

# A SITUATION ANALYSIS OF CHILDREN IN KAZAKHSTAN

2019



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## EXECUTIVE SUMMARY

Kazakhstan has set the overarching objective of becoming one of the 30 most developed countries in the world by 2050. Children and adolescents in Kazakhstan, who constitute 31.4 per cent of the total population, should be the beneficiaries and active contributors to achieving these goals.

This Situation Analysis provides analysis and recommendations to ensure that children remain at the centre of the country's development priorities. It confirms measurable progress made in advancing the rights of children and identifies outstanding challenges.

Kazakhstan has created a solid enabling environment for realizing the rights of children.

It has ratified multiple international conventions, introduced policies and programmes addressing children's rights and established the function of the Ombudsperson for Children's Rights. It has maintained consistent levels of investment in the health, education and social sectors but they are lower than the averages for the Organisation for Economic Co-operation and Development (OECD). Evidence relevant to children's rights in Kazakhstan is relatively extensive, but comprehensive, multidisciplinary and disaggregated data on vulnerable groups of children are scarce.



Social norms, coupled with a lack of skills and economic opportunities mean children with disabilities are often not well looked after in their families, community-level health, early intervention and social services are limited or not available, particularly in rural areas.

## FINDINGS

In the area of health care, maternal mortality has fallen dramatically, but most maternal deaths that still occur are preventable. An increasing number of children are surviving in Kazakhstan, but concerns remain about the large proportion of under-five deaths that are preventable. Immunization rates are high but as a recent outbreak of measles demonstrated, additional efforts are needed to actively counter vaccine hesitancy among the population. Mother-to-child transmission of HIV has been practically eliminated. Injury remains a leading cause of death and hospitalization to children in Kazakhstan. In 2017, 4,189 children sustained injuries due to road accidents and 193 children died. **Social norms, coupled with a lack of skills and economic opportunities mean children with disabilities are often not well looked after in their families, community-level health, early intervention and social services are limited or not available, particularly in rural areas.**

Despite progress made in improving the nutritional status of women and children, child malnutrition, as well as unhealthy diets and obesity, are the most pressing health issues. Residents of Kazakhstan consume more salt than those of any other country in the world. Breastfeeding rates have improved, but only 38 per cent of children under the age of six months are exclusively breastfed: this is relatively low by international standards. In addition, the Code on Marketing Breastmilk Substitutes is insufficiently reflected in national legislation.



Only  
**38%**  
of children under  
6 months are exclusively  
breastfed

Impressive progress has been made in the area of education. With 15 years of education, the average person of working age in Kazakhstan is more educated than in many other post-Soviet states. The literacy rate of young people aged 15–24 years in Kazakhstan is 99.9 per cent. However, student learning outcomes, as measured by international tests, are below the OECD average. There is a need to improve the quality and relevance of education, as well as its contribution to employability, in order to promote market diversification and growth in productivity.

There has been increasing public investment and rapid expansion of early childhood education settings, with 90.5 per cent of 3-to 6-year-olds enrolled in programmes in 2017. Limited access to pre-school among children with disabilities and long waiting lists continue to be concerns.

The number of inclusive schools in Kazakhstan that are fully accessible and have properly trained educators for children with disabilities is constantly increasing, but their numbers are insufficient to support all children with special educational needs

and/or disabilities.

Some children stay out of school. The risk factors causing this include disability and limited opportunities for inclusion, low self-confidence and resilience, teenage pregnancy, lack of necessary documents, remoteness from school, violence and bullying in school, and lack of support from families.

The numbers of children living in poverty have fallen dramatically since 2000. Despite this, 15.6 per cent of children live in households in the lowest income decile and inequality among regions in Kazakhstan in terms of child poverty is significant. Coverage of social assistance is generally pro-poor and contributes to lowering income poverty, but the level of benefits targeting children in low-income families is too low. The 2019 reform of social assistance programmes and improved targeting methodology is expected to expand coverage of low-income families with children. Without well-resourced services to support families that face poverty or difficult situation, children run the risk of ending up in institutions, deprived of opportunities to grow and thrive in family environments.

Despite improvements in the legislative framework to prevent domestic violence, violence against children is widespread, in the home, in residential institutions, at school and on the streets. Children surveyed in institutions were twice as likely to experience physical violence from parents/adults (39.5 per cent) than children surveyed in schools (17.6 per cent). Sexual violence, sexual abuse and sexual exploitation of children remain a significant point of concern.

Children sentencing rates have been reduced in Kazakhstan. Nineteen specialized courts have been introduced for children, and juvenile judges have been appointed. More than 2,000 children and adolescents who have been victims of crime are not supported adequately.

The Government has recognized ensuring children can grow up in a family environment as a priority. Children and babies at risk of abandonment are better and earlier identified, and parents are better supported during pregnancy, at birth, and after giving birth. There are very limited community-level services for children with disabilities and they almost do not exist in rural areas. As a result, many children with disabilities end up in public residential care.

Social orphanhood, in which biological parent(s) are alive but are not engaged in the raising and taking care of their children, is acute. The number of cases of removal of parental rights remains high and was 3,153 in 2017.

Adolescence is increasingly seen in Kazakhstan as a 'second window of opportunity' to build on early investments, promote positive behaviours, and offer a second chance for those who have not fared well in early childhood.

Death by suicide remains one of the leading causes of adolescent mortality in the country. Mental health disorders and challenges – such as depression and anxiety – are linked to suicidal behaviour.

Professional services for children and youth who require mental health support are not always adequate to address complex mental health issues.

More than 70 per cent of 11- to 15-year-olds children use the internet, have mobile phones, and computers in Kazakhstan. No specific data are available on cyberbullying for the country.

Despite several legislative and policy initiatives in favour of equality between men and women, the persistence of discriminatory laws, social norms and practices and the inequalities experienced by the most marginalized groups of women and girls lead to de facto gender inequality. The most critical issues are violence against women, inequalities in the division of unpaid care work, violations of women's and girls' sexual and reproductive health and rights, and their unequal participation in private and public decision-making beyond national parliaments.

The following groups of vulnerable children require coordinated and focused support: children with disabilities; children in poor families; children and women experiencing violence, including sexual abuse; out-of-school children; children of unregistered internal and external migrants; and children and adolescents with poor mental health.





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# 1. INTRODUCTION

This Situation Analysis reflects UNICEF's assessment of the situation of children in Kazakhstan. It was produced by UNICEF, in consultation with the Government of Kazakhstan, the non-governmental sector, United Nations agencies and other partners. It confirms measurable achievements by Kazakhstan in advancing rights of children and youth, including a considerable reduction in under-five mortality and morbidity, the almost virtual elimination of mother-to-child transmission of HIV, the establishment of juvenile courts and the Child Rights Ombudsperson, and improvements in family support services. However, there are still rights shortfalls that make some groups of children vulnerable and prevent them from enjoying their rights and reaching their full potential. The report examines these shortfalls and contains recommendations to support the Government in realizing children's rights and achieving the Sustainable Development Goals (SDGs). Children's rights are reflected through

the Sustainable Development Agenda, but children's needs and priorities are particularly central in Goal 1 on poverty, Goal 2 on hunger, Goal 3 on health, Goal 4 on education, Goal 13 on climate change and Goal 16 on violence against children.

A wide range of reliable data sources were used to identify main trends and analyse multiple factors that enable and hinder the realization of children and women's rights in Kazakhstan. First, a comprehensive review of existing data, evidence and research on children and women in Kazakhstan was made in the health, nutrition, education, HIV, water and sanitation, environment, child and social protection and participation fields, using governmental and other statistical sources and international data. Second, the Situation Analysis identified core rights shortfalls and inequities. Third, to validate these findings and obtain richer information, especially with regards to those vulnerable groups where

the disaggregated data was not available, a set of data collection methods were employed including focus group discussions; semi-structured interviews; consultations with policymakers; structured observations during field visits; and life story interviews.

The research followed UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis and UNICEF procedures for Ethical Research Involving Children.

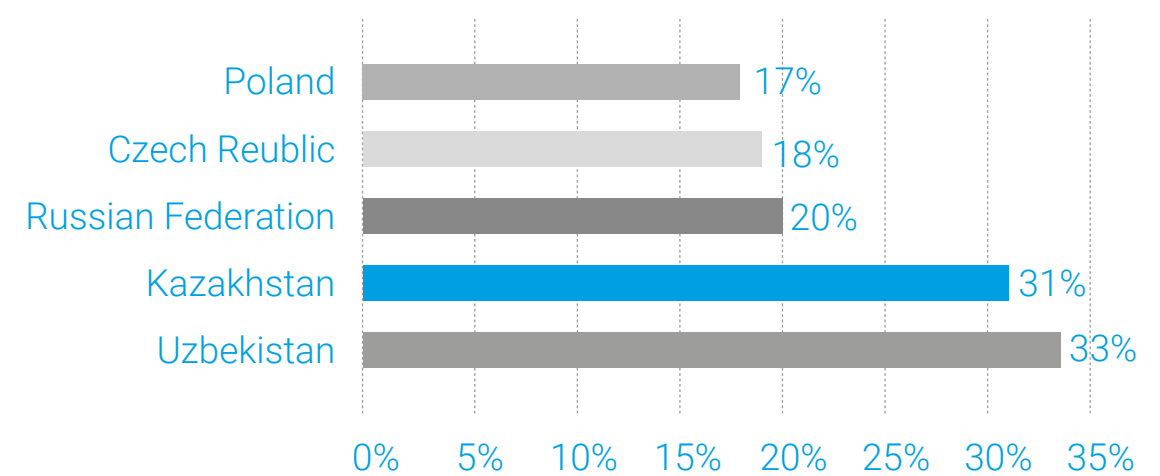
Following this introduction, Chapter 2 presents the context of Kazakhstan, Chapter 3 discusses the enabling environment for child and youth rights, and reviews current legislation and policies, state expenditure on children and available data, and Chapters 4-8 focus on children's rights to survival and thriving, learning, protection from violence and exploitation, living in a safe and clean environment and equitable chances in life. Conclusions and recommendations are provided in Chapters 9 and 10.

# 2. THE CONTEXT OF KAZAKHSTAN

The total population of Kazakhstan was estimated at 18.4 million in February 2019<sup>1</sup>, of whom 44 per cent lived in rural and 56 per cent in urban areas. In 2019, 5,944,816 0- to 17-year-olds lived in the country<sup>2</sup>. At **31.4 per cent of the total population**, this is higher than the Eastern Europe and Central Asia average of 22.2

per cent, but lower than in some neighbouring countries (see Figure 1). Most children in the country are ethnic Kazakhs (72.07 per cent), with significant proportions of ethnic Russians (15.95 per cent), Uzbeks (3.75 per cent), Ukrainians, Uyghurs, Tatars and Germans<sup>3</sup>. The official state languages are Kazakh and Russian.

Figure 1. Proportion of population aged 0-17 years (% of total population), 2017



Source: UNICEF, TransMonEE, Monitoring the situation of children and women in Europe and Central Asia, <http://transmonee.org/>

In Kazakhstan, the burden on working age people to sustain the economically dependent (those below 15 and older than 65) is growing. The share of those below the age of 15 is set to peak in the next few years and will subsequently decline. But this decline is outpaced by the rise in the share of the population over 65, resulting in an overall

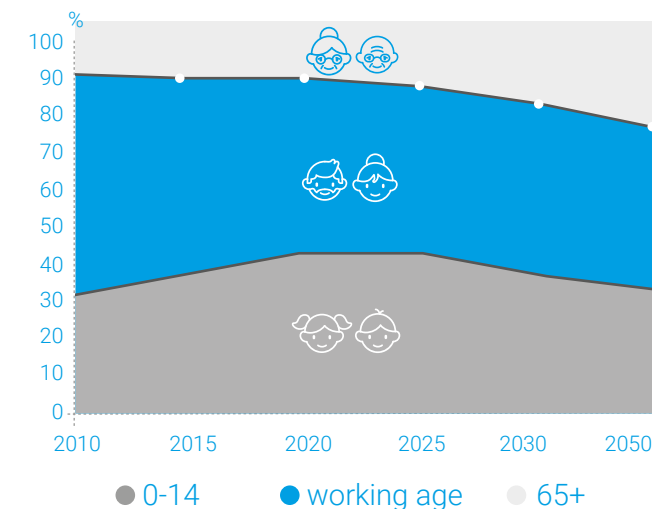
increase in the dependency ratio (see Figure 2). In order to sustain the economic growth, labour productivity has to increase. This can be achieved through heavier investment in human capital including youth, as well as measures that lead to full employment of women and men.



Kazakhstan set the overarching objective of becoming one of the 30 most developed countries in the world by 2050.



**Figure 2. Projected demographic make up of Kazakhstan, 2010-2050**



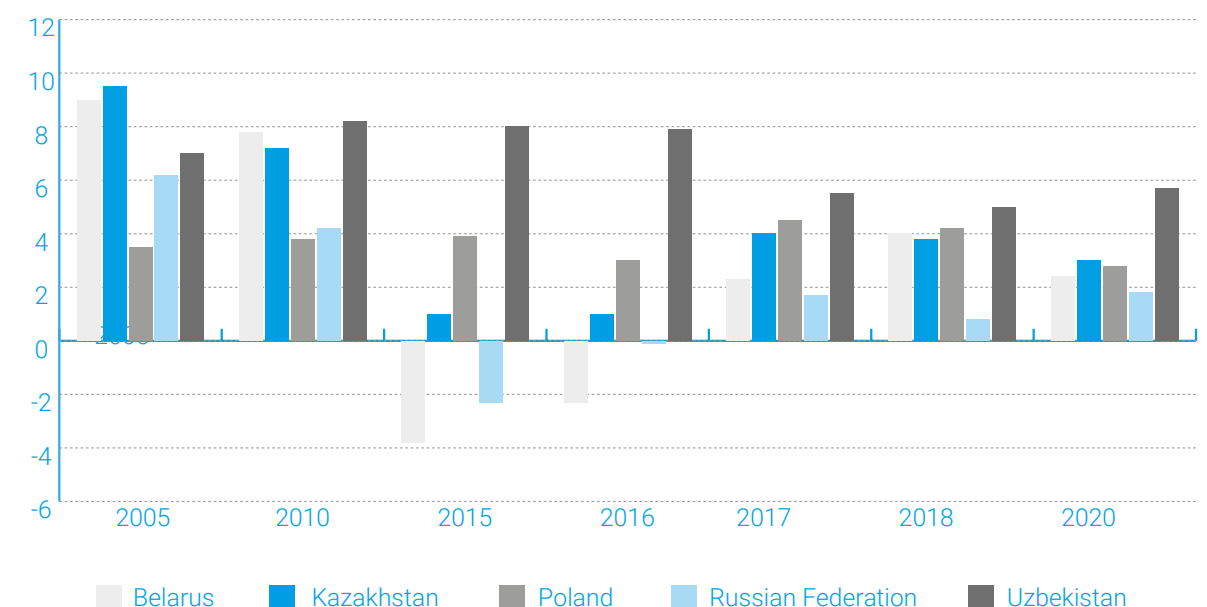
Source: <https://population.un.org/wpp/>

**Kazakhstan is a unitary state with a presidential system of government.** The President is elected by popular vote for a five-year term and appoints

the Prime Minister, the Cabinet of Ministers and the regional governors<sup>4</sup>. The Parliament has two chambers: the Lower House Assembly (Majlis) and the Upper House (Senate). Kazakhstan is administratively divided into 14 regions and three cities of republican significance (Nur-Sultan, Almaty and Shymkent).

Kazakhstan gained upper-middle-income status in 2006. While falling global commodity prices from 2014 to 2016 contributed to growth slowing to about 1 per cent in both 2015 and 2016, a moderate recovery in oil prices, relatively stable inflation and foreign exchange rates helped boost 2017-2018 GDP growth<sup>5</sup>. Kazakhstan is now performing better economically than other countries in the region (Figure 3) and in the medium-term real GDP growth is forecast at around 3 per cent<sup>6</sup>. Despite efforts to diversify the economy, Kazakhstan remains rather dependent on hydrocarbon production, which accounts for almost 18 per cent of GDP and about 60 per cent of exports.

**Figure 3. Real GDP growth rates, annual change, Kazakhstan and selected countries**



Source: International Monetary Fund, IMF Data Mapper, Real GDP Growth, [https://www.imf.org/external/datamapper/NGDP\\_RPCH@WEO/OEMDC/ADVEC/WEOWORLD](https://www.imf.org/external/datamapper/NGDP_RPCH@WEO/OEMDC/ADVEC/WEOWORLD)

Rapid economic development has consolidated geographical inequities. There are differences between urban and rural economies, and most future opportunities will likely be in growth industries in urban centres. In urban areas, generally, young people are more likely to stay in school longer; women marry later and have smaller families, and fewer infants die in their first year.

In 2012, Kazakhstan set the overarching objective

of becoming one of the 30 most developed countries in the world by 2050 by developing the country's vast energy resources and exporting them to world markets, diversifying the economy, enhancing Kazakhstan's economic competitiveness, and strengthening relations with other countries. The Kazakhstan-2050 Strategy emphasizes that the most important part of new social policy is the protection of the rights of women and children<sup>7</sup>.



Kazakhstan's Human Development Index (HDI) value for 2017 is 0.8, putting it in the very high human development category, at 58 out of 189 countries and territories<sup>8</sup>. Between 1990 and 2017, life expectancy at birth increased by 3.2 years, mean years of schooling by 3.7 years and expected years of schooling by 2.7 years. Gross

national income (GNI) per capita increased by about 64.7 per cent between 1990 and 2017. All these components have improved since 2000, unlike in some other transitional states where HDI value increase is attributed mostly to GNI per capita growth.

Table 1. Kazakhstan's HDI trends, 1990-2017

	Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI per capita (2001 PPP \$)	HDI value
1990	66.8	12.4	8.1	13,734	0.690
1995	63.9	12.0	9.3	8,735	0.664
2000	63.5	12.3	10.5	9,902	0.685
2005	65.2	14.3	11.7	15,407	0.747
2010	67.6	14.4	11.4	17,925	0.765
2015	69.7	15.0	11.7	23,164	0.797
2017	70.0	15.1	11.8	22,626	0.800

Source: UNDP, Human Development Indices and Indicators: 2018 Statistical Update, Briefing note for countries on the 2018 Statistical Update

Despite the continuing geographical inequities, Kazakhstan has reduced inequality as measured by the Gini index from 39.9 in 2005 to 26.9 in 2015. According to Transparency International, corruption is still pervasive in the country with a score of 31 in 2018, but it is not as widespread as in other Central Asian countries<sup>9</sup>.

More than 75 per cent of Kazakhstan's territory is exposed to natural hazards. Risks include earthquakes, floods, droughts, landslides and mudflows<sup>10</sup>. Some of these are related to climate change. Kazakhstan has inherited significant

environmental challenges from Soviet times, such as the drastic contraction of the Aral Sea, industrial waste and nuclear waste, especially from mining and heavy industry. A 2017 survey found that parents in industrial areas, such as Karaganda and Pavlodar, are particularly likely to state that their children's right to a clean environment is not being realized<sup>11</sup>.

Kazakhstan is one of the most water-stressed countries in the world<sup>12</sup>, and faces the shortage of both fresh water and water for industry and agriculture, due to pollution, inadequate use of water in agriculture, lack of water basins, and ineffective water management<sup>13</sup>. Climate change will likely reduce available surface water in the longer term due to glacial contraction, variable rainfall and more extreme drought and flooding. Some areas of Kazakhstan, including much of Akmola and Kostanay oblasts are almost completely dependent on surface water.

### 3. THE ENABLING ENVIRONMENT FOR CHILD RIGHTS

Kazakhstan has created a solid enabling environment to realize the rights of children. It has ratified the Convention on the Rights of the Child (CRC) and its first two protocols, the Convention on Rights of Persons with Disabilities, Convention on the Elimination of all Forms of Discrimination Against Women and aligned several national laws with the Conventions<sup>14</sup>. **National policies and programmes to advance the rights of children and youth** include the Kazakhstan-2050 Strategy and the State Programme on Health Development 2016-2019. The general principles of the CRC are reflected in laws, including: "On the Rights of the Child in the Republic of Kazakhstan," "On Marriage and Family," "On Social, Medical, Pedagogical, and Correctional Support for Children with Disabilities," "On Juvenile Crime Prevention and Prevention of Child Neglect and Homelessness," "On Special Social Services." Child well-being is prioritized in the Kazakhstan 2030: Concept for Social Development<sup>15</sup>. The function of **Ombudsperson for Children's Rights** was established in 2016 to ensure and protect children's rights and interests, as well as to restore their infringed rights and freedoms in cooperation with state and civil institutes. However, gaps still remain, such as the inadequate integration of the Code on Marketing of Breastmilk Substitutes into national legislation, the absence of prohibition of corporal punishment in the law, and the lack of a clear policy vision on institutional care of children.

**Kazakhstan maintains consistent levels of investment into the social sectors, but they are lower than the Organisation for Economic**

**Cooperation and Development (OECD) averages.** Overall state expenditures on health, education and social protection continue to grow in absolute terms. **Budget allocations for children's rights are not presented separately within the national budget but are included within sectoral budget lines** such as education and health care. The United Nations Committee on the Rights of the Child recommended establishing a budgeting process that includes a child rights perspective and specifies, in relevant sectors and agencies, including specific indicators and a tracking system<sup>16</sup>.

**The evidence on children's rights in Kazakhstan is relatively extensive.** Statistical data on areas including education enrolment and graduation rates, mortality and morbidity, poverty, children in contact and conflict with the law are available from the Committee on Statistics at the Ministry of National Economy. Some child-relevant statistical indicators disaggregated by sex, age, and geographical territory are available<sup>17</sup>. However,

there are few comprehensive, multidisciplinary and disaggregated data on vulnerable groups of children that can be derived from the Multiple Indicator Cluster Survey,

a global instrument that provides statistically sound and internationally comparable data essential for developing evidence-based policies





and programmes, and for monitoring progress toward national goals and global commitments such as the Sustainable Development Goals (SDGs). The lack of such data limits the identification and analysis of barriers faced by vulnerable groups, especially for those that face multiple deprivations. For instance, accurate cross-sectoral data on disability or violence is needed not only to capture the real situation in the country but also to assess the real impact of the government actions. In 2018, the Prime Minister officially established nationally-led and owned SDGs coordination architecture<sup>18</sup>. It is expected that the quality and availability of national data on children's rights realization will improve as part of these reforms to measure progress towards the SDGs.

The Government of Kazakhstan is committed to digitizing the delivery of almost all public services. This is reflected in the President's 2017 address to the nation entitled 'Kazakhstan's third modernization: global competitiveness'<sup>19</sup>. This prompted greater commitment from government entities to develop and implement digital solutions in service delivery and to adapt their structures to include digitization. The Ministry of Defence and the Aerospace Industry was transformed by President in February 2019 into the Ministry of Digital Development, Defence and the Aerospace Industry and in July 2019 to the Ministry for Digital Development, Innovations and the Aerospace Industry. In recent years, some ministries have also had vice-ministers with experience in information technology to further implement digitization and, particularly, to modernize the work of these ministries to reduce the level of bureaucracy and time needed for people to receive services. Meanwhile, the "Digital Kazakhstan" state programme – 2017-2020 is in its second year. The overarching goal of the programme is to improve living standards.





## 4. EVERY CHILD SURVIVES AND THRIVES

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Between 1990 and 2017, the infant mortality rate – the number of deaths of children under one year of age – fell from 45 to 9 per 1,000 live births.

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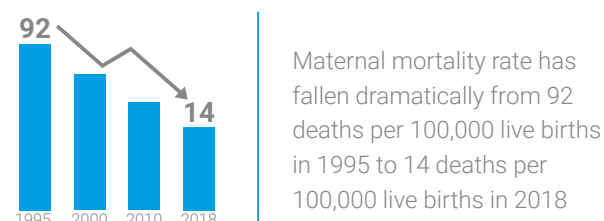




Maternal deaths are mostly the result of poor quality of health care quality management, including management of labour and child birth as well the need to further improve the professional skills of doctors and midwives.

## 4.1. MATERNAL AND CHILD HEALTH

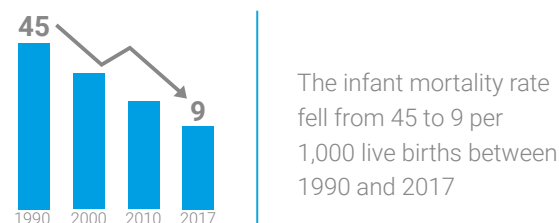
Thanks to the expansion of services available to pregnant women, improved public well-being, and increased health expenditure per capita that enabled the provision of essential equipment, the maternal mortality rate has fallen dramatically from 92 deaths per 100,000 live births in 1995 to 14 deaths per 100,000 live births in 2018<sup>20</sup>.



Maternal mortality rate has fallen dramatically from 92 deaths per 100,000 live births in 1995 to 14 deaths per 100,000 live births in 2018

The leading causes of maternal mortality continue to be haemorrhage, preeclampsia and sepsis. Most maternal deaths are preventable, as the health care solutions to prevent or manage complications are well known. As almost all deliveries take place in the presence or under the supervision of medical personnel, **maternal deaths are mostly the result of poor quality of health care quality management, including management of labour and child birth as well the need to further improve the professional skills of doctors and midwives** at facility level. Expanding use of non-punitive confidential audits of maternal and perinatal mortality and critical obstetric conditions will reduce future risk of maternal and infant mortality.

Kazakhstan has made impressive gains in reducing child and infant mortality<sup>21</sup>. The under-five mortality rate fell from 53 per 1,000 live births in 1990 to 9.9 per 1,000 in 2017<sup>22</sup>, though it is still higher than in some European countries. **The infant mortality rate** – the number of deaths of children under one year of age – fell from 45 to 9 per 1,000 live births between 1990 and 2017 (see Figure 4 below for comparisons with some European and Central Asia countries)<sup>23</sup>.

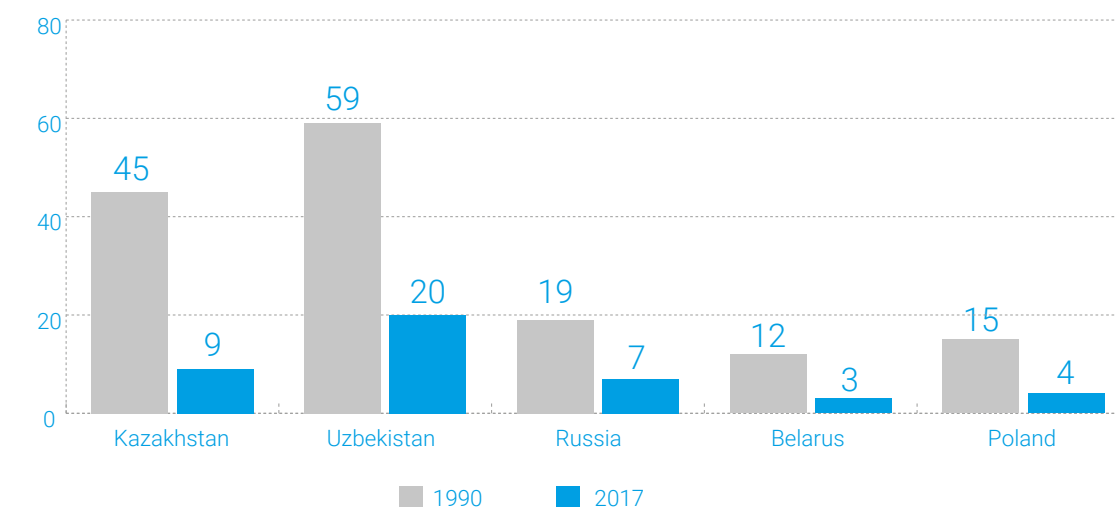


The infant mortality rate fell from 45 to 9 per 1,000 live births between 1990 and 2017

In many respects, this can be attributed to general improvements in health care, including modern medical technology, increased availability of specialized care and targeted investments in

capacity building of health care professionals, as well as enhanced perinatal and neonatal care, and improved care of young children<sup>24</sup>.

Figure 4. Infant mortality rate in Kazakhstan and selected countries, 1990 and 2017



Source: Lucia Hug, David Sharrow, and Danzhen You on behalf of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), Levels and Trends in Child Mortality, Report 2018

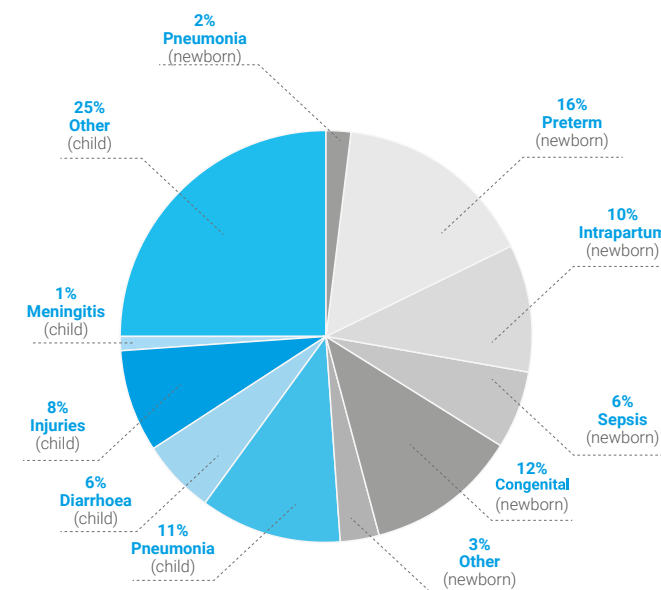
The gap between infant mortality in rural and urban areas since 2000 has been reduced by improving rural health care provision, including pharmaceutical supplies, access to specialized mother and childcare services, and mothers' overall awareness of measures to reduce preventable diseases such as improved hygiene and sanitation.

**Concerns remain about** the high proportion of deaths in children under five that are preventable, particularly for infants, as 55 per cent of infant deaths occur during the neonatal period for newborns with normal weight. In countries with well-established perinatal services, the loss of fetuses and newborns with normal body mass is extremely rare, as their survival does not require expensive medical technology. Despite the low rates of diarrhoea and pneumonia in Kazakhstan, these remain the key causes of death among children aged 1 to 4<sup>25</sup>. Other widespread causes are birth defects and trauma<sup>26</sup>. To increase the chances of survival of children under five years of age, the quality of clinical practice has to be improved.

Research conducted for UNICEF in 2018 found that 61 per cent of perinatal deaths in six locations occurred because of suboptimal medical care<sup>27</sup>. Caregivers were found to lack sufficient knowledge and skills to provide essential care for their young children at home or clearly articulate their demands for quality health care. Many

parents and carers do not always recognize danger signs of childhood diseases - only 36.7 per cent of women knew at least one of the two danger signs of pneumonia<sup>28</sup>. **Many parents do not know how to prevent health problems caused by poor hygiene or malnutrition that increase the risk of child morbidity and mortality.** Home visiting nurses tend to focus on medical problems and lack skills to identify social risks and needs and take children's and families' individual characteristics into account<sup>29</sup>.

Figure 5. Child mortality causes in children under 5 years of age



Source: IGME 2015





## 4.2. IMMUNIZATION

**I**mmunization rates are high in Kazakhstan. Available vaccines provide safe and effective protection against diseases such as diphtheria, tetanus and pertussis (DTP), hepatitis B and measles. The overall DTP vaccination rate is around 95 per cent, close to the OECD average. For vaccination against hepatitis B and measles, Kazakhstan performs above the OECD average, with immunization rates of 95 to 99 per cent<sup>31</sup>. Although vaccine hesitancy, or reluctance or refusal to vaccinate despite vaccine availability is not widespread in Kazakhstan, **additional efforts could be made to raise awareness, address common misconceptions and emphasize the importance of vaccination to avoid disease.** Since November 2018, 2,816 confirmed cases of measles have been registered, including 2,075 (73.6 per cent) among children up to 14 years old. Measles was predominantly registered among

unvaccinated children. Anti-epidemic measures were undertaken, medical contact monitored, and 6,500 people vaccinated against measles<sup>32</sup>.

- Additional efforts could be made to raise awareness, address common misconceptions and emphasize the importance of vaccination to avoid disease.

To address these limitations, the Government through its State Programme of Public Health Reform and Development for 2016–2020 **improved the home visiting system and added social workers to primary health care teams.** UNICEF has supported the Kyzylorda and Mangistau health authorities to pilot universal home-visiting services for all families with children under five and to pregnant women, and progressive services for the most vulnerable families<sup>30</sup>.

In Kazakhstan, many children with developmental delays and disabilities, particularly those with “mild to moderate” disabilities, are not being identified as early as they could be, and for some, it is not until they reach school age. The child development screening programmes available at primary health care level mainly focus on health-related issues and do not emphasize screening and early identification of developmental delays. Possible reasons include lack of health workers’ knowledge of development assessment and promotion, poor communication and counselling skills, and stigma and discrimination.







### 4.3. INJURY

In 2017, for instance, 4,189 children sustained injuries from road accidents and 193 children died.

**I**njury is a leading cause of death and hospitalization to children in Kazakhstan. In 2017, according to the Ministry of Health's Electronic Health Centre, 1,283 children died from unintentional injury and 27,702 children required hospital treatment. One of the causes of injury is road traffic accidents. In 2017, for instance, 4,189 children sustained injuries from road accidents and 193 children died<sup>33</sup>. To reduce traffic risks, the Government introduced a comprehensive National Action Plan for a Decade of Action for Road Safety and Injury Prevention for 2011-2020. It is expected that full implementation will help reduce traffic accidents and improve child safety<sup>34</sup>.



### 4.4. NUTRITION

Almost 20 per cent of children aged 6 to 9 suffer excessive weight or obesity, mostly a result of unhealthy eating habits and insufficient physical activity.

**T**here is a notable decline of underweight and stunting prevalence rates among children under five. Eight per cent of children are stunted (too short for their age) and 3.1 per cent are wasted (too thin for their height)<sup>35</sup>. Stunting varies significantly by region, at 11.8 per cent for Atyrau region and 2.3 per cent for North Kazakhstan.

Despite improvements in the nutritional status of women and children, child malnutrition, unhealthy diets and obesity are among the most pressing health risks. The diet has changed significantly in recent years with increased consumption of saturated fats, trans-fatty acids, free sugars and salt. **Almost 20 per cent of children aged 6 to 9 suffer excessive weight or obesity<sup>36</sup>, mostly a result of unhealthy eating habits and insufficient physical activity<sup>37</sup>.** Obesity is most common in children from high-income families or with relatively few children and is often linked to excessive consumption of sugar, sweets, and commercial sweet drinks. At the same time, generally in families in difficult circumstances, many children under three years old eat foods that are low in vitamins and minerals, as these are the only cheap products that can be afforded. As a result, low food variety contributes to obesity. Children in Kazakhstan are exposed to a lot of marketing of foods high in saturated fats, trans fats, free sugars and/or salt<sup>38</sup>.

Most young people in Kazakhstan believe in maintaining healthy lifestyles, with 70.5 per cent agreeing strongly that it is important to eat and live healthily<sup>39</sup>, but these beliefs do not always translate into action as school-age children regularly consume sugar-containing soft drinks (49.7 per cent weekly). Only one in three children consume fresh fruit and vegetables daily.

**The level of salt consumption in Kazakhstan is approximately 17g per day, nearly four times the WHO-recommended rate and the highest recorded rate in the world.<sup>40</sup>** Most traditional homemade dishes have high sodium content, indicating that excess salt is added.<sup>41</sup> Failure to follow a healthy diet, especially extremely high levels of salt intake, results in hypertension and cardiovascular disease, overweight, obesity, type II diabetes and some types of cancer.

Proper feeding of infants and young children can increase their chances of survival and promote optimal growth and development. Despite improvements in breastfeeding rates,<sup>42</sup> only 38 per cent of children under the age of six months are exclusively breastfed: this is relatively low by international standards.<sup>43</sup> One way to address this would be to better integrate the Code on Marketing of Breastmilk Substitutes into national legislation.

The level of salt consumption in Kazakhstan is approximately 17g per day, nearly four times the WHO-recommended rate and the highest recorded rate in the world.

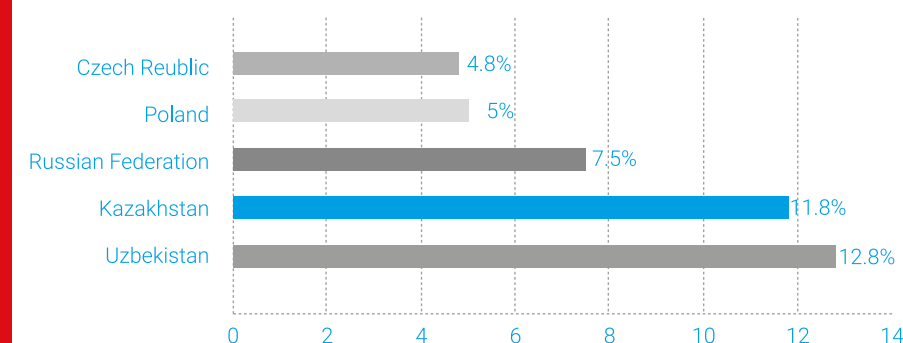




## 4.5. ADOLESCENT MENTAL HEALTH

**A**t 11.8 per 100,000 of the age group, death by suicide is one of the leading causes of 15- to 17-year-olds mortality in the country. This is high above the Eastern Europe and Central Asia regional average of 6.9 per 100,000.<sup>44</sup> UNICEF-supported government measures to promote adolescent mental health and prevent suicide, have reduced suicide in the age group by 51 per cent: the number of suicides fell from 212 in 2013 to 104 in 2018.<sup>45</sup>

**Figure 6. Suicide rate per 100,000 among 15-17 year olds, Kazakhstan and selected countries, 2016**



Though boys are at higher risk of committing suicide in Kazakhstan, the rate has increased among adolescent girls.<sup>46</sup> Suicide attempts and mental ill-health may be underreported because of dominant social norms and inconsistent reporting. Risk factors for youth suicide in Kazakhstan include depression, anxiety, high impulsivity and aggressiveness, risk-taking behaviour, alcohol, cigarettes and drug use, family context and childhood trauma. Family, school, and peer conflicts may also lead to suicide.<sup>47</sup>

Professional services for children and youth requiring mental health support are not always adequate to address complex mental health issues. Even when young people at risk of developing suicidal thoughts are identified and referred to specialists, they may not receive quality and timely support. Often specialists lack adequate training and knowledge to reduce risk.





## 5. EVERY CHILD LEARNS

Kazakhstan has made strong progress in the area of education. Almost all children of school age are enrolled in education with net enrolment approaching 100 per cent.<sup>48</sup> Gender parity is high for both enrollment and completion. The average number of years of schooling a child of school entrance age receives increased from 12.3 years in 2000 to 15.1 in 2017.<sup>49</sup> With 15 years of education, the average person of working age in Kazakhstan is more educated than in many other post-Soviet states. The literacy rate for 15- to 24-year-olds in the country is 99.9 per cent.<sup>50</sup> In 2017, 59 per cent of children and youth are satisfied with school education in their area, but 12.7 per cent were “strongly dissatisfied”.<sup>51</sup>





- Limited access to pre-school among children with disabilities remains a challenge.

## 5.1. PRE–SCHOOL

Under Article 30 of the Law on Education, one year of pre-school education is compulsory for children aged 5-6. It can be provided in the family, kindergarten or pre-school classes.<sup>52</sup> The country has made a significant effort to improve its early childhood education (ECE) programmes. It has made major policy reforms to expand access and has increased public spending on ECE. In recent years, through the Balapan Programme, the national authorities have built kindergartens across the country and improved the quality and relevance of preparation for school. The number of kindergartens increased from 3,313 in 2013 to 6,159 in 2018.<sup>53</sup> With increasing public investment and rapid expansion of ECE, participation rates for over 3-year-old are high, with 90.5 per cent of 3- to 6-year-olds enrolled in ECE in 2018.<sup>54</sup> This is partly due to increased private sector involvement (see below). In Kazakhstan, 90.8 per cent of children who are currently attending Grade 1 of the primary school attended pre-school the previous year.<sup>55</sup> The Balapan programme has been extended until 2020,<sup>56</sup> with the aim of achieving 100 per cent pre-school coverage of children.<sup>57</sup> ECE is a priority in the 2016-2019 State Education and Science Development Programme, which targets universal pre-school coverage by 2020. While ECE coverage has expanded greatly over the last four years, rural-urban and income-based inequities remain. Additional efforts are needed to optimize the cost and enhance the content and quality of ECE, and reduce the staff-pupil ratio towards the OECD average of 12:1.<sup>58</sup>

**Limited access to pre-school among children with disabilities remains a challenge.** Just 26 per cent attend inclusive ECE groups. There were 6,609 children with disabilities and special education needs attending specialized kindergartens in 2017, but data on children with disabilities in inclusive pre-school settings is not available.<sup>59</sup>

**Despite expanded coverage, waiting lists for pre-school remain problematic.** On 1 October 2017, 539,066 children

were registered on the waiting list, while 862,300 children attended them.<sup>60</sup> This might suggest that some children are enrolled but remain on the waiting list as their parents wait for better alternatives to meet their residence and/or language needs. Evidently, the supply does not meet the existing demand at the family level and it is not responsive to an individual child's needs. However, it should be noted that a significant number of children are neither enrolled in early education nor included in the waiting lists. This may be because only one year of pre-schooling is mandatory under state education law, or because parents can care for them, are not aware of the benefits of early education and/or cannot afford associated costs, such as fees for food and travel costs.

While most ECE is in the public sector, the private sector proportion has grown to 31.1 per cent in 2017 (24.8 per cent in 2016).<sup>61</sup> To some extent, this is a market response to high demand and long waiting lists in urban centres. There is a concern that some private kindergartens are being set up outside the formal licencing process and with relaxed inspection procedures. Addressing this will require standard setting and enhanced monitoring of private sector service delivery. The limited supply of staff with training and background in ECE education also requires attention. Retaining new ECE staff is another problem, partly due to unfavourable pay and workload conditions.<sup>62</sup>

Parental involvement in early childhood education is critically important. Mothers remain the main caregivers of toddlers. The 2015 Multiple Indicator Cluster Survey found that only 6.6 per cent of children aged 36-59 months had biological fathers who engaged in four or more activities to promote learning and school readiness in the previous six days, whilst the same indicator for mothers was 50.7 per cent.<sup>63</sup>

Despite expanded coverage, waiting lists for pre-school remain problematic.







While the Government of Kazakhstan has made efforts to increase the number of fully accessible schools with properly trained educators, their number remains insufficient to support all children with special educational needs.

## 5.2. SCHOOL EDUCATION

The number of out-of-school children in Kazakhstan is relatively small: in total, 14,292 are registered, though the figure is likely to be somewhat larger in practice. In this context, the country should focus on the quality of education, inclusive education and ensuring that education is child-centred and works for every child.

**Student learning outcomes, as measured by PISA remain below the OECD average.** According to PISA data, the language of instruction in schools (Kazakh or Russian), school location (urban or rural), and the socio-economic background of students and schools make a difference to students' performance. Performance in maths does not vary by gender but reading remains a major challenge for boys. In addition to participation in international testing, further work could be done to enhance teacher and student monitoring to improve overall system performance and students' results.<sup>64</sup>

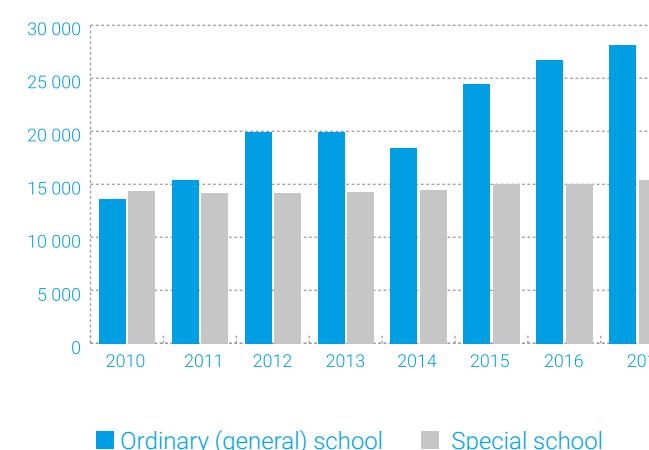
**While the Government of Kazakhstan has made efforts to increase the number of fully accessible schools with properly trained educators, their number remains insufficient to support all children with special educational needs.** There were 102,610 7- to 18-year-olds with special educational needs, but only 23,940 of them were enrolled in mainstream schools in 2017 despite the fact that conditions for inclusive education had officially been created in 3,873 or 55 per cent of all schools.<sup>65</sup> In addition to physical access, inclusive education requires trained staff, availability of assistive equipment and staff trained to use it. Therefore, the 55 per cent figure may not reflect international inclusion standards. Often the success of inclusion models depends on school personnel's personal commitment.

Historically, the total number of registered children with disabilities and special educational needs has been increasing at a much faster pace than the total number in inclusive education. The number of children with disabilities increased from 69,111 in 2013 to 83,041 in 2017<sup>66</sup> but most continue to be educated in separate "correctional" schools or at home rather than in mainstream schools. Schooling at home should be an exceptional and temporary measure for children with disabilities whose health precludes them from attending school, rather than a practice that leads to further segregation of children with disabilities<sup>67</sup>.



There are no official statistics about the number of children with disabilities of school age not in education.

**Figure 7. Number of children with disabilities in education by type of school Kazakhstan**



Source: UNICEF, TransMonEE, Monitoring the situation of children and women in Europe and Central Asia, <http://transmonee.org/>

There are no official statistics about the number of **children with disabilities of school age not in education**. A 2015 survey found, however, that 27.6 per cent of surveyed children, were not studying anywhere. Common reasons included organizational refusal to admit a child because of health concerns (44.1 per cent); other reasons (27 per cent); parents/guardians deeming the child's education unnecessary (14 per cent); lack of appropriate institution in the settlement (9.8 per cent); and parents/guardians not knowing how to access education for the child (3.7 per cent).<sup>68</sup>

Concerning **school-to-work transition**, globally, the gap is growing between what education systems are providing in terms of learning achievements, and what children, communities and economies require. The breadth and depth of this learning crisis provides the greatest global challenge to preparing children and adolescents for life, work and active citizenship. Challenges that Kazakhstan faces today, and in the coming decade, require further strengthening of schooling so as to help adolescents and youth people acquire skills necessary for their successful school-to-work transition and employability.





## 6. EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION

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75.4 per cent of adults, 46.1 per cent of child protection and justice officials, and 54.8 per cent of media professionals support the use of corporal punishment in families.

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In 2016, 39.5 per cent of children surveyed in institutions reported experiencing physical violence from parents/adults in the household compared to 17.6 per cent of children surveyed in schools.

## 6.1. VIOLENCE AGAINST CHILDREN

In total, 75.4 per cent of adults, 46.1 per cent of child protection and justice officials, and 54.8 per cent of media professionals support the use of corporal punishment in families.<sup>69</sup> “Violence” is widely considered synonymous with gross bodily harm, rather than bullying, psychological and verbal abuse. Mental violence is not well understood. Parents may use corporal punishment - hitting or slapping a child - in some situations and non-violent discipline in other situations.

Violence, abuse and neglect of children are observed at home, in schools (especially in schools for children with “deviant” behaviour), and in institutions. Risk groups include children in residential institutions, children of parents with limited educational attainment,<sup>70</sup> children with disabilities, and children of parents who consume alcohol or abuse substances.<sup>71</sup> **In 2016, 39.5 per cent of children surveyed in institutions reported experiencing physical violence from parents/adults in the household compared to 17.6 per cent of children surveyed in schools.**

Also, 23.7 per cent of children in institutions and 14.1 per cent of children in schools experienced sibling violence, and 36.8 per cent of children in institutions and 25 per cent of children in schools witnessed family violence.

One report on witnessing violence against children by staff found that violent punishment of children in institutions was common and reported by 41.1 per cent of children in “institutions of education for children with deviant behaviour”; 35.1 per cent of children in orphanages and 26.8 per cent of children in shelters<sup>72</sup>.

**Violence in schools is a serious problem in Kazakhstan.** Of 4,207 children surveyed in 2012 (the most recent data available), 66 per cent were exposed to psychological violence, physical violence, extortion, sexual abuse, cyber-bullying and/or discrimination.<sup>73</sup>





Children in conflict with the law can now only be held for 24 hours before being brought to the judge (rather than the previous 72), meeting international standards.

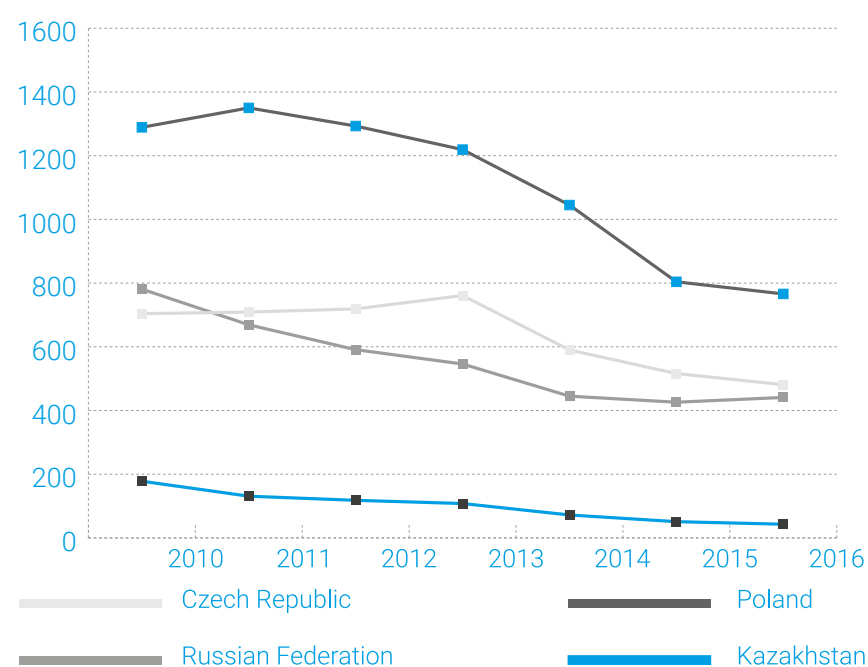
## 6.2. CHILDREN AND THE JUSTICE SYSTEM

In Kazakhstan, children under age 14 may not be prosecuted, and persons under 18 may not be tried or sentenced as adults, regardless of the crime committed. Adoption of new legal provisions in 2017-2019, strengthening of specialized institutions and capacity building of service providers had a positive impact on children in contact with the law: they have decreased the numbers of child offenders, children detained at pre-trial stage, convicted children and children detained at post-trial stage. They also support child victims and witnesses and enhance children's rights in educational facilities, including special schools for child offenders. Maximum sentences are rarely imposed on convicted minors.

Child sentencing rates have fallen in Kazakhstan (Figure 8).

**Children in conflict with the law can now only be held for 24 hours before being brought to the judge (rather than the previous 72), meeting international standards.** However, no typical diversion programmes are covered in legislation and release from criminal responsibility requires reconciliation with the victim.

**Figure 8. Child sentencing rate (per 100,000 persons aged 14-17), Kazakhstan and selected countries**



Source: UNICEF, TransMonEE, Monitoring the Situation of Children and Women in Europe and Central Asia, <http://transmonee.org/>

Minors can become at risk of coming into conflict with law as a result of poverty, parental use of alcohol and drugs; parental separation; lack of parental attention; and desire for independence, including financial independence.<sup>74</sup> Kazakhstan has improved its processes to identify children and adolescents at risk of offending and to provide them as early as possible with positive experiences such as sport, leisure or other opportunities. School police inspectors are responsible for preventing crime among children, but many positions remain unfilled, meaning more preventive work needs to be done.

The only correctional facility for boys had 52 residents in 2017, with 4 convicted girls residing separately in the women's colony in Almaty region. Juveniles graduating from school while in detention are issued with regular school certificates that do not identify their location, and the boys learn professions such as mechanic or carpenter, work in the facility and receive salaries in their bank accounts.<sup>75</sup>

In total, 2,949 crimes were committed by juveniles in 2018 compared to 4,284 in 2013.<sup>76</sup> Most of these are boys, and only a small proportion of those who commit offences are prosecuted and tried. The number of juveniles committed to closed facilities fell from 126 in 2013 to 43 in 2018.<sup>77</sup> Some 11- to 18-year-olds are placed in schools for children with 'deviant' behaviour by court order for terms of a month to a year.<sup>78</sup> There are currently seven such schools in the country as well as a 'special regime' school for 11- to 18-year-olds.<sup>79</sup>

A Law on Probation has established a limited form of probation only covering offenders given conditional sentences by courts.<sup>80</sup> Though staff have been recruited to oversee non-custodial sentences, they often lack the social work experience needed to work effectively with juvenile offenders. Community-based support is fragmented, and mainly financially supported by international organizations. Developing and institutionalizing community-based alternatives to support juvenile offenders requires a closer partnership of police (probation) and social work providers.<sup>81</sup> Horizontal partnership mechanisms and capacity for social welfare provision are needed to expand community-based alternatives.

In 2018, 2,277 children were victims of crime in Kazakhstan, a significant decrease from 4,038 child victims of crime in 2015.<sup>82</sup> Child victims of crime may have great difficulties in overcoming or dealing with this and will require both social support and psychological help.<sup>83</sup>

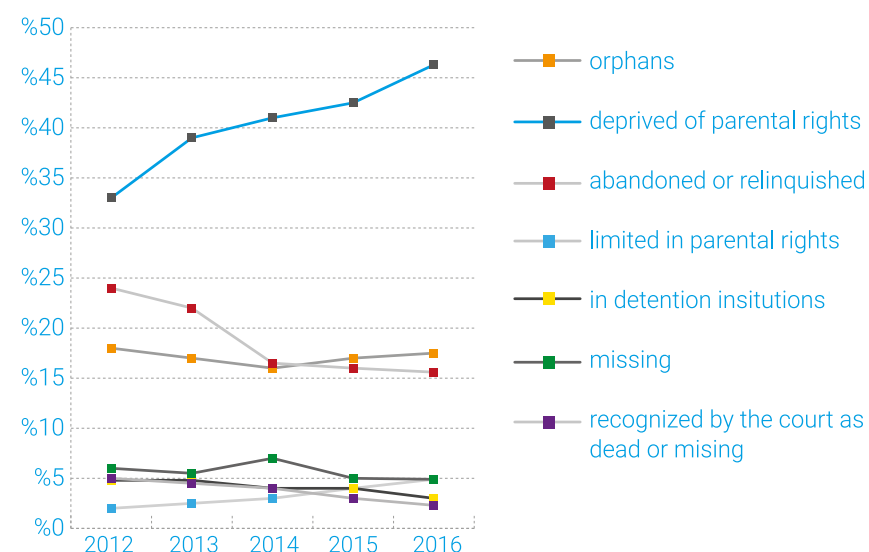




## 6.3. CHILDREN IN INSTITUTIONAL CARE

Children and babies at risk of abandonment have been better and earlier identified and parents are being better supported during pregnancy, at birth, and after giving birth.

**Figure 9. Children without parental care in residential care by status, 2012-2016**



There are 53,500 children in institutional care in Kazakhstan, a 6 per cent decrease from the 57,026 figure in 2014. Of these, the proportion who have been abandoned by their parents has fallen from 24 per cent in 2012 to 15.6 per cent in 2016.<sup>84</sup> Meanwhile, almost half the children in guardianship care and around a third of those in patronage care in 2016 were orphans. This means that child orphans are much less likely than children who have lost parental care for other reasons to be placed in residential care and much more likely to be placed into guardianship (probably with relatives).<sup>85</sup> Children without parental care in residential institutions are predominantly children whose parents have had their parental rights removed by the court. Figure 9 illustrates how the proportion of children with parental rights removed in residential care has significantly increased between 2012 and 2016, while the proportion of children in residential care and without parental care for other reasons has either remained steady or decreased.

In recent years, **children and babies at risk of abandonment have been better and earlier identified and parents are being better supported during pregnancy, at birth, and after giving birth.**

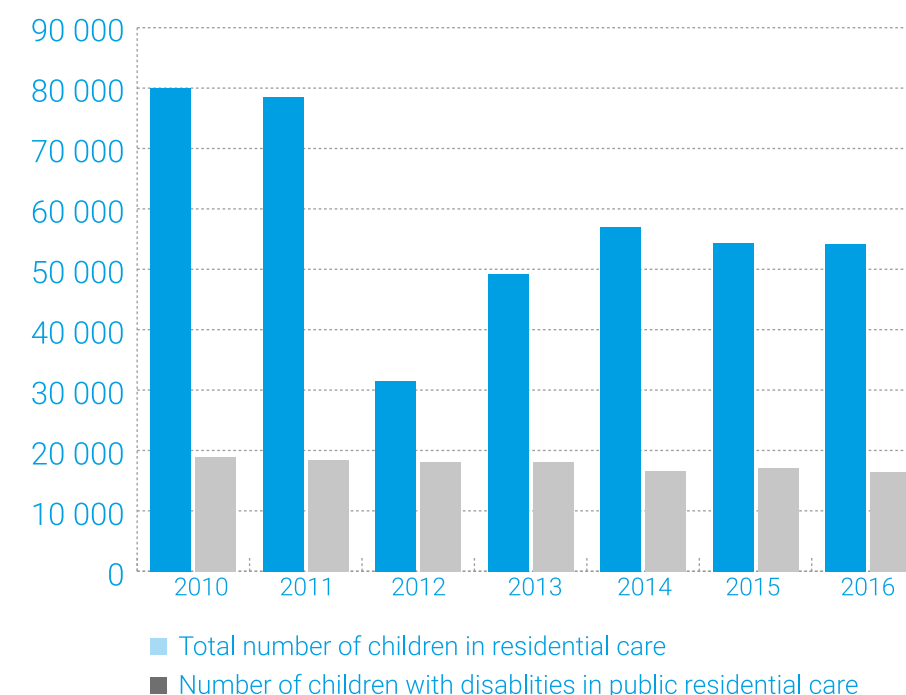
Specific interventions focused on preventing abandonment or relinquishment include working with mothers who are taking a decision to relinquish their child when they are still in the maternity ward to enable them to place the child temporarily in an infant home, or to use the infant home for daycare. Thanks to such interventions, the number of children aged 0-12 months entering infant homes fell from 373 in 2013 to 237 in 2017. Overall, the number of children newly identified without parental care fell from 9,879 in 2013 to 6,223 in 2017 across the country.<sup>86</sup>

In Kazakhstan, children without parental care are most likely to be placed in guardianship, followed by residential care. A small number of children without parental care are placed in other forms of family-based care, such as foster care or patronage families. Kazakhstan ratified the

Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption, and additional safeguards were introduced by the Child Rights Committee for intercountry adoption.

Children with disabilities are at high risk of abandonment by parents. Dominant social norms work against inclusion of children with disabilities in society and some families feel ashamed of their children.<sup>87</sup> In addition, parents often lack the necessary skills and/or means to support their children, as community-level health, early intervention and social services are limited or unavailable. Overall, **there are very few community-level services for children with disabilities, particularly in rural areas.** Therefore, the number of children with disabilities in public residential care only slightly decreased from 2010 (Figure 10). There is some anecdotal evidence that health professionals even sometimes encourage or advise parents to abandon their children with disabilities, especially to place them in institutions.<sup>88</sup>

**Figure 10. Total number of children in residential care and number of children with disabilities in residential care (end of year), Kazakhstan**



Source: UNICEF, TransMonEE, Monitoring the Situation of Children and Women in Europe and Central Asia, <http://transmonee.org/>

Broader factors such as poverty, 'unwinding' of traditional moral values, alcoholism, drug addiction, mental illness, anti-social behaviour and

criminal past of mothers and fathers significantly increase the risk of child abandonment.<sup>89</sup>



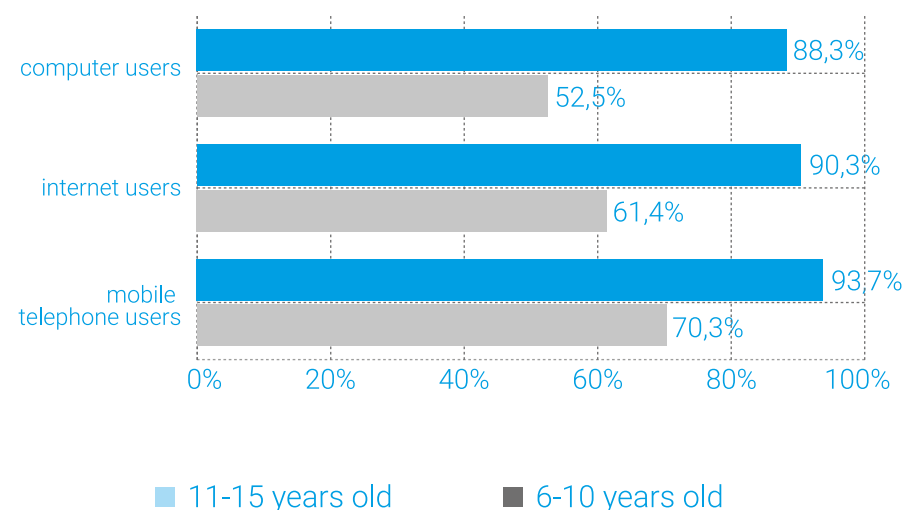


Children and babies at risk of abandonment have been better and earlier identified and parents are being better supported during pregnancy, at birth, and after giving birth.

## 6.4. YOUNG PEOPLE AND THE DIGITAL AGE

In 2017, 76.3 per cent of Kazakhstan's population used the internet, compared to 46.8 per cent in Uzbekistan and 87.7 per cent in Finland in 2016<sup>90</sup>. Most adolescents in the country actively use social media. Almost 31 per cent of children spend their free time using the internet and social networks.<sup>91</sup> More than 70 per cent of 11-15 years old children use the internet, have mobile phones, and computers in Kazakhstan (see Figure 11 below). In online consultations, youth respondents indicated that on average they spend almost 7 hours every day online, and their main activities include searching, networking socially, listening to music, reading news, and chatting with friends.<sup>92</sup> Although the data on bullying/cyberbullying is not available, based on anecdotal evidence, it can be argued that bullying/cyberbullying is high in Kazakhstan and consistent with other countries.

Figure 11. Proportion of children using ICT in 2018



Source: Ministry of National Economy of the Republic of Kazakhstan Committee on Statistics, *Children of Kazakhstan, Statistical Yearbook, 2019*



Globally, digital technologies bring opportunities for learning and education to children and adolescents and provide access to education in places where few such opportunities exist, as well as economic opportunities and social networking. At the same time,

digital technologies intensify traditional childhood risks, such as bullying, and fuel new forms of child abuse and exploitation, such as live streaming of child sexual abuse.

The state 'Information Kazakhstan – 2020' and 'Digital Kazakhstan' programmes focus on the development of digital infrastructure to achieve sustainable economic growth, increase the competitiveness of the economy, and improve the quality of life of the population. Additional efforts have to be made to develop and implement policies to eliminate the most egregious online risks, such as sexual exploitation, raise awareness of risks associated with using the internet and strengthen the capacity of law enforcement agencies to detect and prevent online crimes against children. Private sector technology firms can play a vital role in sharing digital tools, knowledge and expertise with law enforcement agencies to protect children online.





## 7. EVERY CHILD LIVES IN A SAFE AND CLEAN ENVIRONMENT

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Despite rapid economic growth, poor sanitation and hygiene remain significant challenges in some regions of Kazakhstan.

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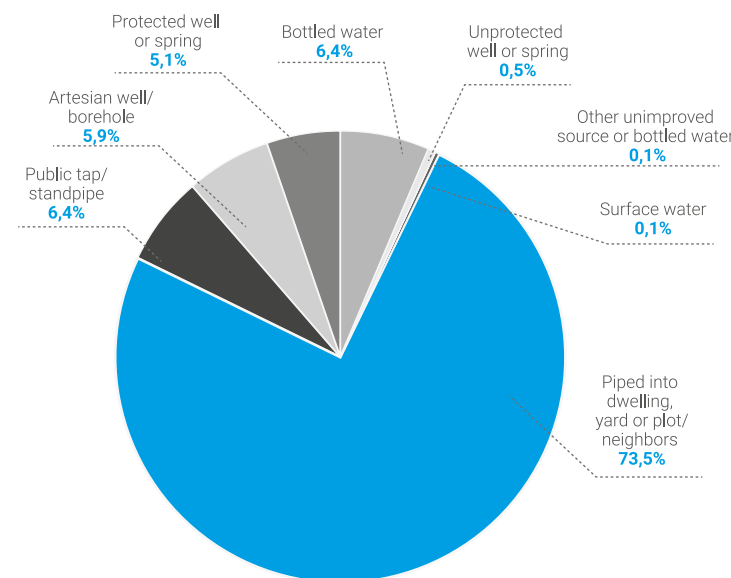
## 7.1. WATER AND SANITATION

Despite rapid economic growth, poor sanitation and hygiene remain significant challenges in some regions of Kazakhstan. 51.8 per cent of residents use latrines with a cesspool. In the rural areas, 85.5 per cent of households use covered pit latrines with slab, less equipped with ventilation.<sup>95</sup> School toilets are a particular concern: 76 per cent of educational institutions in the country lack suitable latrines<sup>96</sup> and where they exist, they are in poor condition. The situation is particularly problematic in South Kazakhstan, Mangistau, and Akmola.

Water sources are highly vulnerable to climate change, and water is essential for agricultural production and food security. Effective water management is crucial for Kazakhstan, where agriculture uses 55 per cent of water and previous unsustainable irrigation has led to reduced soil fertility through increased erosion and salinity. Kazakhstan actively cooperates internationally for environmental protection. Adoption of the Water Code in 2003 marked the country's move toward integrated water resources management. Transboundary issues in water management and protection are of crucial importance.

Access to water resources is problematic in some areas, with significant implications for equity. Though 97.3 per cent of Kazakhstan's population use improved drinking water sources (Figure 12), in West Kazakhstan, the figure is only 80.1 per cent. Overall, 98 per cent of the population of Kazakhstan live in households with improved sanitation facilities, while 99 per cent have specific places for washing hands where water and soap are present.<sup>93</sup>

Figure 12. Source of household drinking water, Kazakhstan 2015



Source: The Statistics Committee of the Ministry of National Economy of the Republic of Kazakhstan, UNICEF, UNFPA, 2015 Kazakhstan Multiple Indicator Cluster Survey, Final Report, 2016.

The quality of improved drinking water is inconsistent across the country. Some stakeholders express concern that contaminants in water supplies put public health at risk. Access to clean drinking water for children is assessed by parents as worse than access to nutritious food. 69 per cent of parents indicated that this right is fully met, 21 per cent - partially, and in 3 per cent - not at all. The worst compliance was reported in Mangistau Oblast.<sup>94</sup>



## 7.2. ENVIRONMENTAL FACTORS, INCLUDING POLLUTION

Urban air pollution, perhaps the country's most visually noticeable but under-studied environmental issue, is a serious and growing threat to children's health.

Urban air pollution, perhaps the country's most visually noticeable but under-studied environmental issue, is a serious and growing threat to children's health. In urban centres with high population densities, solid fuel burning for heating at home, industries, and growing numbers of vehicles consuming low quality fuels contribute to emission levels many times higher than the safe levels established by both WHO and the Government.<sup>97</sup> Physiological specifics make children highly vulnerable to air pollution.<sup>98</sup> Indoor air pollution is an additional threat to children, particularly in rural areas where exposure risk to solid fuel burning is higher.

Other environmental factors affecting child and family health and well-being include nuclear waste from test sites in Semey and Azghyr, military test sites and toxic waste from spacecraft launches at Baikonur cosmodrome. Industrial waste and the cost of cleaning up pollution are also areas of concern.<sup>99</sup> Industrial waste, sometimes toxic, is frequently dumped or buried, negatively affecting the land quality and water supplies and creating serious threats to health. Overall, however, publicly available evidence linking environmental degradation to negative health of children is limited, weakening state policy responses and public demand for improved environmental protection.

Legislation in Kazakhstan is generally considered to be adequate in terms of establishing levels and limits to pollution.<sup>100</sup> The Government signed the Aarhus Convention in 1998 and ratified it in 2001.<sup>101</sup> The Protocol on Pollutant Release and Transfer Registers has yet to be ratified and the accountability mechanism to ensure compliance with the Aarhus Convention has to be improved. The right to public information on environmental pollution still has to be formally guaranteed in national legislation and regulations.<sup>102</sup>





8. EVERY CHILD  
HAS AN EQUITABLE  
CHANCE IN LIFE





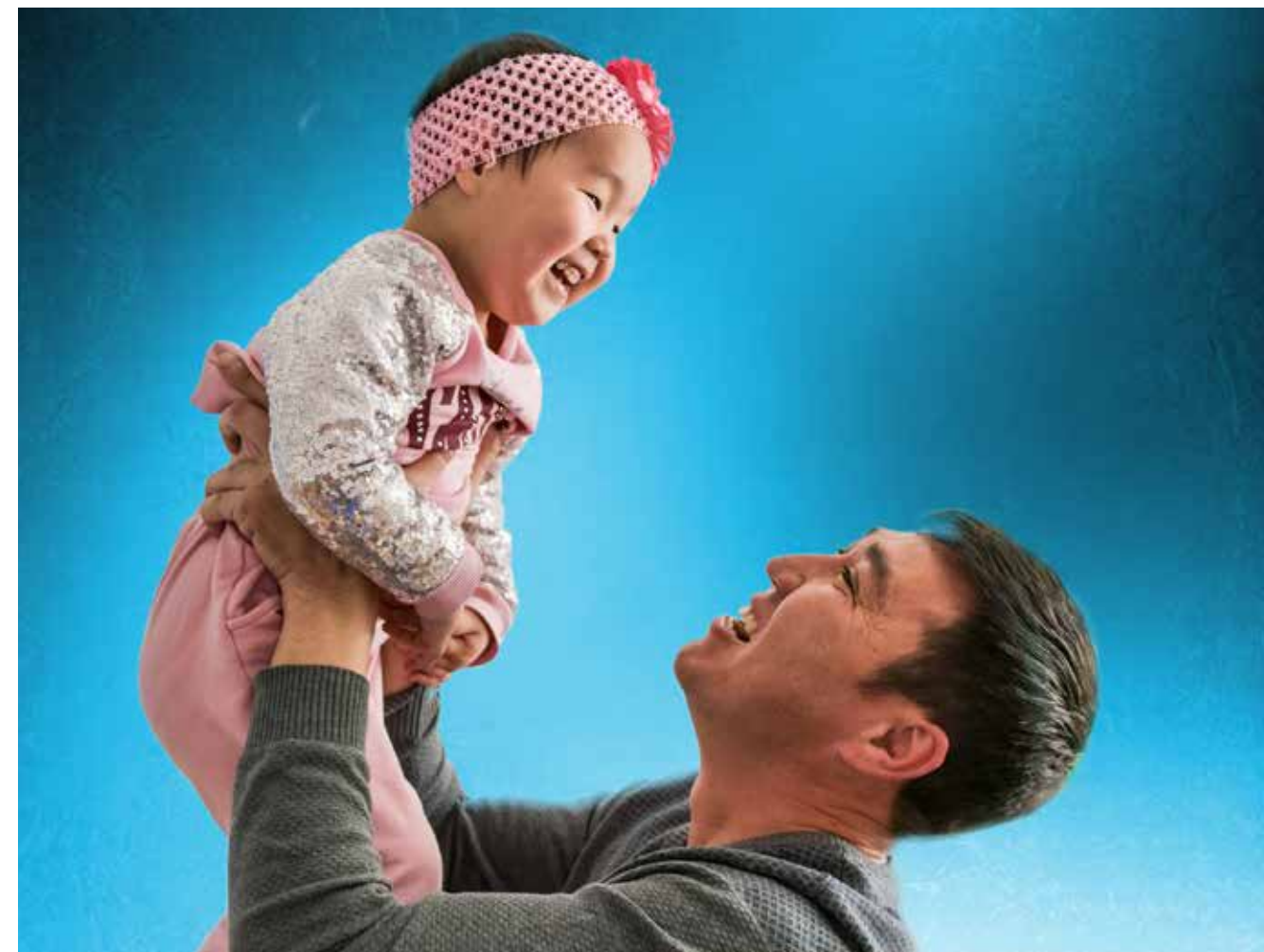
Some groups of children are at a higher risk of poverty than others, this include: children in rural areas, in single-headed households, in households with low educational attainment, unemployment or being out of labour force, in large households, in families with many children, or in households where a family member has disability.

## 8.1. FAMILY AND CHILD POVERTY

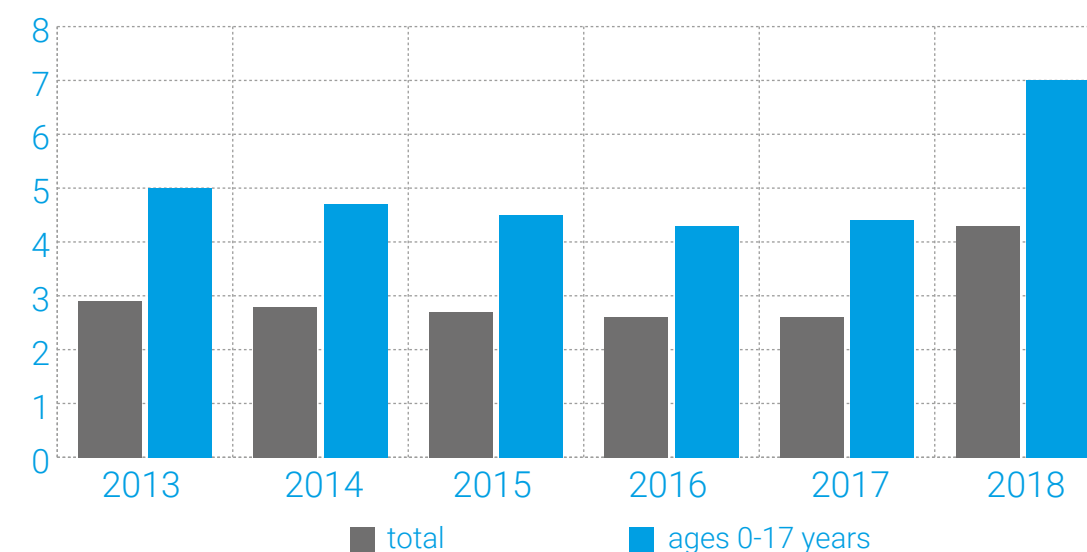
The number of people living in poverty has fallen dramatically since a deep recession in the 1990s, largely because of the country's economic growth, which has improved household incomes and economic well-being, with gross national income (GNI) per capita almost tripling between 2000 (US\$7,350) and 2017 (US\$23,530) in purchasing power parity.<sup>103</sup> Economic growth has also stimulated the labour market, reducing unemployment. Unlike some other post-Soviet states, in Kazakhstan, rapid economic growth increased productive employment. The Gini coefficient, a measure of inequality, fell from 40 in 2005 to 26.9 in 2015,<sup>104</sup> though regional disparities persist. Poverty at the international line of US\$2 per day has been virtually eradicated in Kazakhstan.

