



# CHILD FRIENDLY CITY

Initiative implementation methodology  
for the Republic of Kazakhstan





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The publication describes the step-by-step process of the Child Friendly City Initiative implementation in the Republic of Kazakhstan and includes practical tools for monitoring and assessment of children's situation in cities and rayons.

The methodology was developed by UNICEF in Kazakhstan with support from the Committee for Child Rights Protection of Ministry of Education and Science of the Republic of Kazakhstan. The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of the Committee for Child Rights Protection of the Ministry of Education and Science of the Republic of Kazakhstan or UNICEF Office in Kazakhstan.

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# Content

<b>List of abbreviations</b> .....	4
<b>Introduction</b> .....	5
<b>What is a child-friendly city?</b> .....	7
<b>History of the CFC initiative worldwide and in Kazakhstan</b> .....	8
<b>Why participate in the CFC initiative</b> .....	9
<b>How to become a child-friendly city (rayon): detailed process</b> .....	10
<b>Selected indicators for Kazakhstan and assessment of children's situation</b> .....	11
1. Assessment of local government structures and processes in fulfilling children's rights .....	11
2. Assessment of outcomes of sectoral policies and action plans .....	12
3. Assessment of children's perspectives and opinions on a city's (or rayon's) child-friendliness .....	16
<b>Annexes</b>	
Annex I: Assessment checklist for akimats and interested local bodies on necessary conditions for implementing the 'Child Friendly City' initiative .....	17
Annex II: 'Child Friendly City' indicators .....	23
Annex III: Instructions on data collection for 'Child Friendly City' indicators .....	27
Annex IV: 'Child Friendly City' survey for children aged 8–12 .....	41
Annex V: 'Child Friendly City' survey for children aged 13–17 .....	49
Annex VI: Instruction for a children's situation report .....	59
<b>Bibliography</b> .....	63

# List of abbreviations

CFC	Child Friendly City
IMCI	Integrated management of childhood illness
IQ	Intelligence quotient
MDG	Millennium Development Goals
PMR	Perinatal mortality rate
UN	United Nations Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

# Introduction

A Child Friendly City is a city where children and young people have the opportunity to fully develop and to actively and genuinely participate in public life.

The principles of building child friendly cities are especially important in light of growing urbanization and the importance of residents, including children and youth, to influence decisions taken by local authorities and programs being implemented.

This publication explains the importance of the Child Friendly City initiative, stages of joining the initiative in Kazakhstan and generally recognized approaches to monitoring and assessment of children's situation such as collection of quantitative data from official sources and surveying of children of different ages.

Methodology is based on the international experience of the 'Child Friendly Cities' initiative, devel-

oped by Prof. Giorgio Tamburlini, Rafaella Schiro and Ilkhom Gafurov, of the European School for Maternal, Newborn, Child and Adolescent Health in Trieste (Italy).

The following people have provided support in developing the methodology: Ayash Makenova, Gulnash Koshkarova and Klara Seidakhmetova, of the Committee for Child Rights Protection of the Ministry of Education and Science of the Republic of Kazakhstan, as well as representatives from 17 cities and four districts across Kazakhstan responsible for implementing the 'Child Friendly Cities' initiative on the ground. UNICEF representatives Damir Kozhanbayev and Anna Stativkina have provided co-ordination, advice and organizational assistance.

# What is a child-friendly city?

A Child Friendly City (CFC) is a city where children and young people have the opportunity to fully develop and to actively and genuinely participate in public life, taking decisions on matters concerning them. It is a city in which there is no discrimination based on gender, health status, social status, nationality or religion.

In a CFC, local executive bodies, agencies, and child and youth associations, alongside all residents, make efforts to promote children's rights, as enshrined in the Convention on the Rights of the Child. Children's views are heard and taken into account when planning local development programmes.

The aim of the initiative is to improve the lives of children and young people and to guarantee the right of every young citizen to:

- Express their opinion on the city they want;
- Influence decisions about their city;
- Participate in family, community and social life;
- Receive basic services, such as health care, education and housing;
- Drink safe water and have access to proper sanitation;
- Be protected from exploitation, violence and abuse;
- Have green spaces for plants and animals;
- Walk safely in the streets on their own;
- Meet friends and play;
- Live in an unpolluted environment;
- Participate in cultural and social events; and
- Be an equal citizen within their city, having access to every service, regardless of ethnic origin, religion, income, gender or disability<sup>1</sup>.

<sup>1</sup> Building Child Friendly Cities: A Framework for Action, UNICEF Innocenti Research Centre, March 2004.

# History of the CFC initiative worldwide and in Kazakhstan

The launching of the 'Mayor Defenders of Children' initiative by UNICEF, in 1992, in Dakar (Senegal), recognized the important role of local government in the fulfilment of children's rights.

Four years later, in 1996, in Istanbul (Turkey), the 'Child Friendly Cities' initiative was launched, acting on a resolution passed during the second UN Conference on Human Settlements. The Conference declared that child well-being is the ultimate indicator of a healthy environment, a democratic society and good governance.

Although the CFC initiative was initially developed for large cities, over time, interest has grown, inspiring smaller towns and communities to join.

In 2000, a CFC International Secretariat launched, as did the [www.childfriendlycities.org](http://www.childfriendlycities.org) online site, providing expert assistance in implementing the initiative. Since 2010, the headquarters of the United Nations Children's Fund (UNICEF) in New York has overseen the resource and methodological function of the Secretariat.

The CFC movement has mobilized a wide range of partners: central and local government bodies; non-governmental organizations and community-based organizations (CBOs); national and international agencies; experts and academic institutions; business and the media; and, most importantly, children and youth groups.

In Kazakhstan, the Committee for Child Rights Protection, of the Ministry of Education and Science of Kazakhstan, is implementing the CFC initiative, with support from the National Commission

on Women's Affairs and Family and Demographic Policy, under the President of Kazakhstan, and with support from UNICEF in Kazakhstan.

The first cities to join the initiative were Satpayev, Saran, Semey, Ust-Kamenogorsk, Aksu, Pavlodar and the Almalinskiy District of Almaty, in 2008 and 2009.

Today, there are 21 cities and rayons within the initiative, including the cities of Astana, Karaganda, Shymkent, Ekibastuz, Aksay, Petropavlovsk, Kyzylorda, Balkhash, Aktobe, Kostanay and Aktau, and the rayons of Abay, Osakarovskiy and Nura, in the Karaganda Region.

Participating cities take turns to host a national CFC forum, at which cities and rayons may share achievements within the initiative.

Based on consultations with central and local government authorities and best international practices, a national recognition system of child-friendly cities has been developed for Kazakhstan.

If positive results are achieved at all stages of the initiative and a city (or rayon) provides evidence of progress, it is awarded the title of a child-friendly city (or rayon).

# Why participate in the CFC initiative?

The 'Child Friendly City' initiative aims to guide cities and other systems of local governance in the inclusion of child rights as a key component of strategies and programmes<sup>2</sup>. The initiative originated from several important trends: rapid urbanization; the growing responsibilities of the Government towards residents in the context of decentralization of public administration; and the growing importance of cities and towns in the political and economic systems of the country. The initiative contributes to the implementation of the Convention on the Rights of the Child, at a level with most direct impact on the lives of children.

This implementation guide is a framework to assist cities in becoming more child-friendly in all aspects of governance, environment and services. The initiative includes nine building blocks (structures and activities of municipal governments) to ensure children's active involvement and a children's rights perspective in all relevant decision-making, as well as equal rights of access to basic services:

- 1 Children's participation**  
Promoting children's active involvement in issues that affect them; listening to their views and taking them into consideration in decision-making processes.
- 2 A child-friendly legal framework**  
Ensuring legislation, regulatory frameworks and procedures to consistently promote and protect the rights of all children.
- 3 A children's rights strategy**  
Developing a detailed, comprehensive strategy or agenda for building a Child Friendly City, based on the CRC.
- 4 A children's rights co-ordinating mechanism**  
Developing permanent structures in local government to ensure priority consideration of a child's perspective.
- 5 Child impact assessment and evaluation**

Ensuring that there is a systematic process to assess the impact of law, policy and practice on children: before, during and after implementation.

- 6 A children's budget**  
Ensuring adequate resource commitment and budget analysis for children.
- 7 A regular report on the 'State of the City's Children'**  
Ensuring sufficient monitoring and data collection on the state of children and their rights.
- 8 Making children's rights known**  
Ensuring awareness of children's rights among adults, children and governmental bodies.
- 9 Independent advocacy for children**  
Supporting non-governmental organizations and developing independent human rights institutions to promote children's rights, including a children's ombudsman or commissioners for children.

<sup>2</sup> Child Friendly Cities international initiative, <http://childfriendlycities.org/overview/the-cfc-initiative>

# How to become a child-friendly city (rayon): detailed process

- 1 Examine the information on the 'Child Friendly City' initiative:
  - History of the initiative worldwide and in Kazakhstan;
  - Key elements of a CFC;
  - CFC indicators;
  - Instructions for a children's situation report.
- 2 Join the initiative by signing a memorandum of understanding between the Committee for Child Rights Protection of the Ministry of Education and Science of Kazakhstan and the city (rayon) akimat.
- 3 After joining the initiative, assign the unit and officials responsible for the implementation of initiatives at local level and provide them with necessary support.
- 4 Establish a Co-ordination Board under the city (rayon) Governor's Office, to implement the initiative, or assign the implementation to a local inter-sectoral body (such as the Commission for Minors and Protection of their Rights, or the Commission on Gender Policy). Local authorities, child and youth organizations, and non-governmental organizations should be represented on the co-ordinating body.
- 5 Examine the current situation for children in the city (rayon) using CFC indicators and through consultations with children.
- 6 Develop a city (rayon) programme and action plan, to define steps to address current issues.
- 7 Submit the programme and action plan to the Inter-sectoral Working Group for CFC Implementation (under the Committee for Child Rights Protection) for possible recommendations.
- 8 After receiving recommendations, launch the programme and action plan (on average, the implementation period is between 18 months and 2 years).
- 9 Within the framework set by the Inter-sectoral Working Group, conduct another assessment on the situation of children in the city (rayon) to determine progress of initiative implementation. Discuss assessment results with children and residents of the community and send to the Inter-sectoral Working Group, so that it may decide whether to award the city (rayon) the title of Child Friendly City (rayon).

# Selected indicators for Kazakhstan and assessment of children's situation

Since the inception of the CFC initiative, researchers and practitioners have recognized an increased need for evidence-based assessment, including tools and instruments to allow comprehensive and systematic assessment, through a participatory approach, and to subsequently monitor their improvement.<sup>3</sup>

Attempts have been made in various countries to develop and pilot administrative indicators aggregated according to child rights domains, community and child participation tools, and composite indices. While these efforts have contributed to expanding the breadth and quality of data on children's conditions and to improving cities' and communities' assessment and monitoring capacities, there is no standard methodology nor are there universally accepted indicators, or community or child assessment tools.

Existing tools and instruments provide a general framework and guiding principles, for countries to adapt to their specific contexts. Currently, CFC monitoring is based on check-lists (Spain), administrative indicators grouped in domains (Philippines), indicators without sub-division into domains (Netherlands), general and domain-specific objectives and specific indicators to monitor

achievement (Brazil), a mix of check-lists and indicators (France), and a composite index calculated from a combination of administrative and subjective indicators (Belarus)<sup>4</sup>.

The proposed system for Kazakhstan uses extensive research conducted by UNICEF's Innocenti Centre, the Children's Environments Research Group, Childwatch International, and international experience in the practical application of various monitoring and assessment approaches. The overall goal of the monitoring and assessment system for child-friendly cities is to improve the quality of planning for children in cities, by providing a comprehensive M&E system for municipal governments to better assess and monitor conditions for children.

The M&E system for Kazakhstan includes the following inter-linked and complementary components:

## 1 Assessment of local government structures and processes in fulfilling children's rights. (Annex I)

The governance checklist is intended to support municipal officials in the review of municipal

policies, structures and processes for children and families. A key component of the assessment is

<sup>3</sup> Assessing and Monitoring Child Friendly Communities and Cities: Supporting advocacy and capacity building in local governance, the Children's Environments Research Group and the Innocenti Research Centre, December 2009.

<sup>4</sup> Country CFCI monitoring tools <http://childfriendlycities.org/building-a-cfc/indicatorcriteria-for-cfc/>



the strengthening of cities and rayons' capacity to collect and analyze data and to use analytical information in decision-making. Furthermore, the assessment allows the identification of priorities, such as the development of new local plans of action and adjusting existing policies for children, including changes to structures and processes to respond to children's needs and rights, and increased awareness of child rights among local government and community stakeholders. An important element of assessment is bringing together representatives of various sectors and departments of municipalities, to ensure mainstreaming of child rights within policy-making, and to ensure co-ordination of the fulfillment of child rights.

The governance checklist comprises questions

grouped in the following domains:

- Municipal policy-making for children and child participation;
- Social services and protection;
- Education;
- Play, recreation and sports;
- Transportation;
- Environmental health;
- Public health;
- Urban planning and public works; and
- Emergency preparedness and response.

Questions require 'yes' or 'no' responses and allow for additional comments and description of specific activities currently implemented or planned for the future.

## 2 Assessment of outcomes of sectoral policies and action plans

The monitoring system is based on routinely collected administrative indicators, selected from a list of internationally used CFC indicators.

The indicator system is intended to further strengthen local analysis, interpretation, dissemination and use of data and to inspire decision-making and evidence-based planning, allowing data analysis to inform the development of city work plans. To reduce the workload for staff involved in data compilation, analysis and reporting, without compromising the quality of assessment and subsequent action planning, the data collection system is restricted to 17 key indicators (*Annex II*).

Indicators developed for the CFC initiative in Kazakhstan meet the following criteria and conditions:

- They have a very precise definition (including

criteria for inclusion/exclusion, numerator/denominator, and age or age range to which data refers);

- They have a reliable source of data;
- Available and consistent over time in all cities monitored;
- They have unambiguous interpretation; and
- They are easily understood by professionals, officials and the general public.

In addition to the 17 indicators, data such as total child population, annual budget, and infrastructure for children provides a general picture of a city (rayon). Instructions on how to collect the 17 indicators are presented in *Annex III*.

Indicators are grouped under four main domains: *health, child safety and environment, social equity, and education*. Table 1 illustrates the rationale for selecting an indicator and the information each indicator provides on child friendliness.

Table 1

Indicator	Importance
<b>HEALTH</b>	
Peri-natal mortality rate	The PMR is a key outcome indicator for newborn care and directly reflects pre-natal, intra-partum, and newborn care.

	<p>The fetal component depends on maternal health, antenatal care, and obstetric care.</p> <p>The early neo-natal component reflects the quality of neo-natal care and may respond quickly to programmatic interventions on neo-natal care.</p> <p><i>Overall, this indicator provides a comprehensive view of health care around birth.</i></p>
Under-five (U5) mortality rate	The U5 mortality rate is <i>the most important global indicator of child health</i> . It reflects: a) social determinants, such as poverty and education, particularly of mothers; b) the availability, accessibility and quality of health services; c) environmental risks, including access to safe water and sanitation; and d) nutrition.
Number of suicides among children and youth	<p>Teen suicide is the third leading cause of death in adolescents and may be considered an <i>indicator of the overall mental health status</i> of this age group.</p> <p>Data on suicide deaths, as well as suicidal behaviour and attempts, can be used to develop comprehensive prevention programmes aimed at young people, families, communities, policy makers, and health and education specialists.</p> <p>Suicide among adolescents, mainly in the age group 15–17, is an increasing problem <i>in Kazakhstan</i>. The prevalence of suicide in Kazakhstan (estimated at 17.6 per 100,000)<sup>5</sup> is considerably higher than in other countries of Central Asia and Europe. This has led Kazakhstan's Government to recognize suicide as a serious problem in public health and overall wellbeing of children and youth requiring urgent and systematic collection of data on suicide among children and youth.</p>
Percentage of children on exclusive breastfeeding for 6 months	<p><i>Breastfeeding of infants increases their chance of healthy survival and optimal development.</i></p> <p>Breastfeeding prevalence is an overall indicator of the quality of health care at birth and during the first 6 months, and of the overall awareness of society of best practices for child health, growth and development.</p>
Adolescent birth rate	<p>Early childbearing is associated with a higher risk for adverse pregnancy outcomes and child health and development.</p> <p>This indicator also shows the <i>effectiveness of adolescent reproductive health interventions</i> designed to reduce unintended pregnancy. In addition, the birth rate among adolescents is a progress indicator for the Millennium Development Goal of achieving universal access to reproductive health.</p>

<sup>5</sup> UNICEF Regional Office for CEE/CIS, TransMonee 2013 Database and UNICEF Annual report 2013



## CHILD SAFETY AND ENVIRONMENT

Number of children aged 14–17 who commit crime	<p>Reduced juvenile offending is a common objective for governments and international agencies aiming to implement human rights standards.</p> <p><i>This indicator provides data useful in developing and planning prevention programmes and juvenile justice system services.</i> It can also be disaggregated according to factors such as category of offence or age.</p>
Number of crimes against children	The indicator <i>quantifies</i> the extent of CRC violations with respect to child protection and is the starting point for policy development in this area.
Number of child deaths from road traffic incidents	This indicator describes <i>the risk level and, therefore, the effects of and the needs for programmes to improve road design, traffic management and transport safety.</i>
Number of child deaths from incidents, injuries and poisoning	This indicator <i>describes the overall level of risk for child safety, both at home and in the general environment</i> , and, therefore, the effects of and the need for child safety programmes.
Mean annual concentration of selected air pollutants	<p><i>In Kazakhstan</i>, there is significant evidence that exposure to air pollution causes serious health and environmental impact, particularly in urban and highly industrialized areas. Data demonstrates that ambient air quality in major cities is frequently outside of health standards, particularly for carbon dioxide emissions. As stated in the JEPR (joint economic research programme) document by the World Bank and the Ministry of the Environment (2013), the environmental situation in some regions of Kazakhstan is at a critical point, making it necessary to gather detailed information, to prevent further damage to child health.</p> <p><i>The volume of suspended particles is the air pollutant most closely associated with child health</i><sup>6</sup>. Meanwhile, the vulnerability of children to the effects of air pollutants is higher in the first years of life. The indicator, based on data provided by Kazhydromet, <i>describes and monitors the effects of environmental/clean air policies</i>, which are a priority within child environmental health programmes. Specific single pollutant levels may identify the need for specific measures.</p>

<sup>6</sup> "Review of evidence on health aspects of air pollution". WHO European Centre for Environment and Health, Bonn, 2013.

## SOCIAL EQUITY

Percentage of children in households below minimum subsistence	<p>Economic deprivation affects child well-being by reducing parental capability to provide adequate nutrition, shelter, care, and child development.</p> <p>Persistent poverty has an effect on IQ, school achievement and socio-emotional functioning.</p> <p><i>The indicator is crucial in describing the need for and the effects of policies to reduce child poverty.</i></p>
Number of children in institutional care	<p>The indicator <i>measures the extent to which institutionalization of childcare occurs and identifies the need for de-institutionalization strategies.</i></p> <p>Persists among the most pressing problems in Kazakhstan. That is why constant assessment of children in institutional care is vital to the Child Protection System<sup>7</sup>.</p>
Number of children in adoption, guardianship and tutelage, and foster care	With the Government's goal of reducing the number of children in institutional care and <i>promoting alternative forms of care</i> , this indicator is key to assessing the process.

## EDUCATION

Percentage of children aged 3–6 in pre-school	This indicator describes one of the key components of Early Child Development and is associated with improved cognitive, emotional and social development and reduced inequity. It provides <i>clear evidence of the need for and progress in promoting early child education.</i>
Percentage of children aged 3–6 with special needs, limited ability or disability attending inclusive pre-school	International experience shows that the earlier children with special needs have inclusion in pre-school activities, the better their developmental outcomes. The indicator provides a <i>measure of both the extent and prevalence of inclusion policies for children with developmental disorders or disabilities</i> from pre-school age.
Percentage of children aged 6–17 with special needs, limited ability or disability attending inclusive general secondary school	<i>Students with special needs who are 'included' develop a broader range of socially appropriate behaviour, increased language skills and academic achievements.</i> Inclusion of children with limited ability in mainstream education has been successfully introduced in many countries and represents one of the key targets of the CFC initiative.

<sup>7</sup> Child Well-being in Kazakhstan, UNICEF report 2012

## 3

### Assessment of children's perspectives and opinions on a city's (or rayon's) child-friendliness

The assessment system is based on surveys conducted among schoolchildren aged 8–12 and 13–17 (*Annexes IV and V*). The choice of schoolchildren as a target group is mainly due to the fact that almost all children in these age groups are enrolled in school, providing relative convenience in managing surveys in an organized and systematic manner. The surveys are structured as a set of questions with a three-scale rating of 'yes', 'no' and 'I don't know/I prefer not to answer' in the following domains:

- My Play & Cultural Activities.
- My Participation & Citizenship.
- My Safety & Protection.
- My Health & Environment.
- My Education.
- My Personal Life.

The following need to be considered in planning the survey:

• **Logistical and administrative aspects:** identification of survey co-ordinators and interviewers; preparation of sufficient copies of questionnaires; and appropriate timing to conduct surveys and agreements with school administrations.

• **Sample size and selection of schools:** at least 5% of all schoolchildren from each age group in the city need to be enrolled in surveys, with boys

and girls represented in equal proportion. The total number of schoolchildren surveyed should be distributed equally across all districts of a city. Schools should be selected randomly, such as by creating a numerated list and selecting, for example, every third school.

• **Proper instruction of schoolchildren in how to fill out questionnaires:** noting that there are time-limits, and that it is an individual exercise for which they should take time before selecting their answer. Only one answer is allowed, without correction, and answers should be neat and comments succinct.

• An appropriate survey of adequate length and instruction needs to be developed for vulnerable children (such as those who are *disabled*, and *children in residential institutions*) to best reflect their environment and living conditions.

• **Anonymity and confidentiality of surveys and responses.**

• **Analysis of survey questionnaires:** including screening out of inappropriately filled questionnaires (no age or gender indicated, or multiple answers to the same questions); tabulation of responses; and calculation of percentages of 'yes', 'no' and 'I don't know/I prefer not to answer' for each school, district and city.

## Annex I

! This annex can be downloaded at [www.unicef.kz](http://www.unicef.kz)

### Assessment checklist for akimats and interested local bodies on necessary conditions for implementing the Child Friendly City initiative

	Yes	No
	If yes, please list what is in place, in process or planned (provide detailed information)	If no, provide possible action points for the future
<b>POLICY-MAKING FOR AND WITH CHILDREN</b>		
Does the akimat or local maslikhat have a co-ordination board (or commission) which deals with comprehensive planning and implementation within the CFC initiative?		
Is there an independent council or public organization that broadly debates, creates, or evaluates the effectiveness of policies that concern children and youth?		
Does the local budget include the capacity-building component to train decision-makers responsible for child rights protection?		

Are there any initiatives (for example, for International Children's Day) made by or supported by the municipal government to raise public awareness of children's rights?

#### SOCIAL SERVICES AND PROTECTION

Does the municipality have a written strategy (or plan) to fight and prevent physical violence, sexual abuse and psychological violence, as well as neglect and child trafficking?

Does the municipality have programmes of social and educational assistance for families with disabled or chronically ill children?

Does the municipality assess existing patterns of youth employment for under 18s?

Does the municipality promote or support prevention campaigns to eradicate violence in schools?

#### EDUCATION

Does the municipality monitor the enrollment and attendance of all children, identifying patterns of truancy, and acting upon them?

Does the municipality monitor the physical condition of schools, assessing their need for repair and renovation, and their preparedness for emergencies?

Does the municipality analyze patterns of attendance at pre-school institutions and have a strategy to improve this (for example, by repairing facilities and constructing new ones or improving the curriculum)?

#### PLAY, RECREATION AND SPORTS

Does the municipality have a process for planning cultural and sports activities for children?

#### TRANSPORTATION

Does the municipality conduct regular assessment of children's road traffic accidents?

Does the municipality regularly conduct awareness campaigns and other interventions to prevent road traffic accidents?

Does the municipal government support the special transportation needs of children with disabilities?

## ENVIRONMENT

<p>Does the municipality have a systematic process for assessing and monitoring the physical conditions of homes? (safety, damp, biomass burning, water and hygiene)</p> <p>1) Identification of dilapidation and the emergency condition rate of housing and the need for repair and renovation;</p> <p>2) The provision rate and the quality of the sewage system, as well as heating, gas, hot water and regular waste export; and</p> <p>3) Conditions of surrounding playgrounds, courtyard equipment and gardens.</p>		
<p>Does the municipality systematically monitor the impact of environmental hazards on children, such as air pollution, noise levels near housing and educational facilities, and use this information to guide its action plan?</p>		

## PUBLIC HEALTH

<p>Does the municipality regularly map the distribution of common risk factors, such as being overweight or obese, as a basis for environmental and health service intervention?</p>		
<p>Are there regular municipal educational campaigns to promote the adoption of healthy habits in children and adolescents, such as promoting physical activity?</p>		
<p>Are there regular municipal educational campaigns to prevent harmful habits among children and adolescents, such as smoking or the drinking of alcohol?</p>		

Are there regular municipal campaigns to promote the rights of children with disability?

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## URBAN PLANNING

<p>Does the municipality systematically consider children's opinions and needs in planning, designing and improving public spaces and public facilities?</p>		
<p>Are the needs of children with disability taken into account in the planning, designing and improving of public spaces, public facilities and communal housing?</p>		

## EMERGENCY PREPAREDNESS AND RESPONSE

<p>Does the municipality have an emergency preparedness and response plan that specifically mentions children?</p>		
<p>Are there regular exercises and simulations to help children prepare for emergencies likely in their city or rayon?</p>		

# Annex II

! This annex can be downloaded at [www.unicef.kz](http://www.unicef.kz)

## Child Friendly City indicators

GENERAL CITY (RAYON) INFORMATION	
1	Total area, sq.km.
2	Total population
3	Number of children aged under 18
4	Number of children aged under 18 with limited ability
5	Number of children aged under 18 with disability
6	Gross annual budget
7	Gross annual budget per capita
8	Number of schools
9	Number of museums
10	Number of theatres for children and youth, and theatres with a children's repertoire
11	Number of libraries for children, and libraries in which there is a children's section
12	Total area of parks and greenery, hectares
13	Number of playgrounds for children
14	Number of community clubs for children and youth (including sports, culture, leisure, and paramilitary clubs)
15	Number of community-based services for children in conflict with the law
16	Number of community based services for children with limited ability or disability (such as day care centres, rehabilitation centres, correctional and inclusive education centres)

17 Number of NGOs providing services to children and youth

18 Number of child and youth media

19 Number of child and youth initiatives, such as hotlines, child and youth councils and children's movements.

## CHILD-FRIENDLY CITY (RAYON) INDICATORS

### HEALTH

1 Peri-natal mortality rate

2 Under 5 mortality rate per 1,000 live births

3 Share of children on exclusive breastfeeding until 6 months

4 Proportion of children under 18 who have chronic illness (children belonging to the 3rd, 4th or 5th health group according to preventive health check-ups)

5 Percentage of teenage pregnancy

6 Number of suicides among children and youth (under 18) per 100,000 children

### CHILD SAFETY AND ENVIRONMENT

7 Number of children (aged 14–17) who commit crime, per 100,000 child population

8 Number of crimes against children, per 100,000 child population

9 Number of child deaths from road traffic accidents, per 100,000 child population (separately from incidents, poisoning and injury)

10 Number of child deaths from incidents, poisoning and injury, per 100,000 children (excluding child deaths from road traffic accidents)

11 Mean annual concentration of selected air pollutants: particles, CO<sub>2</sub>, NO<sub>2</sub>, SO<sub>2</sub>, and lead

### SOCIAL EQUITY

12 Percentage of children living in households with per capita consumption expenditure below minimum subsistence

13 Number of children (under 18) in institutional care, per 1,000 children

14 Number of children in foster care, guardianship and tutelage, or adoption, each per 1,000 children

### EDUCATION

15 Percentage of children (aged 3–6) enrolled in pre-school

16 Percentage of children (aged 3–6) with limited ability or disability enrolled in inclusive pre-school

17 Percentage of children (aged 6–17) with limited ability or disability enrolled full time in inclusive general secondary school

# Annex III

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## Instructions on data collection for Child Friendly City indicators

### 1 PERI-NATAL MORTALITY RATE

Peri-natal death is a fetal death or an early neo-natal death. Fetal death is the death of a fetus weighing no more than 500g, or of over 22 weeks of gestation if the weight is unavailable. Early neo-natal death is the death of a live newborn within the first seven completed days of life (0–6 days, with the day of birth counted as zero day).

The PMR is a key outcome indicator for newborn care and directly reflects pre-natal, intra-partum, and newborn care.

*The fetal component* depends on maternal health, ante-natal care, obstetric care and available technologies (such as cardio-tocography) in the delivery room.

*The stillbirth component* may decline more slowly, being more dependent on interventions that influence primarily maternal health and on the availability of technologies such as caesarian section.

*The early neo-natal component* reflects the quality of neo-natal care and may respond quickly to programmatic interventions on neo-natal care: essential newborn care will reduce early neo-natal mortality in newborns above 2 kg birth weight. To reduce early neo-natal mortality in newborns below 2 kg and particularly below 1.5 kg, some technology is necessary (such as equipment to support continuous positive airway pressure or ventilation in a non-invasive way).

The PMR is sensitive to changes in the quality of data. For example, a rise in the PMR may indicate deterioration in peri-natal outcomes, or it may indicate an improvement in the reporting of peri-natal deaths. Therefore, an assessment of data quality is an essential component of analysis. In this context, it is useful to separate the PMR into its two components: stillbirths and early neo-natal mortality. Data quality is generally more problematic for stillbirths than for early neo-natal deaths; this is because the problems of obtaining gestational age, and ambiguity over the definition of stillbirths and fetal deaths make them much less likely to be reported than deaths of live births.

Facility-based estimates of the PMR should be interpreted with caution. The PMR is sensitive to types of delivery at a facility and may rise or fall in response to changes in the complexity of delivery. At small facilities, the PMR will be unstable, because of the small number of deliveries and peri-natal deaths; thus, the PMR should not be used to monitor change over time within a facility.



*The PMR is a key outcome indicator for newborn care and directly reflects pre-natal, intra-partum, and newborn care.*

*Overall, this indicator provides a comprehensive view of health care around birth.*

Definition	Number of peri-natal deaths, per 1,000 total births (live births and fetal deaths) in a given period
Computation	<p><b>Numerator:</b> Number of peri-natal deaths = sum of fetal deaths and deaths of live-born babies within the first seven completed days (0–6 days) of life in a given period.</p> <p><b>Denominator:</b> Total number of births (live birth and fetal deaths) in the same period.</p> <p><b>Calculation:</b> Number of peri-natal deaths ÷ total number of births × 1000</p>

## 2 UNDER FIVE MORTALITY RATE PER 1,000 LIVE BIRTHS

Under-5 mortality levels are influenced by poverty and education (particularly of mothers) as well as by the availability, accessibility and quality of health services, by nutrition, and by environmental risks, including access to safe water and sanitation.

The reduction of child mortality is one of the most strongly and universally supported development goals (MDG-4). Reaching the MDG on reducing child mortality will require universal coverage, with effective, affordable interventions: care for newborns and their mothers; infant and young child feeding; vaccines; prevention and case management of pneumonia, diarrhea and sepsis; and prevention and care of HIV/AIDS.

To deliver these interventions, WHO promotes four main strategies:

- Appropriate treatment of complications for newborns;
- Integrated management of childhood illness (IMCI) for all children under 5 years old;
- Expanded immunization programmes; and
- Infant and young child feeding.

These child health strategies are complemented by interventions for maternal health, in particular, skilled care during pregnancy and childbirth, and by *ECD (early child development) interventions combined with IMCI*.

*Under-5 mortality is the most important global indicator of child health. It reflects: a) social determinants, such as poverty and education (particularly of mothers); b) the availability, accessibility and quality of health services; c) environmental risks, including access to safe water and sanitation; and d) nutritional status.*

Definition	Number of deaths of children aged 0–4 per 1,000 live births in a specified year
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Computation	<p><b>Numerator:</b> Number of deaths of children aged 0–4 in a specified year × 1000</p> <p><b>Denominator:</b> Total number of live births in that year</p> <p><b>Calculation:</b> Total number of deaths of children age 0–4 ÷ total number of live births × 1000</p>
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## 3 PERCENTAGE OF CHILDREN ON EXCLUSIVE BREASTFEEDING FOR 6 MONTHS

Proper feeding of infants and young children can increase their chance of survival. Breastfeeding provides an infant's first immunization and is one of the best investments among child survival interventions. It can also promote optimal growth and development, especially in the critical window from birth to 2 years of age. Ideally, infants should be breastfed within one hour of birth, breastfed exclusively for the first six months of life, and continue to be breastfed up to 2 years of age and beyond. From 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods.

An infant not exclusively breastfed can be at substantially greater risk of death from diarrhea or pneumonia. Moreover, breastfeeding supports an infant's immune system and may protect them later in life from such chronic conditions as obesity and diabetes. It has been demonstrated that adolescents and adults who were breastfed as babies are less likely to be overweight or obese, less likely to have type-2 diabetes, and are likely to perform better in intelligence tests. In addition, breastfeeding protects mothers against certain types of cancer and other health conditions. Adequate feeding from 6 months onwards can prevent under-nutrition and reduce the risk of infectious diseases, such as diarrhea and pneumonia.

*Breastfeeding of infants increases their chance of healthy survival and optimal development. Breastfeeding prevalence is an overall indicator of the quality of health care at birth and during the first 6 months and of overall public awareness of best practices for child health, growth and development.*

Definition	Percentage of infants under 6 months of age who are exclusively breastfed (infants receiving breast milk, and no other fluids or foods, with the exception of oral rehydration solutions, vitamins, mineral supplements and medicines administered on medical grounds)
Computation	<p><b>Nominator:</b> Total number of infants under 6 months of age who are exclusively breastfed</p> <p><b>Denominator:</b> Total number of infants under 6 months of age</p> <p><b>Calculation:</b> Total number of infants under 6 months of age who are exclusively breastfed ÷ total number of infants under 6 months of age × 100%</p>

#### 4 CHILDREN WITH CHRONIC ILLNESS, LIMITED ABILITY OR DISABILITY

The indicator is used to measure the prevalence of chronic illness and disability among children. The key components to calculate the indicator are:

**3rd health group:** children with chronic illness in compensation stage with no alteration of functioning

**4th health group:** children with chronic illness in sub-compensation stage with limited alteration of functioning

**5th health group:** children with chronic illness in de-compensation stage with substantial alteration of functioning

*The prevalence of chronic illness and disability among children is necessary to: a) assess needs in health, education and welfare services; and b) plan prevention programmes for children during pre-natal and post-natal periods.*

Definition	Percentage of children under 18 who have chronic illness according to preventive health check-ups (children belonging to the 3rd, 4th or 5th health group)
Computation	<p><b>Nominator:</b> Number of children under 18 belonging to the 3rd, 4th or 5th health group</p> <p><b>Denominator:</b> Total population under 18</p> <p><b>Calculation:</b> Number of children under 18 belonging to the 3rd, 4th or 5th health group ÷ total number of children under 18 × 100%</p>

#### 5 BIRTH RATE TO ADOLESCENT GIRLS AGED 15–17

Lower birth rate among adolescents is a progress indicator for the Millennium Development Goal target of universal access to reproductive health. About 14 million women and girls aged 15–19 (married and unmarried) give birth each year. Complications of pregnancy and childbirth for this age group are a leading cause of death, with unsafe abortion being a major factor (UNFPA, 2005). Adolescent mothers are more likely to have children with low birth weight, inadequate nutrition and anemia, and such mothers are more likely to develop cervical cancer later in life. Moreover, early childbearing is linked to obstetric fistula, a devastating and socially isolating condition that can leave women incontinent, disabled, and in chronic pain. Globally, early childbearing often results in higher total fertility, lost development opportunities, limited life options, and poorer health.

Prevention of early pregnancy helps to discontinue the perpetration of disadvantage from one generation to the next.

*This indicator is of particular interest and can be calculated for cities or districts with adolescent reproductive health interventions designed to reduce unintended pregnancy.*

Definition	The number of births to women aged 15–17, per 1,000 women in that age group per year
Computation	<p><b>Nominator:</b> Total number of live births to women aged 15–17</p> <p><b>Denominator:</b> Total number of women aged 15–17</p> <p><b>Calculation:</b> Total number of live births to women aged 15–17 ÷ total number of women aged 15–17 × 100,000</p>

#### 6 SUICIDES AMONG CHILDREN UNDER 18

WHO defines 'suicide' as an act deliberately initiated and performed by a person in full knowledge or expectation of its fatal outcome. *Only suicide attempts leading to a fatal outcome are counted in calculating this indicator. Failed attempts or incomplete suicides are excluded.*

Suicide is attempted when someone acts on thoughts to end his or her life, feeling that he or she can no longer cope with severe emotional pain, hurtful feelings or an extremely stressful personal situation. Suicide can be the result of various contributing factors, including illnesses such as depression, bipolar disorder, personality disorder, schizophrenia, and substance abuse. However, mental illness does not cause someone to become suicidal. This is rather the combination of mental illness, severe stress, psychological pain, and other factors.

Teen suicide is the third leading cause of death in adolescents in the United States. The incidence of suicide attempts reaches a peak during the mid-adolescent years; mortality from suicide, which increases steadily through the teens, is one of the leading causes of death in adolescence.

Mounting international evidence indicates that strengthening protective factors in schools, families and community, as well as improving mental health services for children and teenagers, reduces fatal outcome and increases the social capital of the city and country.

*Data on suicide deaths, as well as suicidal behaviour and attempts, can be used to develop comprehensive prevention programmes aimed at young people, families, communities, policy makers, and health and education specialists.*

Definition	Number of suicides among children and youth under the age of 18, per 100,000 child and youth population
Computation	<p><b>Nominator:</b> Number of deaths due to suicide in children under 18</p> <p><b>Denominator:</b> Total population under 18</p> <p><b>Calculation:</b> Number of deaths due to suicide in children under 18 ÷ total number of children under 18 × 100,000</p>

## 7 NUMBER OF CHILDREN AGED 14–17 WHO COMMIT CRIME, PER 100,000

The indicator estimates the number of offenders rather than the number of crimes, which takes into account reiteration.

Crime committed is based on a conviction or admission of participation in an offence.

A child commits a crime by performing any act punishable by law, by virtue of the legal system.

The most common categories of offence are:

- Not serious (hooliganism e.g. engaging in fights);
- Serious (theft or robbery);
- Very serious (murder, attempted murder, assault, sexual assault or rape).

The indicator can be disaggregated by gender, ethnicity or type of offence. Data is crucial to enhancing prevention of juvenile offending (either by reducing cases of repeat offending or by preventing children from coming into conflict with the law in the first place) and to securing children's overall rights. There are several levels of prevention:

- **Primary prevention** strategies aim to tackle the root causes of juvenile offending – such as poverty, vagrancy, unemployment and out-of-school youth, as well as the inability of parents to care for children (especially in 'dysfunctional' and unsupported families). Primary prevention aims to create a protective environment for all children.
- **Secondary prevention** strategies aim to target individuals at high risk, in order to keep such youngsters from engaging in illegal or socially unacceptable activity. A common approach is the registration of 'at risk' children with the police (e.g., children from 'difficult' families or children whose school absenteeism is a problem). The aim is to monitor the behaviour of these children and prevent them from committing offences in future.
- **Tertiary prevention** strategies aim to prepare young people for their release and provide long-term support to help them adjust to life in the community (reintegration).

The reduction of juvenile offending is a common objective for governments and international agencies aiming at implementing human rights standards.

*This indicator provides data that can be used to develop and plan prevention programmes and juvenile justice system services. It can also be disaggregated according to factors such as the category of offence or age.*

Definition	Number of children aged 14–17 who commit crime, per 100,000
Computation	<p><b>Nominator:</b> Number of offenders aged 14–17</p> <p><b>Denominator:</b> Total children aged 14–17 within a one year time period</p> <p><b>Calculation:</b> Number of children aged 14–17 who commit crime ÷ total number of children aged 14–17 × 100,000</p>

## 8 NUMBER OF CRIMES AGAINST CHILDREN, PER 100,000

All crimes committed against under 18s, as well as acts considered to be crimes when committed against children, as defined by national law (Chapter 2, articles 132–144 and Chapter 3, article 153 of the Penal Code of Kazakhstan). The indicator measures the level of functioning of the child protection system. A well-functioning system should identify, report, investigate and refer cases to relevant organizations and support services.

The indicator can be disaggregated by age, gender, ethnicity or type of offence.

*The indicator quantifies the extent of CRC violations with respect to child protection and is the starting point for policy development in this area.*

Definition	Number of children under 18 officially reported as victims of crime, per 100,000 child population
Computation	<p><b>Nominator:</b> Children under 18 officially reported as victims of crime</p> <p><b>Denominator:</b> Total population under 18</p> <p><b>Calculation:</b> Number of children under 18 officially reported as victims of crime ÷ total number of children under 18 × 100,000</p>

## 9 CHILDREN AND YOUTH MORTALITY FROM TRAFFIC ACCIDENTS

Road accidents are the leading cause of death for children aged 5–14 and 15–29, according to the European Environment and Health Information System (ENHIS). Mortality is related to an immediate accident or within 30 days after an accident.

Road accidents among children and young people are responsible for great social burdens, owing to the considerable number of years of life lost to premature mortality and, often, to severe and lifelong disability among survivors. This, accompanied by the devastating impact on the lives of victims and their families and loss in productivity, results in high social costs: estimates suggest that road traffic accidents cost about 2% of gross domestic product.

These deaths are largely preventable through the concerted efforts of institutions and civil society and by implementing effective measures that tackle leading risk factors, promoting a comprehensive and safe road traffic system.

We can disaggregate the indicator by age group and mode of accident: pedestrian, car occupant (driver/passenger); motorcyclist; or cyclist. The indicator reflects the impact and effectiveness of measures aimed at reducing road accidents.

*This indicator describes the risk level and therefore the effects of and the needs for programmes to improve road design, traffic management and transport safety.*

Definition	Number of deaths due to road and traffic injuries in children under 18, per 100,000 population
Computation	<p><b>Numerator:</b> Total number of deaths due to road and traffic injuries in children under 18</p> <p><b>Denominator:</b> Total population under 18</p> <p><b>Calculation:</b> Total number of deaths due to road and traffic injuries in children under 18 ÷ total number of children under 18 × 100,000</p>

## 10 NUMBER OF CHILD DEATHS FROM TRAUMA AND POISONING, PER 100,000

Unintentional injuries are the leading cause of death in children aged 5–19. In addition to deaths, children with injuries require hospital care for non-fatal injuries. Many are left with some form of disability, often with lifelong consequences. The burden of injury on children falls unequally, with poor children at highest risk. One of the major risk factors associated with poverty is unsafe environments, e.g., lack of safe areas to play, and crowded homes with unsafe structures, such as stairs without rails or gates, or windows without bars and locks.

*This indicator describes the overall level of risk for child safety, both at home and in the general environment, and therefore the effects of and the need for child safety programmes.*

Definition	Number of deaths due to trauma or poisoning in children under 18, per 100,000 child population
Computation	<p><b>Nominator:</b> Total number of deaths due to trauma or poisoning in children under 18</p> <p><b>Denominator:</b> Total population under 18</p> <p><b>Calculation:</b> Total number of deaths due to trauma or poisoning in children under 18 ÷ total number of children under 18 × 100,000</p>

## 11 MEAN ANNUAL CONCENTRATION OF SELECTED POLLUTANTS

Suspended particles are the air pollutant most closely associated with health effects in children and adults<sup>8</sup>. Moreover, the size of particle is directly linked to potential for health problems. Those less than 10 micrometers in diameter pose the greatest threat, since exposure can affect the lungs and heart. Small particles of concern include 'inhalable coarse particles' (such as

those found near roadways and dusty industries), which are larger than 2.5 micrometers and smaller than 10 micrometers in diameter, and 'fine particles' (such as those found in smoke and haze), which are 2.5 micrometers in diameter or smaller. Numerous scientific studies have linked particle pollution exposure to a variety of problems, including premature death in people with heart or lung disease, non-fatal heart attack, irregular heartbeat, aggravated asthma, decreased lung function, and increased respiratory symptoms, such as irritation of the airways, coughing or difficulty breathing. People with heart or lung disease, children and older adults, are most likely to be affected by particle pollution exposure.

**Lead** can affect almost every organ and system in the body. Children aged 6 and younger are most susceptible to the effects of lead. Even low levels in the blood can result in behaviour and learning problems, lower IQ and hyperactivity, slowed growth, hearing problems and anemia. Lead can accumulate in the body over time, being stored in the bones, with calcium. During pregnancy, lead is released from bones as maternal calcium, and is used to help form the bones of the fetus. This is particularly true if a woman does not have enough dietary calcium. Lead can also cross the placental barrier, exposing the fetus to lead. This can seriously affect the mother and her developing fetus, including reduced growth of the fetus and premature birth.

**Nitrous oxide** and its derivatives cause a wide variety of health and environmental impacts. Due to its high chemical activity, it reacts with other substances in the air and contributes to the formation of smog and acids. Human health concerns include breathing and respiratory system problems, damage to lung tissue, and premature death.

Current scientific evidence links short-term exposure to **sulphur dioxide** (SO<sub>2</sub>), ranging from 5 minutes to 24 hours, with an array of adverse respiratory effects, including broncho-constriction and increased asthma symptoms. These effects are particularly relevant for asthmatics at elevated ventilation rates (e.g., while exercising or playing). SO<sub>2</sub> can react with other compounds in the atmosphere to form small particles. These particles penetrate deeply into sensitive parts of the lungs and can cause or worsen respiratory disease, such as emphysema and bronchitis, and can aggravate existing heart disease.

**Carbon monoxide** (CO) can harm health by reducing oxygen delivery to the body's organs (such as the heart and brain) and tissues. At extremely high levels, CO can cause death. Exposure to CO can reduce the oxygen-carrying capacity of the blood. Several types of heart disease reduce capacity for oxygenated blood to be pumped to the heart (myocardial ischemia) and, often, cause chest pain (angina), when exercising or under increased stress. Short-term CO exposure exacerbates sufferers' poor ability to respond to the body's need for more oxygen during exercise or exertion.

*Suspended particles are the air pollutant most closely affecting child health, with vulnerability greatest in the first years of life. The indicator, based on data provided by Kazhydromet, describes and monitors the effects of environmental/clean air policies, which are a priority within child environmental health programmes. Specific pollutant levels may identify the need for specific measures.*

Definition	Mean annual concentration of air pollutants in a city: sulphur dioxide, nitrogen dioxide, carbon monoxide, particulate matter and lead
Computation	Calculated by Kazhydromet, data is provided as a ready report

<sup>8</sup> "Review of evidence on health aspects of air pollution". WHO European Centre for Environment and Health, Bonn, 2013.

## 12 CHILDREN LIVING IN HOUSEHOLDS WITH CONSUMPTION UNDER MINIMUM SUBSISTENCE

The indicator is used to measure the level of poverty to which children are exposed and the extent to which children deprived socio-economically are marginalized. It shows the percentage of children excluded from economic opportunities that, in the same city and society, would be considered normal. Economic deprivation affects child well-being by impairing parental capability to provide stability, supervision and cognitive stimulation to children.

Persistent poverty effects IQ, school achievement and socio-emotional functioning.

Data showing a high number of children living with minimum subsistence families will prompt policies to strengthen interventions in the field of education and social support for such citizens.

The key terms used for the calculation of the indicator are:

**Household:** an aggregate of persons, generally but not necessarily bound by ties of kinship, who live together under the same roof and eat together or share in common household food

**Minimum subsistence:** minimal monetary per capita income equal to the minimum consumption basket of consumer goods and services

*Economic deprivation affects child well-being by reducing parental capability to provide adequate nutrition, shelter, care and development opportunities for children.*

*Persistent poverty affects IQ, school achievement and socio-emotional functioning.*

Definition	Percentage of children living in households with per capita consumption expenditure under minimum subsistence
Computation	<p><b>Nominator:</b> Number of children under 18 living in households with per capita consumption expenditure under minimum subsistence</p> <p><b>Denominator:</b> Total population under 18</p> <p><b>Calculation:</b> Number of children under 18 living in households with per capita consumption expenditure under minimum subsistence ÷ total number of children under 18 × 100%</p>

## 13 PROPORTION OF CHILDREN IN INSTITUTIONS

The indicator measures the extent of child institutionalization and identifies appropriate de-institutionalization strategies. Children in institutional care are vulnerable: they can exhibit risky behaviour and show their frustration through various forms of risky behaviour, leading to illegal activities. They are more likely to attain a lower educational level, to be unemployed and to be at risk of teenage parenthood.

Types of public and private residential institutions which provide foster care, education and healthcare to children and youth:

- Infants' homes for orphans and babies without parents;
- Children's homes;
- Family type children's homes;
- Residential schools for orphaned children;
- Other institutions for orphaned children and children with limited ability, without parental care;
- Family type children's villages;
- Youth homes; and
- Shelters.

*Children in institutional care are at higher risk of mental disorders and adverse social outcomes.*

*The indicator measures the extent to which child institutionalization occurs and identifies the need for de-institutionalization strategies.*

Definition	Number of children under 18 in residential institutions which provide foster care and education of children of pre-school and school age, per 1,000 child population.
Computation	<p><b>Nominator:</b> Total number of children under 18 in residential care</p> <p><b>Denominator:</b> Total population under 18</p> <p><b>Calculation:</b> Total number of children under 18 in residential care ÷ total number of children under 18 × 1,000.</p>

## 14 NUMBER OF CHILDREN IN ALTERNATIVE CARE (adoption, guardianship and tutelage, and foster care)

Recognized international experience shows that family is the best form of care for child development. Being raised in an institution does not meet the needs of a child for parental warmth and care. Graduates of children's institutions, as a rule, are not prepared for life outside, lacking necessary knowledge about the structure of society. Such knowledge and skills can be fully obtained only by growing up in a family environment. Through Kazakhstan's Government plan to reduce the number of children in residential institutions, alternative forms of care are being promoted: adoption, guardianship and foster care.

**Adoption** is the best form of placement for children without parental care. From a legal point of view, adoption relates to the establishment of (personal and property) relationships between the adoptive parent and the adopted child similar to those between biological parents and children. The law equates the adopted child to the adoptive parent's own children.

**Guardianship** is to take into the house a child with the goal of raising and educating him/her, as well as protecting the child's rights and interests.

**Foster care** is a new form of family placement for children: rights and obligations to protect the rights of the child are shared between foster parents and the guardianship authority (or its designated agency). This is a more flexible form of placement and allows a child of any age to live with a family, regardless of their status as an orphan/without parental care. It can involve temporary placement immediately after removal from a family, instead of being placed in an



orphanage or children's home.

This indicator allows monitoring of progress across alternative forms of care.

Definition	Number of children under 18 in alternative care (adoption, guardianship and tutelage, and foster care)
Computation	<p><b>Nominator:</b> Total number of children under 18 in alternative care:</p> <ul style="list-style-type: none"> <li>• Adoption;</li> <li>• Guardianship and tutelage;</li> <li>• Foster care.</li> </ul> <p><b>Denominator:</b> Total population under 18 left without parental care</p> <p><b>Calculation:</b> Total number of children under 18 in alternative care ÷ total number of children under 18 left without parental care × 1,000.</p>

## 15 PERCENTAGE OF CHILDREN AGED 3–6 ENROLLED IN PRE-SCHOOL

Educational well-being can be assessed by analyzing two components: participation rate and achievement levels.

In recent years, it has been widely acknowledged that the foundations of educational success (as well as cognitive, social and emotional well-being) are laid before a child begins formal scholastic education.

Accordingly, governments in all developed countries promote participation in pre-school, through interventions and investments.

Participation in high quality early childhood education programmes has been linked to short-term raising of IQ and developmental achievements, and long-term positive effects on children's school completion.

Enrolment should be calculated as full time equivalent (FTE): defined as the percentage of children aged 3–6 enrolled for at least *30 hours per week*.

*This indicator describes a key factor for optimal Early Child Development and is associated with improved cognitive, emotional and social development and reduced inequity. It provides clear evidence of the need for and progress made in promoting early child education.*

Definition	Percentage of children aged 3–6 enrolled in pre-school institutions.
Computation	<p><b>Nominator:</b> Total number of children aged 3–6 enrolled in pre-school</p> <p><b>Denominator:</b> Total number of children aged 3–6</p> <p><b>Calculation:</b> Total number of children aged 3–6 enrolled in pre-school ÷ total number of children aged 3–6 × 100%.</p>

## 16 PERCENTAGE OF CHILDREN AGED 3–6 WITH LIMITED ABILITY OR DISABILITY ENROLLED IN PRE-SCHOOL

Participation in high quality early childhood education programmes has been linked to short-term raising of IQ and developmental achievements, and long-term positive effects on children's school completion.

Inclusion of children with limited ability or disability in mainstream school and education has proven successful in many schools, across various countries. It is typical to find that students with special needs who are 'included' develop a broader range of socially appropriate behaviour and increased language skills and often meet or exceed academic goals. Much of this success is a consequence of the exposure of students with special needs to their non-disabled peers. Communication is constant in regular classroom settings, so all children are exposed to positive language models. Students with disability are given opportunities to form social relationships with other students.

Promotion of inclusion must begin during the early stages of life and must emphasize family support and participation; preventive actions to address the underlying factors leading to exclusion are paramount.

Children with limited ability or disability not enrolled in school, or attending a special school or 'internat', must be accounted for.

*Evidence shows that the earlier a child with special needs is included in pre-school activities, the better the developmental outcome. The indicator provides a measure of both the need for and progress in inclusion policies for children with developmental disorders or disability, from pre-school age.*

Definition	Percentage of children aged 3–6 with limited ability or disability enrolled in pre-school.
Computation	<p><b>Numerator:</b> Number of children aged 3–6 years with limited ability or disability enrolled in mainstream school.</p> <p><b>Denominator:</b> Number of children aged 3–6 enrolled in pre-school</p> <p><b>Calculation:</b> Total number of children aged 3–6 with limited ability or disability enrolled in mainstream school ÷ total number of children aged 3–6 with limited ability or disability × 100%.</p>

## 17 CENTAGE OF CHILDREN AGED 6–17 WITH LIMITED ABILITY OR DISABILITY ENROLLED IN INCLUSIVE SECONDARY SCHOOL

Inclusion of children with limited ability or disability in mainstream school and education has been successfully introduced in many countries. It is typical to find that students with special

needs who are 'included' develop a broader range of socially appropriate behaviour and increased language skills and often meet or exceed academic goals. Much of this success is a consequence of exposure of students with special needs to their non-disabled peers. Communication is constant in regular classroom settings, so all children are exposed to positive language models. Students with disability are given opportunities to form social relationships with other students.

Promotion of inclusion must emphasize family support and participation; preventive actions to address the underlying factors leading to exclusion are paramount.

Participation in high quality early childhood education programmes is linked to short-term raising of IQ and developmental achievements, and long-term positive effects on children's school completion.

Children with limited ability or disability not enrolled in school, or attending a special school or 'internat', must be accounted for.

*Students with special needs who are included in mainstream education develop a broader range of socially appropriate behaviour, increased language skills and academic achievements. Inclusion of children with limited ability in mainstream education has been successfully introduced in many countries and represents one of the key CFCI targets. This indicator allows monitoring of progress in this field.*





Definition	Percentage of children aged 6–17 with limited ability or disability enrolled in inclusive secondary school
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Computation	<b>Nominator:</b> Number of children aged 6–17 with limited ability or disability enrolled in mainstream secondary school.
	<b>Denominator:</b> Total number of children aged 6–17 with limited ability or disability
	<b>Calculation:</b> Total number of children aged 6–17 with limited ability or disability enrolled in mainstream school ÷ total number of children aged 6–17 with special needs, limited ability or disability × 100%



## Annex IV



! This annex can be downloaded at [www.unicef.kz](http://www.unicef.kz)


### Child Friendly City survey for children aged 8–12






		I'm <input type="text"/> old	I'm a boy <input type="text"/>	I'm a girl <input type="text"/>	
MY PLAY & ACTIVITIES		Yes	No	I don't know / I prefer not to answer	Comments
1	 In my neighbourhood, I have places for play and sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	 I have at least one hour a day to play, rest and enjoy myself at home or in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	 In my neighbourhood, there is a library or another place where I can find books.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	 Places for play in my neighbourhood can also be used by children with physical disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	







5		There are places in my neighbourhood where I can be in contact with nature (trees, bushes, flowerbeds, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6		I participate in, or observe, cultural and sports events in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	




MY PARTICIPATION & CITIZENSHIP		Yes	No	I don't know / I prefer not to answer	Comments	
1		I participate in activities and works to improve conditions in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2		I have heard about children's rights on the television or radio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	






MY SAFETY & PROTECTION		Yes	No	I don't know / I prefer not to answer	Comments	
1		I feel safe using public transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	






2		It is safe for me to walk and cycle in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3		If I feel in danger, I know where to report it and get help.				
4		If there is an emergency (for example, fire, an earthquake, a flood, a heat wave, hard frost, heavy snow) in my neighbourhood or at school, I know what to do.				
5		I know about the risks of using the Internet from my family or school.				
6		I am regularly asked to attend exercises for emergency preparedness organized by my school or my neighbourhood.				


MY HEALTH & ENVIRONMENT		Yes	No	I don't know / I prefer not to answer	Comments	
1		There is a place in my neighbourhood where I can go for health check-ups and when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	








2	 There are public toilets I can use safely and easily in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	 My neighbourhood is free of uncollected garbage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	 The air in my neighbourhood is smoke-free and not smelly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

MY EDUCATION		Yes	No	I don't know / I prefer not to answer	Comments
1	 I go to school regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	 Boys and girls are treated the same way by teachers at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	 I have paper, pencils, pens and school-books for school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

4	 If I have questions or do not understand the material, my teachers are available to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	 At my school, I am taught how to stay healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	 At my school, I am taught how to protect the environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	 At my school, I am taught about my rights and the Convention on the Rights of the Child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	 There is water for drinking and washing at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	 There is a clean toilet at my school that I can use easily and safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10	 At my school, there are adults with whom I feel safe talking about my problems and feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

11		At my school, all children are respected, regardless of their religion, colour, nationality, or culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12		At my school, children with disability are respected and given equal treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13		At my school, I am disciplined without being physically hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14		At my school, I am disciplined without being psychologically hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15		Children with disability have problems with easy access to my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

MY PERSONAL LIFE		Yes	No	I don't know / I prefer not to answer	Comments	
1		At home, I have a quiet, light and spacious place to do my homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2		I eat at least one meal a day with meat, chicken or fish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3		I eat fresh fruits and vegetables every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4		I have at least two pairs of fitting shoes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5		I feel happy and satisfied with my life and studies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6		I feel protected from being taken away by a stranger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7		I feel safe from violence and abuse from my family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8		There are adults outside of my family to whom I can talk freely about abuse or violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	





9





I feel safe from being bullied by other children at school and in my neighbourhood.



# Annex V





! This annex can be downloaded at [www.unicef.kz](http://www.unicef.kz)



## Child Friendly City survey for children 13–17 years








		I'm <input type="text"/> old	I'm a boy <input type="checkbox"/>	I'm a girl <input type="checkbox"/>	
MY PLAY & CULTURAL ACTIVITIES		Yes	No	I don't know / I prefer not to answer	Comments
1	 In my neighbourhood, I have places for play and sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	 I have at least one hour a day to play, rest and enjoy myself at home or in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	 In my neighbourhood, there is a library or another place where I can find books.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	 I have friends in my neighbourhood with whom I can spend my leisure-time and play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	







5		Places for play in my neighbourhood can also be used by children with physical disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6		There are places in my neighbourhood where I can be in contact with nature (trees, bushes, flowerbeds, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7		I participate in, or observe, cultural and sports events in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8		I participate in extra-curricular projects and activities with other children / adolescents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	








MY PARTICIPATION & CITIZENSHIP		Yes	No	I don't know / I prefer not to answer	Comments	
1		I participate in activities and works to improve conditions in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2		Adults involve me in planning or decisions regarding my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	






3		I have heard about children's rights on the television or radio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4		I have access to the Internet and feel connected to what happens beyond my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5		I have a good adult friend outside my family with whom I can talk about my problems and feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6		I know a representative from the municipality or local council who works to improve my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	


MY SAFETY & ENVIRONMENT		Yes	No	I don't know / I prefer not to answer	Comments	
1		I feel safe using public transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2		It is safe for me to walk and cycle in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

3	 If I feel in danger, I know where to report this and get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	 If there is an emergency (for example, fire, an earthquake, a flood, a heat wave, hard frost, heavy snow) in my neighbourhood or at school, I know what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	 I know about the risks of using the Internet from my family or school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	 There is a place in my neighbourhood where I can go for health check-ups and when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	 There are public toilets I can use safely and easily in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	 My neighbourhood is free of uncollected garbage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	 The air in my neighbourhood is smoke-free and not smelly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	








10	 I am regularly asked to attend exercises for emergency preparedness organized by my school or my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
MY EDUCATION		Yes	No	I don't know / I prefer not to answer	Comments
1	 I go to school regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	 Boys and girls are treated in the same way by teachers at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	 I have paper, pencils, pens and school-books for school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	 If I have questions or do not understand the material, my teachers are available to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	 At my school, I am taught how to stay healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	





6	 At my school, I am taught how to protect the environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	 At my school, I am taught about my rights and the Convention on the Rights of the Child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	 There is water for drinking and washing at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	 There is a clean toilet at my school that I can use easily and safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	 At my school, there are adults with whom I feel safe talking about my problems and feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	 At my school, all children are respected, regardless of their religion, colour, nationality or culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	 At my school, children with disability are respected and given equal treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13	 At my school, I am disciplined without being physically hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	 At my school, I am disciplined without being psychologically hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	 I can express my opinion about the condition of school and education to my headmaster or other staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	 Children with disability have problems with easy access to my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	 At my school, there is counseling regarding choice of future profession and studies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	I don't know / I prefer not to answer	Comments
MY PERSONAL LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1	 At home, I have a quiet place with enough light and room to do my homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<p>2</p> 	<p>I eat at least one meal a day with meat, chicken or fish.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>3</p> 	<p>I eat fresh fruits and vegetables every day.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>4</p> 	<p>I have at least two pairs of fitting shoes.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>5</p> 	<p>I have books relevant for my age at home or I can borrow them from a library.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>6</p> 	<p>I feel happy and satisfied with my life and studies.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>7</p> 	<p>I feel protected from being taken away by a stranger.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>8</p> 	<p>I feel safe from violence and abuse from my family members.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<p>9</p> 	<p>There are adults outside of my family with whom I can talk freely about abuse or violence.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>10</p> 	<p>I feel safe from being bullied by other children at school and in my neighbourhood.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>11</p> 	<p>There is a place where I can get information on STI/HIV.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>12</p> 	<p>I feel safe because my neighbourhood is drug-free.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

# Annex VI

! This annex can be downloaded at [www.unicef.kz](http://www.unicef.kz)

## Instruction for a children's situation report

### GENERAL RECOMMENDATIONS

A children's report, as a public document, is of great interest to the following four groups:

- 1 Local executive bodies, who can influence the situation for children in a city (rayon) and make appropriate decisions;
- 2 Professionals working with and for children;
- 3 Children, who are the main target group of the CFC initiative; and
- 4 Parents and the public, being directly involved in implementing the initiative and being the most critical constituency.

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It is important to share the report and action plan with children who have participated in surveys and other types of consultations, giving them assurance that their opinion is valued, and that all possible measures are being taken to implement their wishes.

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From this perspective, in preparing the report, it is essential to keep in mind the target reader and listener. On one hand, the report should provide information for use in decision-making; on the other, it must be written in plain language, understandable to children.

The report should include description and analysis of facts, administrative data, and results of consultations with children, and should be published in a manner easily accessible not only to officials and experts, but to the general public, parents and children. For this purpose, the children's situation report can be placed online (such as upon an akimat website).

The report must be sufficiently compact, since neither children nor authorities like to read long documents. Ideally, each section should cover no more than one page. Furthermore, for optimal visual perception, tables, charts and graphs are highly recommended, where appropriate.

Avoid duplication of information across various sections.

The preparation of the children's situation report can be used to improve inter-sectoral co-operation between public institutions, statistics services, research organizations, non-governmental and youth

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organizations, as well as organizations representing the interests of vulnerable groups of children, such as those with disability.

Report findings will be more objective if, in addition to experts' opinions, those of children are used in the report's preparation and discussion.

## STRUCTURE OF THE CHILDREN'S SITUATION REPORT

- 1 Table of Contents
- 2 Introduction
- 3 List of abbreviations (if necessary)
- 4 Information about the city (rayon)
- 5 Description of the situation for children in the city (rayon)
- 6 Findings based on data analysis
- 7 Action plan

### Table of contents

Containing the names of all sections and subsections of the report, with page numbers, to allow easy location of necessary information in reading the report.

### Introduction

Including the purpose of the report, from the perspective of improving the situation for children in a city (rayon), it should offer a brief description of actions/methods used to gather information, as well as who was involved in report preparation (professionals, parents and children) and how.

It is important to explain to the reader that analysis is carried out in accordance with four parameters, as well as the manner in which subjective and administrative data has been collected, and what groups and how many respondents have been surveyed.

### List of abbreviations (if necessary)

Abbreviations are an unavoidable element of a report. To ensure clarity, they can be collected and transcribed in alphabetical order in a separate section, or may be deciphered at first mention in the text.

### Information on a city (rayon)

On opening the report, the reader first pays attention to general city (rayon) information, especially if they are resident in another city (rayon). A brief description should provide the historical, geographical and cultural characteristics of the city (rayon). It should indicate the total population, including the number aged under 18, disaggregated by gender and age, and the number of young people (aged between 18 and 29) disaggregated by gender. It is advisable to briefly describe urban infrastructure for children: the number of schools, children's sports facilities, clubs and leisure centres and recreation facilities. Such information may be included in relevant sections, with duplication avoided.

This section should also provide a summary of the most important trends in children's situation, since it is likely that many readers will limit their reading to information on the city (rayon) and findings, without going into detail.

## Description of the situation for children in the city (rayon)

This is the main section of the report, based on four parameters:

1. Health;
2. Children's Safety and Environment;
3. Social equality;
4. Education.

Each should focus on what the city (rayon) has specifically done or is doing to improve the situation for children. Regardless of its source, information should be provided in the relevant section of the report. It should be borne in mind that a report from one local department may refer to different parameters. Some data from surveys may contain reflections and suggestions from child respondents. These should receive special attention and be included in the report, even if some sound fantastical. The idea is for children to express their views and be heard.

Descriptions for each indicator should include a table showing the value of indicators, broken down by years, if the assessment is not the first of its kind.

Do not assume readers' understanding of table data. The report, and each section in particular, should include comments explaining table data. The description of each parameter should provide basic facts and examples illustrating obtained values for indicators, i.e. the most remarkable achievements and the most problematic areas (not exceeding one page).

### Findings

The final section should include analysis: what is good about each parameter but needs to be improved; what is alarming about each parameter; and what measures are needed to address identified problems.

In this section, it is strongly recommended to describe measures planned or which have arisen during preparation of the report, and recommendations to improve the situation for children in a city (rayon).

The report can be completed with a chart showing all 17 indicators.

# Bibliography

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- 6 Municipal Tool Kit for a Child and Youth Friendly Community. The Society for Children and Youth of British Columbia, 2008, 42 p.
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- 9 Bartlett Sh., et al. Cities for Children. Children's Rights, Poverty and Urban Management, UNICEF, 1999, 305 P.
- 10 Reicher C., et al. Children's Vision. Urban construction and architecture for and with children and youth. Troisdorf, 2006, 224 p.



