ANALYSIS OF THE SITUATION OF CHILDREN AND WOMEN IN KAZAKHSTAN
Обозначения, используемые в настоящем издании, и изложение материала не подразумевают выражения со стороны ЮНИСЕФ какого бы то ни было мнения в отношении правового статуса детей в Казахстане, той или иной страны или территории, или ее органов власти, или делимитации ее границ.

Издание распространяется бесплатно. При перепечатке, цитировании и ином использовании информации из обзора ссылка на данную публикацию обязательна.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>АСП</td>
<td>Targeted social assistance</td>
</tr>
<tr>
<td>UNDP BCPR</td>
<td>UNDP’ Bureau for Crisis Prevention and Recovery</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, sanitation and hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>OSCE HCNM</td>
<td>OSCE High Commissioner on National Minorities</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>EHT</td>
<td>Unified National Test for secondary education completion</td>
</tr>
<tr>
<td>CFCI</td>
<td>Child Friendly cities initiative</td>
</tr>
<tr>
<td>КАРРА</td>
<td>Оценка региональных рисков в Центральной Азии</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, Attitude, Practice</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>ILO IPEC</td>
<td>International Programme on the Elimination of Child Labour</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
</tr>
<tr>
<td>MTR</td>
<td>Mid-term review</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>CCT</td>
<td>Conditional cash transfers</td>
</tr>
<tr>
<td>OSCE</td>
<td>Organisation of Security and Cooperation in Europe</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations Organisation</td>
</tr>
<tr>
<td>ECO</td>
<td>Economic Cooperation Organisation</td>
</tr>
<tr>
<td>PMPC</td>
<td>Pedagogical, medical and psychological commission</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>CIS</td>
<td>Commonwealth of Independent States</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>UNHCHR</td>
<td>United Nations High Commissioner on Human Rights</td>
</tr>
<tr>
<td>HFA</td>
<td>Hiogo Framework for Action</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>CEE</td>
<td>Central and Eastern Europe</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly’ Special Session</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’ Fund</td>
</tr>
<tr>
<td>UNISDR</td>
<td>United Nations International Strategy for Disaster Reduction</td>
</tr>
<tr>
<td>USD</td>
<td>US dollar</td>
</tr>
</tbody>
</table>
## Contents

**Executive summary** 4  

**Mothers and infants** 8  
  Maternal and infant health 8  
  Maternal and infant mortality 8  
  Healthcare financing and governance issues 9  
  HIV, infants and children 11  
  Nutrition 12  
  Blood ferritin 12  
  Folic Acid 13  
  Vitamin A 13  
  Breastfeeding 14  
  Safe water and sanitation 14

**Early childhood cognitive and emotional development** 16

**Children in their families and communities** 17  
  Child health and safety 17  
  Family and child poverty 17  
  Child abuse, violence and neglect 20

**Children with disabilities** 23

**Social protection system** 26

**Children in residential institutions** 29

**Loss of parental care** 29  
  Effects of institutionalisation 30  
  Institutional reform 31  
  Fostering, return to family and guardianship 32  
  Adoption 32  
  Leaving institutions 33

**Child development and education** 34  
  Pre-school education 34  
  School education 35  
  Out-of-school children 36  
  Education for children from minority ethnic groups 38

**Violence in schools** 40  
  School children and disasters 40
Adolescents and young people 44
Adolescent and youth participation 44
Youth mortality 45
Healthy lifestyles 46
Young people and reproductive rights 46
Young people and HIV 48
Child marriage 48

Children and young people’s vulnerabilities to trafficking and sexual exploitation 50
Youth homelessness 50

Children and the justice system 52

Child labour 55

Investing in and monitoring the rights of children 56
Child wellbeing 56
Budgeting for children 56
Child friendly cities 56
Child rights promotion and monitoring 57
Analysis of the situation of children and women in Kazakhstan

Executive summary

This report presents an overview of the situation of children in Kazakhstan using the results of the most significant research and analysis over the last five years in areas related to the wellbeing of children. It is the product of a series of interviews with national and local officials and individuals, and a desk review of key reports, studies, surveys and evaluations produced between 2008 and 2013 in the area of child rights in Kazakhstan by UNICEF and its development partners. By focusing on the key knowledge gaps related to inequities and child deprivations and promoting the broad engagement of all stakeholders, the Situation Analysis is intended to make a contribution to shaping national development strategies that follow on from the Kazakhstan-2050 Strategy, in order to accelerate achievement of the national and international child-related goals with equity.

The report is divided into several sections, reflecting the life cycle of children and young people in Kazakhstan. The first section looks at issues affecting mothers and infants, including maternal and infant health, nutrition, early childhood cognitive development and the prevention of placement in residential care. This is followed by a section looking at children in their families and communities, considering health and safety, poverty, social services, and the ongoing efforts to prevent and end institutionalization of children. The next section addresses children in the education system and the progress made towards universal access to pre-school education, and providing quality education for all children. Next, a section on youth and adolescents considers some of the key issues for this age group, including suicide, labour, reproductive health and early marriage. The final section of the report summarizes what is being done in Kazakhstan to invest in and monitor the rights of children.

Mothers and infants

A pregnant woman and her child in Kazakhstan today are far more likely to survive pregnancy and infancy than ever before. Maternal and infant mortality rates have more than halved since the mid-1990s. Nevertheless, serious challenges remain, especially in the perinatal period that accounts for more than half of infant mortality. Despite Kazakhstan’s wealth, the main causes of infant deaths are those that are found mainly in developing countries (such as asphyxia, infections and birth trauma), which are relatively easy to prevent. Infant mortality continues to be higher among the poorest 40 per cent of the population, and in rural areas. There is a need for further efforts to strengthen primary healthcare, particularly in rural areas, and to improve referral cases for complicating pregnancies.

In recent years, there has been significant progress in Kazakhstan in the prevention of HIV infection among infants. This is largely the result of wide coverage of HIV testing, and mothers having access to highly effective anti-retroviral therapy during pregnancy, and being encouraged not to breastfeed. Kazakhstan has meanwhile registered no case of healthcare-associated HIV transmission through hospitals since 2007, seemingly as a result of effective measures taken to prevent dangerous practices such as the re-use of disposable syringes and drips. The key remaining challenges towards elimination of HIV among infants include lack of capacity to manage the pregnancy of women who use drugs, as well as lack of access to antenatal services for marginalized, undocumented women, including drug users and irregular migrants.

The nutritional status of mothers and infants in Kazakhstan remains a concern, with no significant improvements noted between 2006 and 2010. In 2010, 13.1 per cent of children were found to be stunted, which is a sign of chronic malnutrition. The problem was most common in rural areas, particularly in Aktobe province, and among children whose mothers have not had a higher education. However, infants being overweight have also emerged as a significant issue, particularly for boys, babies aged six to 11 months, and in Aktobe province. Meanwhile, anemia prevalence among women of reproductive age was 38.9 per cent in 2011, and 35.2 per cent for under-fives. This is partly because flour fortification with nutrients and vitamins remains low, at about 26.6 per cent in 2011. While there has been an increase in exclusive breastfeeding from 16.8 to 31.8 per cent between 2006 and 2010, the low prevalence of early onset breastfeeding still lead to problems with respiratory diseases, hypothermia, diarrhea and infectious diseases among young children in the country. These issues all suggest that there is a need for greater public awareness of the importance of nutrition for mothers and small children.

Among the causes of mortality among children under five in Kazakhstan, pneumonia (17 per cent) and diarrheal disease (14 per cent) are significant. Both of these can be prevented through access to clean water and improved hygiene and sanitation. However, poor access to safe water and sanitation
facilities remains a widespread problem, particularly in rural areas and in newly constructed urban settlements. As a result, almost a quarter of the population uses unsafe drinking water. While there have been improvements in access to safe water for middle-income families, these have not been seen for the poorest quintile. Meanwhile, high levels of diarrhea and worm infections among children suggest there is a need for better promotion of good hygiene, particularly in rural areas.

Parents, teachers and caregivers determine the level of development of infants and young children through interaction and play. Their involvement is crucial for early learning and lays the foundation for future learning in school. In 2010 it was found that fathers in particular rarely engage in such activities with their children. In Kazakhstan, only 47.8 per cent of children under five live in households where at least three children’s books are present: rural infants are particularly susceptible to this. Meanwhile children of mothers with poor educational attainment, children living in poor households, and children from South Kazakhstan and Atyrau provinces are significantly less likely to have two of more different types of plaything. This also suggests a need for greater support to parents to assist with their young children’s development.

Children in their families and communities

Children who survive their first year of life are much more likely to survive into adulthood. The mortality rate for all children under the age of five in the country is 18.7 per 1000 live births, meaning that 85 per cent of under-five mortality occurs among infants under the age of one (whose rate is 16.7 per 1000 live births). Key causes of death among children aged one to four include diseases such as pneumonia and diarrhea that are preventable using known, affordable, low-technology interventions such as vaccination, adequate nutrition, exclusive breastfeeding, appropriately-used antibiotics, and safe food, water, hygiene and sanitation, and improved knowledge of caregivers. Unfortunately in 2010, parents’ knowledge of danger signs which are cause to take children to a health facility appeared to have fallen since 2006. Meanwhile, Kazakhstan has high rates of accidental death among children, with drowning a particularly significant problem in the country.

