Gender inequalities in labour force participation, coupled with gender differences in GNI per capita, often contributes to gender inequalities in the family and community, and women's lack of economic independence. Investments in girls' education and nurturing a gender-balanced system of tertiary education will be vital for reducing gender-based industrial and occupational segregation.
- Remaining barriers for girls in education and employment are often informed by powerful social norms. Removing barriers to education and female labour force participation can be a driver for inclusive economic growth since economies lose out if women (representing 50% of talents and potential) don't participate.
- Data and information related to child and adolescent participation and civic engagement in society, and the steps that the government and civil society is taking to promote policies and laws that encourage adolescent participation, strengthen platforms for adolescent participation, and help adolescents to develop the skills needed to form and voice their opinions, and to help communities to support adolescents to create solutions and lead to change
- Data and information related to steps that the government is taking to expanding the role of the digital environment in facilitating children's access to information, and protecting children's privacy arising from their increasing presence in the digital environment.

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10. CONCLUSIONS & RECOMMENDATIONS

This SitAn on children and adolescent in Kazakhstan identified several priority areas in which concerted and sustained actions are needed to ensure their rights are realized. These general observations are being made with an acknowledgement that a complete equity-based analysis of the situation of children and adolescent in Kazakhstan depends on the availability of timely and quality data, including data disaggregated by gender, age, wealth status and other vulnerabilities (e.g., disability status, immigration status), as well as area (urban vs. rural) and region. Such data, however, were not always readily available. Data that were available were not always timely or real-time, and in some cases were outdated. Outdated data makes it difficult to analyse the current situation of children and adolescents, and to document or analyse changes in the situation of children and adolescents over time. Each chapter in this report includes a summary data gaps related to the realization of children's rights. Although the government produces meaningful and relevant data related to the rights of children and adolescents, including data made available for this report, existing data does not always capture the full range of issues that allow for an in-depth assessment of the situation of children and adolescent.

Way Forward

This SitAn highlighted the significant progress made by Kazakhstan regarding the situation of children and adolescents in the country over the past years. It also emphasized the areas for improvement that require more efforts and stronger measures to accelerate progress towards the realization of the children's rights and the child-related sustainable development goals by 2030. Investment on children is also the most efficient way to ensure sustainable human capital development and economic growth.

Recommendations under each key area call for renewed commitments and more ambitious action by the Government and its partners in child rights-based planning, budgeting, financing of programmes and services for high level impact results for children.

Findings from the SitAn revealed also areas where the government and development partners would benefit from a much deeper dive into understand how to build better partnerships for smart planning, problem solving and innovation for results at scale for children.

Overall, particular attention and investments are needed in each of the key areas:

- **Health, nutrition and well-being,** with a focus on: improving maternal and child health and reducing maternal and child morbidity and mortality; strengthening the Early Childhood Intervention system (ECI) at PHC level with adequate and efficient financing and enhanced multisectoral coordination, especially for ECI services across sectors; increasing vaccine coverage; improving access to nutritious, safe, affordable and sustainable foods during childhood and adolescence; and promoting adolescents mental well-being and improving access to mental health and psychosocial support services for adolescents and young people through a multisectoral policy. Additionally, parenting programmes need to be strenthened for raising awareness, knowledge and skills of parents for vaccination, healthy nutrition, eacrly childhood development monitoring and early childhood intervention services.

- **Education,** with a focus on improving the access to quality pre-school education, with efficient funding to early childhood education, capacity building of teachers, improvements to teaching and learning materials, play-based activities and improvements to policies, tools and guidance for early cognitive, social emotional development, parenting, inclusive education service provision and school infrastructure, particularly in rural areas, and to expand coverage of education technologies and human capital.[464] Also needed are better analysis of education data in keeping with international standards for reporting on access, enrolment, completion, and learning outcomes and skills.

- **Social protection,** with a focus on addressing multidimensional child poverty,[465] especially in rural areas achieving sustainable poverty eradication via more efficient social safety net programmes. To build a more

inclusive and resilient social protection system in Kazakhstan, it is recommended to strengthen the legal and regulatory framework by adopting a needs-based approach aligned with international human rights standards, enhance policy coherence and governance through unified frameworks and efficient public spending, and expand coverage and adequacy of benefits for vulnerable groups. Local-level delivery should be reinforced to reduce regional disparities, while accessibility and responsiveness must be improved via digital tools and targeted outreach. Investing in integrated data systems and analytical capacity is essential for evidence-based policymaking, and resilience to economic and climate shocks should be institutionalized through scalable, adaptive mechanisms embedded in the Social Code.

- **Child protection,** with a focus on strengthening and scaling up the existing child protection system to ensure its effectiveness, coordination, and accessibility across the country. The Government should reinforce institutional leadership by empowering a national authority with a clear mandate to coordinate child protection policy and strategy across all sectors, supported by dedicated structures at regional and local levels to ensure coherent implementation and accountability. A comprehensive and costed national child protection strategy should be finalized and implemented, aligned with international standards. It should define a Minimum Package of child protection services to be delivered nationwide. These services must include prevention, early identification, case management, referral, rehabilitation, and reintegration, with particular attention to children at risk and those without parental care. Strengthening the child protection workforce is essential, including the establishment and support of a specialized cadre of child protection social workers with a clearly defined mandate to operate in close collaboration with health, education, justice, and social protection systems. Access to quality, integrated support for children who have experienced violence, abuse, or neglect should be expanded—especially through the rollout of multidisciplinary "one-stop" centres and outreach mechanisms in underserved and remote areas. Legal and policy frameworks addressing online child sexual exploitation and abuse must be reinforced, alongside private sector accountability and the promotion of child safety in the digital environment.
- **Climate change,** with a focus on strengthening the capacities of the government to advance children's right to a safe, clean and sustainable environment in Kazakhstan via multifaceted approach prioritizing robust data systems, child- and youth-sensitive climate policies, and inclusive civic engagement. Strengthening data collection on WASH infrastructure, energy efficiency, air pollution, and climate-related health impacts will provide the evidence base needed for targeted interventions. Integrating environment preservation and climate mitigation and adaptation into national frameworks and sectoral policies and systems (health, education, social protection) . Children and youth should also be engaged as change agents for the future of climate resilience and environmental protection to ensure that climate action plans meet the specific needs of children and adolescents, and ensure their rights.
- **Strengthen the national child rights monitoring and unified data ecosystem** by enhancing sectoral coordination, improving data disaggregation—especially for vulnerable groups—and leveraging frontier technologies to optimize administrative data analysis, thereby enabling more effective, evidence-based, and sustainable planning and service delivery for children

As the GoRK continues with plans for the future, it is important that it seizes on the opportunity to '**build better' by creating a more sustainable, resilient and inclusive society.**

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232 Level 5 proficiency in reading, students can comprehend lengthy texts, deal with concepts that are abstract or counterintuitive, and establish distinctions between fact and opinion, based on implicit cues pertaining to the content or source of the information.

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239 Level 5 proficiency in science, these students can creatively and autonomously apply their knowledge of and about science to a wide variety of situations, including unfamiliar ones.

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