The share of children with income below the subsistence minimum fell from 5 per cent in 2013 to 4.4 per cent in 2017.<sup>105</sup> Despite these improvements (Figure 13), the share of children living in poverty increased in 2018<sup>106</sup> (partly because the national subsistence minimum level was revised in 2018). The following groups of children face increased risk of poverty: those in rural areas, in single-headed households, in households with low educational attainment, unemployment or being out of labour force, in large households, in families with many children, or in households where a family member has disability. For example, for each child in the household, the risk of living in poverty increase. In 2018, only 1.3 per cent of households with one child had incomes below the subsistence minimum compared to 19.6 per cent of households with four and more children. Living standards in rural areas are much lower than in urban areas. In 2018, 4.3 per cent of children living in urban areas had incomes below the subsistence minimum compared to 10.3 per cent in rural areas.<sup>107</sup>

Regional disparities are high in Kazakhstan, including child poverty. In 2017, national per capita income was 154,457 tenge (US\$409) per month, but the figure was only 42,506 tenge (US\$113) in South Kazakhstan.<sup>108</sup> Poverty rates were 13.9 per cent in Kyzylorda oblast and 12.5 per cent in Jambyl oblast.<sup>109</sup>



**Figure 13. Proportion of general and child population in poverty** Source: Committee on Statistics of Ministry of National Economy, Children of Kazakhstan. Statistical Year book 2019



Source: Committee on Statistics of Ministry of National Economy, Children of Kazakhstan. Statistical Yearbook 2019

A 2016 NGO survey found evidence of challenges arising from poverty in Kazakhstan. A total of 3.8 per cent of respondents reported not having enough money for food, while 9.6 per cent said they hardly covered food need and had difficulty buying clothes and paying for housing. Meanwhile, 4.1 per cent of parents reported being unable to buy

children clothes, 3.8 per cent not regularly buying fruit for children, and 1.3 per cent unable to give children money for food at school. Overall, incomes are almost three times higher for children living in rich families than for those in poor families.<sup>110</sup> This affects access to quality food, quality health care, education, and extracurricular activities.





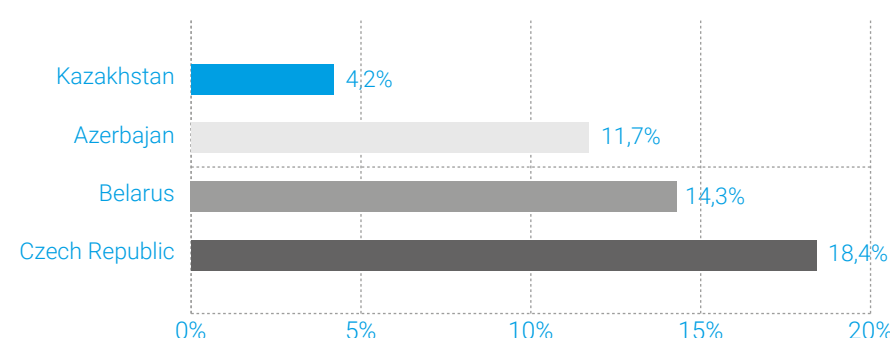
Kazakhstan has a comprehensive set of social protection policies in place which includes both social insurance programmes (including pensions and unemployment benefits) and social assistance.

## 8.2. SOCIAL ASSISTANCE

**K**azakhstan has a comprehensive set of social protection policies in place which includes social insurance programmes (for example, pensions), mandatory social insurance (for instance, unemployment benefits), and social assistance. Major types of social assistance in Kazakhstan include targeted social assistance for those with low income and benefits for specific groups including the state benefit for childcare up to one year of age (for those not participating in compulsory social insurance), benefits for families with many children, parents/guardians caring for children with disabilities, etc.

Nevertheless, social protection programmes could be more effective. Kazakhstan's state expenditure on social protection is lower than other countries in the region (Figure 14). Despite the benefits and services being available, not all eligible persons can take advantage of them. Income eligibility, restrictive administrative rules, and beneficiary's awareness and understanding of availability and rules limit access for poor and vulnerable population.<sup>111</sup> On-demand application procedures often result in people being excluded both because they do not meet eligibility criteria and also because of poor outreach and service delivery that do not actively seek the most marginalized population.

**Figure 14. Total social protection expenditure as percentage of GDP, 2015**



Source: UNICEF, TransMonEE, Monitoring the Situation of Children and Women in Europe and Central Asia, <http://transmonee.org/>

Coverage of social assistance is generally pro-poor and helps to lower income poverty, especially for persons with disabilities and those unable to work.

Almost half of the households in the bottom income quintile receive social transfers, compared with one in five in the top three income quintiles. Universal transfers are larger than targeted transfers, but less effective at guaranteeing minimum subsistence levels of poor households with children, particularly in rural areas.<sup>112</sup>

Overall, **the size of benefits targeting children in low-income families is too low.**<sup>113</sup> In 2018, the targeted social assistance system was improved, combining three existing social benefits providing cash assistance for low-income families: special benefits for families with four or more children; benefits for children under 18; and targeted assistance for families with incomes below 50 per cent of the subsistence minimum (previously 40 per cent). In 2018, 1,006,748 persons received childcare benefits and 86,856 children with disabilities received cash assistance.<sup>114</sup>

The President's directive to expand coverage of low-income families is intended to support poor families with children.<sup>115</sup>

Specific measures include expanding coverage of low-income families, especially those with many children, and raising the threshold for providing targeted assistance to 70 per cent of the subsistence minimum. When calculating such families' aggregate income, state allowances such as those for large families, children with disabilities and scholarships will be excluded from the calculation. As a result, targeted social assistance will reach more than 830,000 people in 2019, including almost 550,000 children and reduce risks of living in poverty for them. In addition, allowances for parents and guardians raising children with disabilities will be increased by 30 per cent.<sup>116</sup>

Some divorced mothers face problems securing alimony payments from their former husbands. Even when mothers secure a court order for alimony, this does not guarantee enforcement. It is expected that recently introduced stricter enforcement mechanisms such as restrictions on foreign travel and suspension of driver's licenses for alimony arrears will address this.

Although 46 per cent of the population live in rural areas and have higher poverty rates, only about a quarter of rural households receive social assistance transfers, compared to over 40 per cent in the large cities of Nur-Sultan and Almaty.<sup>117</sup> Therefore, many children in rural households live in poverty, unsupported by social assistance.

Though eligible for social assistance, some low-income households, especially in rural areas, do not apply for benefits. To some extent, this is explained by **relatively complex and costly processes for applying for assistance, rural residents in particular need to travel to district centres.** In addition, to receive some benefits, family members have to participate in training and/or work on social community projects: this is especially difficult for single mothers when kindergartens and other childcare alternatives are not available or affordable.

In the poorest areas of Mangistau and Kyzylorda oblasts and Nur-Sultan city, there is limited awareness of poverty-targeted social assistance, including eligibility criteria and the application process. In Mangistau oblast, low-income households, which need the assistance most, are by far the least likely to be aware that it exists.<sup>118</sup>





## 8.3. YOUTH AND EMPLOYMENT

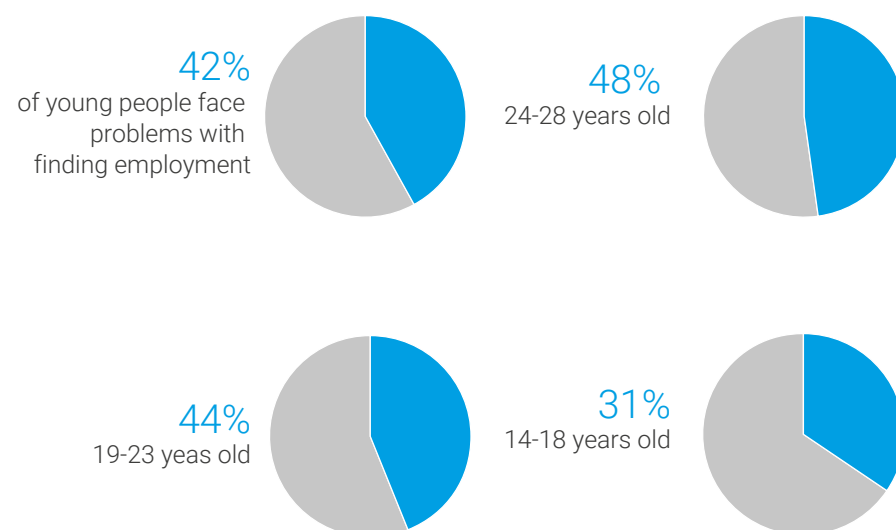
Of young people not in employment, education or training (NEET) is 9.5% (2017)

The factors affecting NEET status include: health, including mental health; disability or special education; lack of skills, including soft skills; limited resilience and ability to be engaged and motivated; and social factors, such as living in families at social risk.

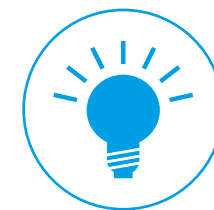
The average not in education, employment or training (NEET) rate for 15- to 29-year-olds across OECD countries is just under 14 per cent, varying from 28.2 per cent in Turkey to 5.3 per cent in Iceland.<sup>119</sup> In Kazakhstan, the NEET rate for 15- to 24-year-olds was 9.5 per cent in 2017.<sup>120</sup>

According to a survey by the Youth Research Centre, 42 per cent of young people reported constantly facing problems finding employment. By age group, the figures are 31 per cent for 14- to 18-year-olds, 44 per cent for 19- to 23-year-olds and 48 per cent for 24- to 28-year-olds. Most young people who participated in online consultations felt that they could freely choose their own careers. The 12.7 per cent who felt otherwise identified two reasons: lack of their desired job in their region (32.5 per cent) and the lack of a study programme in their desired field (29.2 per cent).<sup>121</sup>

**Figure 15. Proportion of young people not in education, employment or training (NEET) rate among different age groups, 2017**



While some young people in the labour force are unemployed because of a shortage of jobs, others would not be employed even in periods of economic growth with more jobs available. The factors affecting NEET status include: health, including mental health; disability or special education; lack of skills, including soft skills; limited resilience and ability to be engaged and motivated; and social factors, such as living in families at social risk.<sup>122</sup>



## 8.4. ADOLESCENT AND YOUTH PARTICIPATION

Consultations with youth in Kazakhstan suggest that young people would like to be more engaged in the social life of the community and the nation. In 2017, 28 per cent of survey respondents think that young people's influence on policy formulation in Kazakhstan is very high, up from 22.3 per cent in 2014. However, 11.8 per cent think that young people are not influential at all.

There is no national framework or vision for youth participation in Kazakhstan. However, consultations with youth in Kazakhstan suggest that young people would like to be more engaged in the social life of the community and the nation. In 2017, 28 per cent of survey respondents think that young people's influence on policy formulation in Kazakhstan is very high, up from 22.3 per cent in 2014. However, 11.8 per cent think that young people are not influential at all.<sup>123</sup> Many young people believe that their opportunities to participate are limited due to the traditional beliefs that 'adults know better' and that youth should 'respect older people'.

While in-school organizations are intended to support students' participation, there is a tendency for them to focus on activities designed by adults for children, such as community activities and national campaigns. Educators and other professionals working with children and adolescents possess skills for communicating with children, but are not prepared to consult their opinions.

State bodies such as the Youth Resource Centre (YRC), the Committee for Youth and Family Affairs of the Ministry of Information and Social Development and Youth Policy / Internal Policy Departments in the regions are responsible for implementing youth policy. According to the Youth Research Centre research, the YRC is most familiar to the country's youth. YRC is a state organization that works directly with young people providing informational and consulting support, teaching vital skills, supporting youth initiatives and implementing projects and programmes based on the needs of young people. Thus, the YRC promotes the socialization and social integration of young people, including the vulnerable, in society. The network of youth resource centres has expanded: by the first half of 2018, there were 210 centres in the country.

Interesting experiences of youth participation include the Child-Friendly Initiative in 25 cities and districts, which creates safe spaces where adolescent voices can be heard, building more inclusive and democratic societies with informed and active citizens.<sup>124</sup> In a Child Friendly City, local executives, agencies, and child and youth associations, and all residents, make efforts to promote children's rights,<sup>125</sup> and create an environment conducive to child participation and enhance local planning and budgeting effectiveness.<sup>126</sup> Meanwhile, Y-PEER Kazakhstan, a youth peer education network of organizations and institutions working in the field of sexual and reproductive health, is providing high-quality peer-to-peer education on adolescent sexual and reproductive health and HIV prevention. The network is functioning in 10 cities, and more than 25,000 people have been educated by peer methods.





The most critical risk issues are violence against women, unequal division of unpaid care work, violations of women's and girls' sexual and reproductive health and rights, and their unequal participation in private and public decision-making beyond national parliaments.

17 per cent of ever-partnered women aged 18-75 reported having experienced physical or sexual violence, or both, by an intimate partner in their life time.

## 8.5. GENDER INEQUITY

Despite several laws and policies promoting equality, persistent discriminatory laws, social norms and practices and the inequalities experienced by the most marginalized groups of women and girls lead to de facto gender inequality. **The most critical risk issues are violence against women, unequal division of unpaid care work, violations of women's and girls' sexual and reproductive health and rights, and their unequal participation in private and public decision-making beyond national parliaments.**<sup>127</sup>

The recent re-traditionalization of gender roles in the region has consequences for realization of children's and women's rights, and therefore requires concrete counteraction.<sup>128</sup> Social norms, institutional capacity gaps, attitudes and practices underline gender disparity in Kazakhstan. Gender stereotypes and patriarchal attitudes depicting men as leaders and providers and women being primarily responsible for domestic matters and childcare remain deeply embedded in public thinking. Women, including grandmothers, are disproportionately burdened with household chores and care.

Violence against women has not been eliminated and women often conceal incidents of domestic violence. Dominant social norms accept domestic violence against women. In 2015, 1.5 per cent of women aged 15-49 believed that a husband was justified in beating his wife if she refuses to have sex with him (the figure reached 7.7 per cent in Mangistau, 4.0 per cent in Pavlodar and 2.0 per cent in South Kazakhstan). This is of particular concern for underage married or cohabitating women, who are more likely to affirm when asked the statement that a husband has a right to beat his wife in the circumstances such as refusal to have sex.<sup>129</sup> In total, **17 per cent of ever-partnered women aged 18-75 reported having experienced physical or sexual violence, or both, by an intimate partner in their lifetime.**<sup>130</sup> When women experience violence at home, children are also at higher risk of trauma.<sup>131</sup> Victims of domestic violence are hindered by the social stigma that prevents them from coming forward to file reports before the police and other authorities or avail themselves of other remedies.

New priorities should include implementing and monitoring measures to prevent and eliminate violence against women and promoting sustainable gender mainstreaming strategies in national planning and budgeting. Policy and programmatic responses advancing rights of children should also be more gender responsive (e.g. flexible forms of employment, paid paternity leave and promotion of shared responsibility within the family).<sup>132</sup> The growing number of mental health diseases resulting in suicide among adolescent girls also requires gender-sensitive responses. More opportunities should be provided for girls to acquire skills in science, technology, engineering and mathematics (STEM).



Children of internal and external migrants and undocumented stateless persons have reported having to miss school because their families lack the necessary paperwork.

## 8.6. STATELESS PERSONS, MIGRANTS AND REFUGEES AND AFFECTED CHILDREN

In recent years, Kazakhstan has attracted many labour migrants from less affluent Central Asian neighbours, though the number has been falling since 2010, to 13,755 in 2016 and 12,785 in 2018.<sup>133</sup> Internal migration of children is widespread, but the extent is unknown.

In addition, **7,156 stateless persons were officially registered** by the Ministry of Internal Affairs as of 1 January 2019.

Children born to the stateless parent(s) without valid identity documentation may be unable to have their birth registered, nor have access to birth certificates, until their parent(s) are confirmed to be stateless and obtain documentation.

Such children, as well as children of labour migrants, can lack access to benefits, education, or formal employment opportunities.

It is difficult, however, to estimate the total number of migrants within Kazakhstan, especially children who are undocumented and lacking birth certificates, because of both inadequate data on the number of migrant workers, and the absence of formal visa requirements with other Central Asian countries, the fact that the entry to Kazakhstan of children under the age of seven is not recorded at the border, and that children under 16 are not registered by migration authorities. These difficulties may put children affected by migration at risk of violence, exploitation and abuse.

Despite guaranteed access to schooling in law, **children of internal and external migrants and undocumented stateless persons have reported having to miss school because their families lack the necessary paperwork.** Often landlords do not want to register tenants, and therefore, migrants cannot register and send children to local schools or kindergartens, or access social services and health care, a significant issue in the large cities that migrants mostly move to.<sup>134</sup>





## 9. CONCLUSIONS





This Situation Analysis has revealed some of the challenges children are facing in Kazakhstan today. Children are of crucial importance for the country's future. While there has been progress regarding several areas of children's rights in recent years, significant disparities persist, particularly for children from poorer households. This final section of the report reiterates a number of the key challenges the country is facing.

An increasing number of children are surviving their infancy and early childhood in Kazakhstan, with infant mortality falling from 45 per 1,000 to 9 per 1,000 between 1990 and 2017. However, concerns remain about the large proportion of under-five deaths that are preventable. Immunization rates are high (at or close to OECD averages) but – as a recent outbreak of measles demonstrated – additional efforts are needed to actively counter vaccine hesitancy among the population. More efforts are needed to improve maternal and child nutrition (including breastfeeding practice), to reduce accidents and injuries in children, and to widen from pilot areas a comprehensive system to address challenges of adolescent mental health, including the challenge of suicidal behaviour.

Impressive progress has been made in the area of education.

- With 15 years of education, the average
- person of working age in Kazakhstan
- is more educated than in many other
- post-Soviet states.

The literacy rate of young people aged 15–24 in Kazakhstan is 99.9 per cent. Physical access for children with disabilities to schools has increased significantly, and there are more teaching staff trained to work with them, though the numbers are insufficient to support all children with special educational needs. Meanwhile, student learning outcomes, as measured by international tests, are below the OECD average.

Progress has been made in the field of justice for children, and child sentencing rates have been reduced. In addition, the legislative framework has been strengthened to prevent domestic violence. Nonetheless, more than 50,000 children continue to live in residential institutions, with children with disabilities, particularly vulnerable, given the lack of community services to support them. Meanwhile, violence against children remains widespread, in the home, in residential

institutions, at school and on the streets.

In Kazakhstan, 97.3 per cent of the population use improved water sources, and 98 per cent live in households with improved sanitation facilities. However, water sources are highly vulnerable to climate change, and access is problematic in some areas, with the quality of water and poor sanitation in hygiene in some regions also concerns. Meanwhile, urban air pollution, perhaps the country's understudied environmental issue, is a serious and growing threat to children's health. Other environmental factors affecting child and family health and well-being include nuclear waste from the test sites in Semey and Azghyr, military test sites and toxic waste from spacecraft launches at Baikonur Cosmodrome.

Kazakhstan has a wide-ranging set of social protection policies, with social benefits improving in recent years. However, the country still needs to strengthen its social protection system to make it comprehensive for children. The President's directive to expand coverage of low-income families should help to further strengthen the system.

*The not in education, employment or training (NEET)* rate among youth in Kazakhstan is lower than the OECD average. However, there is a need to improve the quality and relevance of education to ensure that young people are equipped with the relevant employability and life skills to explore decent work opportunities, in order to promote market diversification and growth in productivity.

The report has found that children and youth want to participate more in national and community life. This will help to properly identify and respond to the actual needs and concerns of children, rather than needs assumed by adults.

Despite several laws and policies promoting equality, persistent discriminatory laws, social norms and practices and the inequalities experienced by the most marginalized groups of women and girls lead to de facto gender inequality. Critical risk issues include violence against women and girls, unequal division of unpaid care work, and poor engagement of fathers in children's health and well-being.

While the birth registration rate in Kazakhstan is close to 100 per cent, there may be some children unaccounted for, so it is important to ensure they are registered. Lack of registration can mean that migrants cannot register and send children to local schools or kindergartens, or access to social services and health care.





## 10. RECOMMEN— DATIONS



# 10 RECOMMENDATIONS

**Improve data quality and availability for effective policy development, monitoring, and evaluation (medium-term priority).**

National data should include an explicit disaggregated focus on disparities to ensure clear understating of the regions and groups of children and should be presented in a user-friendly format, to be used practically by policy-makers. More specifically,

- Improve availability of disaggregated official statistics and administrative data on infant, child and maternal mortality rates;
- Update and maintain injury deaths and hospitalization data collection systems disaggregated by age/sex/place of occurrence/cause at the national and regional level;
- Collect official statistics on the numbers of children with disabilities of school age who are not in education.

**Social norms that create barriers to the realization of children's and women's rights should be addressed (long-term priority):**

- Conduct awareness campaigns on children rights so that all partners, including children and adolescents would know their rights and how to advocate for their realization.
- Advance social models of disability.
- Conduct awareness campaigns to combat social norms of tolerance and acceptance of violence and sexual violence with regard to children, including within families.
- Address stigma and lack of awareness about mental health among children, adolescents, parents, professionals working with children and adolescents and the general public.

**Improve legislation and national programmes in the following areas (short-term priority)**

- Introduce a national system of identification, rehabilitation and comprehensive support of young children with special needs through early childhood development.
- Introduce legislative and policy mechanisms promoting breastfeeding and healthy eating.
- Accelerate physical adaptation, human resource provisioning and financing to make school inclusive as children with disabilities and special education needs.
- Introduce local child protection bodies where all cases of violence against children are referred.
- Introduce a law on the registration of birth irrespective of the legal status of the parents.
- Address gaps in implementation of the existing legislation, including lack of mechanisms, procedures and guidelines to ensure mandatory reporting of cases of child sexual abuse and exploitation.
- Improve prevention, independent living planning, improve collaboration of all partners in the community, including more extensive involvement of educators and expand community-based services for implementation of diversion and non-custodial sentences.
- Develop elaborate assistance programmes for children and adolescents who are the victims and witnesses of crime.
- Amend legislative frameworks, policies, standards of conduct and protocols to ensure that professionals from the emergency management and education sector consider disaster resilience of children as part of their professional profiles.

**Enhance the quality and supply of services (short-term priority):**

- Address the challenges posed by the country's geography and low population density in health care delivery planning, with the potential use of mobile primary care services and telemedicine.
- Improve the quality of health care for pregnant women and management of labour and childbirth.
- Reduce infant mortality through improved antenatal care and postnatal follow-up, as well as improved parenting skills in early childcare.
- Strengthen and professionalize the social services workforce.
- Increase local social services' capacities to identify vulnerable families with children
- Develop and integrate social services, including referrals and case management.
- Improve mechanisms to detect and report cases of sexual abuse or exploitation of children
- Invest in better quality education and enhance teacher and student monitoring in order to improve the overall system performance and students' results.
- Increase the capacities of professionals to detect signs of violence against children
- Improve Youth Health Centres through organizational, monitoring and staffing enhancements.

**Improve cross-sectoral coordination and management mechanisms to support children in realizing their rights, especially in light of multiple overlapping vulnerabilities. More specifically,**

- Support out of school children and eliminate risks resulting in school dropouts
- Reduce child mortality through multisectoral interventions addressing broader factors affecting children health and mortality, such as supporting parents to access adequate housing and quality nutrition and adequate standard of living.
- Improve referral mechanisms and cross-sectoral partnership to better identify and support children at risk of abuse, neglect and exploitation in a timely manner.
- Improve coordination mechanisms among local social protection services, health care providers, educators and other professionals to identify children at risk of abandonment or neglect in a timely manner.

**Support regional and local authorities to advance the rights of children and women.** Though policy priorities are set at the national level, the process of building fiscally responsible, responsive, and accountable regional and local government should always reflect the needs of children and women and properly identify and support the most vulnerable groups.



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