In parallel with economic growth, standards of living in Kazakhstan have risen significantly over the last decade. Nevertheless, children in Kazakhstan have a high risk of living in poverty. In total, 45 per cent of all children below the age of 18 live below the poverty line, and 7 per cent below the extreme poverty line. Poverty is concentrated heavily among large households with small children, young families with children and single parent families, as well as families of adults with disabilities and migrant families. Recent research has also indicated that households where the main income-earning adult is female are particularly vulnerable to poverty. Rural areas have much higher poverty and extreme poverty levels than urban areas. Paradoxically, poverty rates are highest in Mangystau province, despite its oil fields, and the fact that it makes the third highest net contribution to the national budget. Of Mangystau’s rural population, 35 per cent live in extreme poverty, and almost 90 per cent of all children are considered to be poor. There are several social benefits that target the poorest and otherwise-vulnerable families, such as child benefits and targeted social assistance, but their small size mean they have a limited effect at tackling poverty.

The children’s preventative services sector as of yet remains underdeveloped and fragmented, with little information shared about children at risk of abuse, neglect and exploitation between hospitals, doctors, schools and pre-school providers and the child protection authorities when abuse is suspected. As a result referrals are too often left to Police Departments of Minors, who have been trained to investigate crimes rather than assess the needs of children or to provide social work services to children. However, the Government has committed to reform, a process evident in the Law on Specialized Social Services. While this Law has led to the introduction of social work functions, these have been assigned to the Ministries of Labour and Social Protection, Education and Health as well as local government. All three Ministries have begun the development of social work service provision, but these have been specifically designed to fit closely within their ministerial mandates, meaning that there is no central-level authority with overall responsibility for early identification and prevention of child abuse. The family support centres established in East Kazakhstan province in recent years are an important innovation designed to intervene early to prevent child abuse and keep families together.

The Law on Specialized Social Services has reportedly led parents becoming less likely to abandon children with disabilities, but rather keep their
children and seek assistance from health and social professionals to assist the children's development. Nevertheless, there are still barriers to their leading full lives in the community. Local support around the country is constrained by financial barriers, unclear standards, a lack of understanding of the social model of disability, and the lack of local capacity to address the needs of children with disabilities. Even though fewer children with special needs are being placed in residential care, it is rare to see them in the community, as a lack of infrastructure makes it difficult to move around, and a level of stigmatization still exists in the population.

Children in institutional care

The placing of infants in institutional care is a serious concern because of the damage caused to their health and development. Given these issues, the authorities make every effort to get children out of institutional care. The proportion of 0-3 year old children in institutional care has fallen by almost half since 2000. However, at the end of 2012 there were 1,558 children in their care, a rate which still remains high by international standards and a cause for concern. Efforts to prevent child abandonment and reduce the number of infants institutionalized should continue to be supported.

There is still an over-reliance on institutionalization of older children without parental care, although the number living in residential institutions has fallen from 15,116 in 2009 to 10,887 in 2012. Despite these reductions in numbers, every year about 2,000 children in Kazakhstan are placed in residential care. Children may also be taken into state care due to their parents' inability to provide them with proper care. This is often related to problems in the family with drug or alcohol dependency, or poor material living conditions, with childhood disability a less common factor. There is a need for greater focus on providing family strengthening services in the community to support those at risk and seek alternative solutions that ensure children can remain in caring and safe families whenever possible.

Child development and education

There has been a rapid expansion in pre-school coverage in Kazakhstan in recent years, with 81.6 per cent of first graders in 2010 having attended some school preparation activities the previous year in 2010, compared to 39.5 per cent in 2006. However, for younger children attendance is limited. Under the 2011-2020 National Education Development Programme preschool enrolment of children aged three to six should reach 100 per cent by 2020. Currently urban pre-school coverage is highest, while the high costs of private kindergartens coupled with limited state places means that only 18.7 per cent of five and six year olds from the poorest quintile were attending pre-school, compared to 60.5 per cent from the richest.

Overcrowding of schools in some cities means that they can teach in two or three shifts. Meanwhile remote rural communities tend to be serviced by smaller schools with lower capacity and resources available. In 2012 it was revealed that 66 per cent of schoolchildren were exposed to violence or discrimination of various forms at school. Kazakhstan still lacks a uniform database providing up-to-date and disaggregated information about the quality of education and enrolment levels around the country. Net enrolment rates vary only slightly across regions, with below average rates observed in Almaty province and Almaty city, East Kazakhstan and West Kazakhstan. Ninety per cent of children not attending schools come from poor and disadvantaged families. Most children with disabilities who are studying are generally not integrated into schools, but are taught under home programmes that are heavily reliant on the child’s family providing support. In rural areas in particular, the acute shortage of inclusive schools, lack of access to health and rehabilitation services, and generally high medical costs trap disabled children in severe social isolation. Children from many minority ethnic groups are increasingly unlikely to go on to university in Kazakhstan as opportunities to study in their languages diminish.

Adolescents and young people

In June 2012 the Government established the Committee for Youth Affairs and Policy Management – the first-ever such body in the country. The committee, which reports to the Ministry of Education and Science, will develop a youth policy and monitor it. Youth affairs departments have been established in all sixteen regions of Kazakhstan. Kazakhstan has the highest rates of youth suicide of any country in the CIS, Eastern and Central Europe. In 2010 20.3 young people per 100,000 committed suicide in the country. The rate for adolescent girls, at 14.8 per 100,000 is almost twice that of the second country, Russia. This problem led to the Government and its partners creating a joint plan for 2012-14 to research the causes of
suicide among minors and develop measures to prevent it. Such measures include ensuring that children have access to counselors at school, improving mechanisms for identifying conflict within the family and providing support, and increasing the availability of extra-curricular activities.

Youth aged 15 to 29 remain at the centre of the HIV epidemic and account for almost 80 per cent of all cases. These groups are at high risk of HIV infection as they frequently lack access to information and targeted services and are more likely to engage in risky behavior, such as unprotected sex and drug use. Young homeless people are especially vulnerable to HIV. Rates of drug and alcohol use among young people appear to be decreasing, although there is considerable regional variation, with the largest number of young people receiving treatment for drug and/or alcohol addiction in Almaty and Astana cities. An extensive national campaign to support the education of young people about the harm of taking drugs has been launched through a number of major youth organizations.

While 33 per cent of young people had had their first sexual experience before the age of 18, and experts estimate that approximately 22,000 minors become pregnant every year, sex and reproductive health education on a regular basis is almost nonexistent for adolescents. In addition, unless they are married, under-18s are not able to have full medical examinations without the parents or legal guardians being informed and participating.

One group often overlooked are young people in child marriages; in Kazakhstan, this is a practice that predominantly affects girls, mainly in rural communities, and particularly among some minority ethnic groups, such as Turks, Uighurs and Dungans. It appears most common in Almaty province. Child marriage significantly impacts on the capacity of adolescent girls to enjoy good health (particularly reproductive health), complete their education, participate in the civic, economic and political spheres, and to enjoy the benefits of development. It also exposes them to increased risks of gender-based violence, early pregnancy, and sexually transmitted infections, including HIV.

In 2010, the penal code was amended to strengthen punishments for child sex trafficking offenders. However, criminal and penal laws specifically addressing child trafficking are weak, and further work is required to integrate international standards on child trafficking into national law. About 65 per cent of child trafficking in Kazakhstan occurs within the country, while in 35 per cent of cases children are brought into or out of the country. Exploited and trafficked children and young people are reportedly often forced by their traffickers and exploiters to engage in risky behavior, such as alcohol and drug use and unprotected sex. A significant proportion also admitted to engaging in self-harm and suicidal behavior because of physical violence, sexual abuse, and serious emotional distress at the hands of their traffickers and exploiters.

In Kazakhstan, the main concern regarding children and the justice system is the 54 per cent increase in crimes committed against children in recent years (from 5769 in 2008 to 8896 in 2011). The crimes against children include economic extortion, theft, robbery and sexual violence. This trend needs to be properly analyzed and addressed. By contrast, the number of offences committed by children is falling. A network of juvenile courts has been developed around the country, and needs support to ensure staff is fully trained and services available.

Many children in Kazakhstan are involved in hazardous child labour in agriculture. They often work up to 10-13 hours a day. Following previous research and advocacy, the use of child labour in tobacco cultivation has rapidly decreased in recent years in Almaty province. However, children are still heavily engaged in cotton and vegetable cultivation. Scarcity of labour in South Kazakhstan is the main reason why children work in the cotton fields.
Maternal and infant health

In recent years, healthcare in Kazakhstan has improved significantly. Healthcare expenditure has more than doubled, with real increases from $120 per capita in 2005 to more than $224 per capita in 2010. This rise in spending was accompanied by improvements in access through expansion of the basic package of services under the universal health system. Life expectancy has risen in the same five years from 60 to 63.5, for men, and from 71.8 to 73.3, for women in 2010.3

Maternal and infant mortality

When a woman becomes pregnant in Kazakhstan, she is much less likely to die as a result of the pregnancy than ever before. Maternal mortality has fallen from 77 deaths per 100,000 live births in 1995 to 13.5 deaths per 100,000 in 2012.4 Nevertheless, maternal mortality remains relatively high in Kazakhstan when compared to other countries with similar levels of economic development, and it looks unlikely that the country will attain its MDG target of 14 deaths per 100,000 live births by 2015. Regional breakdowns for 2010 show the highest rates of maternal death are in Almaty city (at 47), Kyzylorda (38) and Atyrau (38).5 In the area of infant mortality, Kazakhstan has made great improvements, with infant mortality falling by 64% from 45.8 per 1000 live births to 16.7 per 1000 live births6, also number of children under age of 5 survived in the country increased by 65% from 54.1 per 1000 live births in 1990 to 18.7 per 1000 live births in 2012.7

The reduction reflects considerable spending specifically on child and maternal health, as well as on improving healthcare more generally.8 The spending has brought important medical technology to the healthcare system, and increased the availability of specialized care. There has also been comprehensive spending on training of healthcare professionals.9 In addition, the fact that much of this fall has been in poorer income quintiles means that Kazakhstan has managed to reduce the impact of income-based disparity in this area.10 Nevertheless, maternal mortality remains higher in Kazakhstan than in other countries with similar levels of economic development. While there has been a substantial reduction in mortality of children under five from diarrhea and pneumonia over the past 10 years, these conditions still require attention. Neonatal causes, such as prematurity, asphyxia and infections, remain responsible for about 60 per cent of under-five mortality in throughout Kazakhstan.11

More broadly, many challenges concerning child and maternal health remain. Hospital beds, hospital doctors and nurses are spread unevenly across the country. In general, bed coverage is higher than that stipulated under international best practice guidelines, thus diverting resources from other key areas such as primary healthcare. Moreover, there is unnecessary specialist overstaffing in some regions and a lack of qualified specialists in others, which not only negatively affects maternal and child health but also has an impact on doctors’ and nurses’ performance. Meanwhile, there is a growing burden of chronic disease affecting women and children, such as cardiovascular disease, diabetes and asthma, which need to be addressed through improved primary care and forceful interventions to encourage lifestyle changes. Indeed, among women, the number of cerebrovascular deaths exceeds deaths resulting from complications in pregnancy and childbirth by more than five to one, and rates of deaths from cervical cancer are becoming close to current levels of maternal mortality.12

Many of the diseases affecting mothers and children could easily be prevented through improved hygiene and sanitation. Hospitalization could be avoided in many cases if diseases were treated at the primary healthcare level. Unnecessary hospitalization and extended hospital stays lead to wasted resources and worsening living conditions for women and children, largely because in many cases criteria for admission are not evidence based. In this context, primary health care must be strengthened to ensure accessibility and access to a minimum range of health services, and used
in lieu of secondary and tertiary care when appropriate. However, efforts to develop the primary healthcare system in recent years have come up against several challenges, including staff shortages, with provincial and city healthcare systems reporting a shortfall of 6,700 staff in 2009. Across all regions of the country, perinatal death accounts for more than 50 per cent of infant mortality. A recent in-depth study notes that the main causes of infant deaths are those found mainly in developing countries (such as asphyxia, infections and birth trauma), which are relatively easy to prevent. Only 65.6 per cent of pregnant women register their pregnancy at medical facilities within 12 weeks of becoming pregnant, and coherent coverage for early antenatal diagnosis can be difficult to achieve. Access to antenatal care only marginally correlates with income level, with the poorest 40 per cent having an average of about 11 antenatal visits, compared to about 12 for the richest 60 per cent. Meanwhile, there has been no systematic research into the underlying socio-economic causes of perinatal mortality.

There is some regional variation in levels of infant, child and maternal mortality, reflecting regional differences in equality and income-based inequity. In addition, in 2010, infant mortality rates were 50 per cent higher for the poorest 60 per cent of the population than for richer children. Under-five mortality is 80 per cent higher in the lowest wealth quintile than the highest wealth quintile. However, in a sign of reducing disparity, under-five mortality fell by 18 per cent between 2008 and 2010 among the poorest 60 per cent, as compared to no change for the richest 40 per cent. Boys are 30 per cent more likely to die before the age of five than girls (reflecting global statistics), while rural under-fives are 1.5 times more likely to die than their urban counterparts.

**Healthcare financing and governance issues**

Despite the increased expenditure, in 2011 healthcare spending made up 22 per cent of the national budget, or 3.2 per cent of national GDP, one of the lowest percentages in the WHO Europe region. Recent years have seen an equalization of spending between provinces: while in 2001 the highest spending provinces have 4.2 times more spending per capita on healthcare than the lowest, by 2008 the variation had declined to 2.1. Nevertheless, important inequities continue, with distribution of doctors and bed space varying significantly between regions. Another key equity concern is the...
over-concentration of specialized services in provincial centres.24

With regard to maternal and child health, greater resources should be directed towards primary healthcare programmes and to addressing specific weaknesses in the delivery of maternal and child care. Under the current financing system, payments for hospital and day care facilities are financed from the national budget, while regional budgets finance primary healthcare including outpatient clinic and treatment of tuberculosis, mental illnesses, and infectious diseases, as well as rehabilitation of persons with substance addictions.25 This duality complicates incentives to providers and makes integration of care for mothers and children difficult. There is a need to integrate these specialized services into the basic package and into primary care budgets. Meanwhile, performance-based payments in primary healthcare could provide an opportunity to link financing to specific objectives, though a purely quantitative approach might lead to lower quality services and less focus on vulnerable, hard to reach population groups. Another possible means of improving healthcare outcomes could be conditional cash transfers, which, for example, could reward women for compliance with antenatal care or vaccination schedules.26

Rural healthcare provision is a particular challenge. Until recently, some rural healthcare facilities were not supplied with pharmaceuticals, and maintenance and repair was problematic. To counter staff shortages, provincial administrations have introduced benefit packages for new specialists in rural areas, including start-up funds for transportation and accommodation, land at favorable terms, and support with utilities, transportation and pre-school education. This has led to some improvement in rural provision of care, but in 2009 there was still a shortage of 2000 physicians in all areas.27

There are several ways in which the primary healthcare system could be strengthened. These include: developing new admission criteria and training staff to reduce unnecessary hospitalizations and extended lengths of stay; increasing availability of basic equipment for primary health care, including diagnostic services and patient transport; improving the health of pregnant women and other women of reproductive age by preventing micronutrient disorders; addressing anemia, arterial hypertension, early detection and treatment of sexually transmitted infections and tuberculosis, and; ensuring access to family planning. Information should be more publicly available at clinics and hospitals to inform families of major healthcare issues and increase their sense of responsibility for their own health. Other services in need of development at primary healthcare level include care for adolescents, case management, community mental health, and community midwifery.28

The rural population has very limited access to specialized mother and child care services as these are centralized at provincial-level hospital facilities. An inadequate referral system, poor transport infrastructure, and lack of appropriate transportation for patients mean that many rural residents find it difficult to reach them. Further, specialist healthcare professionals are unevenly distributed around the country, and tend to prefer living in cities, particularly Astana and Almaty. This again increases the likelihood of women and children living in more remote areas being unable to access the right care.29

While provincial administrations are seeking to address this by introducing compensation mechanisms to attract doctors to their areas, poorer provinces, such as Pavlodar, Kostanai and Karaganda, are unable to offer particularly attractive packages, and so the quality of healthcare is affected.29

In 2009, East Kazakhstan province had the highest rates of infant mortality in the country – much higher than the national average – resulting primarily from asphyxia or infections, both of which are preventable. Medical staff working at obstetric, maternal and neonatal facilities in East Kazakhstan stated in a 2008 report that they did not have access to the supplies and equipment they needed to do their jobs effectively (including, in some cases, essentials such as access to hot water), because they were unavailable or in a poor state of repair. Poor standards of care were also noted in six health facilities covered by the study.31

In this context, a regional programme began in 2011 to improve perinatal care in the province. The two main maternal and child healthcare facilities in the province are now not only performing tertiary healthcare functions, but are also accountable for the quality of perinatal care in the region. Innovations have included additional heating to ensure correct temperatures in maternity houses, and uninterrupted electricity and water supplies. In addition, medical supplies such as freshly frozen plasma and blood products, HIV tests and ARV drugs are available around the clock. In the first year of the programme, perinatal mortality in East Kazakhstan province fell from 20.2 per cent to 17.6 per cent, early neonatal mortality from 11.8 to 8.0 per cent, and neonatal mortality from 12.8 to 9.3 per cent.32

In recent years in Kazakhstan, there has been a growth in refusal to take up vaccinations – in some areas this appears to be a result of religious conviction, while in Almaty city, information posted on the
internet appears to be causing doubt among parents. This is reflected in the 2010-2011 Multiple Indicator Cluster Survey (MICS), which indicates that fewer than 85 per cent of children covered in the study had received the full immunization package, with little discrepancy between wealthy and poor families. In this context, the Government has developed communications campaigns to overcome public skepticism about the safety and effectiveness of immunization.

**HIV, infants and children**

In recent years, there has been significant progress in Kazakhstan in prevention of mother to child transmission of HIV. In 2010, women accounted for 37 per cent of registered cases of HIV in the country. This proportion is rising, partly because of government policy to test women in pregnancy. In the 2010-2011 MICS, 86.5 per cent of women questioned reported having been offered an HIV test as part of their antenatal care. This has had positive effects. In 2012, 342 pregnant women were registered as living with HIV. However, only 33 new cases of HIV were found among 342 pregnant women were registered as living with HIV in 2012, thanks to wide coverage of HIV testing, and mothers having access to highly effective anti-retroviral therapy during pregnancy, and being encouraged not to breastfeed.

Rates of drug use and alcohol dependency were high among women with HIV giving birth (one in six had used narcotics at some point). Of the fathers of these women’s children, 44.3 per cent had reportedly used narcotics. Meanwhile, women with HIV giving birth were less likely to have studied at university or to be married to their partners than most women giving birth in Kazakhstan. Another significant issue that emerged was that many women in this group did not have residence documents for the areas in which they were living, meaning they had very limited access to medical services. This was identified in the study as a significant barrier to early testing for HIV. This analysis revealed that the key remaining challenges towards elimination of mother to child transmission are connected to policy constraints and the lack of capacity to manage the pregnancy of women who use drugs, as well as the lack of access to antenatal services for marginalized, undocumented women, including irregular migrants.

24. Sanigest, Analysis of Equity in Mother and Child Health in the Republic of Kazakhstan, 15 June 2012, p9
30. Interview, Ministry of Health, 28 November 2012
31. Dmytro Dobryansky, Results of the quality assessment of institutional medical care for mothers and children in East Kazakhstan oblast and general recommendations for improving the quality of perinatal care, State Medical University Semei, 2008
33. Interview, Ministry of Health, 28 November 2012
36. Agency of Statistics, UNICEF and UNFPA, MICS 2010-11, Table HA.7 HIV counseling and testing during antenatal care, Astana, 2012
38. Ministry of Health, Republican AIDS Centre to Prevent and Combat AIDS, Results of evaluation of the level of HIV-infection transmission from mothers to children and the effectiveness of programmes to prevent vertical transmission in Alamaty, Karaganda, Pavlodar and South Kazakhstan Provinces and Almaty city in Kazakhstan, Almaty, 2011
40. Ministry of Health, Republican AIDS Centre to Prevent and Combat AIDS, Results of evaluation of the level of HIV-infection transmission from mothers to children and the effectiveness of programmes to prevent vertical transmission in Almaty, Karaganda, Pavlodar and South Kazakhstan Provinces and Almaty city in Kazakhstan, Almaty, 2011
Another cause of infant and young children infection with HIV in the past has been healthcare-associated. This has included unsafe blood transfusions, and/or the use of non-sterile injecting equipment. In 2006-7, about 150 children were infected in this way at state hospitals in Shymkent and other parts of South Kazakhstan province. Ten of these children have died since 2006, though now the survivors receive medical, psychological and financial support. In a sign of lessons learned, since 2007 Kazakhstan has registered no case of healthcare-associated HIV transmission through hospitals.41

As of 1 January 2013, a total of 339 children in Kazakhstan were registered as living with HIV.42 Of these, 211 children live in South Kazakhstan province.43 A recent report by EurasiaNet.org indicated that these children’s parents are generally satisfied by the level of healthcare they receive. However, the parents identified social stigma about HIV as a major problem. Many try to conceal their children's HIV-positive status.44 There have been incidents reported of children being expelled from a private school because of concern of a negative effect on business, though at state schools in the province, local officials have reportedly taken a more active role in battling discrimination, intervening when a local school did not want to admit children living with HIV.45

### Nutrition

In Kazakhstan in 2010-11, 3.7 per cent of children under five were underweight, including 1.2 per cent who were severely underweight.46 At the same time 13.1 per cent were stunted, including 5.4 per cent who were severely stunted. Meanwhile, 4.1 per cent of children were wasted (i.e., low weight for their height) and 1.7 per cent of children were severely wasted. When using directly comparable figures, these remain substantially unchanged since the 2006 MICS.47

Of all children under 18, 4 per cent were moderately underweight and 1.5 per cent severely underweight. Children in Aktobe province were most likely to be underweight for their age (11.9 per cent) and stunted (36.2 per cent). Meanwhile, the highest proportion of children moderately underweight for their height (wasting) was found in Aktobe province (8.6 per cent) and East Kazakhstan province (8.1 per cent). There were proportionately more moderately underweight and wasted children in urban areas, while there were more stunted children in rural areas. Those children whose mothers had completed higher education were less likely to be underweight (3.4 per cent), stunted (11.5 per cent) or wasted (4 per cent) than children whose mothers had not completed school.48

Like other middle-income countries, nutritional indicators in Kazakhstan show a dual pattern of an increasing problem of overweight children under five, especially one to two year olds, as well as problems of under-nutrition among some sectors of society and in some regions.49 About 13.3 per cent of the children surveyed for MICS were overweight, with boys more likely than girls to have this problem (14.8 of boys compared to 11.8 per cent of girls). The highest proportions of overweight children were found in Aktobe province (33.5 per cent), Astana city (22.1 per cent) and Zhambyl province (21.3 per cent). Babies aged six to 11 months were most likely to be overweight (19 per cent).50

The Government has taken some steps to address nutrition concerns. For instance, in Kazakhstan, it is against the law to sell non-iodized salt for human or animal consumption.51 As of 2006, the Ministry of Health declared that the goal of Universal Salt Iodization had been achieved.52 Meanwhile the Government has also been working in recent years with international partners to fortify wheat flour with iron, zinc, folic acid (vitamin B9), thiamin (B1), riboflavin (B2), niacin (B3) and cobalamin (B12). Activities have included increasing consumer awareness and demand for fortified flour; developing a rigorous monitoring and evaluation system for fortification; and training millers to improve internal quality control of fortification.53 As a result of these activities, consumption of fortified wheat flour has increased from 2 per cent of households in 2008 to 26.6 per cent in 2011.54

Anemia prevalence among women of reproductive age fell from 44.7 per cent in 2008 to 38.9 in 2011, while among children under five it fell from 47.4 per cent in 2008 to 35.2 per cent in 2011.55 Iron deficiency anemia is particularly prevalent in Aktobe and Kyzylorda provinces.56

### Blood ferritin

In 2011, 62.9 per cent of pregnant women in Kazakhstan had low blood ferritin levels, as compared to 43.8 per cent of non-pregnant 15-49 year olds. In addition, more than 54.5 per cent of women with low blood ferritin levels were revealed to have iron-deficit anemia.

The proportion of 6-59 month old children with low blood ferritin levels was 38.1 per cent, and 52.1 per cent of children with low blood ferritin levels were found to have anemia. Of 6-23 month children, 46.4 per cent had low blood ferritin...
levels, and 63.1 per cent of these had anemia: among 24-59 month olds, these figures were 35.2 and 47 per cent respectively.

The highest rates of low blood ferritin in children were found in Aktobe (61.8 per cent) and South Kazakhstan (55.2 per cent) provinces, with the lowest rates in West Kazakhstan (23.3 per cent) and North Kazakhstan (14.3 per cent) provinces, along with Almaty city (21.1 per cent). The proportion of anemia among children with low ferritin levels was highest in Kyzylorda (81.8 per cent) and Mangystau (76.7 per cent) provinces, and lowest in Zhambyl (27.6 per cent) and West Kazakhstan (29.4 per cent) provinces.

Folic Acid\textsuperscript{58}

In a major sign of progress, by 2011 folic acid deficiency among 6-59 month old children, at 12 per cent, had fallen more than four times from the 2008 level (57.7 per cent). Of this, 11.4 per cent was mild deficiency, and 0.6 per cent severe. Folic acid deficiency among pregnant women was 8 per cent, almost half that for non-pregnant 15-49 year old women (15.3 per cent). However, significant proportions of 6-59 month old children (42.3 per cent), pregnant women (31.8 per cent), and non-pregnant women (39.7 per cent) had borderline levels, meaning that only 45.7 per cent of children, 60.2 per cent of pregnant women and 45.0 per cent of non-pregnant women had safe levels of folic acid in their blood.

Vitamin A\textsuperscript{59}

The average vitamin A level in blood serum among 6-59 month old children (29.3 µg/l), was significantly less than that among pregnant women (44.9 µg/l), and non-pregnant women of reproductive age (50.4 µg/l). This indicates that children are less well provided with vitamin A than women. The average vitamin A level in non-pregnant women's blood is lowest in East Kazakhstan (37.1 µg/l) and West Kazakhstan (37.9 µg/l) provinces, and highest in Almaty (59.0 µg/l) and North Kazakhstan (60.2 µg/l) provinces, as well as in Almaty city (59.8 µg/l). Among children the lowest average vitamin A levels are found in Kostanai (20.9 µg/l), Kyzylorda (24.6 µg/l) and Akhtobe (23.1 µg/l) provinces, with the highest in Almaty city, as well as North Kazakhstan and Karaganda provinces.

The prevalence of vitamin A deficiency among children aged 6-59 months was 23.2 per cent. This was less the half the figure of 2006, for both mild and severe vitamin A deficiency. A further 35.4 per...
Analysis of the situation of children and women in Kazakhstan

Breastfeeding

The figures for exclusive breastfeeding up to six months in Kazakhstan remain a cause for concern. While exclusive breastfeeding rates increased from 16.8 per cent in 2006 to 31.8 per cent in 2010-11, the lack of early onset breastfeeding still lead to problems with respiratory diseases, hypothermia, diarrhea and infectious diseases among young children in the country. Respiratory diseases are responsible for the deaths of up to nine per cent of children who die before their first birthday. Exclusive breastfeeding is found in urban areas more often than in rural areas (34.4 and 29.2 per cent respectively). In older age groups, urban children continue receiving breast milk more often than rural children. Children of mothers who have a university education are more likely to be exclusively breastfed than children of women with lower education levels (34.8 per cent compared to 30.1 per cent). More research is needed into the reasons why exclusive breastfeeding remains so low in Kazakhstan, and what can be done to rectify this.

Analysis by quintiles reveals that the poorest 20 per cent of children are significantly more undernourished than the richest 20 per cent. The most vulnerable children are almost five times as likely to be underweight than the richest 20 per cent, while in the height for age test, the ratio is 4:1.

Safe water and sanitation

Among the causes of mortality among children under five in Kazakhstan, pneumonia (17 per cent) and diarrheal disease (14 per cent) are significant. Both of these can be prevented through access to clean water and improved hygiene and sanitation. However, poor access to safe water and sanitation facilities remains a widespread problem, particularly in rural areas (where only 57.2 per cent of households had access to potable water in 2006, though the Sectoral Programme of Drinking Water (Stage 2) for 2006-2010 was intended to increase this by 20 per cent by 2010) and in newly constructed urban settlements. As a result, almost a quarter of the population uses unsafe drinking water.

Between 60 and 65 per cent of children in the country have access to safe water at a reasonable distance, and to hygienic sanitation facilities. However, access to safe water is a particular problem in Mangystau, Zhambyl and West Kazakhstan, where 50 per cent or less have access to safe drinking water. Research has shown that large proportions of children in Mangystau use a protected well as their source of drinking water. In Zhambyl many children live in a household that sources its drinking water from a tube well or borehole. Neither of these is considered a safe source of drinking water. Children living in Almaty province also have higher than average risk of being exposed to unsafe water and sanitation conditions. Possible explanations relate to lagging economic development (in Almaty and Zhambyl provinces), high poverty rates (Mangystau province) and a large rural population (Almaty province).

Overall 93.9 per cent of the population in Kazakhstan use improved sources of drinking water, as calculated using global standards (99.1 per cent in urban areas and 87.9 per cent in rural areas). The situation in West Kazakhstan, North Kazakhstan and South Kazakhstan provinces is significantly worse than in other regions; only 89.1 per cent, 87.6 per cent and 87.4 per cent of population in these regions respectively use drinking water from improved sources. However, on
1 July 2010 only 41 per cent of rural settlements had access to centralized piped water supply systems.71 Under the Ak Bulak programme, the Government plans to increase this to 80 per cent of rural settlements (as well as 100 per cent of urban areas) by 2020.72

There are serious inequities by income concerning access to safe water. While 99 per cent of the richest 20 per cent of households have piped water in their houses, this is only true for 46 per cent of households in the poorest quintile. At the same time, fewer than 60 per cent of the poorest households treat their water before usage, compared to more than 80 per cent for the richest, highlighting a lack of understanding of the importance of treating water before consumption. Since 2006 there have been important improvements in installing piped water for households in the second and third quintiles. In these quintiles, 28 per cent more households gained access to piped water, while households in the poorest 20 per cent experienced an increase of just 1.5 percentage points.73

Almost everyone in Kazakhstan lives in households using improved sanitation facilities (99.4 per cent); an assessment conducted in 2012 found that 98 per cent of residents in rural areas and 97 per cent in urban areas were using improved sanitation facilities.74 However, in Mangystau province, almost one in five children uses a pit latrine without a slab, which is widely considered to be an unhygienic sanitation facility.75 A key area of concern was the disposal of faeces of children aged 0-2 years. Many people disposed of such faeces in an unsafe manner in Almaty province (31.1 percent), Zhambyl province (38.6 per cent), Mangystau province (45.8 per cent) and Astana (36.2 per cent). In these areas, a high percentage of child faeces were disposed of with household rubbish.76

Provision of clean drinking water and improved sanitation facilities in schools is also uneven in the country: 79 per cent of schools reported having access to a good quality water supply, and 67 per cent had access to improved sanitation. However, in 2012 there were 7000 rural schools in Kazakhstan where the only toilet facilities are pit latrines, with no hand washing facilities near the latrine or at the school entrance closest to the toilet. The Ministry of Education is aware of the importance of providing safe drinking water and adequate sanitation in all schools and is planning to launch a programme to improve water and sanitation in rural schools, and promote community awareness through cross-sector cooperation with the Ministries of Labour, and Health.77


61. UNICEF Kazakhstan, Make Breastfeeding Easier for Mothers, 1 August 2012, at http://www.unicef.kz/en/news/item/425/?sid=cd68bdf099a065ug5b04e4b4. A meta-analysis of studies from developed countries has concluded that the risk of severe respiratory tract illness resulting in hospitalization is more than tripled among infants who are not breastfed, compared with those who are exclusively breastfed for four months [Galton Bachrach VR et al, Breastfeeding and the risk of hospitalization for respiratory disease in infancy. A meta-analysis. 2003, Arch Podiatry Adolescent Med 157:237-243]


63. Agency of Statistics, UNICEF and UNFPA, MICS 2010-11, Table NU.3 Breastfeeding, 2012

64. UNICEF, Analysis of Equity in Mother and Child Health in the Republic of Kazakhstan, 15 June 2012. This refers to z scores for weight.


70. Agency of Statistics, UNICEF and UNFPA, MICS 2010-11, Table WS.1 Use of Improved Water Sources, Astana, 2012


72. Government of Kazakhstan, Ak Bulak Programme 2010-2020. 2010


76. Agency of Statistics, UNICEF and UNFPA, MICS 2010-11, Table WS.7 Disposal of a child’s faeces, 2012

77. Thomas Alveteg, WASH Consultancy for the CEE/CIS region - Report from visit to Kazakhstan, June 2012, 2012
The first five years of a child's life are an important period of rapid brain development. Quality home care in this period is crucial for child development. In this context, adult activities with children, the presence of books in the home for the child, and the conditions of care are important indicators of quality of home care. Children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn. In 2011, 91.5 per cent of children under-5 had been engaged in more than four early learning activities with adult household members in the three days before being surveyed. However, fewer than half (49.1 per cent) of fathers had been involved in any activities at all.

In Kazakhstan, only 47.8 per cent of children under five live in households where at least three children's books are present. The share of children with access to 10 or more books was only 26 per cent. While no significant gender differences are observed, urban children appear to have better access to children's books than those living in rural households. There is also massive discrepancy between regions: while 72-80 per cent of families in Astana and Almaty cities have 10 or more children's books, in Kyzylorda, Mangystau, South Kazakhstan and Zhambyl provinces, the figures range between 2.4 and 6 per cent of households. In rural areas only 13.9 per cent of families meet this indicator, compared to 38.9 per cent in urban areas. Other typical characteristics of families with fewer books are poverty, low educational attainment of the mother and Kazakh ethnicity.

Meanwhile, 44.8 per cent of children under five had two or more different types of playthings to play with in their homes. A total of 94.6 per cent of children play with toys bought from shops, and 41.7 per cent of children play with household objects. There is little gender or rural/urban difference for this indicator. However, children of mothers with poor educational attainment, children living in poor households, and children from South Kazakhstan and Atyrau provinces are significantly less likely to have two of more different types of plaything.

A total of 3.4 per cent of children under five were left in the care of other children in the week before the survey while two per cent were left alone in the week before the survey: a total of 4.4 per cent of children were left on their own or in the care of other children during the period. Inadequate care was more prevalent among children whose mothers had poorer educational attainment (10.2 per cent), as opposed to children whose mothers had degrees (3.3 per cent). Children aged 2-4 were left with inadequate care more often (6.2 per cent) than younger children (1.7 per cent).

78. The figures in this section are taken from the Multiple Indicator Cluster Survey (MICS) carried out by the Agency of Statistics and UNICEF in 2010-11. It should be noted that the MICS had a nationally representative sample of 16,380 households. Agency of Statistics, UNICEF and UNFPA, MICS 2010-11, Table CD.2, Astana, 2012
82. Agency of Statistics, UNICEF and UNFPA, MICS 2010-11, Table CD.4. Inadequate Care, Astana, 2012
83. Medinfo, 2010
85. Agency of Statistics, UNICEF and UNFPA, MICS 2010-11, Table CH.8
87. Medinfo, 2010
89. UNICEF interview, December 2012. See, for example, tengrinews.kz, Three children died while fire incident in North Kazakhstan, 8 November 2012 at http://tengrinews.kz/events/troe-detey-pogibli-pri-pojare-v-severnom-kazakhstane-223085/
Children in their families and communities

Child health and safety

Children who survive their first year of life are much more likely to survive into adulthood. The mortality rate for all children under the age of five in the country is 17.5, meaning that 85 per cent of under-five mortality occurs among infants. Again, this figure varies greatly between regions, from 26.5 per 1000 live births in Kyrgyzstan to 9.8 in Aktobe (figures for 2010). South Kazakhstan, which has the highest number of births per year, has the second highest rate of child mortality at 23.5 per 1000 live births.

Key causes of death among children aged one to four include diseases such as pneumonia and diarrhea that are preventable using known, affordable, low-technology interventions. The understanding of caregivers on when to seek medical care is an important factor contributing to morbidity and mortality rates in children. A key issue revealed in the 2010-11 MICS is the fact that parents appear more reluctant than in 2006 to take children to a health facility immediately when children develop signs of dangerous illness. The MICS data also shows clear inequity in that poorer families are less likely to take their children straight to a health facility when faced with danger signs.

In addition, the number of mothers and caretakers who recognize two danger signs of pneumonia has decreased by 10 percentage points since 2006. According to the MICS, only 22.2 per cent of women knew the two danger signs of pneumonia (fast and difficult breathing). The figure falls to 15.7 and 15.8 per cent for the two poorest quintiles. This reflects a need for national educational campaigns to explain the signs, risks, and consequences of untreated diseases such as pneumonia.

As children grow up in Kazakhstan they face a wide range of safety issues. WHO’s 2008 European Report on Child Injury Prevention indicated that Kazakhstan had the second highest child mortality rate (after the Russian Federation) from unintentional injury for any country in the WHO Europe region between 2003 and 2005, at 32 deaths per 100,000 population. The highest rates of death by “trauma” are found in Pavlodar province (45 per 1000 children under five); Almaty city (33.9); North Kazakhstan province (29.0); and Almaty province (25.1).

In the summer, drownings are often reported in the country’s many rivers and lakes, as well as in unprotected wells. In Kazakhstan, the risk of a child drowning was 20 times greater than in the United Kingdom, the country with the lowest rate of child mortality by drowning. This is equivalent to lower and middle-income countries in Africa and the Eastern Mediterranean. Regional emergencies officials in East Kazakhstan have confirmed that drowning remains a serious problem for children, and drowning cases continue to be reported in the country’s media.

Meanwhile, according to the 2008 WHO report Kazakhstan also had the third highest rate in the Europe and Central Asia region for poisoning of under 18 years. In addition, in the first nine months of 2012, 193 children died in road accidents in Kazakhstan.

Family and child poverty

In parallel with economic growth, standards of living in Kazakhstan have risen significantly over the last decade. Poverty estimates from 2010 show that poverty headcount, depth and severity rates fell sharply from 2001 to 2009, despite a blip following the international economic crisis in 2008-9. Nevertheless, children in Kazakhstan have a high risk of living in households where average consumption is below the minimum subsistence level. Based on the analysis of the 2009 Household

| Table 1: Symptoms that would cause to take the child to a health facility right away |
|----------------------------------------|--------|--------|--------|--------|--------|--------|
| Child not able to drink or breastfeed  | 14%    | 20%    | 25%    | 29%    | 26%    | 23%    |
| Child becomes sick                     | 35%    | 37%    | 46%    | 51%    | 54%    | 45%    |
| Child develops a fever                  | 76%    | 87%    | 90%    | 95%    | 94%    | 88%    |
| Child has fast breathing                | 26%    | 27%    | 37%    | 41%    | 44%    | 35%    |
| Child has difficulty breathing          | 29%    | 34%    | 45%    | 54%    | 59%    | 44%    |
| Child has blood in stool                | 16%    | 19%    | 26%    | 34%    | 37%    | 26%    |
| Child is drinking poorly                | 9%     | 11%    | 15%    | 20%    | 21%    | 15%    |

Source: Sanigest Internacional based on MICS 2010-11
Budget survey 45 per cent of all children below the age of 18 are living in poverty compared to the average of 33 per cent for the total population. Seven per cent of children are living in households with consumption below 60 per cent of the minimum subsistence level. Across all regions, poverty rates are slightly higher for children aged five or under than for older children, and significantly higher than for adults.94

Poverty is concentrated heavily among large households with small children, young families with children and single parent families. Recent research has also indicated that households where the main income-earning adult is female are particularly vulnerable to poverty.95 Divorced mothers, in particular are facing increasing problems securing alimony from their former husbands, with a more than 50 per cent rise in court orders for alimony between 2008 (101,050) and 2011 (156,426), but only a 15 per cent success rate of these orders, and increasing levels of abscondment.96 In response to this issue, there are discussions of the possibility of establishing an Alimentary Fund in Kazakhstan to provide financial support to single mothers who are not supported by their former partners. In the Kazakhstan-2050 Strategy, the President stated that prevention of growth of poverty is a key priority and the bringing up of children is the responsibility of both parents, but if mothers are left in sole care of children, the father should pay aliments. He also called for a strengthening of penalties for not paying aliments.97

Almost half of all households (49 per cent) with three or more children under the age of six were poor in 2008, as against 11 per cent of households without children. Poverty rates have also fallen less for households with three or more children below the age of six than for households with no children or one child.98

This quantitative data indicates that poverty is a significant issue influencing the vulnerability of families and children.99 These findings are complemented by qualitative research undertaken by the Academy of Public Administration in 2012. About half of respondents indicated that they had problems making ends meet and that they lived in poor and vulnerable conditions. A third of the respondents also stated that material wellbeing was the most important aspect of ensuring the overall wellbeing of their children.100

Living standards in rural areas remain much lower than in urban areas. For instance, in Pavlodar and North Kazakhstan, the rural population is three times more likely to be living in poverty than the urban population. The differences between urban and rural areas are even more pronounced for extreme poverty.101

There is also seasonal variation in poverty rates, particularly in rural areas and medium-sized towns,
which showed slightly higher poverty rates in the second quarter of 2009, according to the household budget survey. While 25 per cent of the population (including 60 per cent of people who were considered poor) lived in poverty for all four quarters, 16 per cent of those considered poor only experienced poverty for one quarter. The extent to which poverty experiences are persistent or fluctuate across the year differs considerably across regions. In South Kazakhstan, for example, almost 25 per cent of the population experience poverty in one, two or three quarters of the year. Both chronic poverty as well as seasonal variation can have far-reaching effects on children.¹⁰²

Along with urban-rural variations, there is also considerable regional variation in poverty affecting children. Paradoxically, poverty rates are highest in Mangystau, despite the province’s high economic output as a result of the oil industry. This output masks the sheer poverty of the rural population: 35 per cent of the rural population in Mangystau live in extreme poverty, and almost 90 per cent of all children are considered to be poor. In South Kazakhstan, the region with the second highest poverty rate, 58 per cent of children live in poverty, followed by Atyrau (45 per cent) and Almaty province (43 per cent). The lowest child poverty rates are observed in the two large cities, Almaty (18 per cent) and Astana (22 per cent).¹⁰³ However, it should be noted poverty is traditionally higher in rural areas, and despite the urban-rural discrepancy, there has been a significant reduction in urban poverty, from 3,000,000 people living below the subsistence minimum in 2005 to 700,000 in 2011.¹⁰⁴

Social exclusion affecting certain groups also shapes child poverty in Kazakhstan. In particular, children living in households where one or more adults are disabled, and migrant households (either internal migrants, or those who have migrated from neighboring countries) are at considerable risk of poverty. Migrants, including children in migrant families, are also often unable to register in their new places of residence, meaning that they cannot access social services and benefits that could help to mitigate the impacts of poverty.¹⁰⁵

Poverty leads to a wide range of vulnerabilities for children. For instance, as many as 57.3 per cent of trafficking victims grew up in conditions of poverty; of these, only 16.5 per cent reported their family received support from the state or community in the form of cash transfers to help alleviate the poverty.¹⁰⁶


92. Total.kz, About 200 children died on Kazakhstan’s roads, 5 November 2012, at http://total.kz/society/2012/11/05/okolo_200.detey.pogibli_na


100. Academy of Public Administration, Qualitative Study on Child Well-Being, 2012


104. Figures provided by Ministry of Labour and Social Protection, April 2013.

More than 21 years since independence, Kazakhstan’s child protection system is still largely reliant on institutionalization, and the children’s preventive services sector as of yet remains underdeveloped and fragmented. However, the Government has committed to reform, a process already evident in the Law on Specialized Social Services, which provides a general framework for developing services to protect vulnerable children. In addition, the country embarked on the long process of adopting a new Family Code which is closer to the international norms for adoption processes, introducing new terms which emerged after the country’s independence concerning child care, alternative family based solutions and other family matters.

There is little data on the scale or nature of childhood abuse, neglect and violence in the family and community in Kazakhstan. The 2010-11 MICS indicates that just under half of 2-14 year old children had experienced psychological or physical punishment from their parents, a slight fall on the 52 per cent reported in the 2006 MICS. The 2010-11 figures are lowest in Almaty city (27.3 per cent), Astana city (38.6 per cent) and South Kazakhstan province (38.9 per cent); and highest in Kostanai province (72.6 per cent) and Mangystau province (65.3 per cent). Girls, children in the richest families, and children in families where the head has a university degree are slightly less likely to receive such punishment, and there is virtually no rural/urban divide. However it is unclear if this survey data reflects the full scale of the problem. This is because there is no central database of cases where children have been referred following suspected abuse, and records are also not kept at local level.

In general, little information is shared about children at risk of abuse, neglect and exploitation between hospitals, doctors, schools and pre-school providers and the Guardianship Authority when abuse is suspected. This is partly due to some gaps in the referral systems in most areas. Even where referrals are made, several factors - including lack of training, low expectations that children should be protected from harm, a lack of mechanisms to deal with abuse, and the low level of local capacity - can in many cases mean that follow up is inadequate. The result is that while a relatively high number of children currently live in state institutions, it is not clear whether these are the children who are most at risk of abuse, exploitation or neglect. It is likely that many children at risk of abuse, neglect and violence currently remain unidentified.

Primary healthcare workers are a key group of professionals who can help to identify violence early, particularly among younger children. The Ministry of Health is developing a guide for healthcare workers, in response to Ministry of Health Orders 172 and 124 on identification and referral of violence and abuse against children under five.

At present, local child protection services are fragmented. There is no single Ministry at national level with sole responsibility for child protection, and the Ministries of Education including its Children’s Rights Protection Committee, Internal Affairs, Labour and Social Protection, Health, the Interagency Commission on Issues of Children and Protection of their Rights under the Government of Kazakhstan, all play roles in ensuring delivery of child protection services. At local level, Child Protection Departments, Education and Guardianship Authorities, Juvenile Police and Commissions on Juvenile Affairs and Protection of their Rights all play roles. The system tends to be reactive rather than proactive, with the Guardianship Authority waiting for parents to approach them seeking help (often because of poverty, family breakdown, a death in the family or incapacity), rather than actively identifying children in need of protection. Services tend to be offered to meet the financial needs of the family rather than the needs of the child.
The role of the Guardianship Authority under the Departments of Education is to determine whether to leave children with their families or take them into state care. However, a lack of training, capacity and resources, combined with weak coordination, an inadequate legal framework, and lack of clear guidelines in child protection referrals mean that together, neither the local Children’s Rights Protection Departments¹¹⁵ nor the Education and Guardianship Authority are able to offer effective child protection services. As a result referrals are too often left to Police Departments of Minors, who have been trained to investigate crimes, not to assess the needs of children or to provide social work services to children.¹¹⁶

The Law on Domestic Violence outlines the specialized social services to be provided to victims of domestic violence, including children. According to the law, the police are responsible for identifying “parents or individuals caring for a child who fail to perform their parental rights and commit illegal acts.”¹¹⁷ The police also prepare cases to justify the need for protection and make suggestions in court regarding the type of punishment for individuals found guilty of domestic violence.¹¹⁹ The UN Committee on Economic, Social and Cultural Rights has expressed its alarm at the high level of violence against women and children in Kazakhstan, apparent impunity for domestic violence, and indications that the law does not sufficiently guarantee protection and rehabilitation of victims and that legal proceedings are initiated only upon formal complaints by victims.¹²⁰ According to statistics from the General Prosecutor’s Office for 2011,¹²¹ four cases of violence against children were recorded by law enforcement officers for that year.

In response to these concerns, a social work system has been introduced in Kazakhstan, through the Law on Specialized Social Services which was enacted to regulate provision of specialized social support to persons and families in particular need.¹²² Articles 8-10 of the Law mandate specific authorities responsible for social protection, education and healthcare to implement this. The Law includes the requirements for the qualifications and certification of social workers, though it does not set out explicitly the role of social workers. While this is an important development, social work functions have been assigned in the Law to three central-level bodies (in practice the Ministries of Social Protection, Education and Health), as well as local government. All three Ministries have issued secondary legislation to regulate the development

109. Despite the advances, the legislation still does not fully comply with international norms, particularly when it comes to issues such as ‘confidentiality of adoption, ability of adoptive parents to change information about child’s birth, date of birth and the name of the child’.
111. Children’s Legal Centre, University of Essex, Child protection system in Kazakhstan: Draft Initial Report, 2010
112. The Guardianship Authority is responsible for making assessments and recommendations to the Commission on Minors that a child be placed in institutional care. It sits within the Department of Education in the provincial Akimat. The law states that the proportion of Guardianship Authority officers per population should be 1:5,000, but in practice, Akimats have not been able to appoint sufficient staff to reach this ratio and it remains largely unimplemented.
115. In 2013 the territorial Children’s Rights Protection Departments of the Children’s Rights Protection Committee under the Ministry of Education and Science of the Republic of Kazakhstan were abolished with establishment of Children’s Rights Protection Units subordinate to Akimats (local authorities). Their functions are being revised.
117. Law on Domestic Violence, Article 10(4).
118. Law on Domestic Violence, Article 10(4).
119. Law on Domestic Violence, Article 10(4).
120. UN Committee on Economic, Social and Cultural Rights, Concluding Observations 21 May 2010
121. Official reply to UNICEF, 17 August 2011, n.11k-4-1-92-9199
of social work service provision in their areas of competence.\textsuperscript{123} Under this secondary legislation, the Ministry of Health is responsible for “individuals recognized as being in difficult situations”; the Ministry of Education for orphans and children left without parental care, children with disabilities, children in street situations, children with behavioral problems, and families at social risk; and the Ministry of Social Protection inter alia for children with neuropsychiatric abnormalities, children with disabilities of the musculoskeletal system, and persons of no fixed abode.\textsuperscript{124} Despite these developments, it appears that there is currently no central-level authority that has actively taken on the role of ensuring early identification and prevention of child abuse.\textsuperscript{125}

In this context, and as part of testing the Law on Specialized Social Services, two family support centres were opened in East Kazakhstan province; one in the Oskemen area and the other in Semey. East Kazakhstan province and Semey Akimats have since scaled up this process and opened up six more centres around the region.\textsuperscript{126} These centres are intended to provide valuable support to families in difficult situations, who may otherwise find it difficult to retain care of their children. In effect, these services work to keep children within their birth families, and prevent them from being placed in state institutions. Reportedly, the centres largely live up to international standards.\textsuperscript{127} The Family Support Centres in East Kazakhstan report to the provincial education department, and provide free social, psychological and legal support to families and children. Families are referred to the Centres because of reported neglect of the children, or because the parents asked for the children to be taken into state care. Usually the neglect is a result of neglect experienced by mothers in their own childhood, and consequent difficulties in bonding with their children. Material poverty can also be a factor in neglect. However, child abuse affects children from all strata of society.\textsuperscript{128}

\textsuperscript{123} Ministry of Health Order 630 of 30 October 2009 “On approval of standards for provision of social services in the field of health.”; Ministry of Education Order 526 of 18 November 2009 “On approval of standards for provision of social services in the field of education”; and Government Decision 1222 of 28 October 2011 “On approval of standards for social services in the field of social protection”.

\textsuperscript{124} Information provided by Ministry of Labour and Social Protection, April 2013.

\textsuperscript{125} Interviews, November 2012

\textsuperscript{126} Oskemen Education Department Family Support Centre with UNICEF, Mapping of specialized social services in EKO, 2012

\textsuperscript{127} Children’s Legal Centre, University of Essex, Child protection system in Kazakhstan: Draft Initial Report, 2010

\textsuperscript{128} Interview 30 November 2012

\textsuperscript{129} Figures provided by Ministry of Labour and Social Protection, April 2013


\textsuperscript{131} Figure provided by Ministry of Education and Science, December 2012.

\textsuperscript{132} Information provided by Ministry of Labour and Social Protection, April 2013


\textsuperscript{134} Information provided by the Ministry of Labour and Social Protection, April 2013.


\textsuperscript{136} Ministry of Health Order 186 of 18 March, 2010; Ministry of Education and Science Order 125 of 18 March, 2010; Ministry of Labour and Social Protection Order 89-p of 17 March, 2010
As of 1 January 2013 there were 65,844 children with disabilities in the country, of whom 57,627 were under 16 (1.2 per cent of all children under 16 in the country). However, this is much lower than the normal rate of disability in childhood in industrialized countries, which has been determined to be at least 2.5 per cent (with 1 per cent having serious conditions). In contrast, the Ministry of Education and Science reports that 151,216 children in the country have special needs. Even when bearing in mind the fact that this includes children up to 18 years, it is still a much higher proportion of children.

These different figures arise because the different Ministries assess children’s conditions in different ways. The Ministry of Education and Science figures include the hearing impaired, the visually impaired, those with speech disorders, those with disorders of the musculoskeletal system, those with mental retardation and intellectual disabilities, those with emotional and behavioral disorders and those with multiple disabilities. Meanwhile, the Ministry of Labour and Social Protection counts those children with persistent disorders of body functions, caused by disease, injury, and their consequences, and defects, which lead to restrictions in their lives and the need for social protection.

While children assessed as having disabilities by the Ministry of Labour and Social Protection are entitled to certain benefits and some equipment, this does not apply to more than half the children registered with special educational needs by the Ministry of Education and Science. This means that there is no comprehensive interagency approach to addressing the needs of all children with disabilities. This report uses the term “children with disabilities” to refer to all children with disabilities in the country, whether or not they have been registered as such.

Despite efforts made by the State to facilitate life for children with disabilities, there are still barriers to their leading full lives in the community. For instance, public transportation, residential buildings, office blocks, pavements, subways and public toilets are not adapted for the needs of persons with disabilities, and there are not enough traffic lights emitting sounds to indicate when it is safe to cross.

Social programmes for disabled children are inadequate: the Ministry of Labour and Social Protection began to introduce day care services in 2009 in connection with reform of the social care system and closure of some residential institutions. While the Ministry of Labour and Social Protection reportedly has employed 12,101 social workers for children with disabilities, and a system has been developed by the Ministries of Health, Education and Science, and Labour and Social Protection to perform multidisciplinary assessment of children’s needs and draw up individual care plans, problems remain with regard to strategic planning, contracting and managing...
the expansion of social services, as the management system for social work has not been defined. Meanwhile, disabled children are not generally integrated into mainstream schools, and not enough supplies for persons with disabilities are produced in the country. In addition, there are not enough civil society organizations working at policy level to support persons with disabilities.

Kazakhstan has signed the UN Convention on the Rights of Persons with Disabilities and legislation is in place guaranteeing education for persons with disabilities, but local and national legislation are not always consistent, with implementation constrained by the lack of operating instructions, unclear standards, ambiguity of roles, and the lack of local capacity to perform duties within the sector and engage in an inter-sectoral approach to resolving the problems of children with disabilities. More institutions, largely for prevention and rehabilitation, are becoming available, but buildings are often inaccessible, and there are shortages of qualified teachers across the education sector. Many children with special needs remain at home with their families and may receive no education at all. Public attitudes remain extremely negative and discrimination frequently leads to social and economic exclusion both for the child and his or her family. Female relatives of people living with disabilities in particular may suffer from reduced marriage prospects.

In the years before independence and in the 1990s, most children with special needs in Kazakhstan were placed in residential care. This was particularly the case in rural towns, where the lack of integrated education facilities available for children with special needs meant that having a disabled child at home full time was a huge financial burden for low-income families. In the early 2000s, several new laws were adopted affecting children with disabilities and their caregivers: the Law on Social, Medical and Educational Support for Children with Disabilities, the Law on Social Protection of Persons with Disabilities in the Republic of Kazakhstan, the Law on Special Allowances in the Republic of Kazakhstan, and the Law on State Social Benefits for Disability, Loss of Breadwinner and Age in the Republic of Kazakhstan. These laws constituted an important step in the development of social protection for children with special needs in the country.

Of particular relevance is the 2008 Law on Specialized Social Services, which provides for interagency coordination in the delivery of social services, especially between education, health and social protection authorities. The implementation of the Law has reportedly led to changes in the attitudes of parents, who are now less likely to abandon children with disabilities, but rather keep their children and seek assistance from health and social professionals to assist the children’s development.

A 2012 assessment of implementation of the Law on Specialized Social Services reveals that not all children with the right to receive such services under the Law can in fact access the services. While under the Law children with disabilities are entitled to access day-care facilities, the analysis shows that children with disabilities face waiting lists for these facilities, though they can still easily be admitted to residential care. In Astana, 26 children with disabilities were waiting in July 2012 to be admitted to a daycare centre because not enough funds are available to staff the day-care centres. In East Kazakhstan province in 2009 as many as 650 children had been served by NGO-service providers while only 350 were covered in 2011. Children with disabilities in some rural areas that have neither state-run day care centres nor NGO service providers have no access to day care services at all.

The analysis also shows that there are significant variations in the cost of specialized social services between regions. In Atyrau province the average cost of home-based care for a child with disability is 80,000 tenge ($530) per year while in Almaty city it is 218,000 tenge ($1440). Significant regional differences also exist in the residential and semi-residential care facilities for children with disabilities, meaning that children in different regions may receive different qualities of services. However, the Ministry of Labour and Social Protection is currently working to define a common approach to funding social services and regulatory requirements for organizations providing social services, taking into account regional issues, and thereby establish a common mechanism in calculating the cost of social services per person per day.

The 2012 assessment also shows that monitoring of the specialized social services is focused on quantity (types of services, number of services, number of visits, demographics of the client) rather than quality of services. Specific indicators measuring the quality of specialized social services and the progress of the beneficiary should be introduced to better monitor the results and impact. Meanwhile, assessment for support for children with special needs remains focused on the medical categorization of the child’s disability rather than...
determining the needs of the individual child. This assessment is undertaken by the Pedagogical, Medical and Psychological Committee (PMPC), a group of professionals from different disciplines who describe and define the additional needs children may have, so that the children can be allocated an appropriate level or type of education. The PMPC can recommend to the Guardianship Authority that a child should be placed away from the family home or sent to a special school. Experts suggest that the PMPC needs to move away from isolating children with additional needs by limiting educational and social opportunities and become an organization facilitating the educational and social integration of children.149

Another recent study notes that even with a reduction in the number of children with special needs who are institutionalized, it is rare to see children with special needs in the community. A lack of infrastructure makes it difficult for children with mobility limitations to move around. Furthermore, there has been a lack of ongoing support to parents of disabled children for respite care, financial support, and appropriate educational facilities.150

137. For more on this issue, see the education section below.
138. S. Bulekbayeva. Problems of disabled children. Scientific-Practical Journal of Medicine, "Vestnik KazNMU", Sep. 2011. It should be noted, however, that at the level of provision of services to children with disabilities, civil society organizations have begun playing a much larger role: the number of NGOs involved in such services under the state social order process increased from four in 2007 to 47 in 2012 [information provided by Ministry of Labour and Social Protection].
141. Aleksandr Kovalevskiy, Evaluation of Implementation of the Law on Specialized Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012
142. Law No.114-IV 3 of 29 December 2008. For more on the law see the Childhood Abuse, Neglect and Violence section above
143. Aleksandr Kovalevskiy, Evaluation of Implementation of the Law on Specialized Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012
144. Aleksandr Kovalevskiy, Evaluation of Implementation of the Law on Specialised Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012
145. Aleksandr Kovalevskiy, Evaluation of Implementation of the Law on Specialised Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012, p.50
146. Aleksandr Kovalevskiy, Evaluation of Implementation of the Law on Specialised Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012
147. Information provided by Ministry of Labour and Social Protection, April 2013
148. Aleksandr Kovalevskiy, Evaluation of Implementation of the Law on Specialised Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012
Kazakhstan is currently transforming its social protection system. This three-stage process, which is intended to reduce 65 types of social payment to just two, is due to be completed in 2016. Currently, cash transfers are provided to families raising children, including adopted children, children under guardianship, and children with disabilities. Child benefits are either categorical or targeted to the poor (income dependent). By law, children are directly or indirectly covered under the following types of social assistance benefits: child benefits (social allowances), targeted social assistance (TSA), special social benefits and benefits for children with special needs.

In 2012 the Ministry of Labour and Social Protection began to analyse the social assistance system with a focus on social transfers for families with children. Focus group discussions with families eligible for social transfers revealed dissatisfaction with the size of allowances. The most discussed was the size of the child benefit. All the parents said that the benefit does not cover even the minimum needs of their children. However, despite their small size all the respondents remarked on the importance of these allowances for their families.

Targeted Social Assistance (TSA) is provided to families who find themselves in financial difficulties. Under the Law on State Targeted Social Assistance, families with average monthly income below the poverty line are eligible for the benefit. Means-tested families receive the difference between the average household income per capita and the regional poverty line. The Law states that all families in need are eligible for TSA if they are citizens of Kazakhstan, repatriates, persons with refugee status, foreigners or stateless persons permanently resident in Kazakhstan, and that they have a per capita income below the income threshold. Local commissions are mandated by law to identify and report the number of citizens in need of state assistance. Under the Law persons who apply for TSA must provide documentation about family members, the income the family receives and any land plot owned by the household. However, concerns have been expressed that families seeking to receive the benefit need to spend considerable time and money gathering the documentation to prove that they are eligible, that the system is not fully transparent and that people who have migrated for work to a part of the country where they are not officially resident cannot register for the benefit.

Total annual expenditure on TSA fell from 5.1 (USD 34 million) to 1.9 (USD 12.6 million) billion tenge between 2005 and 2011, much lower than spending on pensions and social allowances. The Ministry of Labour and Social Protection states that this is a direct consequence of a six-fold reduction in the population living below the consumption minimum over this period. In November 2012, the average monthly TSA was 1,657 tenge ($11). In recent years the average size of TSA has been growing, though not at the same pace as household income and average wages across the country. However, largely because of increasing living standards, the number of TSA recipients fell from 505,000 in 2005 to 97,280 in 2012. In 2012, 60,573 were children under 18 years of age. In 2009, the World Bank calculated that TSA reached only three per cent of the poorest quintile of the population, despite the fact that more than 70 per cent of TSA payments are received by this quintile. Unlike other benefits (including the pension system), TSA has almost no measurable effect on poverty.

Other cash transfers are provided to families in certain categories, including those with adopted children, children under guardianship in foster care, and children with disabilities. The amounts vary per type of social allowance and do not always meet the minimum needs of the families. The benefit for caring for a child is below the minimum subsistence level, while the allowance for families with a disabled child is only slightly above this level. In addition, the Law provides neither oversight over the procedure for awarding these transfers, nor a standard procedure for their payment. While the number of beneficiaries has remained fairly stable over time, the total annual benefit paid increased from 52 billion tenge ($390 million) in 2005 to 119 billion tenge in 2009 ($800 million). The average monthly social allowance for families with disabled, adopted or foster children increased from 5,600 ($42) to 12,900 tenge ($86) over the same period. Despite recent increases, the average benefit is considerably lower than the subsistence minimum. Children with special needs, including children brought up in large families, often find themselves living in poverty.

Social support for children with disabilities is provided under the Law on Social, Medical and Educational Support for Children with Disabilities, the Law on Specialized Social Services and the Law on Social Protection of Persons with Disabilities. The Law on Social, Medical and Educational Support for Children with Disabilities also ensures the rights of children with disabilities to receive medical, educational and social...
services. Consistent support from the state for children requiring special attention is envisaged in the National Long Term Action Plan (2012) for ensuring the rights and improving the quality of life for persons with disabilities for 2012-2018. All regions fund provision of material support to children with disabilities who are being raised at home. Able-bodied family members of children with special needs are also granted tax exemptions. In addition, housing and utilities allowances are provided to recipients of special state allowances and low-income families. Poor households are eligible if actual housing and utility costs exceed a certain percentage of total household income.

Many recipients of disabled children’s benefit experience stress during the medical and social assessment. To be assessed, some children need to be brought to the commission, which can often be expensive, particularly for families from remote areas, though the commissions do have timetables for visiting areas outside the district centres, and in exceptional cases, cases can be assessed in absentia. For conditions which are recorded to have rehabilitation potential, children may be reassessed at six months, one year, two years, five years, and again before reaching the age of 16, and again at 17 and 17 and a half years. As previously discussed, the Law on Specialized Social Services has been innovative in Central Asia as a step towards integrated social services that address social protection, education and health needs. It also sets out rules for the tendering of civil society organizations to perform social services. However, as of yet, there has been little integration of social work functions with financial support for vulnerable families. The link in poverty and problems such as childhood neglect and abuse and institutionalization is well recognized by professionals at all levels in Kazakhstan. However, currently there are vulnerable groups at risk appear to have no systematic support of the kind enjoyed, for example, by persons with disabilities.

In this context, there may be a need to examine how the social work system can be broadened to address the social problems of the wider group of families living in poverty in a broader sense than just through financial support. The BOTA Public Foundation, in partnership with the World Bank, is testing the provision of conditional cash transfers for the most vulnerable groups of youth, adolescents and children. The Foundation provides cash benefits to impoverished families which take their children to health centres or early childhood development centres, or participate in vocational

151. Prime Minister’s Office, By 2016 social assistance and payments will be optimized - Ministry of Labour, 12 December 2012, at http://primeminister.kz/news/show/26/do-2016-goda-budut-optimizirovany-vidy-sotsialnoj-pomo-
schi-i-vyplat-mintruda-rk/12-12-2012?lang=ru


154. