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CHILD WELL-BEING IN KAZAKHSTAN

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CHILD WELL-BEING
IN KAZAKHSTAN

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JULY 2012

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ACKNOWLEDGEMENTS

The present report was prepared for UNICEF Kazakhstan by Keetie Roelen of the Institute of Development Studies in the United Kingdom and Franziska Gassmann of the Maastricht Graduate School of Governance in the Netherlands with contributions from Saltanat Kazangapova and Yerlan Abil of the Academy of Public Administration of Kazakhstan. This documentation would not have been possible without the support and input from UNICEF Kazakhstan Country Office and the Academy of Public Administration (APA). The authors would like to thank the Agency of Statistics of the Republic of Kazakhstan for the provision of data access. The authors also wish to acknowledge the useful comments from participants of the various workshops throughout this research process; their response and feedback was vital in developing the methodology and approach for this report. Any remaining errors are the authors' sole responsibility.

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AOS	Agency of Statistics of the Republic of Kazakhstan
APA	Academy of Public Administration
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States
CRC	Convention on the Rights of the Child
CWB	Child Well Being
DHS	Demographic Household Survey
DWB	Domain Well-Being
ECD	Early Child Development
EU	European Union
HDI	Human Development Index
HBS	Household Budget Survey
HIV	Human Immunodeficiency Virus
IDS	Institute of Development Studies
IWB	Indicator Well-Being
KZT	Kazakhstan Tenge
MCI	Minimum Calculation Index
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MPI	Multidimensional Poverty Index
MSL	Minimum Subsistence Level
ODI	Overseas Development Institute
OHCHR	The Office of the United Nations High Commissioner for Human Rights
RoK	Republic of Kazakhstan
TSA	Targeted Social Assistance
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXCHANGE RATE

1 USD = 149.44 KTZ (1 July 2012)

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1. INTRODUCTION

Kazakhstan, a resource-rich country in Central Asia, has witnessed strong and continuous economic growth until 2007, when the financial and economic crisis hit the country. Growth rates slowed down to 3% in 2008 and 1.1% in 2009. Despite this drop in economic growth, poverty rates decreased greatly in the last decade; the absolute poverty rate decreased from 47% in 2001 to 8% in 2009 (MDG Report 2010). Extreme poverty based on the minimum food consumption level decreased from 16% to below one percent over the same period. However, poverty is distributed unevenly across the country, ranging between 3% in Almaty to 23% in Kyzylorda Oblast (MDG Report, 2010).

Notwithstanding the range of data and information available about the situation of poverty, and how it has developed over time, in Kazakhstan, there is little evidence on the well-being of children. This presents an important information gap for the Government of Kazakhstan in the development of effective policies targeted at improving the lives of children and youth. The National Development Program 2020 and the Strategy 2030 foresee the provision of pre-school education to children in both urban and rural areas, the reduction of maternal and infant mortality rates, the improvement of the quality of life of the population in general and strengthening of the existing social protection systems (UNICEF TOR, 2010). A recent report by ODI on behalf of UNICEF (ODI, 2009) identified several policy areas for further investment by the Government of Kazakhstan. The eventual achievement of the National Development Program and the Strategy in the area of children requires the identification and implementation of concrete policy measures which effectively improve the well-being of children. This requires first the establishment of a solid evidence base on the well-being of children, their current lives, opportunities and obstacles.

It is widely recognized that child poverty is an unacceptable phenomenon that requires close attention due to its far-reaching short-term and long-run negative implications (see e.g. Haveman and Wolfe, 1995; Brooks-Gunn and Duncan, 1997; Duncan and Brooks-Gunn, 1997; Esping-Andersen and Sarasa, 2002). Children growing up in a poor or low-income family are more likely to receive poorer health care, to obtain lower educational outcomes and to reach lower levels of attainment in the labour market (Haveman and Wolfe, 1995; Brooks-Gunn and Duncan 1997; Duncan and Brooks-Gunn, 1997; Esping-Andersen, 2002). Children living in poverty are also more likely to grow up to become poor adults (Esping-Andersen and Sarasa, 2002; Corak, 2006a). Effects are more pronounced for those children that experience persistent poverty and live in poor and vulnerable conditions for a number of consecutive years (Brooks-Gunn and Duncan, 1997; Duncan and Brooks-Gunn, 1997). As such, it can be said that children have a differential experience with respect to poverty (or a denial of well-being) than adults do (Jones and Sumner, 2011).

The limited available information points towards an overall positive trend for children's outcomes in Kazakhstan. Many indicators for child poverty and well-being initially worsened after the break-up of the Soviet Union with increased poverty rates, increased levels of inequality, drops in pre-school and secondary school enrolment rates and an increase of children in institutions. However, in the late-90s, this picture changed and Kazakhstan embarked on a period of sustained economic growth, leading to a drop in poverty, improvements of school enrolment and decrease in child labor (ODI, 2009). These positive trends have made considerable improvements to people's and children's lives across a range of different areas. Nevertheless, challenges remain with limited achievement in particular areas of well-being and considerable differences between different demographic groups in society.

This report provides a comprehensive analysis of children in Kazakhstan focusing on key dimensions of child well-being, including monetary poverty estimates, outcomes for other well-being indicators and regional comparisons. In particular, it will analyse the discrepancies between the well-being of children living in different parts of Kazakhstan, focusing on differences between different regions and between urban and rural areas. Thereby, the analysis will further the understanding of child well-being and identify those children that are the most vulnerable by adopting an equity perspective. In particular, this study aims to provide a benchmark study of child well-being that provides crucial information of who and where the poor children are, what types of deprivations they suffer from, what might cause or alleviate their lack of well-being and how this can be addressed by social policies. It will provide an important reference document and inform evidence-based policy-making.

The remainder of this report is structured as follows: the next two sections set the stage for the analysis of child well-being. Section two sets out the conceptual framework and methodology used througout this report. The third section provides relevant background information, including a short demographic profile and introduction to regional differences. Section four then provides a poverty profile based on consumption data from the HBS 2009. The different dimensions of child well-being are described and analysed in section five. Section six links child poverty and well-being outcomes to social policies and discusses social benefits and social services for children. This report concludes with a discussion of findings.

2. CONCEPTUAL FRAMEWORK AND METHODOLOGY

In order to adequately analyze and investigate the issue of child poverty and well-being, child-focused approaches are required. Several reasons can be put forward for the need to define and analyze child poverty in a different form from general or adult poverty, including their dependence on their direct environment for the provision of their basic needs (e.g. White, Leavy and Masters, 2003), their requirements for different basic needs in different stages of life (e.g. Brooks-Gunn and Duncan, 1997; Waddington, 2004) and the premise from a rights' perspective that children should be treated as an autonomous group and in their own right as individual human beings (Ben-Arieh, 2000; Redmond 2008). In addition to such theoretical arguments, a generally accepted and workable definition and measurement method of child poverty can also be considered an important tool for both academics and policy makers. It does not merely offer the opportunity to gain insight into children's poverty status but also gives the possibility to formulate and monitor sound poverty reduction objectives, strategies and policies (e.g. Ben-Arieh, 2000; Minujn et al., 2005; Corak, 2006).

The acknowledgement that children's differential experience of poverty sparked a wide body of research and studies on child poverty and well-being in both developing and developed countries and in the academic as well as policy arena. Studies are either comparative in nature, presenting cross-country analyses of child poverty and well-being, or are more tailor-made and country-specific. Notable studies include the first large cross-country study of multidimensional child poverty in a developing country context by Gordon et al. (2003). This study compared 43 developing countries across the world on the basis of a standardized approach using MICS and DHS household surveys. Cross-country comparative studies in a developed country context include the study of child well-being in the EU by Bradshaw et al. (2006) and Notten and Roelen (2010) and in the CEE/CIS region by Richardson et al. (2008). Whilst the studies by Bradshaw et al. (2006) and Richardson et al. (2008) are based on macro-data and focus on relative rankings of countries, the study by Notten and Roelen (2010) takes a micro-perspective and focuses on the analysis of the breadth of child poverty. Finally, a wide range of country-specific studies of child poverty have been undertaken and published in recent years. Examples include South Africa (Noble et al., 2006), Haiti (Gordon and Nandy, 2007) and Vietnam (Roelen et al. 2010). The Global Study on Child Poverty and Disparities by UNICEF is an important contributor to the wealth of information on child poverty and has produced 20 final reports of country-specific analyses of child poverty across the world so far (UNICEF Global Study, 2012) and is in the process of finalizing many more.

The analysis in this report uses micro-data stemming from the Multiple Indicator Cluster Survey (MICS) 2010 and the Household Budget Survey (HBS) 2009. Both datasets are nationally representative. The data and methodology used are explained in more detail in the annex. Furthermore, a social policy mapping exercise has been implemented by a team of national consultants. This study also draws on a separate qualitative study on child well-being, incorporating the views and opinions of parents and key informants (APA, 2012).

2.1. CONCEPTUAL FRAMEWORK

Child poverty and well-being is an outcome determined by various underlying factors impacting the lives of children. It is widely recognized that someone's living standards cannot be captured by a single indicator such as monetary poverty. Child poverty and well-being is an inherently multi-dimensional concept including material, social, physical and mental well-being as well as the opportunities children have to fulfill their potential in the future.

A number of international documents and charters put forward a universal and widely agreed set of rights and standards that mirror the multiple facets of children's lives and that are to be realized for every child. The Convention on the Rights of the Child (CRC) defines a set of universal rights and obligations, pointing towards entitlements and freedoms for children that should be respected by governments. The convention spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The Convention protects children's rights by setting standards in health care; education; and legal, civil and social services (www.unicef.org/crc). A child is defined as every individual under the age of 18. The Millennium Development Goals are another international framework setting minimum standards for child well-being. Although the MDGs are not specifically targeted at children, they contain a number of indicators relevant for child well-being.

The most relevant goals refer to the eradication of poverty and hunger (MDG 1), universal education (MDG 2), gender equality in education (MDG 3), child health (MDG 4) and environmental sustainability (MDG 7). Kazakhstan has achieved the first three Millennium Development Goals and has set more ambitious 'MDG+' goals and targets: halve poverty among the rural population; achieve universal secondary education; ensure gender mainstreaming in national planning and budgeting; prevent violence against women; and increase women's representation in legislative and executive bodies (www.undp.kz/en/pages/9.jsp).

Although the CRC and MDG frameworks provide a useful basis for studying child well-being in Kazakhstan, country-specific issues are important to take into consideration to ensure that the analysis adequately and appropriately reflects the situation for children in Kazakhstan. Kazakhstan, a resource-rich high middle-income country, has defined its own framework for the development of the country that clearly lay out the aspirations and goals for its country's population. The development strategy is outlined in two major documents: Kazakhstan 2030 and The Strategic Development Plan of the Republic of Kazakhstan till 2020. The Kazakhstan 2030 speech of the President visualizes a Kazakhstan in 2030 where the population is well educated and healthy. Citizens will have an equally good command of Kazakh, Russian and English. Children will live a healthy life. Among the long-term priorities outlined in the speech, the health, education and well-being of the population features prominently. More specifically, the priority is on improving the health of women and children, improving the nutritional situation and raising the quality of the natural environment, especially access to safe water. The Strategic Development Plan 2020 contains specific objectives for the next decade. Relevant for the well-being of children is the objective to reduce the share of the population with low incomes to eight percent, to better protect and extend opportunities for vulnerable children and youth, ensure access to high-quality education from kindergarten to university throughout the country, and considerably improve the health status of the population. The development of human resources is considered a top-priority by the Government of Kazakhstan. Special attention will be given to the quality of education and health care services. With respect to education, the strategy foresees in providing overall coverage with pre-school education both in urban and rural areas, and the extension of compulsory schooling to 12 years. Additional emphasis is on the provision of education for vulnerable children (children with diseases, underprivileged children and high-risk children). The strategic goals in the area of health focus on the reduction of maternal and infant mortality by half in 2020. Increasing the access to quality health care services is one of the primary objectives. Stimulating a health life style also features prominently in the Development Strategy with targets formulated with respect to children and teenagers engaged in physical training and sports. Strategic objectives in the field of housing and public utilities include the increase of access to piped water both in rural areas and small towns. For this study to be useful for and have traction with policy-makers in Kazakhstan, it is crucial to capture the issues that are prioritized in the country's own development plan and strategy.

Conceptually, this study is based on an individual-level approach to measure child well-being. In other words, it defines outcomes at the child-level rather than the level of the household. Furthermore, outcomes are defined for different domains that matter for the current and future well-being of children, thereby emphasizing the multi-dimensional nature of well-being and the importance of both current quality of life and opportunities for the future. The concept of child well-being in this study will be considered from both the perspective of achievements made and challenges ahead; we focus on poverty and deprivation and the proportions of children not having achieved certain standards as well as on achievements made and report on the proportions of children who are doing well in a range of dimensions. In recognition of Kazakhstan's specific conditions and the importance of having context-specific information, this study seeks to analyze child well-being in such a way that it is an appropriate and adequate reflection of the country's aspirations, objectives and social and cultural situation. An important aspect of this is the focus on achievements made whilst, at the same, assessing who and where those children are that experience less favorable conditions. The choice of domains and indicators is based on international documents and charters, national strategies, policy frameworks and legislation, consultations with stakeholders from different sectors and available evidence about dimensions of child well-being that are felt to be most important for children in Kazakhstan (such as opinions captured in APA, 2012).

2.2. METHODOLOGY – MONETARY POVERTY

The monetary poverty estimates in this report that have been calculated by the authors are based on data from the Household Budget Survey (HBS) 2009 implemented by the Agency of Statistics of the Republic of Kazakhstan. The HBS 2009 contains data from a sample of 12,000 households which were interviewed four times per year. The sample is nationally representative. The questionnaire collects detailed information on household demographics, incomes, expenditures, housing conditions, possession of assets and living standards. Unfortunately, we did not have access to all modules. Although the raw data have been made available by the Agency of Statistics, we used the cleaned dataset provided by the World Bank in order to have access to sampling weights and aggregate variables such as consumption and expenditures.

The welfare indicator used to assess monetary poverty is household consumption per adult equivalent. It includes all household consumption, including expenditures for health and the use of durable goods. Expenditures for rent are not included. Adult equivalent consumption is taking into account economies of scale but not the demographic composition of the household. It is calculated using the following formula: $y_e = y/e$, with y being total household consumption, and e

$$e = \frac{1 + (n-1) * 0,8}{n}$$

with n the number of household members.

A household is identified as poor if ye is below the official regional minimum subsistence level (MSL) as provided by the AOS. The MSL is based on a normative basket of food and non-food items. In 2006, it has been revised resulting in an increase of 26.7 percent of the MSL (MDG 2010:18). To identify the extremely poor, we used a lower poverty line which is equal to 60 percent of the MSL, representing the food share of the MSL basket. All household members are considered poor if the household is classified as poor. Poverty rates are presented for each quarter and for the year. To create annual total consumption per adult equivalent, we take the arithmetic mean over the four quarters.[1]

2.3. METHODOLOGY – CHILD WELL-BEING

The estimates for child well-being in this report have been calculated using the Multiple Indicatory Cluser Survey (MICS). This survey was conducted in 2010-2011 by the Agency of Statistics of Kazakhstan with technical support from UNICEF. The survey contains a range of questions especially focused on education, health, reproductive health, and housing and is separated into a questionnaire for households, women and men of reproductive age and children under five. The sample was selected in three stages with primary sampling units (PSUs) based on enumeration areas from the 2009 Population Census (AOS and UNICEF, 2012). The total sample consists of 16,380 households. The sample is nationally representative.

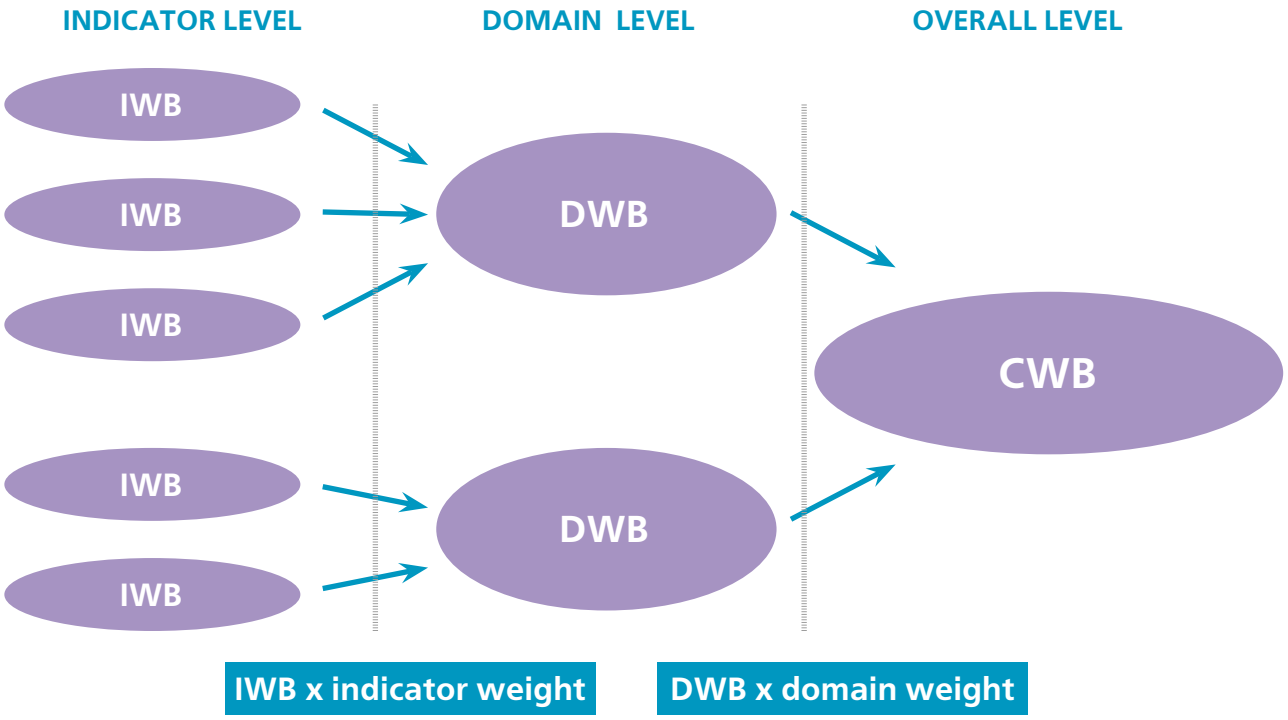
The proposed method for the calculation of child well-being indicators in Kazakhstan is an adapted and customized version of the methodologies applied in previous studies including Gordon et al. (2003), Alkire and Foster (2008), Roelen et al. (2009) and Alkire and Santos (2010). The method proposed in this document resonates with the methodology used for UNDP's new Multidimensional Poverty Index (MPI) (Alkire and Santos, 2010) in that it uses as a weighted aggregation scheme to establish whether a child is well-off at the domain and overall level of well-being. It differs from the MPI methodology as it differentiates between indicator and domain weights; indicator level weights are determined by the number of indicators within each domain and domain weights are based on the number of domains within the overall method for calculating child well-being. This feature of the methodology allows for differentiating indicator and domain weights for different age groups as not all indicators and domains are observable for all children across all age groups.

The first level of analysis includes an assessment of the selected indicators at the level of the individual indicators, producing Indicator Well-Being rates. Indicator well-being rates would be constituted by the share of children not meeting the established threshold of the indicator under consideration. For those indicators that can be observed directly for children, the group of children for which this indicator can be observed will be used as a denominator. For indicators that are derived from

[1] Due to lack of information, it was virtually impossible to replicate the poverty statistics as published by the AOS. As a result, the poverty rates reported in this study are different from the ones published, for example, on the website of the AOS or in the MDR 2010.

FIGURE 1.

METHODOLOGY CHILD WELL-BEING RATE



household level information or questions directed towards women or men separately, well-being rates are reported for all children that are members of the household for which the information is available. For example, information about nutrition is available for children below the age of 5; an indicator well-being rate for nutrition would refer to the percentage of children below the age of 5 that receive appropriate nutrition.

In addition to indicator level output, we can also aggregate indicator level information to produce estimates at the domain and aggregate level. Such composite estimates can provide further insight into the situation of children in Kazakhstan by allowing comparisons across domains for different demographic groups and at an overall level of well-being. The Domain Well-Being (DWB) rates represent the proportions of children that are deemed to have a sufficient level of well-being within the respective domain. The Child Well-Being (CWB) rate represents the proportion of children that is deemed to have a sufficient level of well-being and thus considers the level of achievement rather than deprivation. It implies that the situation of every individual child is assessed against the sufficient level of well-being and consequently aggregated to calculate well-being at the national level or for different demographic groups .

The methodology is depicted in a graphical manner in Figure 1.

There are a number of methodological issues inherent to the aggregation of indicator level information to domain or composite level estimates, including the weighting scheme within and across domains and the cut-off point or threshold for deciding whether a child is deemed to have a satisfactory level of well-being. Setting weights for domains and indicators in the aggregation towards a composite child well-being indicator is a highly normative and contentious process; are there domains of child well-being that should be prioritized and if so, which ones and be how much? One can choose to set weights on the basis of expert opinions or assumptions, people's opinions and perceptions or statistical inference. All of these methods have their pros and cons and the resulting weights are therefore open to debate. In this study, we follow the weighting procedure applied in previous studies by e.g. Gordon et al. (2003), Bradshaw et al. (2006) and Alkire and Santos (2010) and assume equal weights across and within domains. We do so by calculating indicator weights on the basis of the number of indicators per domain and on the number of domains within the overall measure of child well-being. For example, if there are three

[2] This aggregation across individuals was firstly introduced by Bourguignon and Chakravarty (2003) and empirically applied in studies by Gordon et al. (2003) and Roelen et al. (2009b).

indicators within the water & sanitation domain, each of these indicators would have a weight of 1/3. Similarly, if the overall child well-being is constituted by well-being in four different domains, each domain would receive a weight of 1/4. Equal weighting does not imply that we circumvent the issue of weighting; it implies that we consider each indicator and each domain equally important for a child's level of well-being. It is in line with a rights perspective, emphasizing that human and children's rights are interdependent and indivisible and cannot be prioritized (OHCHR, 2010).

Another important issue in the aggregation of information about child well-being from indicator to domain and overall level is the cut-off point that determines whether a child can be considered well-off or not. For the purpose of this study, we set the sufficient level of well-being at 70 percent at both the domain and aggregate level. This threshold mirrors the MPI methodology (Alkire & Santos, 2010), which has been widely endorsed as a new measure of multidimensional poverty and well-being. It means that for a child to be considered well-off in a particular domain, it has to be well-off with respect to at least 70 percent of the indicators within that domain. Similarly, a child has to have reached domain well-being in at least 70 percent of domains to be considered well-off at an overall level. A detailed and formal description of the methodology can be found in Annex 1.

Although an analysis of child well-being on the basis of this methodology is an important opportunity to expand the evidence base and provide a more comprehensive outlook on individual children and their multiple levels of well-being, its limitations also have to be recognized. In particular, it has to be noted that the range of indicators included in the various domains is limited. Data availability as well as relevance of indicators and thresholds within the Kazakh context constrains the number of indicators to be included in the analysis. As such, domain indicator rates should not be considered to provide a full reflection of the situation with respect to child well-being with respect to that particular sector. With respect to the domain of education, for example, information on quality of education (teacher-pupil ratio, availability of books, for example) and educational outcomes (numeracy and literacy outcomes, for example) would have to be included. The domain and overall child well-being rates should be interpreted as indication of the situation on well-being, and as cause for potential further investigation.

2.4. METHODOLOGY –POLICY MAPPING AND OTHER SECONDARY SOURCES

A mapping of social policies, and particularly social protection policies, of relevance to children and their levels of well-being was undertaken within the remit of this study. The most important sources of information for this mapping exercise include publications by the Agency of Statistics (AoS) on living standards and reports by UNICEF. This study also draws from other secondary sources and research undertaken by national consultants, including an analysis of macro-economic indicators and a qualitative study of child well-being (APA, 2012). The latter is used to illustrate the analysis in this report, providing examples and strengthening arguments. The full report will be available in Russian and Kazakh.

3. BACKGROUND

This section contains a brief discussion about the demographic profile and macro-economic situation. The information is important to understand the context in which to consider the situation of children, and their outcomes with respect to poverty and well-being.

3.1. DEMOGRAPHIC PROFILE

The population in Kazakhstan is almost equally divided across urban and rural areas. Out of a population of 16.4 million, 46 percent is living in rural areas. In terms of the urban population, 29 percent lives in large cities and 13 percent in the two largest cities, Almaty and Astana (Table 1). Greater Almaty (Almaty city and oblast) and South Kazakhstan are the most populous region in the country with 18 and 15 percent of the total population, respectively. The average household size is 4.3 household members in the country. Households are larger in rural areas with five household members on average. The average household size is largest in Atyrau (5.9 household members) and Kyzylorda (5.8 household members), and smallest in Almaty city (3.4 members) and North Kazakhstan (3.5 household members). Households in Kyzylorda and Atirau have on average two children between 0-17 years old, which is significantly above the national average of 1.3 children per household. Households in rural areas have on average more children in all regions (Figure 2).

The share of children in the population has been steadily declining since the onset of independence

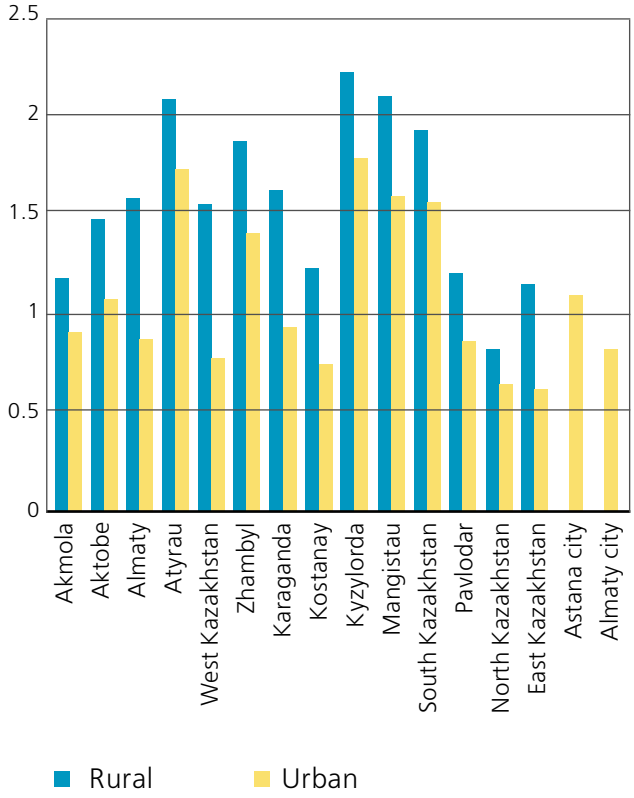
TABLE 1. DEMOGRAPHIC PROFILE, 2009

	Population	of total			average household size	average number of children
		child 0-5	child 6-17	adults		
	%	%	%	%	Number	Number
Akmola	4.6	5.3	18.0	76.7	3.8	1.1
Aktobe	4.5	7.2	18.4	74.4	4.6	1.3
Almaty	10.7	6.5	20.7	72.8	4.6	1.4
Atyrau	3.2	11.2	20.1	68.7	5.9	1.9
West Kazakhstan	3.9	5.9	18.6	75.5	4.3	1.2
Zhambyl	6.6	8.2	22.6	69.2	4.9	1.7
Karaganda	8.4	6.9	18.0	75.1	3.8	1.1
Kostanay	5.6	5.2	17.6	77.2	3.6	1.0
Kyzylorda	4.3	10.4	24.0	65.5	5.8	2.0
Mangistau	2.8	12.8	21.0	66.3	5.3	1.8
South Kazakhstan	14.7	8.5	22.9	68.6	5.2	1.8
Pavlodar	4.7	6.7	16.4	76.9	3.8	1.0
North Kazakhstan	4.0	4.5	14.7	80.8	3.4	0.8
East Kazakhstan	8.9	5.3	15.2	79.6	3.6	0.9
Astana city	4.2	7.9	16.9	75.2	3.9	1.1
Almaty city	8.9	6.9	13.0	80.2	3.5	0.8
Total	100.0	7.2	18.8	74.0	4.3	1.3
Astana city	4.2	7.9	16.9	75.2	3.9	1.1
Rural	46.1	7.2	22.2	70.6	5.0	1.6
Large cities	29.2	7.2	15.6	77.2	3.8	1.0
Medium cities	7.3	8.6	18.1	73.3	4.1	1.3
Small towns	4.3	6.0	18.4	75.5	4.0	1.1
Almaty city	8.9	6.9	13.0	80.2	3.5	0.8

SOURCE: HBS 2009

FIGURE 2.

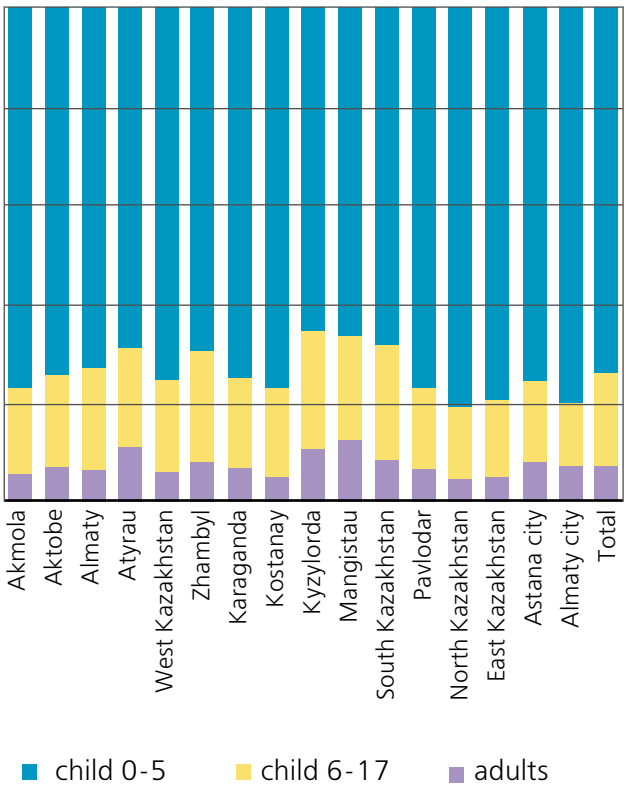
AVERAGE NUMBER OF CHILDREN PER HOUSEHOLD, 2009



SOURCE: HBS 2009

FIGURE 4.

DISTRIBUTION OF POPULATION BY AGE-GROUP AND REGION, 2009, %



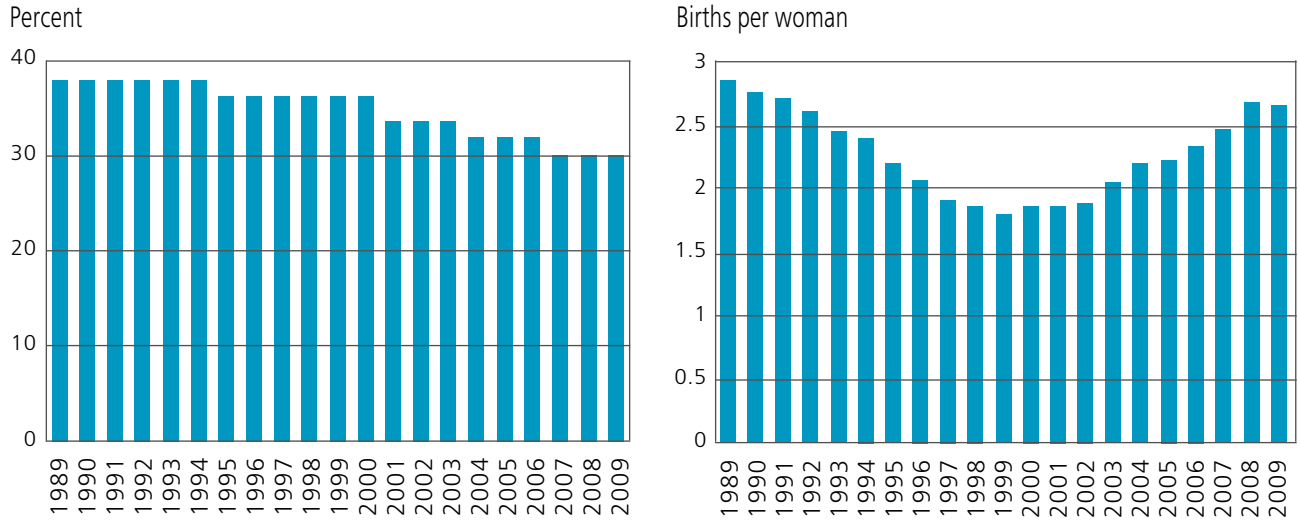
SOURCE: HBS 2009

in 1991 (Figure 3, left panel). Currently, about 30 percent of the population is below the age of 18. The fertility rate declined significantly in the first decade of independence (Figure 3, right panel), but increased again over the last ten years.

The regions in the South and East of Kazakhstan are the regions with the highest share of children in the total population (Figure 4). About 18 percent of all children live in South Kazakhstan, and another 18 percent in and around Almaty. These relatively large proportions of children coincide with larger population shares in these areas.

FIGURE 3.

POPULATION AGED 0-17 AS % OF TOTAL POPULATION AND FERTILITY RATE



SOURCE: TRANSMONEE, 2011

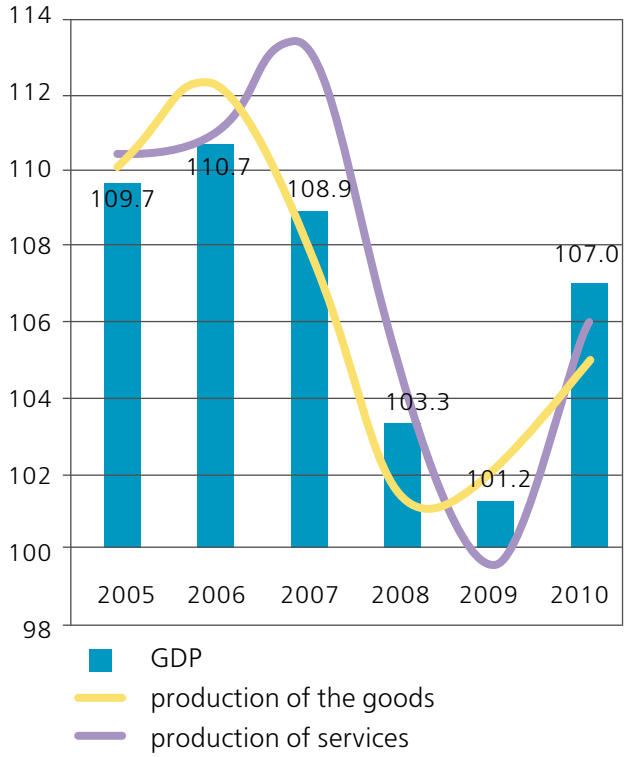
3.2. ECONOMIC DEVELOPMENT

The country benefited from strong economic growth between 2000 and 2007, not the least due to rising oil prices. Growth rates slowed down in 2008 and 2009 as a result of the economic and financial crisis in these years, but quickly recovered in 2010 (IMF, 2011). Figure 5 illustrates the large drop and concurrent rise in GDP and production of goods and services across the period 2005 to 2010.

However, the country is characterized by sizeable differences in economic growth, unemployment and poverty rates across its regions. Atyrau and Mangistau have the highest economic output due to their location at the Caspian Sea where the major share of crude oil is extracted, followed by the two major cities, Astana and Almaty, which are the commercial centers (Ursulenko, 2010; Aldashev & Dietz, 2011). Based on Gross Regional Products (GPR), Almaty, Zhambyl and South Kazakhstan are the three poorest regions (UNDP 2009). Agriculture is the predominant sector in these industrially underdeveloped regions that are all located in the South of the country (Aldashev & Dietz, 2011). A strong industrial sector can be found in Pavlodar, Karaganda and Eastern Kazakhstan (Roudoui et al in Ursulenko 2010).

FIGURE 5.

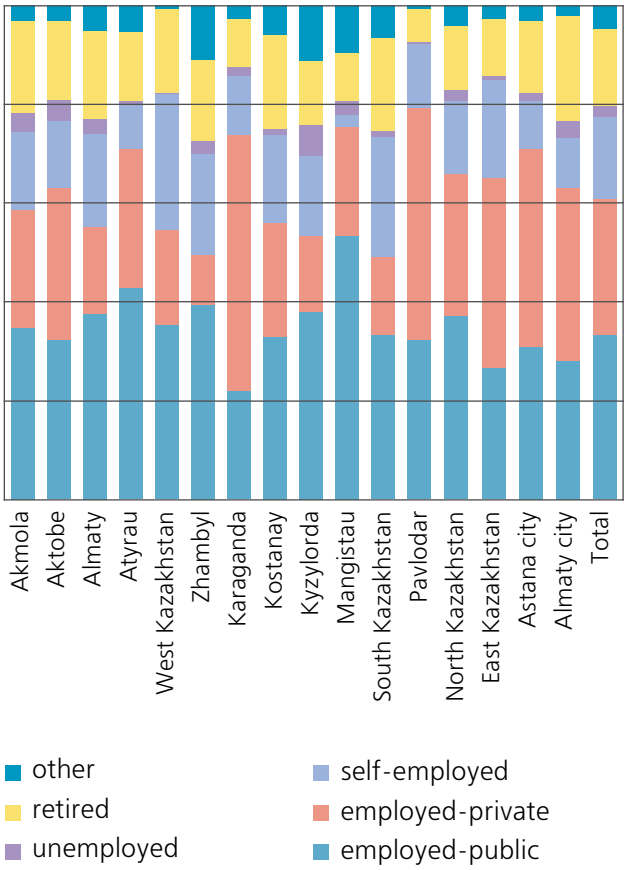
ECONOMIC SITUATION 2005-2010,%



SOURCE: NATIONAL BANK OF REPUBLIC OF KAZAKHSTAN

FIGURE 6.

POPULATION BY ECONOMIC STATUS OF THE HOUSEHOLD HEAD,%



SOURCE: HBS 2009

The type of employment is also important. Self-employment is usually associated with less stable jobs against lower wages. As such, households engaged in self-employment are relatively more likely to find themselves below the minimum subsistence level. This level of vulnerability is reinforced if workers were no longer self-employed as they are not part of a pension, social security and workers' rights protection system (MDG report, 2010). Rates of self-employment are particularly high in the southern regions, including Southern Kazakhstan and Zhambyl, which reflects the large proportion of agriculture and subsistence farming in these regions. Public sector employment can be considered the most secure type, which was confirmed by the assessment of the economic crisis; public sector workers were more sheltered from the impact of the crisis by the government's commitment to maintain employment and increase wages (ODI, 2009).

Regional human development indices based on life expectancy at birth, real GDP per capita and school enrolment also show considerable differences

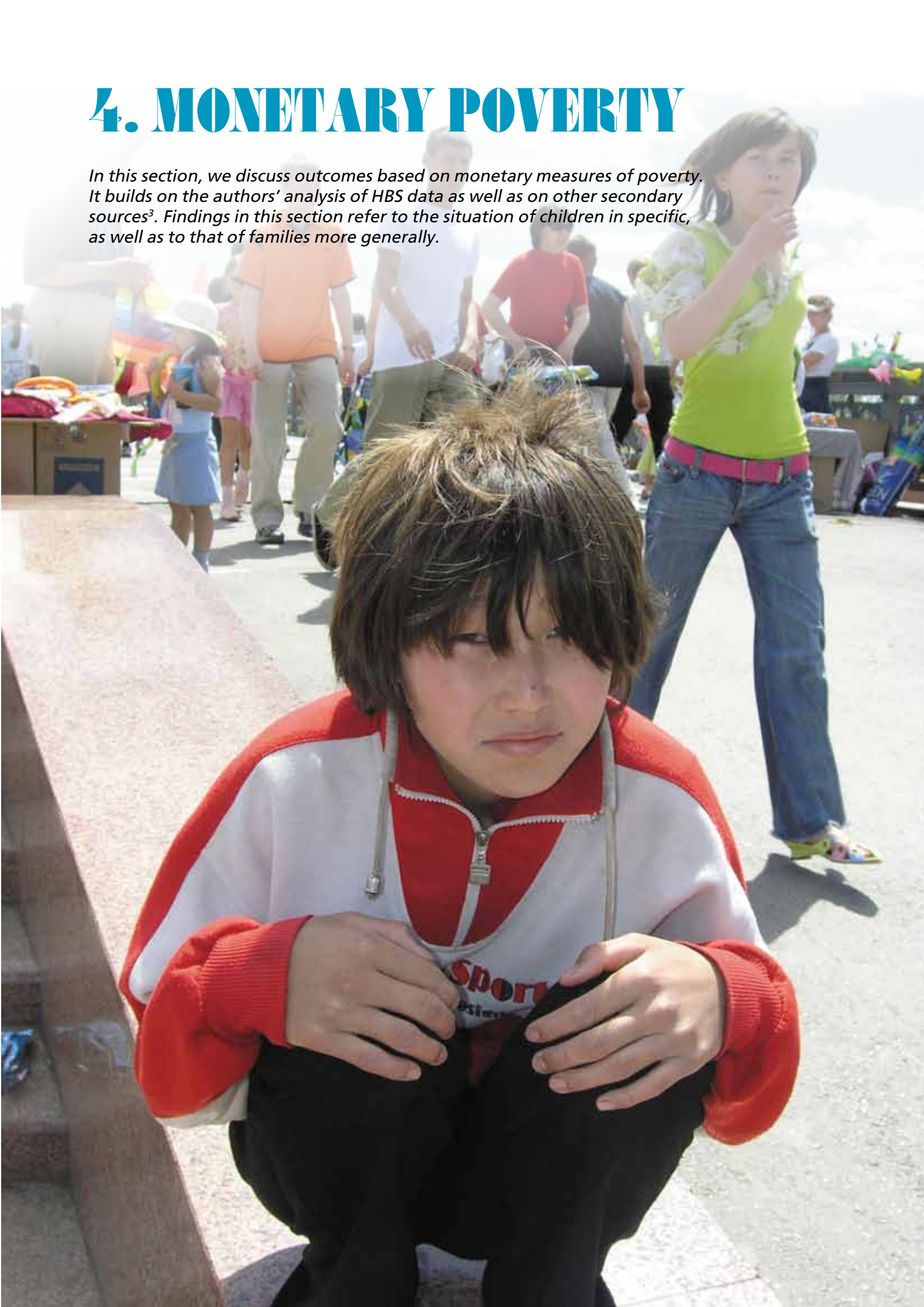
FIGURE 7. REGIONAL HUMAN DEVELOPMENT INDICES					
Place	Region	HDI of regions by income	FYI: countries with similar HDI	HDI ranking of the county	HDI of the county
2008	2008	2008	2005	2005	2005
1	Astana city	0.899	Portugal	29	0.897
2	Almaty city	0.860	Estonia	44	0.860
3	Aktobe	0.824	Bulgaria	53	0.824
4	Mangistau	0.817	Libyan Arab Jamahiriya	56	0.818
5	Karaganda	0.815	Antigua and Barbuda	57	0.815
6	Atyrau	0.812	Saudi Arabia	61	0.812
7	Pavlodar	0.811	Malaysia	63	0.811
8	West Kazakhstan	0.807	Belarus	64	0.804
9	East Kazakhstan	0.803	Bosnia and Herzegovina	66	0.803
10	South Kazakhstan	0.801	Albania	68	0.801
11	Zhambyl	0.796	Santa Lucia	72	0.795
12	Kostanay	0.795	Santa Lucia	72	0.795
13	Kyzylorda	0.792	Venezuela	74	0.792
14	Akmola	0.790	Columbia	75	0.791
15	Almaty	0.786	Samua	77	0.785
16	North Kazakhstan	0.783	Thailand	78	0.781
SOURCE: UNDP 2009					

across regions. Based on statistics presented in the National Human Development Report 2009, the regions can be divided into three distinct groups (UNDP 2009). Regions with above average HDI are Astana city, Almaty city, Ayrau, Mangistau, West Kazakhstan and Aktobe, while the regions with an HDI significantly below the national average are Zhambyl, Almaty, South Kazakhstan and Akmola (UNDP 2009).

Regional differences based on the HDI largely mirror the information provided by economic indicators. Regions that are thriving economically also have larger values in terms of the HDI. The analysis in the following section, however, will show that outcomes at regional level are very dependent on the particular indicator of development under consideration. Outcomes for the region of Mangistau, for example, are far less favorable when considering the situation with respect to monetary poverty or education.

4. MONETARY POVERTY

In this section, we discuss outcomes based on monetary measures of poverty. It builds on the authors' analysis of HBS data as well as on other secondary sources[3]. Findings in this section refer to the situation of children in specific, as well as to that of families more generally.



Mirroring the stark levels of economic growth, standards of living in Kazakhstan have been on the rise since the early 2000s. Poverty estimates as presented in the MDG report (2010) show that poverty has followed a largely positive trend from 2001 to 2009; poverty headcount, depth and severity rates fell sharply, especially from 2005 to 2006. The figures also reflect the slow-down in economic growth in 2007 and 2008, with poverty rates only displaying a marginal decrease[4].

Poverty outcomes, and the impact of the economic crisis, are more clearly reflected by poverty estimates from 2006 to 2008 by the World Bank, as presented in Table 3. The overall percentage of people living in poverty in Kazakhstan dropped by 32% from 2006 to 2007 but increased by 8% in the consequent year, from 2007 to 2008. The breakdown of poverty figures by urban and rural area shows that, relatively speaking, people living in urban areas were most negatively affected by the economic crisis; whilst poverty decreased by almost half from 2006 to 2007, it increased again by 38% from 2007 to 2008. Poverty levels in rural areas decreased at a slower pace from 2007 to 2008 in comparison to the preceding year, but did not increase. An assessment of the economic crisis undertaken in 2009 also found that households living in urban areas were more adversely affected than those living in rural areas (ODI, 2009).

Monetary poverty estimates (World Bank, 2009) provide information about the degree of poverty amongst household with or without young children below the age of 6. Table 4 below presents the proportions of invididuals living in different households that are considered poor (poverty headcount rate), and the shares of these households across the overall population (distribution of poor).

TABLE 2. POVERTY INDICATORS FROM 2001 TO 2009

	2001	2002	2003	2004	2005	2006	2007	2008	2009
Average per capita household consumption income, KZT	5.729	6.518	7.569	8.387	9.751	13.723	16.935	2.037	21.348
Subsistence minimum based on the 2006 methodology, KZT	4.945	5.655	6.003	6.457	6.785	7.618	8.410	9.653	1.2364
Consumption income as a percentage of the subsistence minimum	101.3	108.6	117.2	123.6	128.0	163.2	175.4	162.1	168.6
Subsistence minimum based on the pre-2006 methodology, KZT	4.007	4.596	4.761	5.128	5.427				
Percentage of population with incomes below the subsistence minimum	46.7	44.5	37.5	33.9	31.6	18.2	12.7	12.1	8.2
Poverty depth, %	14.8	13.3	10.2	8.3	7.5	3.9	2.4	2.3	1.3
Poverty acuteness, %	6.5	5.5	3.9	2.9	2.5	1.36	0.8	0.7	0.3
'Food basket' based on the 2006 methodology, KZT	2.967	3.393	3.602	3.874	4.071	4.571	5.046	5.792	7.418
Percentage of population with incomes below the 'food basket'	16.1	13.8	9.1	6.3	5.2	2.7	1.4	1.2	0.6

SOURCE: Agency for Statistics, MDG REPORT 2010

[3] All poverty estimates presented in this chapter are consumption-based; the exact methodologies underlying these estimates differ in terms of consumption aggregates and weighting schemes used.

[4] The poverty estimates in this table are all based on the revised methodology as implemented by RoK in 2006. Estimates for 2001 to 2005 have been recalculated following the revised methodology to ensure consistency.

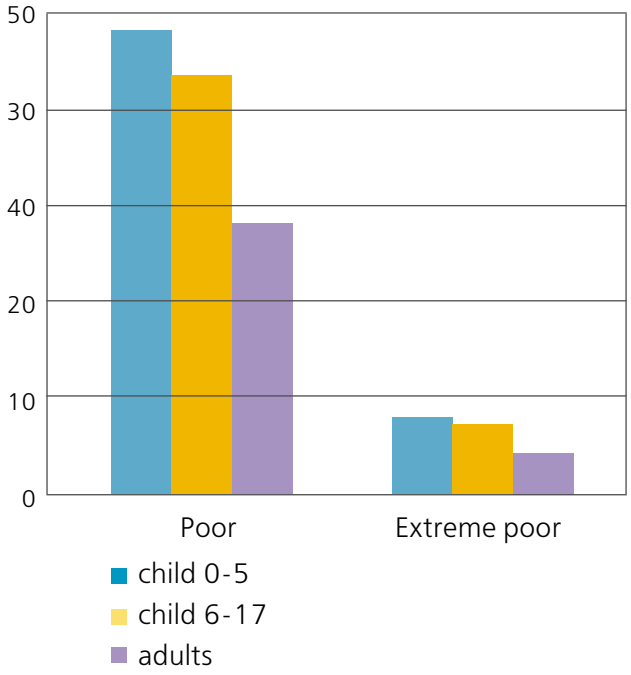
TABLE 3. CHANGES IN OVERALL POVERTY BETWEEN 2006 AND 2008						
	2006	2007	2008	change between 2006 and 2007	change between 2007 and 2008	change between 2006 and 2008
Urban	16.5	8.8	12.1	-47%	38%	-27%
Rural	28.8	22.7	21.2	-21%	-7%	-26%
Total	21.7	14.7	15.9	-32%	8%	-27%

SOURCE: World Bank (2009a)

Poverty headcount rates clearly indicate that household with more children are more likely to be monetary poor. Almost half of all households (49 percent) with 3 or more children below 6 years of age were considered poor in 2008, in contrast to 11 percent of those households without children. Although considerable improvements have been made with poverty headcount rates having dropped from 2006 to 2008 for all groups of households, they have dropped less for households with more children than for households with no or with 1 child. As a result, the share of poor households with 3 or more children has increased over the years from 3 to 5 percent. Although these figures do not provide a direct measure of monetary child poverty (i.e. it does not provide the proportion of children that are monetary poor), it does suggest that children, and especially those growing up in larger households, are more likely to be poor.

FIGURE 8.

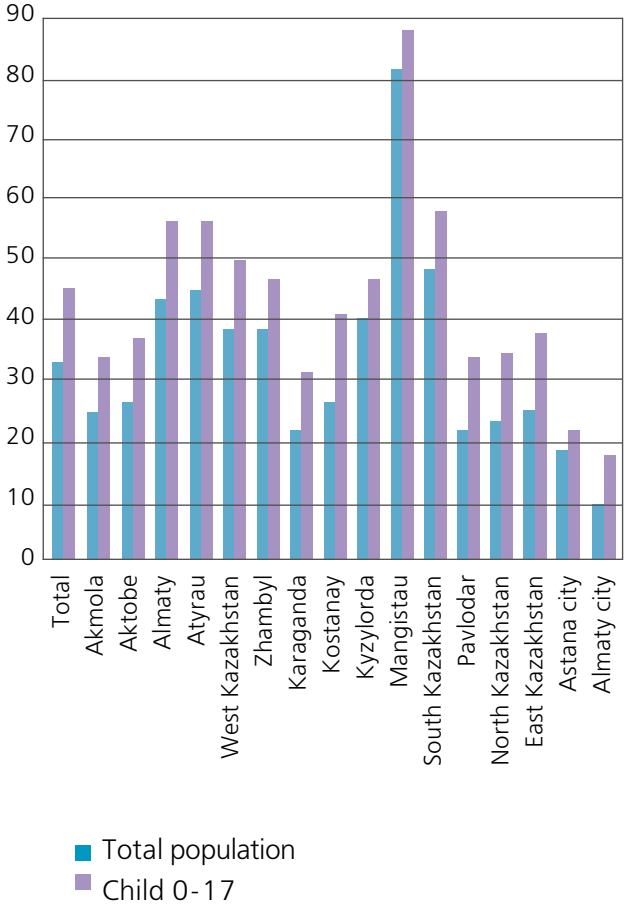
POVERTY RATES FOR CHILDREN AND ADULTS, % of population



SOURCE: HBS 2009

FIGURE 9.

POPULATION AND CHILDREN WITH CONSUMPTION BELOW THE MINIMUM SUBSISTENCE, % of population



SOURCE: HBS 2009

These poverty rates on the basis of quantitative data are mirrored by findings from a qualitative study undertaken by APA (2012). Following the question of how respondents assess the current standard of living of themselves and their family, about half of them indicate that they have problems making ends meet and that they live in poor and vulnerable conditions. One thirds of all respondents also indicated that material well-being was considered the most important aspect to ensure a high level of well-being for their children.

TABLE 4. MONETARY POVERTY FOR HOUSEHOLDS WITH AND WITHOUT CHILDREN BELOW 6 YEARS OF AGE

	Poverty Headcount Rate				Distribution of the Poor			
	2006	2007	2008	Change (%)	2006	2007	2008	Change (%)
no children below 6 years of age	16.7	10.6	11.3	-32%	52.6	50.1	48.7	-7%
1 child	29.5	20.7	21.7	-26%	31.4	31.2	31	-2%
2 children	38.8	30.1	34.4	-11%	12.8	14	15.3	20%
3 or more children	58.3	47.9	48.8	-16%	3.1	4.7	5	59%

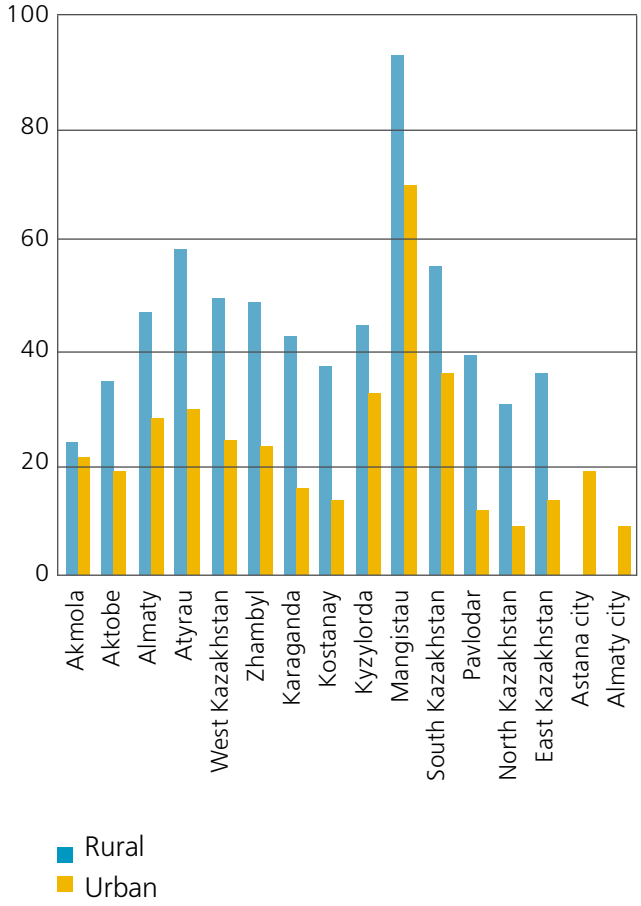
SOURCE: World Bank, 2009

Our own analysis of the HBS 2009 provides a more detailed poverty profile. Children have a higher risk of living in households with average consumption below the minimum subsistence level (Figure 8). 45 percent of all children below the age of 18 are living in poverty compared to the average of 33 percent for the total population. Seven percent of children are living in households with consumption below 60 percent of the minimum subsistence level. Poverty rates are slightly higher for young children aged 5 or below than for older children and significantly higher than for adults (Figure 8). And this increased poverty risk for children holds across all regions (Figure 9).

The bar graph in Figure 9 shows that poverty rates are highest in Mangistau, where almost 90 percent of the children are considered poor. In South Kazakhstan, the region with the second

FIGURE 10.

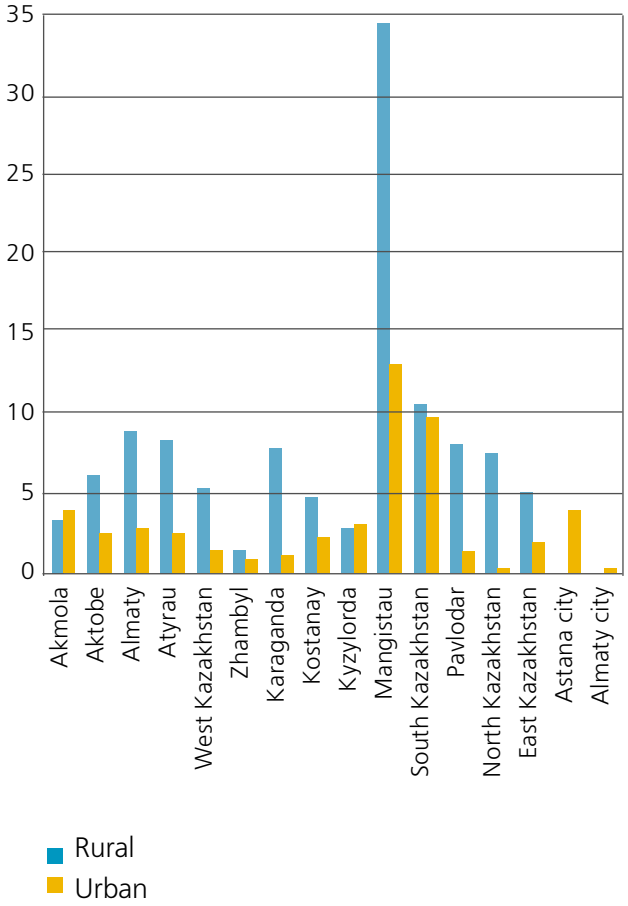
POPULATION WITH CONSUMPTION BELOW THE SUBSISTENCE MINIMUM BY AREA , % of population



SOURCE: HBS 2009

FIGURE 11.

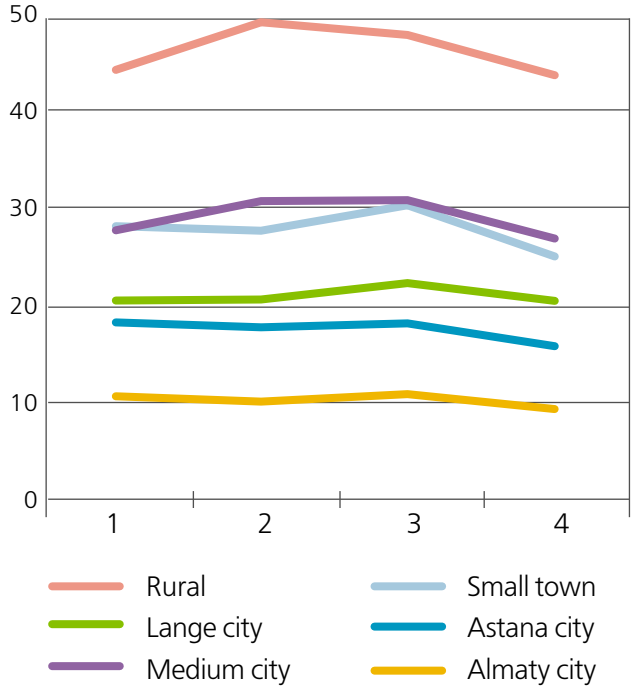
POPULATION WITH CONSUMPTION BELOW 60% OF THE SUBSISTENCE MINIMUM, % of population



SOURCE: HBS 2009

FIGURE 12.

POVERTY DEVELOPMENTS OVER THE YEAR, % of population



SOURCE: HBS 2009

highest poverty rate, 58 percent of the children are living in poverty, followed by Atirau (45 percent) and Almaty (43 percent). The lowest child poverty rates are observed in the two big cities, Almaty (18 percent) and Astana (22 percent).

Further disparities can also be observed within regions. Figure 10 depicts poverty rates by area (rural versus urban) per oblast and shows that regional and urban-rural differences with respect to poverty rates are considerable.

It is remarkable that the highest poverty rates are observed in Mangistau, despite its high economic output due to the oil industry. This may be explained by the sheer poverty of the rural population; 35 percent of the rural population in Mangistau is living with less than 60 percent of the minimum subsistence level (Figure 11). The persistently poor living conditions of the rural population in Mangistau, and other regions, was also found by Ursulenko et al. (2010).

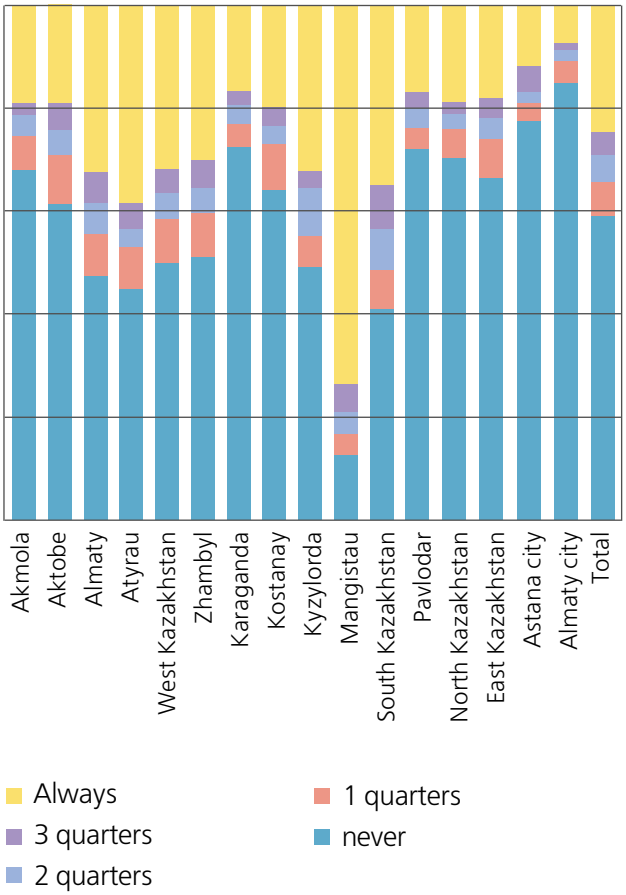
The bar graphs in Figures 10 and 11 show that households living in urban areas has a lower risk of living in poverty in all regions, although the recent economic crisis and the concurrent rise in poverty levels in urban areas has shown that their resilience against shocks is rather low. Although people living in rural areas were less affected by such shocks, their overall living conditions fall starkly behind those in urban areas. In Pavlodar and North Kazakhstan, the rural population has a poverty risk more than three times as high as the urban population. The differences between urban and rural areas are even more pronounced if we consider extreme poverty (below 60% of the subsistence minimum).

The HBS also allows for analyzing poverty rates for each quarter throughout a year. Poverty estimates by quarter in Figure 12 shows that seasonal variation is an issue in rural areas and medium-sized towns with slightly higher poverty rates in the second quarter of 2009.

The fluctations in the proportions of people experiencing poverty across the year are presented in Figure 13. Poverty appeared a continuous state throughout 2009 for 25 percent of the population, representing 60 percent of the poor, 16 percent of the poor experienced poverty only during one quarter. The extent to which poverty experiences are persistent or fluctuate across the year differs considerably across regions. In South Kazakhstan, for example, almost 25 percent of the population experiences poverty in either 1, 2 or 3 quarters of the year. Occurences of chronic poverty as well as seasonal variation can have far-reaching effects on children and their wellbeing outcomes.

FIGURE 13.

FREQUENCY OF POVERTY EXPERIENCE OVER 2009, % of population



SOURCE: HBS 2009

3. CHILD WELL-BEING

In this chapter, we discuss outcomes for each domain individually as well as results for overall child well-being. Results from the qualitative study by APA (2012) suggest that many people are concerned about the situation and future of their children; in response to a question about which issues concern the respondent and his or her family most, more than one in four indicated that they feel anxious about the future of their children. Results for well-being by indicator are presented in Annex 3.

5.1. NUTRITION

The domain of nutrition is an imperative dimension of well-being for a child, and especially young children. It is constitutive of a child's well-being in the present and crucial for a child's development into a healthy adult. The CRC points to a child's right to sufficient nutritious food in Article 24 by stating that a child has the right to enjoy the highest attainable standard of health and that State Parties have a responsibility to combat malnutrition. The importance of nutrition is also reflected in the first Millennium Development Goal with a target to halve the proportion of people to suffer from hunger by 2015.

Well-being in the nutrition domain is assessed by a combined indicator, assessing whether a child has the appropriate weight-for-age, height-for-age or weight-for-height following WHO standards. A child is considered well nourished if he or she does not experience malnutrition according to any of these three indicators. Information for these indicators within MICS is only available for children aged 0-4, see Table 5.

TABLE 5. NUTRITION INDICATORS BY AGE GROUP

0	Is child well-nourished? (WHO standards)[5]
1–2	Is child well-nourished? (WHO standards)
3–4	Is child well-nourished? (WHO standards)
5	no indicators
6–17	no indicators

Outcomes for child well-being in the nutrition domain are presented in Table 6. Overall, nutritional well-being rates are relatively high with 79 percent for infants, 82 percent for children aged 1-2 and 87 percent for the 3 and 4 year olds. While the difference across children of different sex or by urban-rural location is negligible, the well-being rates vary considerably across regions. Across all three age-groups, children face a relatively high risk of malnutrition in Aktubinsk. In addition, infants are at a higher risk in Almaty city, East Kazakhstan and Astana city. For children of one or two years old, living in Astana city increases the risk of malnutrition compared to other regions. A slightly lower nutritional well-being is also observed in East Kazakhstan for children aged three and four.

TABLE 6. NUTRITION OUTCOMES

Age group	0	1–2	3–4
sample size	1087	2163	1977
Total	78.9	82.1	87.1
Gender			
Male	78.3	81.3	87.2
Female	79.5	82.9	86.9
Area			
Urban	80.1	82.4	86.6
Rural	77.9	81.8	87.4
Oblast		***	***
Akmola	89.5	88	95.6
Aktobe	66.1	49.2	59.4
Almaty	80.8	83.2	91.1
Almaty city	57.2	81.4	87.8
Astana city	66.9	69.6	85.5
Atyrau	75.4	80	84.9
East Kazakhstan	62.5	80.2	75.3
Zhambul	83.6	81	83.8
West Kazakhstan	83.9	88.6	85.2
Karaganda	96.2	94.7	94.3
Kostanay	82.8	89.8	86.2
Kyzylorda	89.8	91.5	91.9
Mangistau	82.8	84.1	92.5
Pavlodar	97.2	87.4	89.9
North Kazakhstan	81.7	89.8	86.1
South Kazakhstan	72.8	80.6	89.3

*Note: ***<0.01, significance level chi-squared group equality of means*

[5] This indicator is a combination of the indicators for weight-for-age, height-for-age and weight-for-height. A child is considered well-nourished if it does not experience malnutrition according to any of these three indicators.

5.2. EDUCATION

Education is a key domain for child well-being as it determines the future opportunities of a child and future generations. Education has the potential to intercept the intergenerational transmission of poverty by increasing productivity, improving employment opportunities and creating a sense of entrepreneurship, amongst others. Early childhood activities stimulate a child's development at an early stage in life and increase its chances for a successful career in school. Education well-being is measured by different indicators depending on the age of the child, see Table 7. For children aged 3 and 4, we consider the active involvement of parents in learning activities with their children as an indicator enhancing the educational potential of a child. Likewise, availability of books is considered to be an indicator for a nurturing environment stimulating child development. For children aged five, we consider the enrolment in pre-school or the attendance of alternative early childhood programs as an indicator for well-being in education. School enrolment in the level of schooling at the appropriate age (net enrolment) is the education indicator for children aged 6 to 17.

Outcomes for well-being in the education domain are presented in Table 8.

On average, 64 percent of all children aged 3-4 experience well-being in the education domain. In rural areas, this share is slightly lower, which could be an indication of lack of time by parents involved in agricultural activities. Regional variations are significant. While all children in age group 3-4 in Almaty city benefit from educational activities, this applies only to one in two children in South Kazakhstan, Kyzylorda and Zhambul, the three regions in the South of Kazakhstan.

TABLE 7. EDUCATION INDICATORS BY AGE GROUP

0	no indicators
1–2	no indicators
3–4	Has the child engaged in learning activities with an adult household member?
	Does the child have at least one book/picture book in the household?
5	Is child enrolled in ECD/pre-school?
6–17	Is child net-enrolled?

TABLE 8. EDUCATION OUTCOMES

Age group	3-4	5	6-17
sample size	1977	928	9952
Total	64	40.7	86.9
Gender			
Male	62	39.8	86.8
Female	66.3	41.5	87.1
Area	***	***	
Urban	76.5	50.6	87.8
Rural	54.8	33.5	86.3
Oblast	***	***	
Akmola	74.5	52.7	89.9
Aktobe	71.3	50.5	86.3
Almaty	73.1	16	82.8
Almaty city	100	40.3	84.5
Astana city	87.9	60.4	90.8
Atyrau	63.2	50.8	90
East Kazakhstan	72.7	43.6	84.7
Zhambul	53.8	58.2	87.3
W-Kazakhstan	72.7	66.2	85.4
Karaganda	71.4	52.7	89.3
Kostanay	85.4	48.4	89.2
Kyzylorda	50.4	35.4	89.3
Mangistau	58.9	37.3	87.2
Pavlodar	68.9	62.9	90.6
North Kazakhstan	76.7	56	88.3
South Kazakhstan	46.9	27.9	86.7
Age			
6	n.a.	n.a.	81
7	n.a.	n.a.	98.2
8	n.a.	n.a.	99
9	n.a.	n.a.	99.1
10	n.a.	n.a.	99.8
11	n.a.	n.a.	95.7
12	n.a.	n.a.	99.6
13	n.a.	n.a.	99.6
14	n.a.	n.a.	99.9
15	n.a.	n.a.	99
16	n.a.	n.a.	38.3
17	n.a.	n.a.	34.1

*Note: ***<0.01, significance level chi-squared group equality of means*

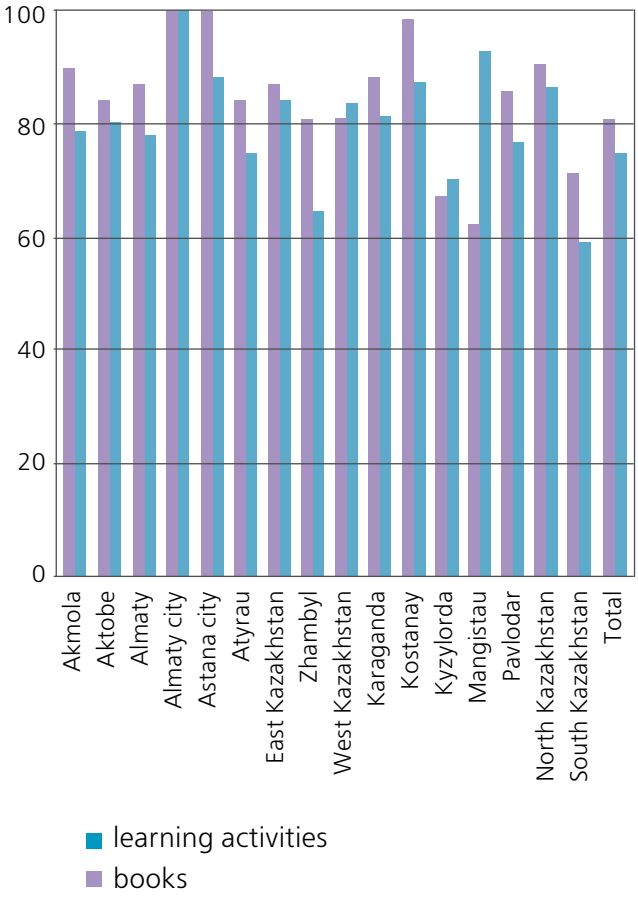
Figure 14 presents the proportions of children engaged in learning activities with adults and living in a household where at least one book is available by region.

Pre-school enrolment of children aged five is at a relatively low level. Overall, only 41 percent of children of this age group attend pre-school. The rate is higher in urban areas, where more pre-school facilities are available. Pre-school enrolment is highest in Western Kazakhstan (66 percent), Pavlodar (63 percent) and Astana city (60 percent). The lowest educational well-being is observed in Almaty region, where only 16 percent of the five-year olds are attending pre-school. The high population pressure in this region combined with limited facilities explains the comparatively low rates. Overall, there are 111 children per 100 kindergarten places in the country (MES, 2010). Educational well-being rates are also below average in Kyzylorda, Mangistau and South Kazakhstan. Notwithstanding the increase in pre-school facilities by about 42 percent between 2007 and 2010 (MDG Report 2010), it remains one of the most challenging sectors in education as demand exceeds supply. Currently, 260,000 children are on waiting lists for pre-school activities (MDG Report 2010). Internationally, Kazakhstan is lagging behind with respect to pre-school education enrolment (Figure 15).

As the estimates in Table 8 indicate, net school enrolment of children aged 6 to 17 is at 87 percent on average. There are, however, large differences between age groups. Figure 16 displays net enrolment rates by age group for children 6-17. Net enrolment rates are high for children in primary school age; with a large increase in enrolment rates for children aged 7 as compared to children aged 6. The large discrepancy in school enrolment for children aged 6 and 7 is likely to be caused by lack of clarity about the obligatory age at which children are expected to be enrolled. The drop in net enrolment rates is even more dramatic when comparing outcomes for children aged 15 to children aged 16. Whilst net enrolment is near 100 percent for children aged 15, it is only 38 percent for children aged 16 and 34 percent of children aged 17. This big drop can be explained by considering children aged 15 to be enrolled in lower grades of secondary school to be net enrolled, whilst we no longer consider a child aged 16 or 17 to be net enrolled when enrolled in lower grades of secondary school. If enrolment in lower grades for these age groups was also considered appropriate for their age, rates would also near 100 percent (see Figure 17).

FIGURE 14.

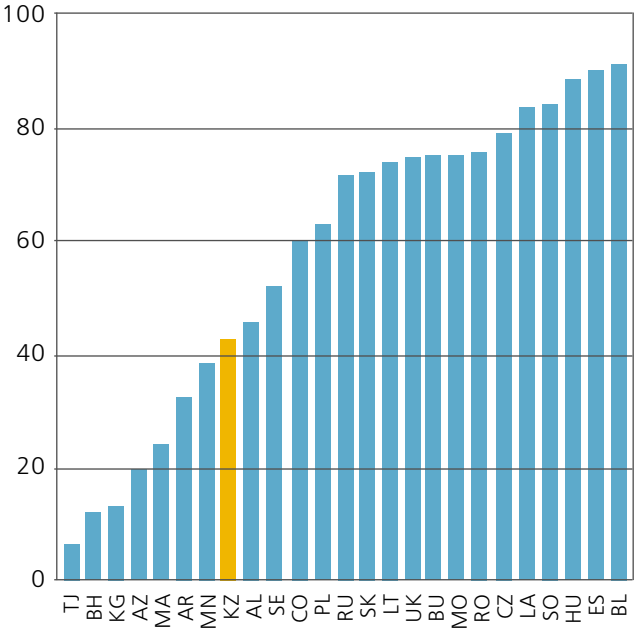
EDUCATION WELL-BEING INDICATORS BY REGION, CHILDREN AGED 3–4, %



SOURCE: HBS 2009

FIGURE 15.

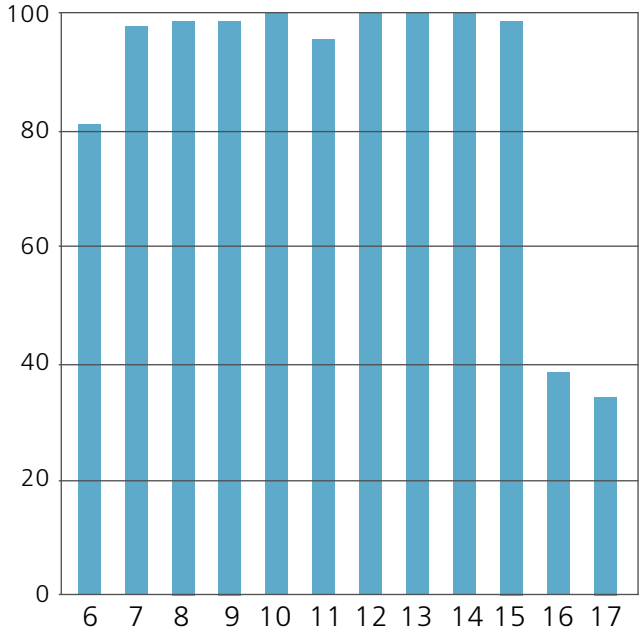
PRE-PRIMARY EDUCATION: NET ENROLMENT CHILDREN AGED 3–6, %



SOURCE: TRANSMONEE, 2011

FIGURE 16.

NET ENROLMENT RATES CHILDREN AGED 6-17, %

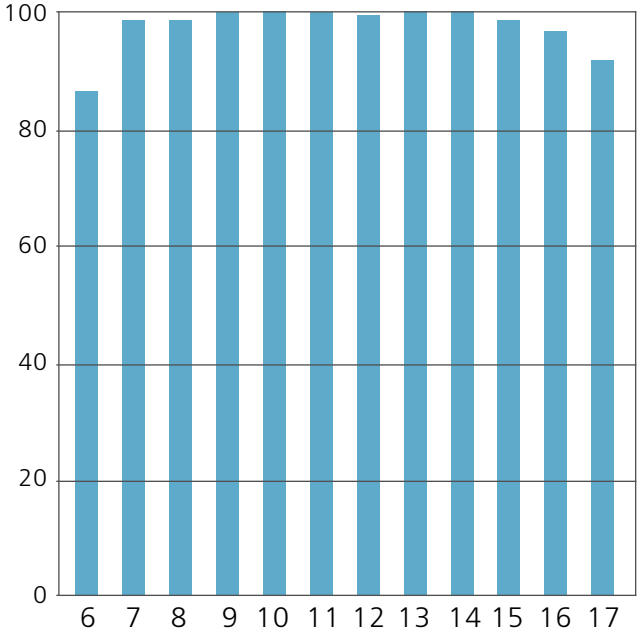


SOURCE: MICS, 2010

Net enrolment rates vary only slightly across regions (see Table 8). Below average enrolment rates are observed in Almaty region and Almaty city, East Kazakhstan and Western Kazakhstan. When analyzing the enrollment of the 17-year olds (Figure 18), differences across regions are amplified. The shares of 17-year olds enrolled in education are highest in Aktubinsk, Atyrau and Pavlodar. Net enrolment of children aged 17 in Western Kazakhstan and East Kazakhstan are particularly low at respectively 15 and 22 percent.

FIGURE 17.

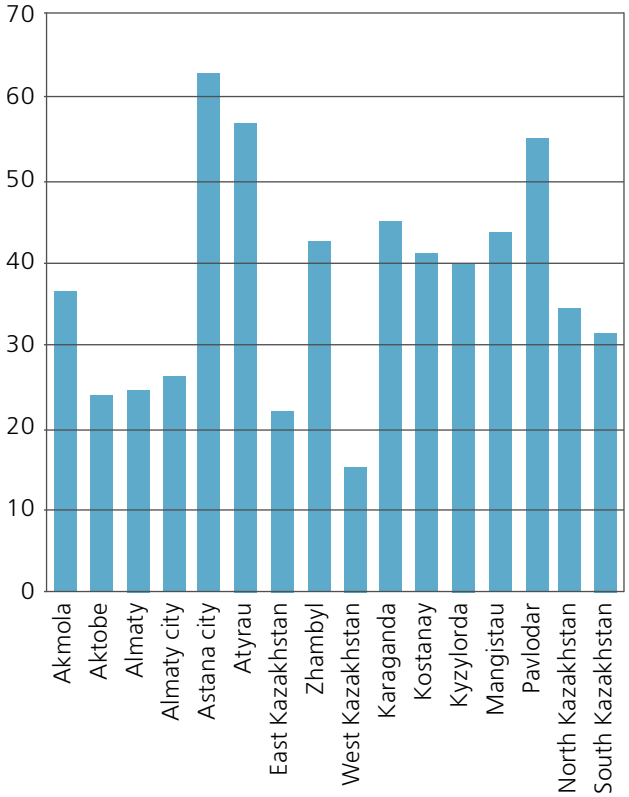
GROSS ENROLMENT RATES CHILDREN AGED 6-17, %



SOURCE: MICS, 2010

FIGURE 18.

NET ENROLMENT RATES CHILDREN AGED 17, %



SOURCE: MICS, 2010

5.3. HEALTH

Health is crucial both for a child's current well-being and for his or her future well-becoming. Being in good health allows a child to enjoy his or her childhood now. In terms of future impact, there is ample evidence suggesting that bad health conditions in childhood have far-reaching and long-term consequences for a child's development into adulthood (see e.g. Duncan and Brooks-Gunn, 1997). The importance of health for children is widely reflected in the MDG's. The MDG 4 draws attention to the reduction of under-five and infant mortality as well as immunization, MDG 5 refers to maternal health, and MDG 6 includes targets on the reduction of HIV/AIDS transmission and the spread of malaria. The issue of health is also integrated throughout the CRC with particular mention of the government's responsibility to combat disease and ensure access to health care.

Health well-being can only be assessed for children aged one to four due to lack of appropriate health indicators for other age groups. Well-being in the health domain is measured by a combination of full vaccination and limited exposure to tobacco smoke in the household.

TABLE 9. HEALTH INDICATORS BY AGE GROUP

0	no indicators
1–2	Has the child received the appropriate number of vaccinations?
	Is the child exposed to acceptable levels of tobacco smoke?
3–4	Has the child received the appropriate number of vaccinations?
	Is the child exposed to acceptable levels of tobacco smoke?
5	no indicators
6–17	no indicators

TABLE 10. HEALTH OUTCOMES

Age group	1-2	3-4
sample size	2163	1977
Total	77.7	80.9
Gender		
Male	79.9	81.8
Female	75.4	79.9
Area		
Urban	76.2	81
Rural	78.8	80.9
Oblast	***	***
Akmola	70.1	78.8
Aktobe	72.3	85.4
Almaty	84.5	74.1
Almaty city	67.7	89.6
Astana city	72.8	80
Atyrau	50.5	55.1
East Kazakhstan	63	69.4
Zhambul	79.8	82.6
West Kazakhstan	88.2	95
Karaganda	73.9	76.1
Kostanay	67.7	72.9
Kyzylorda	94	91.4
Mangistau	60.7	67.8
Pavlodar	71.9	78.6
North Kazakhstan	66.6	67.8
South Kazakhstan	88.6	91.3

*Note: ***<0.01, significance level chi-squared group equality of means*

As presented in Table 10, about 80 percent of the children aged one to four are protected in the health domain.

Depending on the age group, health deprivation varies across regions. Interestingly, the regional disparities in health well-being rates do not mirror the picture in terms of economic development. For children aged one and two, the lowest health well-being rates are observed in Atyrau (51 percent) and Mangistau (61 percent), which are amongst the regions with the highest levels of development. In eleven out of fifteen regions, health well-being rates are below the national coverage. For children aged three and four, health well-being is lowest in Atyrau (55 percent). Analyzing the underlying indicators separately (Figures 19 and 20), we notice that immunization rates vary considerably across regions. Atyrau has the lowest immunization rates for both age groups. Overall, 90 percent of the children aged three and four have received the full immunization package. The comparatively low rates in Atyrau and Mangistau are closely correlated with the high poverty rates among the rural population. Although the two regions are among the richest in terms of economic output, average household consumption belongs

FIGURE 19.

HEALTH WELL-BEING INDICATORS BY REGION, CHILDREN AGED 1-2, %

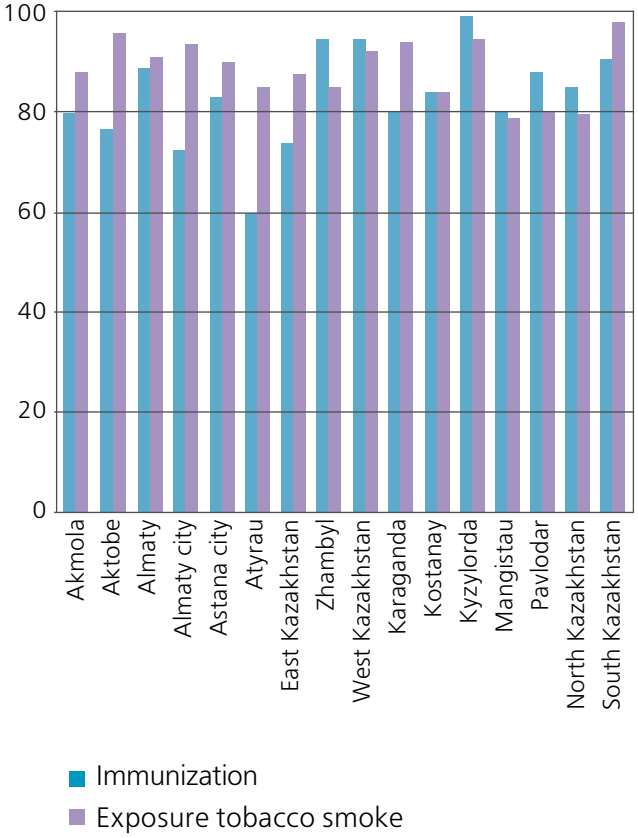
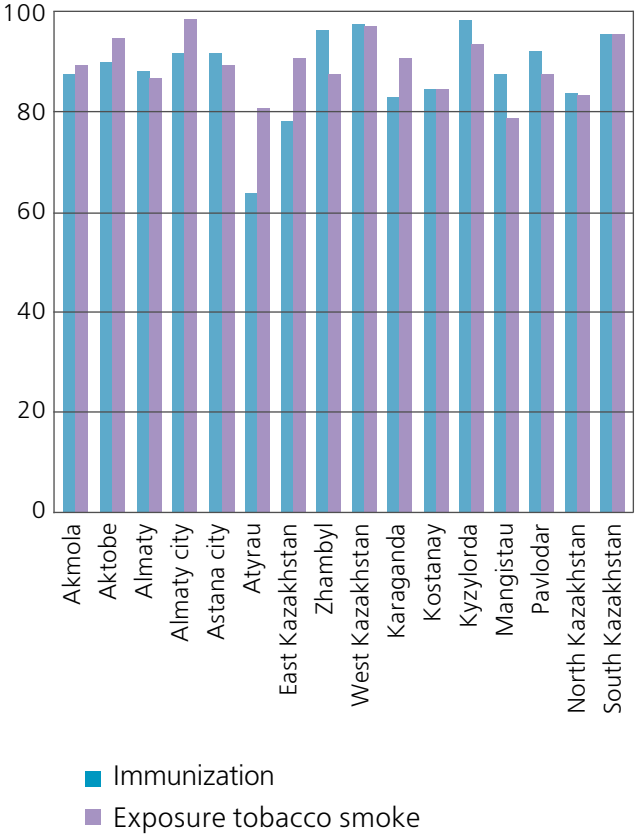


FIGURE 20.

HEALTH WELL-BEING INDICATORS, BY REGION, CHILDREN AGED 3-4, %

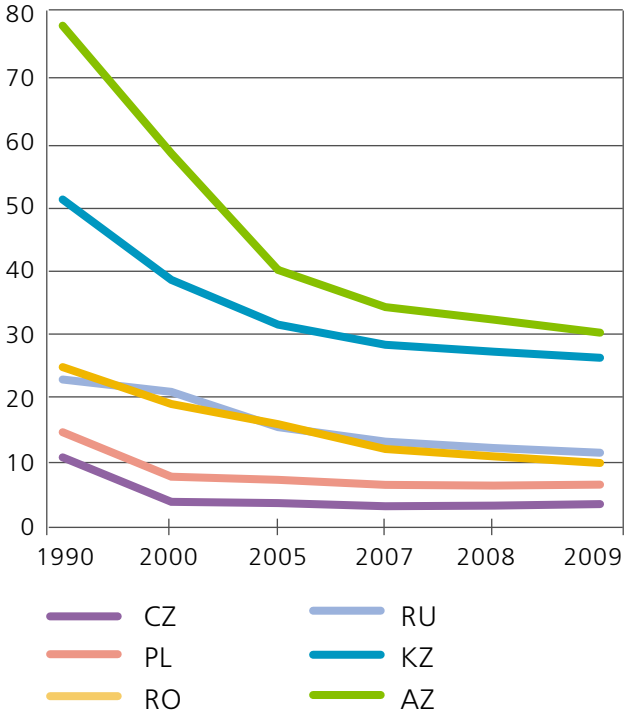


to the lowest in the country. The rural poor are deprived of good quality social services and suffer from growing air and water pollution and land degradation (Ursulenko, 2010).

The levels of wellbeing in the health domain on the basis of indicators available from MICS are mirrored by outcomes on infant mortality from the TransMonee database. Figure 21 shows that Kazakhstan made great improvements over time, with infant mortality rates having dropped from over 50 deaths to 1,000 live births in 1990 to below 30 deaths per 1,000 live births in 2009. That said, comparative outcomes for other countries in the region show that considerable improvements are to be made to match those results.

FIGURE 21.

INFANT MORTALITY, per 1000 live births



SOURCE: Transmonee 2011 г.

5.4. HOUSING

Safe housing conditions are important for children in providing proper protection against the elements, particularly given Kazakhstan's harsh weather conditions, and providing shelter and security fosters feelings of safety and comfort for children. In addition, housing is crucial for their future development in terms of physical and mental health, amongst others. The importance of housing conditions is recognized in MDG goal 7, which points towards the reduction of the number of people living in slums. Well-being with respect to housing is constituted by a combined indicator on the roof, floor and wall materials used for the house that the child lives in.

TABLE 11. HOUSING INDICATORS BY AGE GROUP

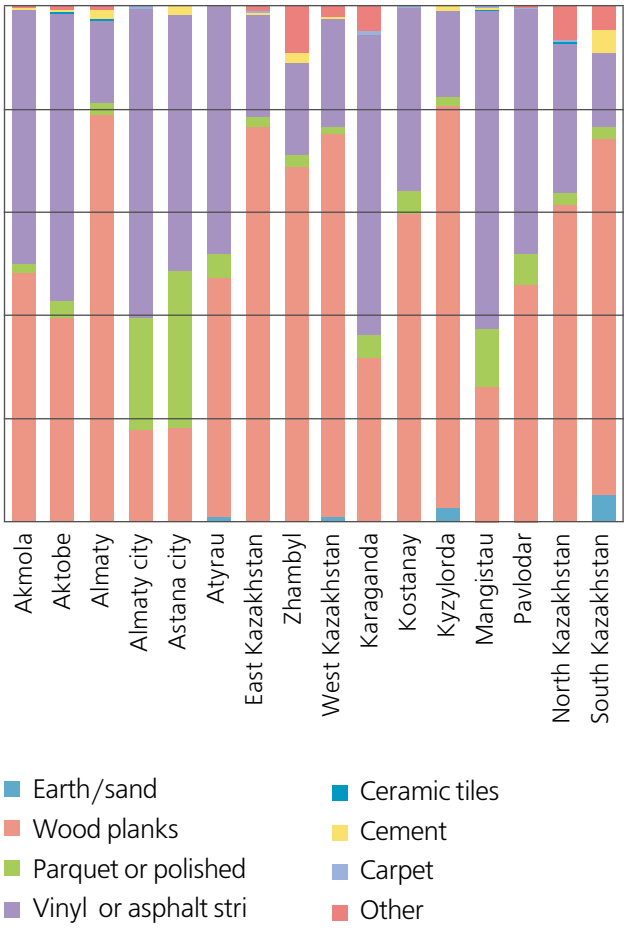
0	Does the child live in a dwelling with proper housing?[6]
1–2	Does the child live in a dwelling with proper housing?
3–4	Does the child live in a dwelling with proper housing?
5	Does the child live in a dwelling with proper housing?
6–17	Does the child live in a dwelling with proper housing?

Well-being outcomes in the housing domain are presented in Table 12. Differences are marginal across the different age groups, and indicate that almost nine out of ten children in Kazakhstan live in proper housing.

Differences are notable across regions. Results largely mirror regional economic development, except for the situation in Almaty city. The housing situation is most precarious in Almaty city for all age-groups except for the 5 year olds. Among the infants, almost one out of two children aged zero is living in a substandard house in Almaty city, where the roof, wall or floor is of lower quality. In Almaty oblast, one out of four children up to the age of four is deprived of good housing. South Kazakhstan and Almaty are the most populated regions in Kazakhstan with a high share of people living in rural areas and agriculture being the predominant form of employment (Ursulenko, 2010).

FIGURE 22.

FLOOR MATERIALS BY OBLAST, CHILDREN AGED 6-17, %



[6] This indicator is a combination of the indicators for roof, floor and walls. A child is considered well-protected in the housing domain if it lives in a house with proper materials for all three housing elements.

TABLE 12. HOUSING OUTCOMES					
Age group	0	1-2	3-4	5	6-17
sample size	1087	2163	1977	928	9952
Total	88.2	89.1	88.8	88.7	88.3
Gender					
Male	86.2	88.4	87.9	88.7	88.2
Female	90.1	89.8	89.8	88.7	88.4
Area	***				
Urban	88.7	90	89.5	91.4	88.3
Rural	87.8	88.3	88.3	86.7	88.3
Oblast	***	***	***		***
Akmola	87.5	89.4	92.3	92.5	86.2
Aktobe	91.2	94.9	91.6	90.5	92.6
Almaty	75.5	75.2	78.7	81.9	81.8
Almaty city	54.6	75.7	74	88.1	73.3
Astana city	91.5	92.2	93.7	92.6	88.3
Atyrau	97.5	97.1	93.3	97.3	93.9
East Kazakhstan	76.4	79.8	82.3	92.2	79
Zhambul	89	89.9	91.3	85.2	90.1
West Kazakhstan	92.4	97.7	94.7	93	95.7
Karaganda	96.8	96.4	95.4	93.2	92.5
Kostanay	100	92	99.3	100	96.9
Kyzylorda	87.4	93.4	87.9	90.5	92.1
Mangistau	98.8	96.2	95.2	96.8	97
Pavlodar	100	94.9	98.7	98	97.7
North Kazakhstan	97.3	90.1	89.4	89.2	90.5
South Kazakhstan	88.4	88.2	87.2	84.5	87.1

*Note: ***<0.01, significance level chi-squared group equality of means*

Looking into the underlying indicators of the housing domain indicate that results are highly sensitive to what kind of roof, floor or wall materials are considered appropriate. The in- or exclusion of a particular material as appropriate is likely to lead to considerably higher or lower levels of well-being. Figure 22 below presents the prevalence of different types of floor materials across the country for children aged 6-17.

The stacked bars in this graph clearly illustrate the different use of floor materials across Kazakhstan. In Almaty and Kyzylorda, three out of four children live in a house with wood planks. In Mangistau and Karaganda, the majority of children live in a house with vinyl or asphalt strips used as floor material. The in- or exclusion of wood planks, considered to be the second worst option in terms of floor materials, as an appropriate material would thus greatly impact outcomes in terms of housing well-being for children. Although other materials were preferred over wood planks, the material was still considered appropriate for children especially in rural areas, and would not compromise their levels of well-being.

5.5. WATER AND SANITATION

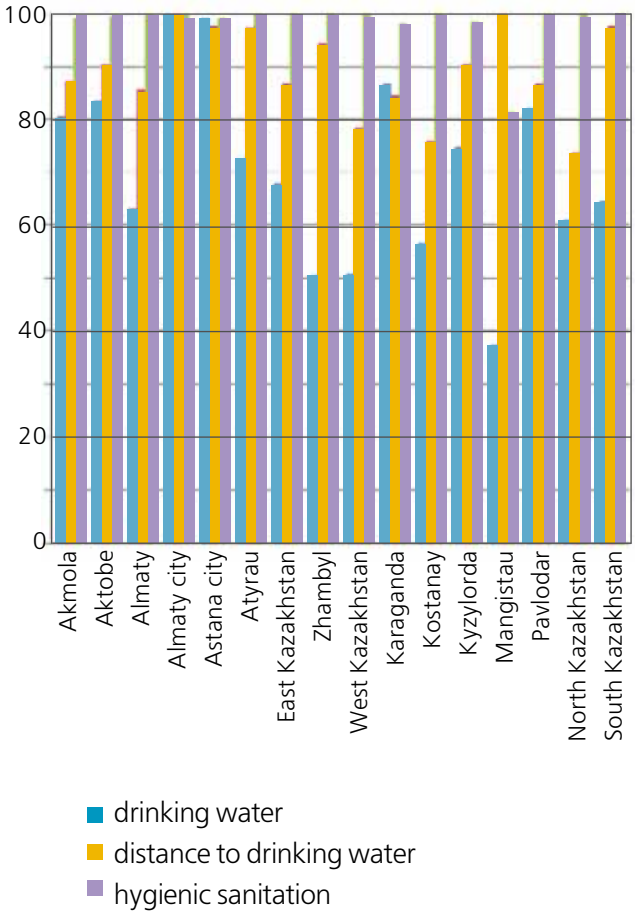
Access to and use of safe water and hygienic sanitation is constitutive of a child's current well-being as well as future well-becoming as it prevents illness and promotes a healthy life style for children and all household members. In addition, issues of safe drinking water and improved sanitation also have an environmental aspect. This two-fold importance has also been recognized in MDG 7, which lists the increase of the usage of improved drinking water sources and sanitation facilities as targets within the overarching goal of environmental sustainability. Well-being in the domain of water and sanitation is a composite indicator consisting of access to safe water, the distance to safe water and access to hygienic toilet facilities. The same indicators are used across all age groups. A child is considered well-off in this domain if he or she meets the criteria in at least two out of three indicators.

TABLE 13. WATER AND SANITATION INDICATORS BY AGE GROUP

0	Does child have access to safe drinking water?
	Does child live within reasonable distance to safe drinking water?
	Does child have access to improved/safe toilet facility?
1–2	Does child have access to safe drinking water?
	Does child live within reasonable distance to safe drinking water?
	Does child have access to improved/safe toilet facility?
3–4	Does child have access to safe drinking water?
	Does child live within reasonable distance to safe drinking water?
	Does child have access to improved/safe toilet facility?
5	Does child have access to safe drinking water?
	Does child live within reasonable distance to safe drinking water?
	Does child have access to improved/safe toilet facility?
6–17	Does child have access to safe drinking water?
	Does child live within reasonable distance to safe drinking water?
	Does child have access to improved/safe toilet facility?

FIGURE 23.

WATER AND SANITATION INDICATORS BY REGION, CHILDREN 6-17, %



Overall, between 60 and 65 percent of children are sufficiently protected with access to safe water at a reasonable distance and hygienic sanitation. However, the well-being level differs significantly between urban and rural areas and across regions. In rural areas, more than half of the children are deprived in the water and sanitation domain, while this concerns only 10 percent in urban areas. The regions lacking behind the most in this domain Mangistau, Kostonay, North Kazakhstan, Zhambul and Western Kazakhstan. Children living in Almaty region also have a higher than average risk of being exposed to unsafe water and sanitation conditions. Possible explanations relate to lagging economic development (Almaty, Zhambul), high poverty rates (Mangistau) and a large rural population (Almaty).

TABLE 14. WATER AND SANITATION OUTCOMES					
Age group	0	1-2	3-4	5	6-17
sample size	1087	2163	1977	928	9952
Total	65.3	61.9	64.5	64.4	63.9
Gender					
Male	66	61.3	63.7	63.9	63.6
Female	64.6	62.6	65.4	64.8	64.2
Area	***	***	***	***	***
Urban	90.9	87.9	89.9	89.7	89.5
Rural	44.4	41.6	45.7	45.8	45
Oblast	***	***	***	***	***
Akmola	83	70.9	70.2	70.7	70.8
Aktobe	72.7	73.8	71.1	61.8	74.3
Almaty	65.4	56.3	57.4	57.6	57.1
Almaty city	95.8	100	100	100	99.8
Astana city	92	95.3	96.7	96.2	95.9
Atyrau	74.9	62.2	65.5	62.7	71.4
East Kazakhstan	67.8	57.3	64.3	66.7	63.5
Zhambul	54.6	49.6	55.7	59.9	49.5
West Kazakhstan	45.7	45.2	47.1	49.3	45.4
Karaganda	77.9	68.7	77.4	65.4	76.3
Kostanay	46.6	43.2	38.1	65.6	42.9
Kyzylorda	77.4	77.8	76.5	83.1	70.3
Mangistau	36.9	38.9	39.9	39.1	37.6
Pavlodar	89.1	80.7	75.3	85.4	74.9
North Kazakhstan	54.7	56.1	57.6	52.2	50.2
South Kazakhstan	61.4	60.4	64.1	58	64.3
*Note: ***<0.01, significance level chi-squared group equality of means*					

Looking at the separate indicators underlying the domain indicator, we notice that access to safe water is the most problematic, while access to hygienic sanitation reaches almost 100 percent of all children aged 6-17 in most regions. Access to safe water is especially an issue in Mangistau, Zhambul and Western Kazakhstan where 50 percent or less are ensured of safe drinking water.

Closer consideration of the safe water and hygienic sanitation indicators reveals that well-being outcomes are highly dependent on the specific source of safe drinking water and hygienic sanitation. Figure 24 below presents the prevalence of different water sources across the country.

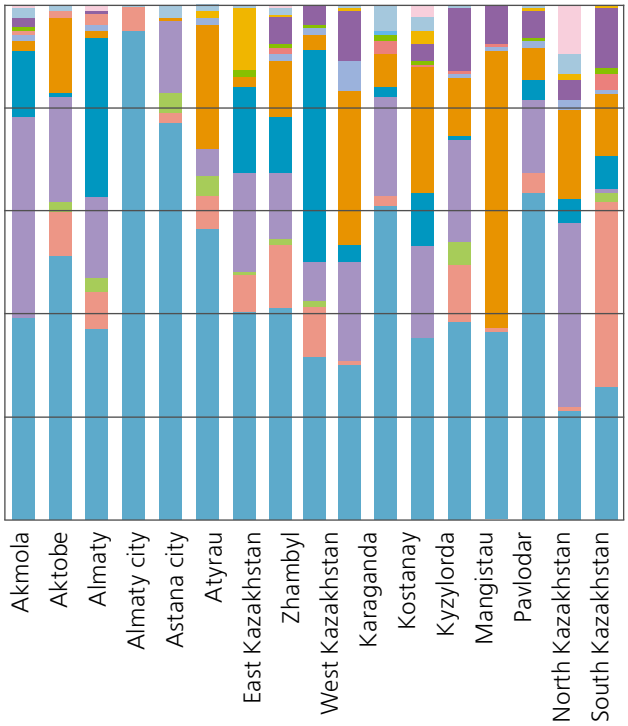
The stacked bars in Figure 24 above show that large proportions of children in Mangistau use a protected well as their source of drinking water; in Zhambul, many children live in a household that sources its drinking water from a tube well or borehole. Neither of these sources is considered sources that would qualify a child to be well-off with respect to access to safe drinking water.

A similar decomposition is provided for the use of sanitation facilities in the bar graph below.

In many oblasts, the pit latrine with slab is used as the main sanitation facility by children. Only in the main cities, Almaty and Astana, are flush toilets to a piped sewage more common. In Mangistau,

FIGURE 24.

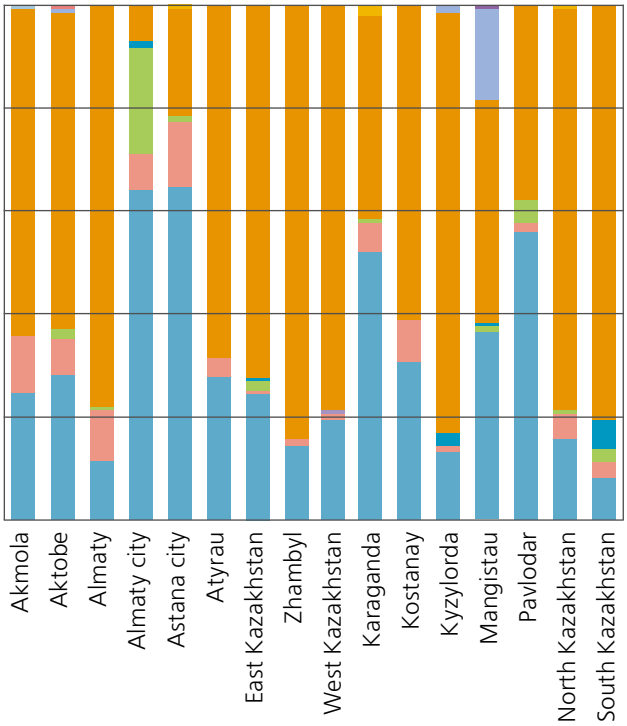
SOURCES OF SAFE WATER, CHILDREN AGED 6-17, %



- Piped into dwelling
- Piped into compound
- Piped to neighbour
- Publictar/standpip
- Tuble well, Borehole
- Protected well
- Unprotected well
- Protected spring
- Unprotected spring
- Tanker-truck
- Cart with small tank
- Surface water
- Botetled water

FIGURE 25.

SANITATION, CHILDREN AGED 6-17, %



- Flush to piped sewer
- Flush to septic tank
- Flush to pit
- Flush to unknown plac
- Ventilated improved
- Pit latrine with slab
- Pit latrine withouts
- Composting toilet
- Bucket
- Hanging toilet
- No facility, Bush
- Other

almost one in five children uses a pit latrine without slab, which is widely considered as an unhygienic sanitation facility.

5.6. SOCIAL INCLUSION AND PROTECTION

Social inclusion and protection also receives widespread recognition as a basic need and right for children. This domain is a broad one, pertaining to issues of child protection, social networks, access to information and mobility. This is not an exhaustive interpretation of the domain of social inclusion and protection, though. The right to freedom of thought, conscience and religion and freedom of expression, for example, are also often categorized under this domain. However, information on these issues is not available from MICS. The indicators underlying the domain of social inclusion and protection focus on child discipline and physical punishment, and on access to information and transportation of the household in general. All indicators are available for children in all age groups.

Well-being rates in this domain are very high with more than 90 percent of the children meeting the minimum requirements. Differences across regions are relatively small. In all regions close to 80 percent and more of the children are socially included and protected. The lowest well-being rates are measured in Kostonay for the 6-17 year old children (78 percent) and Mangistau for the 5-17 year old children (80 percent).

TABLE 15. SOCIAL INCLUSION AND PROTECTION INDICATOR BY AGE GROUP	
0	Is child being disciplined in acceptable manner?
	Is child protected from receiving physical punishment?
	Does child have access to information?
	Does the child live in a household with any means of transportation?
1–2	Is child being disciplined in acceptable manner?
	Is child protected from receiving physical punishment?
	Does child have access to information?
	Does the child live in a household with any means of transportation?
3–4	Is child being disciplined in acceptable manner?
	Is child protected from receiving physical punishment?
	Does child have access to information?
	Does the child live in a household with any means of transportation?
5	Is child being disciplined in acceptable manner?
	Is child protected from receiving physical punishment?
	Does child have access to information?
	Does the child live in a household with any means of transportation?
6–17	Is child being disciplined in acceptable manner?
	Is child protected from receiving physical punishment?
	Does child have access to information?
	Does the child live in a household with any means of transportation?

TABLE 16. SOCIAL INCLUSION AND PROTECTION OUTCOMES					
Age group	0	1-2	3-4	5	6-17
sample size	1087	2163	1977	928	9952
Total	92.4	92.3	90.2	90.7	89.5
Gender					
Male	93.2	91.5	89	88.8	89.4
Female	91.7	93.1	91.5	92.2	89.7
Area		***		***	***
Urban	93.9	93.8	91.1	93.9	91.8
Rural	91.3	91.1	89.5	88.3	87.9
Oblast		***	***	***	***
Akmola	93	91.5	88.9	89.9	88.4
Aktobe	98.6	96.5	96.7	88.7	94.2
Almaty	97.2	96.7	96.3	95.8	95
Almaty city	100	97.3	97.8	100	97.9
Astana city	100	100	99.4	100	98.4
Atyrau	92.8	96.8	96.6	97.6	96.6
East Kazakhstan	91.9	89.8	82.3	88.1	88.9
Zhambul	95	91.4	91.2	87.6	89.3
West Kazakhstan	90	87.3	88.6	91.9	92.1
Karaganda	89.3	94.1	86.3	88.1	86.1
Kostanay	81.6	82	84.6	88.2	78
Kyzylorda	90.4	90	86.6	91.2	88.7
Mangistau	89.1	88.8	85.2	79.4	80.2
Pavlodar	95.9	92.7	92.1	89.2	87.7
North Kazakhstan	81.9	84.3	85.4	82.3	83
South Kazakhstan	90.8	92.2	89.1	90.2	88.8
*Note: ***<0.01, significance level chi-squared group equality of means*					

5.7. OVERALL CHILD WELL-BEING

Overall Child Well-Being is constituted by a child being well-off in at least 66% of all domains that are observable for that individual child. In the case of children aged 0, this translates into well-being in at least 3 out of 4 domains. With respect to children aged 3-4, for whom we observe 6 domains, a child needs to be well-off with respect to at least 4 domains to be considered to have reached overall well-being.

Overall levels of child well-being range from 63 to 85 percent for children aged between 0 and 5. In line with findings at domain level, we do not find a significant gender gap. Well-being levels are highest amongst children aged 6-17 with an overall child well-being rate at 87 percent. Levels of child well-being are generally higher for children living in urban than rural areas. Outcomes at oblast level do not point towards a strong pattern in terms

TABLE 17. CHILD WELL-BEING RATES

Age group	0	1-2	3-4	5	6-17
sample size	1087	2163	1977	928	9952
Total	85.4	75.8	63.4	66.8	86.6
Gender					
Male	85.3	75.6	60.9	65	86.2
Female	85.5	75.9	66.1	68.3	86.9
Area	***	***	***	***	***
Urban	93.9	85.9	79.2	86.6	94.7
Rural	78.5	67.8	51.6	52.3	80.5
Oblast	***	***	***	***	***
Akmola	91.9	79.7	70.8	78.9	86.5
Aktobe	86.1	65.4	60.6	63.3	91.5
Almaty	84.4	74	65.4	60.4	82.1
Almaty city	77.2	83.6	89.5	88.1	93.7
Astana city	96.1	91.9	86.3	96.5	97.6
Atyrau	93.1	68.2	56.6	78.3	94.8
East Kazakhstan	72.4	59.9	54.8	70.7	79.6
Zhambul	89.9	69.3	54	69.2	84
West Kazakhstan	85.1	75.5	59.9	76.8	84.4
Karaganda	96.2	86.1	78.1	71.4	91.2
Kostanay	77.7	59.6	58	71.8	79.7
Kyzylorda	92.7	90.3	68.6	81.6	90.6
Mangistau	82.1	62	44.4	51.9	77.7
Pavlodar	97.7	85.2	73.2	79.8	93.7
North Kazakhstan	76.8	73.8	59.5	63.4	79.5
South Kazakhstan	80.7	80.8	60.5	52.9	87.6

*Note: ***<0.01, significance level chi-squared group equality of means*

TABLE 18. LEAGUE TABLE, CHILDREN AGED 3–4							
	Nutrition	Education	Health	Housing	Water and Sanitation	Social inclusion and protection	Child well-being
Akmola	1	5	8	8	7	9	5
Aktobe	16	10	5	9	6	3	8
Almaty	5	6	11	15	12	5	7
Almaty city	8	1	4	16	1	2	1
Astana city	11	2	7	6	2	1	2
Atyrau	13	12	16	7	8	4	13
East Kazakhstan	15	7	13	14	9	16	14
Zhambul	14	14	6	10	13	7	15
West Kazakhstan	12	8	1	5	14	10	10
Karaganda	2	9	10	3	3	12	3
Kostanay	9	3	12	1	16	15	12
Kyzylorda	4	15	2	12	4	11	6
Mangistau	3	13	14	4	15	14	16
Pavlodar	6	11	9	2	5	6	4
North Kazakhstan	10	4	15	11	11	13	11
South Kazakhstan	7	16	3	13	10	8	9

of best or worst performing oblast; performance varies considerably across different age groups.

The inconsistent pattern across oblasts becomes clearer when considering performance at domain level in so-called league tables[7].

None of the oblasts consistently ranks amongst the top five oblasts with highest levels of well-being. By the same token, none of the oblasts consistently belongs to the six worst performers. The reversal of performance between the housing and transportation and water and sanitation domains is striking; Almaty city has the highest level of well-being with respect to water and sanitation but ranks lowest in terms of housing and transportation. Conversely, Kostanay holds the largest proportion of children that are well-off with respect to housing and transportation, but lowest level of well-being in water and sanitation. Such differential outcomes at oblast level across different domains are observed for all age groups, see Table 19 below with respect to children aged 6-17..

As is the case for children aged 3-4, none of the oblasts consistenly rank amongst the top-five or bottom-six performers. Almaty city holds the highest proportions of children being well-off with respect to social inclusion and protection and ranks second-best in terms of water and sanitation, but holds bottom rank in the domain of housing. By the same token, whilst children in Mangistau are amongst the least likely to be well-off with respect to water and sanitation and social inclusion and protection, they are faring relatively well in terms of housing. Similar diffuse patterns of child well-being across oblasts can be observed for the other age groups (as reported in Annex 2).

[7] The best performing region is ranked #1, whilst the region with the lowest well-being rate is ranked #16. Light blue denotes well performing regions; dark blue refer to poorly performing countries.

TABLE 19. LEAGUE TABLE, CHILDREN AGED 6–17					
	Education	Housing and transportation	Water and Sanitation	Social inclusion and protection	Child well-being
Akmola	4	13	7	11	9
Aktobe	12	6	5	5	5
Almaty	16	14	11	4	12
Almaty city	15	16	1	2	3
Astana city	1	11	2	1	1
Atyrau	3	5	6	3	2
East Kazakhstan	14	15	10	8	14
Zhambul	9	10	13	7	11
West Kazakhstan	13	4	14	6	10
Karaganda	5	7	3	13	6
Kostanay	7	3	15	16	13
Kyzylorda	6	8	8	10	7
Mangistau	10	2	16	15	16
Pavlodar	2	1	4	12	4
North Kazakhstan	8	9	12	14	15
South Kazakhstan	11	12	9	9	8

6. SOCIAL POLICY MAPPING

The qualitative study on child well-being clearly indicated that parents believe that sufficient financial means are key in ensuring an appropriate level of well-being for children. This section provides an overview of the social benefits that are particularly pertinent in providing children and their families with adequate financial means. It provides an overview of eligibility criteria, benefit size and coverage of the programme. Particular social services for vulnerable groups of children are also discussed.

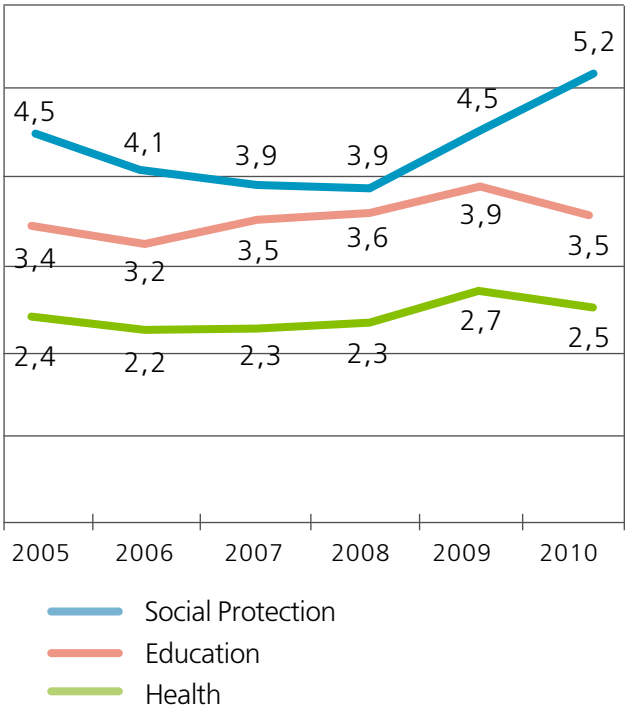
Achieving high living standards, human capital and providing children with a happy and safe childhood are among the top priorities of Kazakhstan's state policies. The strategic documents of the Government of Kazakhstan emphasize the importance of social and legal policies for the protection of child rights, the prevention of familiy ill-being, social orphanhood, homelessness and the negligence of children. As such the Government is committed to improve the system of protection and support of children by developing and implementing regulatory and legal frameworks and increasing government spending on education, health, social protection and child support.

THE MAIN LAWS GOVERNING SOCIAL PROTECTION FOR CHILDREN ARE:

- Law of the Republic of Kazakhstan as of 8 August 2002 No. 345-II, with amendments by the Laws of the Republic of Kazakhstan of 20 December 2004, No. 13-III; of 13 April 2005, No. 40-III on the Rights of the Child in the Republic of Kazakhstan;
- Law of the Republic of Kazakhstan as of 29 December 2008 No. 114-IV on Special Social Services;
- Law of the Republic of Kazakhstan as of 28 June 2005 No. 63-III on State Benefits for families with children;
- Law of the Republic of Kazakhstan as of 13 April 2005 No. 39 on Social Protection of Persons with Disabilities in the Republic of Kazakhstan;
- Law of the Republic of Kazakhstan as of 11 July 2002 No. 343 on Social, Medical and Educational Support of Children with Disabilities;
- Law of the Republic of Kazakhstan as of 17 July 2001No 246-II on State Targeted Social Assistance;
- Law of the Republic of Kazakhstan as of 5 April 1999 No 365 on Special State Benefit in the Republic of Kazakhstan;
- Decree of the President of the Republic of Kazakhstan as of 19 June 1995 No. 2341 on Ratification of Agreement on Guarantees of the Rights of Citizens in the Area of Social Benefits, Compensation Payments to Families with Children and Alimony Payment etc.

FIGURE 26.

DYNAMICS OF SOCIAL SPENDING AS A PERCENT OF GDP, 2005 – 2010



SOURCE: Agency of Statistics

Government spending on education and health as a percentage of GDP remained fairly stable between 2005 and 2010 (Figure 26). Spending on social protection increased from 3.9 to 5.2 percent of GDP between 2008 and 2010. According to data from the ADB (2008), the main part of social protection spending is used for social insurance. Less than one percent of GDP is allocated to social assistance and child protection (Table 20).

TABLE 20. SOCIAL PROTECTION EXPENDITURE BY TYPE (ADB CLASSIFICATION), % OF GDP, 2008

	Social insurance	Social assistance	Labor market	Micro area based	Child protection
Uzbekistan	7.9	0.5	0.0	0.2	2.4
Kyrgyzstan	5.3	2.9	0.1	2.4	0.3
Kazakhstan	3.4	0.7	0.1	0.2	0.2
Tajikistan	0.3	0.4	0.1	0.1	0.1

SOURCE: ADB 2008 in ILO (2010)

6.1. SOCIAL TRANSFERS

As part of the social assistance system, Kazakhstan provides a range of different non-contributory transfers, some of which are categorical and others depending on household income. Based on the law, children are directly or indirectly covered under the following types of social assistance benefits: child benefits (social allowances), targeted social assistance (TSA), special social benefits and benefits for children with special needs.

CHILD BENEFITS (SOCIAL ALLOWANCES)

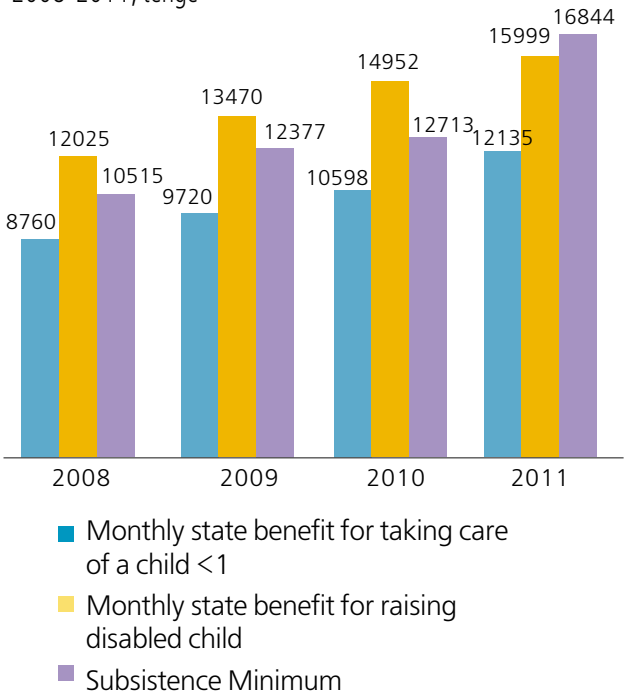
In order to protect mothers and children, Kazakh families are provided with financial support from the state. Social allowances in the form of cash transfers are provided to families raising children, including adopted children and children under guardianship. In addition, this also includes families raising children with disabilities. Child benefits can take different forms and are either categorical or targeted to the poor (income dependent). The transfers are fixed and expressed in Minimum Calculation Index (MCI).

- One-time benefit awarded and paid in connection with the birth of a child (30 to 50 MCI)[8].
- Monthly social allowance for families with a child under 1 year old (from 5.5 to 7.5 MCI)[9].
- Monthly social allowance for families with children under 18 years old and income of the family is below the minimum subsistence level (1 MCI).
- Monthly social allowance for families with a disabled child (1 Minimum Wage).
- Monthly social allowance for foster families/ parents (10 MCI per child).

Social allowances, in accordance with the Law, are calculated on the basis of the Monthly Calculation Index (MCI)[10], as well as the rate of the minimum wage[11], depending on type of benefits. The amounts vary per type of social allowance and do not in all cases satisfy the minimum needs of families with children. As seen from Figure 27, the benefit for taking care of a child is below the minimum subsistence level, while the allowance for families with a disabled child only slightly surpasses the subsistence minimum level. Besides, the Law neither provides for control over the procedure of awarding and payment of state benefits to families, nor for the order of their payment by the authorized bodies. As a consequence, this creates opportunities for corruption and bureaucratization. In 2009, social allowances were provided to five percent of the popuation (767 thousand). While the number of beneficiaries remained fairly stable over time (see Figure 29), the total annual benefit amount increased from KZT 52 billion in 2005 to KZT 119 billion in 2009 (AOS). The average monthly social allowance increased from KZT 5,600 to KZT 12,900 over the same time period.

FIGURE 27.

CHILD BENEFITS VERSUS MINIMUM SUBSISTENCE LEVEL, 2008-2011, tenge



SOURCE: Agency of Statistics

[8] 30 MCI is paid in the case of 1-3 children per household; in case of 4 or more children the benefit is awarded in the sum of 50 MCI It was planned to increase the birth grant to 50 MCI for all cases (Gassmann, 2011).

[9] Transfer amount depends on the number of children (Gassmann, 2011).

[10] Minimum Calculation Index (MCI) - is a coefficient for calculation of benefits and other social payment and in Kazakhstan is set by the Law on Budget for the respective year. In 2012, the MCI was set at level of 1618 tenge (Law of the Republic of Kazakhstan on Republican Budget for 2012-2014). MCI is calculated when planning the budget, based on the expected amount of inflation in the coming year.

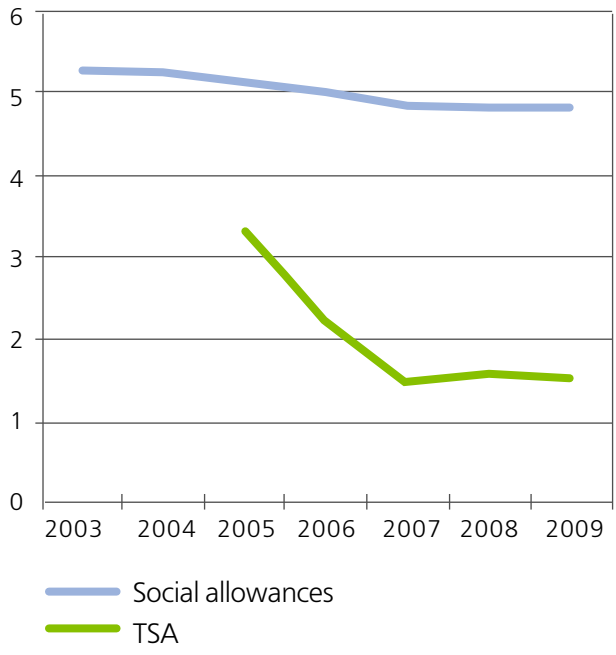
[11] The minimum wage is 15 999 KZT. The minimum monthly wage is set yearly by the Law of the Republic of Kazakhstan on the National Budget for the respective financial year. The minimum monthly wage should not be below the subsistence minimum and does not include additional payments and increments, compensation and welfare payments, bonuses and other incentive payments, and paid in proportion to time worked.

TARGETED SOCIAL ASSISTANCE

In order to protect the social and economic self-sufficiency of families, targeted social assistance (TSA) is provided to families finding themselves in financial difficulties. According to the Law of Kazakhstan on State Targeted Social Assistance, families with average monthly income below the poverty line[12] are eligible for TSA. Eligible families (assessment is based on a means test) receive the difference between the average household income per capita and the regional poverty line.[13] In compliance with the Law, all families in need are eligible for obtaining targeted social assistance regardless of citizenship as long as they are residents, have children and per capita income below the income threshold. Applications need to be renewed on a quarterly basis (Gavrilovic et.al, 2009). The program is funded from local budgets. Total annual expenditures decreased from KZT 5 to 3.3 billion between 2005 and 2009. They represent a tiny share of total social protection expenditures. Expenditures on pensions and social allowances take the lion's share (Figure 28).

FIGURE 29.

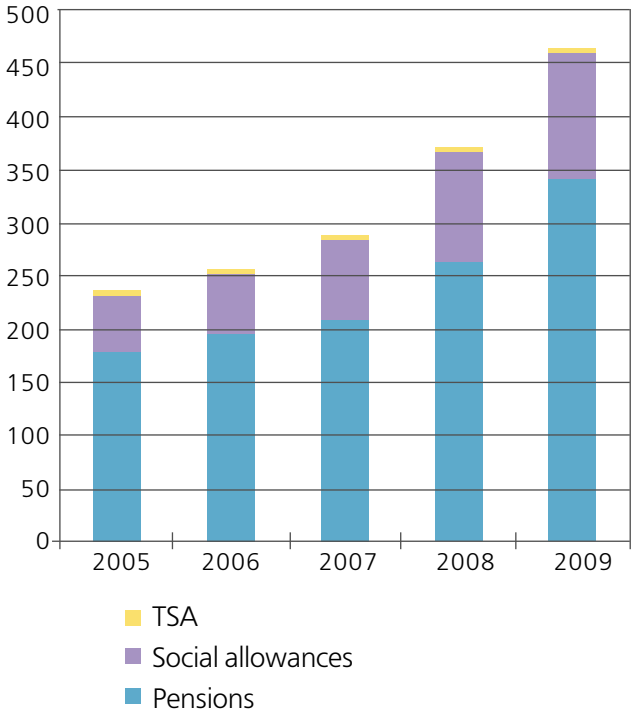
SHARE OF SOCIAL ALLOWANCE AND TSA BENEFICIARIES IN TOTAL POPULATION, 2003-2009, %



SOURCE: Agency of Statistics

FIGURE 28.

TOTAL ANNUAL EXPENDITURES ON PENSION, SOCIAL ALLOWANCES AND TSA, 2005-2009, billion tenge



SOURCE: Agency of Statistics

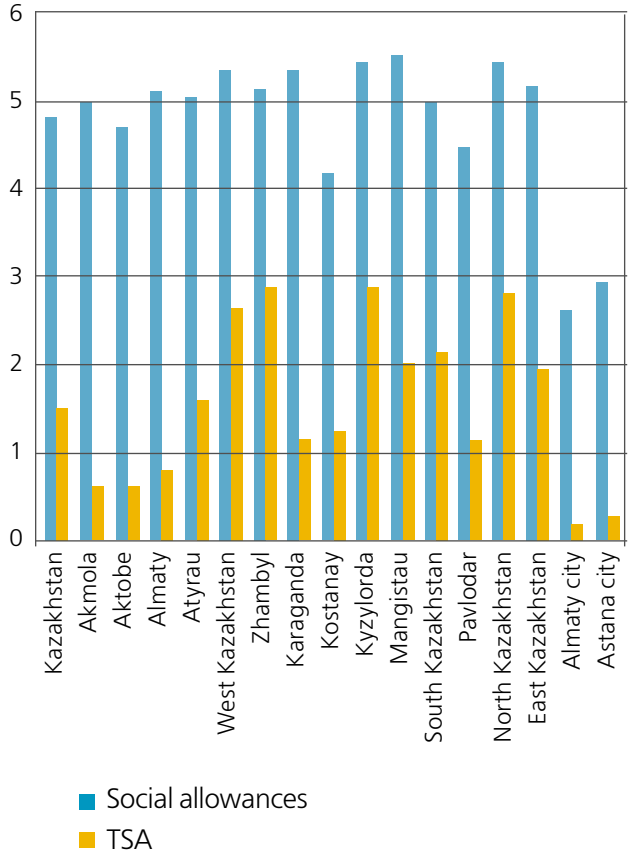
The average amount of TSA varies depending on residence of a beneficiary. The highest amount of TSA is accrued in the two major cities, Almaty and Astana and in Mangistau. Beneficiaries obtain the lowest TSA in South-Kazakhstan, Kyzylorda and Zhambyl. In 2010, the average value of TSA per month was KZT 2,547 in Astana city and KZT 610 in South Kazakhstan, with a country average of KZT 1,184 (AOS). Variations in the TSA amount are the result of the calculation method, which is carried out by local executive authorities, local budgetary resources, as well as by poverty level in a particular region. All in all, over recent years the average amount of TSA has been growing, though not at the same pace as household income and average wage across the country (Figure 33).

[12] The eligibility threshold is set at 40 percent of the subsistence minimum which, according to the Agency on Statistics of Kazakhstan, totaled 16 844 KZT in March 2011. Thus, the poverty line is set at 6737.6 KZT.

[13] The regional poverty lines are adjusted for differences in living costs across regions.

FIGURE 30.

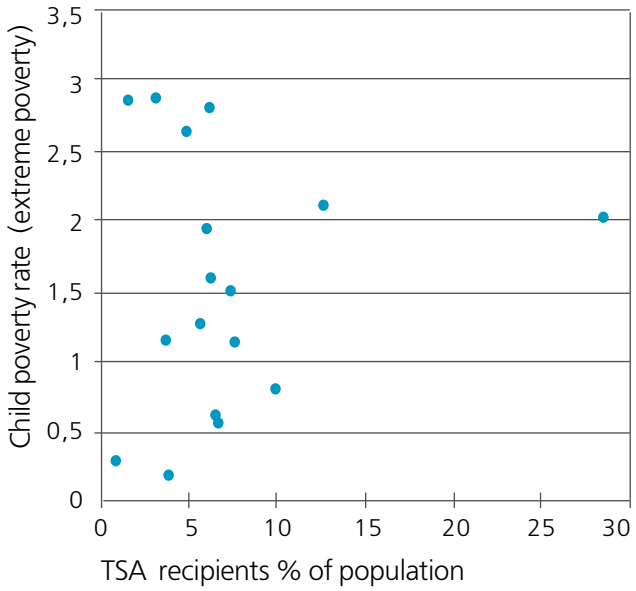
SHARE OF SOCIAL ALLOWANCE AND TSA BENEFICIAIRES PER REGION, 2009, %



SOURCE: Agency of Statistics

FIGURE 31.

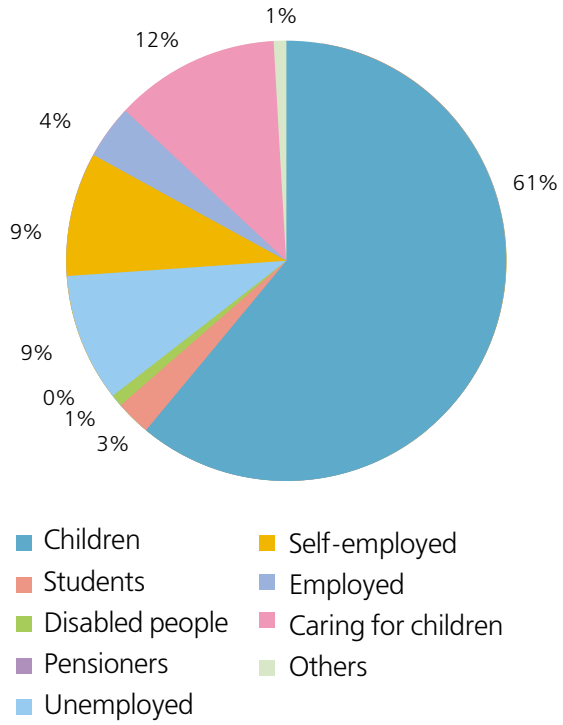
CORRELATION BETWEEN EXTREME CHILD POVERTY RATE AND SHARE OF TSA RECIPIENTS, %



The number of TSA recipients has continuously decreased from 505 thousand beneficiaries in 2005 to 194 thousand in 2010 (AOS). In 2009, 1.5 percent of the population was receiving TSA. The share of TSA recipients per region varies between 0.2 percent in Astana city and 2.9 percent in Zhambyl and Kyzylorda (Figure 30). The correlation between extreme child poverty rates and the share of TSA recipients is only 0.1. Regions with higher poverty rates do not have higher shares of TSA recipients (Figure 31).[14] Of all TSA recipients, 61 percent are children (Figure 32), which can be expected on the basis of eligibility criteria.

FIGURE 32.

TSA BY CATEGORY OF RECIPIENT, 2010, %



SOURCE: Agency of Statistics

[14] This does not imply that TSA is not targeted well to the poor. Even though we find little correlation between the extreme poverty rate and the share of TSA per region, TSA may still reach the poor in each region.

SPECIAL STATE ALLOWANCE

In addition to the TSA, pursuant to the Law of Kazakhstan on Special Benefit, the most vulnerable groups, including children with disabilities, children with disabilities from sixteen to eighteen years of the first, second and third categories, mothers of large families, as well as families with four and more children living together are provided with special state allowances (SSA).

- Children with disabilities under sixteen (0.9 MCI);
- Children with disabilities at the age of 16-18: first - second category (1.4 MCI for categories I and II; 0.6 MCI for category III);
- Mothers with many children awarded with "Altyn alka", "Kumis alka" pendants or previously received the title "Mother-Heroine", awarded the Order of "Maternal Glory" I or II grade (6 MCI);
- Large families with four or more children living together, including children attending full-time study at secondary, technical and vocational, postsecondary education institutions, as well as higher education institutions after they reach adulthood and until their graduation (but no more than up to the age of twenty-three) (3.9 MCI).

In addition, these categorical transfers are also provided to individuals who participated in the liquidation of Chernobyl, families of soldiers who died during service, individuals with special merits, and victims of political repression. Foreign nationals and individuals without citizenship living in Kazakhstan on permanent basis have the right to draw the benefit just like nationals of Kazakhstan. The benefit is included in the system of state security services and is realized in the form monthly cash transfers to entitled citizens. These allowances were introduced in 1999, replacing earlier cash and in-kind privileges and subsidies. The SSA are financed from the republican budget.

The average benefit amount has increased over the period. But even with this positive trend, the average benefit is considerably lower than the subsistence minimum. Children with special needs, including children who are brought up in large families find themselves often in a fairly difficult financial position.

Children with disabilities, along with special state benefits, are provided with other forms of state support. For example, with a view of social support for families raising children with disabilities, in all regions material support financed from local budgets is provided to children with disabilities which are raised at home. The average monthly cash transfer amount for the period of education of a child is nearly 4 thousand tenge (approximately 27 USD). In an effort to support the parents (guardians) of children with special needs, the able-bodied family members are granted tax privileges. Thus, the income of one of the parents of a child with disability is tax exempt up to 55 times the minimum wage. Also, this category of citizens is exempted from land taxes as well as from duties and fees.

Finally, housing allowances are provided to recipients of special state allowances and low-income families. The allowance contributes to the payment of housing and utilities. Poor households are eligible if actual housing and utility costs exceed a certain percentage of total household income (Gassmann, 2011).

TABLE 21. MEAN SIZE OF SPECIAL STATE ALLOWANCES, PER END OF YEAR IN KZT, 2006–2010

	2006	2007	2008	2009	2010
Average social benefit awarded	2690	2801	2934	3198	4058
Children with disabilities under 16 years old	927	983	1052	1167	1272
Mothers of many children awarded with "Altyn alka", "Kumis alka" pendants or previously received the title "Mother-Heroine ", awarded the Order of "Maternal Glory" I or II grade	4017	4259	4556	5055	8478
Families having four and more children	4017	4259	4556	5055	5511

SOURCE: *Agency of Statistics*

TARGETING PERFORMANCE OF SOCIAL ASSISTANCE BENEFITS

TABLE 22. COVERAGE RATES SOCIAL ASSISTANCE BENEFITS, PERCENT, 2007

	Coverage (direct beneficiaries only)						Coverage (direct and indirect beneficiaries)					
	Total	Q 1	Q 2	Q 3	Q 4	Q 5	Total	Q 1	Q 2	Q 3	Q 4	Q 5
All social assistance	9.2	12.5	8.7	8	8	8.9	27.9	51.6	29.5	22.3	18.9	17.2
Targeted Assistance	0.2	0.6	0.2	0.1	0	0.1	0.9	3.1	0.8	0.2	0.1	0.1
Housing Assistance	0.2	0.1	0.1	0.2	0.3	0.3	0.4	0.5	0.4	0.3	0.3	0.4
Social Allowance	3.4	6.3	3.5	2.9	2.3	2.3	12	25.1	12.6	9.7	7	5.8
Special Allowance	4.2	6.4	4.2	3.8	3.1	3.4	14.8	31.7	16.1	11.8	7.7	6.7
One-time social transfers	3.1	1.6	2.6	2.7	4	4.4	7.1	6	6.9	5.5	9	8.3

SOURCE: World Bank, 2009

In order to assess the effectiveness of social assistance transfers in reaching the poorest, we analyze the coverage, distribution and generorisity of the various transfers. The following tables are based on analysis performed by the World Bank based on Household Budget Survey (HBS) data from 2007 (World Bank, 2009). This is the latest available information. Table 22 presents coverage rates for the total population and per welfare quintile. The left hand panel considers only direct beneficiaries, while the right hand panel includes all individuals living in a household receiving a certain transfer. In 2007, nine percent of the population was a direct beneficiary of any type of social assistance transfers. Indirectly, these transfers managed to reach almost 30 percent of the population. Social allowances and special state allowances are the largest programs. They reach 12 and 15 percent of the population respectively. Of the poorest twenty percent of the population, more than half benefit directly or indirectly from social assistance transfers. More than 30 percent live in a household receivng special state allowances, and one in four benefits from social allowances. Targeted Social Assistance (TSA), in fact the only benefit specifically targeted at poor households, reaches as little as three percent of the poorest quintile.

Although TSA reaches only a very small group of beneficiaires, the transfer is highly progressive (Table 23). More than 70 percent of TSA is received by the poorest twenty percent. The other transfers score less with respect to targeting performance. Both, social allowances and special state allowances are slightly progressive. Almost 40 percent of total transfers is reaching the poorest quintile. In terms of generosity, social allowances are most important for the poorest households. They account for 23 percent of total household consumption. The TSA contributes 13 percent to total household consumption. In the absence of social assistance, the poverty rate would have been three percentage points higher in 2007, representing a relative reduction of 19 percent. The poverty gap is reduced with 41 percent after social assistance transfers. By far the largest impact can be associated to social allowances. The poverty

TABLE 23. DISTRIBUTION OF SOCIAL ASSISTANCE TRANSFERS, PERCENT, 2007

	Total	Q 1	Q 2	Q 3	Q 4	Q 5
All social assistance	100	39.6	19.5	15.6	11.8	13.5
Targeted Assistance	100	72.4	13.8	7	1	5.8
Housing Assistance	100	24.4	17.2	18.3	15.7	24.4
Social Allowance	100	38.8	19.9	15.6	13.1	12.6
Special Allowance	100	39.9	20	16.1	11	12.9
One-time social transfers	100	21.8	22.7	12.7	17.7	25.1

SOURCE: World Bank, 2009

TABLE 24. TRANSFER AS PERCENT OF HOUSEHOLD CONSUMPTION (RECIPIENTS ONLY), PERCENT, 2007						
	Total	Q 1	Q 2	Q 3	Q 4	Q 5
All social assistance	10.2	19.1	11.4	9.5	6.6	5.2
Targeted Assistance	10.4	13.2	6	7.5	2.9	10.3
Housing Assistance	4.5	7.8	5.9	5.5	3.8	2.8
Social Allowance	14.6	22.7	15.6	12.7	11.4	8.6
Special Allowance	5.8	8.9	6	5.2	4.1	3.6
One-time social transfers	2.9	8.3	5.2	2.9	2	1.8
SOURCE: World Bank, 2009 г.						

reduction impact of social allowances is estimated at 12 percent (in relative terms), and the relative reduction of the poverty gap is 22 percent. On the other hand, TSA has almost no measurable effect on poverty (World Bank, 2009).

6.2. SOCIAL SUPPORT SERVICES

In addition to financial support of families, the Government provides social support services for vulnerable groups including children. In Kazakhstan, such a system consists of multiple elements.

The child protection system in Kazakhstan provides services to orphans, children left without parental care and children with disabilities. The Government attaches vital importance to the social support of children without parental care. Orphanhood, including social orphanhood, persists and remains one of the most pressing problems for the country. Despite a decrease in number of orphans, the number of children left without parental care is still fairly high (see Figure 33). The drop in the number of orphans is largely a reflection of a decrease in the number of residential child care institutions.

The explanation of this may lie in gradual stabilization of the economic welfare of the population and implementation of state programmes "Children of Kazakhstan"[15], according to which a gradual reduction in the number of orphans living in institutions, and in the number of institutions themselves, was planned through the development of alternative forms of placing orphans in guest, foster and adoptive families, opening of child villages, family-type orphanages, and homes of youth.

Orphans and children left without parental care are on full state support. In line with Government Resolution of May 17, 2000 № 738 about Amount and Sources of Social Assistance for Citizens during Studying, the state care for this group of children encompasses free accommodation, food, clothing, education, health care, provision of textbooks, soft inventory and equipment. On average, 500-700 thousand tenge are allocated from the national budget for a child under state care per year[16]. Children from 0 to 18 who lost one parent or both parents, studying citizens, 18 years or older are entitled to survivor benefit until they finish education institution in secondary education, higher and post secondary education (the Law on Disability, Survivor and Old-Age State Social Benefit in the Republic of Kazakhstan). Moreover, support for orphans and children without parental care is rendered in form of a quota for admission to universities.

Under the National Programme, foster care has seen most substantial progress during 2006 -2010, where there has been an increase of 1,791 registered orphans placed in foster care over this period. However, other alternative forms of care for orphans are not progressing that well. During the programme period, the number of family-type homes decreased by one unit only. The number of

[15] Children of Kazakhstan – National Programme of Kazakhstan, main purpose of the development and implementation of which is to improve the quality of life of children by securing social and legal guarantees. Implementation period 2007-2011. Program Budget - 10 507.047 mln. tenge. Developer – Ministry of Education and Science of the Republic of Kazakhstan.

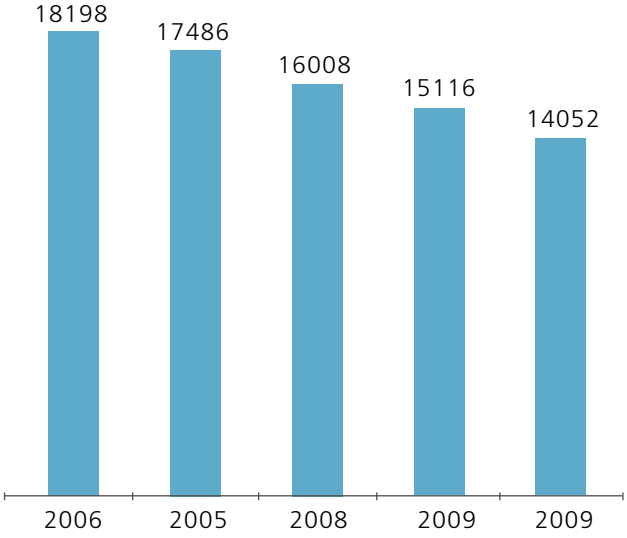
[16] Source of this information is Ministry of Education of the Republic of Kazakhstan. http://esil.akmoedu.kz/index.php?p=docs-view&d=05FC413E94DA13D3

children placed in family care in 2010 was 22,067, which is nine thousand less in comparison with that of 2006 (Ministry of Education and Science, 2012).

Social support for children with disabilities is implemented in line with the laws of the Republic of Kazakhstan on the Social, Medical and Educational Support for Children with Disabilities, on Special Social Services and the Law of the Republic of Kazakhstan on Social Protection of Persons with Disabilities. In addition, children with disabilities are supported under the Law on Social, Medical and Educational Support for Children with Disabilities, ensuring the rights of children with disabilities to receive medical, educational and social services. Consistent support of children requiring special attention from the state is envisaged in the National Long Term Action Plan (2012) for ensuring the rights and improving the quality of life for persons with disabilities for 2012-2018. The action plan provides access for children with disabilities to buildings and facilities, housing, health services, education, information, including communication, electronic and emergency services, service sector, labour and employment, participation in cultural and sporting, political and social life, leisure and recreation, raising population awareness of disability issues, modernization of medical and social expertise, advancing systems of social protection, rehabilitation of persons with disabilities, enhancing efficiency of rehabilitation and special social services.

FIGURE 33.

NUMBER OF ORPHANS, CHILDREN LEFT WITHOUT PARENTAL CARE LIVING IN INSTITUTIONS OVER 2005-2010



Number of orphans and children left without parental care in institutions

SOURCE: Living Standards in Kazakhstan, 2006–2010. Statistical Bulletin of the AOS of Kazakhstan

7. DISCUSSION AND CONCLUSION

Despite impressive levels of economic growth, and concurrent rise in overall living standards, in Kazakhstan in the past 15 years, children remain a particularly vulnerable group. They consistently face a higher risk of poverty than adults do, and particular areas of well-being for children still require great improvements. Also, equity is a concern with stark differences persist between different groups of children in the country, particularly between those living in different regions. This study provides a detailed analysis of the situation of children in Kazakhstan, considering outcomes in terms of monetary poverty and areas of multidimensional well-being.

The analysis of monetary poverty vis-à-vis the country's overall economic performance shows that there are great regional discrepancies, and that monetary poverty levels do not move hand-in-hand with economic output. Mangistau region is a particular example; it has one of the highest economic outputs in the country, but also one of the highest levels of poverty coupled with low levels of child well-being. A consideration of poverty levels over time, and particularly the last five years, shows that although poverty is less prevalent amongst the urban population, they are not very resilient to shocks. The economic crisis in the late 2000s caused a large rise in poverty levels in urban areas, whilst they did not increase for the rural population. That said, poverty levels in rural areas are persistently high over time, suggesting that it is very hard for rural children and families to escape from this vicious cycle.

The analysis of multidimensional child well-being shows that regional disparities are stark, but that the ranking of regions in terms of child well-being depends on the area of well-being under consideration. It is not necessarily the case that those regions with higher levels of economic activity and development also have the highest levels of well-being for children. Areas of well-being that are of particular interest include education and water & sanitation. Well-being rates are lowest in these domains, with large differences between children in different demographic groups. Children below or above primary school age are particularly vulnerable in terms of education. Access to safe drinking water is a concern for many children living in rural areas, and particularly in the regions of Mangistau, Zhambul and Western Kazakhstan where 50 percent or less are ensured of safe drinking water.

The mapping of social policy for children shows that a number of schemes are in place to support children living in poor and vulnerable conditions. Social allowances, targeted social assistance and special state allowances provide monthly cash benefits to children, children in poor households or children with special conditions such as disabled children. Spending in tenge and the share of beneficiaries as a proportion of the total population are largest in terms of social allowances, with the share of beneficiaries having remained fairly stable over recent years. Although the benefit has increased, and thereby, the overall amount spent on social allowances, the monthly transfer is lower than the subsistence minimum and not sufficient to cover for all children's basic needs. Benefit levels are equally low in terms of special state allowances and targeted social assistance. Targeted social assistance only covers a small proportion of the population in need and has little impact in terms of poverty reduction, despite the fact that it is well-targeted. Social allowances do result in significant reductions in poverty headcount and depth. Social support services for children have largely focused on providing alternative care for children in institutional care. Although many improvements have been made to provide better care for children by placing children in foster care, for example, many challenges still remain.

Against the backdrop of these findings, a number of important messages can be taken from the analysis of monetary and poverty and child well-being: (i) children are more likely to experience poverty than adults are, (ii) differences between regions are large and breakdowns by urban and rural areas show that within regions, the situation for children may be very different, and (iii) different indicators provide different pictures of where and who the poor and deprived children are. Hence, this study provides strong arguments for further comprehensive monitoring of child well-being with indicators at rayon, rather than oblast level. This study points towards regions performing poorly in terms of well-being despite economic output, such as Mangistau, but more information is needed about where and who the most deprived and vulnerable children are within regions. As noted, the range of indicators included in this child poverty and well-being study is limited, and future efforts should also aim to expand the set of indicators to include more information about quality of services and outcomes for children.

ANNEX 1: CHILD WELL-BEING

In formal terms, the Indicator Well-Being (IWB) rate can be denoted as follows:

$$IWB_i = \frac{\sum_{x=1}^{n} \mathrm{I}_{ix}}{n}$$

where n represents all children for which the indicator is observable and Ix represents a dichotomous variable with value 1 if the child has reached the indicator threshold and thus considered to be well-off and value 0 if the child does not meet the threshold and is deprived.

The Domain Well-Being (DWB) rates for Kazakhstan represent the proportions of children that are deemed to have a sufficient level of well-being within the respective domain. All indicators receive equal weights within their respective domains and the sufficient level of well-being is set at 70 percent.

In formal terms, the DWB rates can be denoted as follows:

$$DWB_d = \frac{\sum_{x=1}^{N_d} D_{dx}}{N_d}$$

where N_d represents the full sample size of children for which domain-level information is available and D_{dx} represents a dichotomous variable with value 1 if a child has reached a satisfactory level of well-being in the respective domain:

$$DWB_{dx} = 1 \quad \text{if} \quad \sum_{x=1}^{i} w_{xi} I_{dx} \geq 70$$

where I_{dx} represents indicator well-being for every child for the indicators within the respective domains and w_{xi} denotes the indicator weight.

When following an equal-weighting strategy within each domain, the weighting schemes by domain for children in different age groups are as presented in Tables 25-30. Indicator weights are thus determined by the number of indicators observable within each domain for children in the particular age groups.

TABLE 25. WEIGHTING SCHEME NUTRITION

Age group	Indicator	Weight
0	Is child well-nourished? (WHO standards)[17]	100%
1–2	Is child well-nourished? (WHO standards)	100%
3–4	Is child well-nourished? (WHO standards)	100%
5	no indicators	
6–17	no indicators	

TABLE 26. WEIGHTING SCHEME EDUCATION

Age group	Indicator	Weight
0	no indicators	
1–2	no indicators	
3–4	Has the child engaged in learning activities with an adult household member?	50%
	Does the child have at least one book/picture book in the household?	50%
6–17	Is child enrolled in ECD/pre-school?	100%
6–17 лет	Is child net-enrolled?	100%

[17] This indicator is a combination of the indicators for weight-for-age, height-for-age and weight-for-height. A child is considered well-nourished if it does not experience malnutrition according to any of these three indicators.

TABLE 27. WEIGHTING SCHEME HEALTH		
Age group	Indicator	Weight
0	no indicators[18]	
1–2	Has the child received the appropriate number of vaccinations?	50%
	Is the child exposed to acceptable levels of tobacco smoke?	50%
3-4	Has the child received the appropriate number of vaccinations?	50%
	Is the child exposed to acceptable levels of tobacco smoke?	50%
5	no indicators	
6–17	no indicators	

TABLE 28. WEIGHTING SCHEME HOUSING		
Age group	Indicator	Weight
0	Does the child live in a dwelling with proper housing?[19]	100%
1–2	Does the child live in a dwelling with proper housing?	100%
3–4	Does the child live in a dwelling with proper housing?	100%
5	Does the child live in a dwelling with proper housing?	100%
6–17	Does the child live in a dwelling with proper housing?	100%

TABLE 29. WEIGHTING SCHEME WATER & SANITATION		
Age group	Indicator	Weight
0	Does child have access to safe drinking water?	33.3%
	Does child live within reasonable distance to safe drinking water?	33.3%
	Does child have access to improved/safe toilet facility?	33.3%
1–2	Does child have access to safe drinking water?	33.3%
	Does child live within reasonable distance to safe drinking water?	33.3%
	Does child have access to improved/safe toilet facility?	33.3%
3–4	Does child have access to safe drinking water?	33.3%
	Does child live within reasonable distance to safe drinking water?	33.3%
	Does child have access to improved/safe toilet facility?	33.3%
5	Does child have access to safe drinking water?	33.3%
	Does child live within reasonable distance to safe drinking water?	33.3%
	Does child have access to improved/safe toilet facility?	33.3%
6–17	Does child have access to safe drinking water?	33.3%
	Does child live within reasonable distance to safe drinking water?	33.3%
	Does child have access to improved/safe toilet facility?	33.3%

[18] Although exposure to tobacco smoke is available information for children aged 0, 5 and 6-17, it was deemed inappropriate to capture the overall level of well-being in the health domain.

[19] This indicator is a combination of the indicators for roof, floor and walls. A child is considered well-nourished if it lives in a house with proper materials for all three housing elements.

TABLE 30. WEIGHTING SCHEME SOCIAL INCLUSION & PROTECTION		
Age group	Indicator	Weight
0	Is child being disciplined in acceptable manner?	25%
	Is child protected from receiving physical punishment?	25%
	Does child have access to information?	25%
	Does the child live in a household with any means of transportation?	25%
1–2	Is child being disciplined in acceptable manner?	25%
	Is child protected from receiving physical punishment?	25%
	Does child have access to information?	25%
	Does the child live in a household with any means of transportation?	25%
3–4	Is child being disciplined in acceptable manner?	25%
	Is child protected from receiving physical punishment?	25%
	Does child have access to information?	25%
	Does the child live in a household with any means of transportation?	25%
5	Is child being disciplined in acceptable manner?	25%
	Is child protected from receiving physical punishment?	25%
	Does child have access to information?	25%
	Does the child live in a household with any means of transportation?	25%
6–17	Is child being disciplined in acceptable manner?	25%
	Is child protected from receiving physical punishment?	25%
	Does child have access to information?	25%
	Does the child live in a household with any means of transportation?	25%

The Child Well-Being (CWB) rate represents the proportion of children that is deemed to have a sufficient level of well-being and thus considers the level of achievement rather than deprivation. The sufficient level of well-being is set at 70 percent. Following an equal weighting strategy implies that domain weights are calculated by dividing 100 percent by the number of domains. Domain weights differ across the four age groups as not all domains are available for all age groups. Weights are presented in Table 31.

In formal terms, the CWB rate can be denoted as follows:

$$CWB = \frac{\sum_{x=1}^{N} WB_x}{N}$$

where N represents the full sample size of children and WB_x represents a dichotomous variable with value 1 if a child has reached a satisfactory level of well-being:

$$WB_{dx} = 1 \quad \text{if} \quad \sum_{x=1}^{d=1} w_{xd} D_{xd} \geq 70$$

where D_x represents domain well-being for every child and wd denotes the domain weight. The domain weights are determined by the number of total domains observable for that particular age group, implying an equal weighting scheme across domains (i.e. we do not consider a particular domain to be more or less important than another domain).

TABLE 31. WEIGHTING SCHEME DOMAINS MICS		
Age group	Domain	Weight
0	Nutrition	25%
	Housing & transportation	25%
	Water & sanitation	25%
	Social inclusion & protection	25%
1–2	Nutrition	20%
	Health	20%
	Housing & transportation	20%
	Water & sanitation	20%
	Social inclusion & protection	20%
3–4	Nutrition	16.66%
	Education	16.66%
	Health	16.66%
	Housing & transportation	16.66%
	Water & sanitation	16.66%
	Social inclusion & protection	16.66%
5	Education	25%
	Housing & transportation	25%
	Water & sanitation	25%
	Social inclusion & protection	25%
6–17	Education	25%
	Housing & transportation	25%
	Water & sanitation	25%
	Social inclusion & protection	25%

ANNEX 2 REGIONAL LEAGUE TABLES

TABLE 32. LEAGUE TABLE, CHILDREN AGED 0

Oblast	Nutrition	Housing	Water and Sanitation	Social inclusion and protection	Child well-being
Akmola	4	12	4	7	6
Aktobe	14	9	8	3	8
Almaty	10	15	10	4	10
Almaty city	16	16	1	1	14
Astana city	13	8	2	2	3
Atyrau	11	4	7	8	4
East Kazakhstan	15	14	9	9	16
Zhambul	6	10	13	6	7
West Kazakhstan	5	7	15	12	9
Karaganda	2	6	5	13	2
Kostanay	7	1	14	16	13
Kyzylorda	3	13	6	11	5
Mangistau	8	3	16	14	11
Pavlodar	1	2	3	5	1
North Kazakhstan	9	5	12	15	15
South Kazakhstan	12	11	11	10	12

TABLE 33. LEAGUE TABLE, CHILDREN AGED 1–2

Oblast	Nutrition	Health	Housing	Water and Sanitation	Social inclusion and protection	Child well-being
Akmola	6	10	12	6	9	7
Aktobe	16	8	5	5	5	13
Almaty	9	4	16	11	4	9
Almaty city	10	11	15	1	2	5
Astana city	15	7	8	2	1	1
Atyrau	14	16	2	8	3	12
East Kazakhstan	13	14	14	10	12	15
Zhambul	11	5	11	13	10	11
West Kazakhstan	5	3	1	14	14	8
Karaganda	1	6	3	7	6	3
Kostanay	3	12	9	15	16	16
Kyzylorda	2	1	7	4	11	2
Mangistau	8	15	4	16	13	14
Pavlodar	7	9	6	3	7	4
North Kazakhstan	4	13	10	12	15	10
South Kazakhstan	12	2	13	9	8	6

TABLE 34. LEAGUE TABLE, CHILDREN AGED 5					
Oblast	Education	Housing	Water and Sanitation	Social inclusion and protection	Child well-being
Akmola	6	8	5	8	5
Aktobe	9	10	10	10	13
Almaty	16	16	13	4	14
Almaty city	12	13	1	1	2
Astana city	3	7	2	2	1
Atyrau	8	3	9	3	6
East Kazakhstan	11	9	6	12	10
Zhambul	4	14	11	14	11
West Kazakhstan	1	6	15	5	7
Karaganda	7	5	8	13	9
Kostanay	10	1	7	11	8
Kyzylorda	14	11	4	6	3
Mangistau	13	4	16	16	16
Pavlodar	2	2	3	9	4
North Kazakhstan	5	12	14	15	12
South Kazakhstan	15	15	12	7	15

ANNEX 3 INDICATOR WELL-BEING TABLES

TABLE 35. INDICATOR WELL-BEING RATES EDUCATION				
indicator name	books	learning activities	ECD/ pre-school	net enrolment
age range	age 3-4	age 3-4	age 5	age 6-17
sample size				
Total	81	74.9	40.7	82.9
Gender				
Male	79.4	74.7	39.8	82.2
Female	82.6	75.1	41.5	83.5
Area				
Urban	91.1	81.7	50.6	81.8
Rural	73.4	69.9	33.5	83.6
State/Division				
Akmola	89.6	79.1	52.7	84.9
Aktobe	84.4	80.3	50.5	83.2
Almaty	87	78.4	16	80.4
Almaty city	100	100	40.3	82.1
Astana city	100	87.9	60.4	82.1
Atyrau	84	74.9	50.8	85.1
East Kazakhstan	86.8	84.4	43.6	82.4
Zhambul	80.9	64.7	58.2	80.6
West Kazakhstan	81.6	83.8	66.2	82.8
Karaganda	87.8	81	52.7	83.2
Kostanay	98.1	87.2	48.4	84.3
Kyzylorda	67.5	70.4	35.4	86.6
Mangistau	62	93.1	37.3	81.4
Pavlodar	85.5	76.1	62.9	83
North Kazakhstan	90.3	86.4	56	84.1
South Kazakhstan	70.6	59.3	27.9	83.4
Age groups				
3	76.9	50.8	n.a.	n.a.
4	85.1	100	n.a.	n.a.
5	n.a.	n.a.	40.7	n.a.
6	n.a.	n.a.	n.a.	81
7	n.a.	n.a.	n.a.	98.2
8	n.a.	n.a.	n.a.	99
9	n.a.	n.a.	n.a.	99.1
10	n.a.	n.a.	n.a.	99.8
11	n.a.	n.a.	n.a.	95.7
12	n.a.	n.a.	n.a.	99.6
13	n.a.	n.a.	n.a.	99.6
14	n.a.	n.a.	n.a.	99.9
15	n.a.	n.a.	n.a.	99
16	n.a.	n.a.	n.a.	18.9
17	n.a.	n.a.	n.a.	4.2

TABLE 36. INDICATOR WELL-BEING RATES NUTRITION									
indicator name	weight-for-age (WHO)	weight-for-age (WHO)	weight-for-age (WHO)	height-for-age (WHO)	height-for-age (WHO)	height-for-age (WHO)	weight-for-height (WHO)	weight-for-height (WHO)	weight-for-height (WHO)
age range	age 0	age 1-2	age 3-4	age 0	age 1-2	age 3-4	age 0	age 1-2	age 3-4
sample size									
Total	93.7	96.5	97.7	88.6	84.1	90.2	91.5	97.8	97
Gender									
Male	92.9	96.7	97.8	88.8	83.5	90.8	90.9	97.9	96.4
Female	94.5	96.3	97.6	88.4	84.7	89.5	92.1	97.7	97.7
Area									
Urban	93.2	96.5	97.3	90.3	84.6	90.8	91.1	97.2	96
Rural	94.2	96.5	98.1	87.2	83.7	89.7	91.8	98.3	97.8
State/Division									
Akmola	98.4	97.5	99.1	93.5	88.9	97.5	96	99.1	97.2
Aktobe	92.4	83.3	91.3	73.1	55.1	68.1	92	90.9	92.4
Almaty	92.7	95.7	96.1	86.7	85.8	93.9	93.5	97.1	97.1
Almaty city	82.1	93.8	96.8	67.5	85.6	95.7	89.7	96.8	92
Astana city	98.4	96.5	97.4	80.9	71.6	88.5	86	98	97.8
Atyrau	94.4	98.1	97.5	81.3	80.9	86.7	95.1	98.6	98.2
East Kazakhstan	82.6	94.6	98.2	83.4	84.6	83.4	86.2	96.4	92.7
Zhambul	93.9	97	99.1	92.5	81.6	85.3	92.4	99.4	98.8
West Kazakhstan	93.2	98.1	97.5	95	88.6	86.2	91.2	100	99.1
Karaganda	96.2	99.1	97.9	100	94.7	94.9	100	100	99.5
Kostanay	96.9	100	97.6	82.8	89.8	86.2	98.7	100	100
Kyzylorda	95.5	99.5	97.9	93.3	91.5	93.6	98	100	98.3
Mangistau	92.9	96.4	98.4	91.3	86	94.9	92.4	97.8	97.6
Pavlodar	100	96.9	98.4	97.2	89.9	92.3	100	96.3	97.7
North Kazakhstan	97.5	98.8	96.3	84.8	90.5	89	96.9	99.3	98.3
South Kazakhstan	94.6	97.2	99.1	90	83.1	92.7	83.9	97.5	96.7

TABLE 37. INDICATOR WELL-BEING RATES HEALTH				
indicator name	immunization	immunization	exposure to tobacco smoke	exposure to tobacco smoke
age range	age 1-2	age 3-4	age 1-2	age 3-4
sample size	85.4	89.5	90.8	90.1
Total				
Gender				
Male	86.5	89.9	91.8	90.8
Female	84.4	89.1	89.8	89.4
Area				
Urban	82.8	89.5	91.9	90.1
Rural	87.4	89.6	90	90.2
State/Division				
Akmola	79.4	87.9	88	88.7
Aktobe	76.6	89.7	95.7	94.9
Almaty	89.2	87.4	90.9	86.1
Almaty city	72.2	92.1	93.9	97.6
Astana city	82.8	91.1	90.1	88.9
Atyrau	59.6	63.8	85.1	80.5
East Kazakhstan	73.6	78	87.8	90.6
Zhambul	94.7	95.9	85.1	86.7
West Kazakhstan	94.7	97.5	91.9	96.9
Karaganda	80	83	92.5	90.1
Kostanay	83.8	84.5	83.8	84.7
Kyzylorda	99.2	97.8	94.8	93.6
Mangistau	80.1	86.7	78.6	79
Pavlodar	87.9	91.8	79.7	86.8
North Kazakhstan	84.9	83.5	79.5	83.2
South Kazakhstan	90.8	95.5	97.9	95.5
Age groups				
1	82.6	n.a.	79.9	n.a.
2	88.2	n.a.	75.4	n.a.
3	n.a.	90.8	n.a.	90.7
4	n.a.	88.3	n.a.	89.6

TABLE 38. INDICATOR WELL-BEING RATES HOUSING

indicator name	floor	floor	floor	floor	floor	roof	roof	roof	roof	roof	wall	wall	wall	wall	wall
age range	0	1-2	3-4	5	6-17	0	1-2	3-4	5	6-17	0	1-2	3-4	5	6-17
sample size															
Total	97.9	98.8	98.3	97.5	98.4	90.7	91.1	91	92.1	91.2	98.9	98.8	98.8	98.8	98.1
Gender															
Male	97.5	98.5	97.5	98.6	98.4	88.7	90.2	90.7	92.1	91.1	98.9	99.1	98.7	98	98.1
Female	98.2	99.1	99.2	96.7	98.4	92.6	92	91.5	92	91.4	98.9	98.6	99	99.5	98.1
Area															
Urban	99.5	99.9	99.2	99.6	99.7	90.1	90.4	90.8	92.7	89.7	99	99.5	99.2	99	98.4
Rural	96.5	97.9	97.7	96	97.3	91.2	91.6	91.2	91.6	92.3	98.9	98.3	98.6	98.7	97.8
State/Division															
Akmola	100	100	100	100	100	93.4	91.8	95.2	95.7	93	92.5	96.6	97.1	96.8	93
Aktobe	94.9	98.6	100	100	99.7	96.2	97.4	92.7	98.4	94.7	100	98.9	98.9	92.1	97.9
Almaty	98.1	100	97.4	100	99.8	77.3	75.7	81.3	83.1	84.4	100	99.5	100	98.8	97
Almaty city	100	100	98	100	100	58.8	75.7	74	89.9	75.6	95.8	100	100	98.2	96.2
Astana city	100	100	100	100	100	91.5	92.2	93.7	94.2	89	100	100	100	98.4	99.3
Atyrau	100	100	99.3	100	98.7	98.8	97.1	94	97.3	95.6	98.7	100	100	100	99.6
East Kazakhstan	100	100	100	100	100	80.9	89.7	90	92.2	85	90.6	88.5	86.5	100	91
Zhambul	100	100	100	100	100	89	91	91.3	86.7	90.6	100	98.8	100	98.6	99.5
West Kazakhstan	96.3	100	98.7	100	99	96.1	97.7	97.6	95	96.8	100	100	98.5	98	99.8
Karaganda	100	100	100	100	100	98.2	97.9	96.4	94.9	95.9	98.6	97.7	99	98.3	95.8
Kostanay	100	100	100	100	100	100	92	100	100	97.1	100	100	99.3	100	99.9
Kyzylorda	98.7	99.1	95.7	97.4	97.1	88.7	93.4	91.4	94.4	94.8	100	100	100	98.7	99.6
Mangistau	100	100	100	100	100	98.8	96.2	95.2	96.8	97	100	100	100	100	100
Pavlodar	100	100	100	100	100	100	94.9	98.7	98	97.7	100	100	100	100	100
North Kazakhstan	100	100	100	100	100	97.3	91.7	90.4	89.2	91.5	100	98.4	99	100	98.8
South Kazakhstan	93.9	95.8	96.1	91.2	94.6	92.9	91.9	90.7	92.4	91.9	100	100	100	100	99.9

TABLE 39. INDICATOR WELL-BEING RATES WATER AND SANITATION

indicator name	drinking water	drinking water	drinking water	drinking water	drinking water	distance drinking water	distance drinking water	distance drinking water	distance drinking water	distance drinking water
age range	age 0	age 1-2	age 3-4	age 5	age 6-17	age 0	age 1-2	age 3-4	age 5	age 6-17
sample size										
Total	68.7	66	68.7	68.4	68.3	92.8	91.9	90.9	91.9	90.7
Gender										
Male	69.7	65.6	68.4	67.7	67.9	92.4	91.5	90	92.6	90.3
Female	67.7	66.4	68.9	69	68.6	93.2	92.3	92	91.3	91.1
Area										
Urban	93.2	90.3	92.2	91.8	92	97.2	96.2	96.7	96.8	96.5
Rural	48.7	46.9	51.2	51.3	50.7	89.3	88.5	86.7	88.3	86.4
State/Division										
Akmola	92.3	81.7	83	77.5	80.7	90.7	84.3	84	88.9	87.2
Aktobe	84.1	87.9	79.5	72.2	83.6	87.4	85.3	90.3	88.1	90.3
Almaty	67.2	60	59.8	63.1	63.2	93.6	88	89.4	88.4	85.9
Almaty city	100	100	100	100	100	100	100	100	100	100
Astana city	100	99.5	100	100	99	93.6	95.7	96.7	96.2	97.7
Atyrau	74.9	67.1	70.1	66	72.8	96.9	93	95.4	96.7	97.2
East Kazakhstan	67.8	60.1	70.5	74.6	67.7	94.8	90.8	84.5	90.3	87
Zhambul	55.3	51.1	56.7	61.7	50.5	91.6	91.8	94.9	92.1	94.2
West Kazakhstan	52.8	49.5	52.8	51.8	50.9	77.1	86.5	78.7	81	78.4
Karaganda	87.5	76.7	86.3	73.9	86.6	87.7	85.2	87	83.1	84.4
Kostanay	57.4	59.2	58.9	78.2	56.7	78.3	69.7	64.4	77.6	75.9
Kyzylorda	80.6	81.4	81.2	87.6	74.7	88.9	93.1	91	95	90.5
Mangistau	36.9	38.9	39.9	39.1	37.6	100	100	100	100	100
Pavlodar	92.7	89.5	79.4	85.4	82	90.9	86.8	89.2	96.8	87
North Kazakhstan	69.6	67.5	64.7	59.1	61.3	77.5	74.5	73.9	71	73.6
South Kazakhstan	61.4	60.4	64.5	59.7	64.4	99.4	99.7	97.5	97	97.7

TABLE 40. INDICATOR WELL-BEING RATES WATER AND SANITATION					
indicator name	hygienic sanitation	hygienic sanitation	hygienic sanitation	hygienic sanitation	hygienic sanitation
age range	age 0	age 1-2	age 3-4	age 5	age 6-17
sample size					
Total	98.8	99.2	99.2	99.3	98.9
Gender					
Male	98.8	99.3	99.1	99.5	98.8
Female	98.9	99.1	99.2	99.2	99
Area					
Urban	99.6	99.7	99.8	99.8	99.7
Rural	98.3	98.9	98.7	99	98.3
State/Division					
Akmola	100	100	100	100	99.2
Aktobe	97.8	98.9	100	100	99.5
Almaty	100	100	100	100	100
Almaty city	95.8	100	100	100	99.8
Astana city	98.4	100	99.5	100	99.2
Atyrau	100	100	100	100	100
East Kazakhstan	100	100	100	100	100
Zhambul	100	100	100	100	99.9
West Kazakhstan	100	100	100	100	99.6
Karaganda	100	100	99.3	100	98.2
Kostanay	100	100	100	100	99.9
Kyzylorda	97.5	100	98.4	100	98.6
Mangistau	87.9	87.7	86.4	85.7	81.6
Pavlodar	100	100	100	100	100
North Kazakhstan	100	100	100	99	99.6
South Kazakhstan	100	100	100	100	100

TABLE 41. INDICATOR WELL-BEING RATES SOCIAL INCLUSION AND PROTECTION

indicator name	discipline	discipline	discipline	discipline	discipline	physical punishment	physical punishment	physical punishment	physical punishment	physical punishment
age range	age 0	age 1-2	age 3-4	age 5	age 6-17	age 0	age 1-2	age 3-4	age 5	age 6-17
sample size										
Total	93.1	93.5	91.2	91.1	91.1	94.1	94.1	92.8	94.1	93.7
Gender										
Male	93.6	93.3	90.5	89.4	91.2	94.7	93.7	91.9	92.2	93.7
Female	92.6	93.8	91.9	92.5	91	93.4	94.5	93.7	95.6	93.8
Area										
Urban	92.1	92.9	90.2	91.5	91.1	94.1	95.1	94.1	94.6	94.5
Rural	94	94	91.9	90.8	91.1	94	93.3	91.8	93.7	93.2
State/Division										
Akmola	90.2	93.7	91.3	85.1	90.1	98.5	95.8	96.9	95.6	93.4
Aktobe	92.7	93.9	95	90.8	92.6	100	99.4	99.3	100	99.5
Almaty	94.4	95.8	94.9	92.1	94.4	96.8	98.3	99.3	100	98.4
Almaty city	95.3	97.3	97.8	100	96.6	100	96.5	100	98.2	97.9
Astana city	96.6	98	94.4	93.5	96.5	98.6	100	100	100	99.6
Atyrau	94.6	97.1	98.5	100	98.4	91.3	95.8	95.4	97.6	96.2
East Kazakhstan	98.4	95.2	90.5	94	92.6	86.1	90.6	83.7	88.2	91.1
Zhambul	97.6	97.6	93.8	91.6	96.6	93.5	90	93.7	89.3	92.3
West Kazakhstan	86.7	89.1	85.9	91.6	90	95.3	93.1	90.6	93.8	93.8
Karaganda	83.9	89.7	79.4	93.9	84.3	93.1	96.5	94.1	91.3	93.5
Kostanay	88.6	89.5	93.4	91.9	85.9	89	90	84.9	86.2	85.9
Kyzylorda	91.6	92	87.7	88.8	89.7	95.9	97.9	94.7	97.1	95.2
Mangistau	95	93.7	92.6	90	87.5	85.9	82	74.1	79	75.9
Pavlodar	92.6	93	91.9	79.4	87	98.1	96.9	95.7	89	94.4
North Kazakhstan	81.2	92.6	91	87.5	84.4	88.2	89.1	93.9	82.8	91.3
South Kazakhstan	94	92	90	89.6	90.4	94.7	94.2	91.5	96.1	94.3

TABLE 42. INDICATOR WELL-BEING RATES SOCIAL INCLUSION AND PROTECTION										
indicator name	information	information	information	information	information	transport	transport	transport	transport	transport
age range	age 0	age 1-2	age 3-4	age 5	age 6-17	age 0	age 1-2	age 3-4	age 5	age 6-17
sample size										
Total	97.1	96	96.7	96.9	96.2	54.7	54.7	52	54.9	51.2
Gender										
Male	97.5	95.6	96.9	97.6	96	55.8	53.8	51	54.9	52.1
Female	96.6	96.3	96.5	96.3	96.3	53.7	55.6	53.1	54.9	50.2
Area										
Urban	98.8	98	98.7	99.6	98.6	53.9	55	49	56.1	52.4
Rural	95.6	94.4	95.2	94.8	94.3	55.4	54.5	54.3	54.1	50.3
State/Division										
Akmola	94.5	95.9	96.4	100	95.1	58	50.9	47.8	49	48.8
Aktobe	98.6	98.6	99.3	96	98.3	51.8	51.6	42.2	42.5	46.8
Almaty	97.4	97.8	96.6	98	96.9	61.9	57.8	55.2	55.4	51.3
Almaty city	100	100	100	100	99.7	62.3	82.5	62.3	75.7	71.7
Astana city	100	100	100	100	99.2	70.9	80.6	75.1	75.2	76.8
Atyrau	100	98.8	98.9	100	98.6	46.2	51.1	48.7	48.7	42.1
East Kazakhstan	95.4	93.2	93.5	91	94.4	51.5	46.3	43.5	35	47.1
Zhambul	99.1	95.2	97.1	97.8	94.9	41.1	41.3	45.2	53.4	38.6
West Kazakhstan	96.2	94.6	95.4	98.6	97.3	40.8	53.9	51.3	36.5	45.5
Karaganda	96.8	97.5	99.3	93.1	96.3	57.9	53	49.6	57.7	47.8
Kostanay	90.8	89	90.6	93.3	92	53.1	53.3	56.3	72.1	47.6
Kyzylorda	98.4	93.9	94.7	95.6	96.4	53.6	50.3	40.8	50.7	44.1
Mangistau	99.2	100	99.3	98.6	98.9	62.4	58.9	57.1	38.7	52.6
Pavlodar	100	99.1	99.4	100	98.9	47.2	50.2	52.6	47.4	48.1
North Kazakhstan	94.9	90.9	90.6	93.4	93.9	40.7	39.2	46.9	49.9	49.5
South Kazakhstan	95.4	94.5	96.3	96.4	95	58.6	57.3	55.9	60.6	56.9

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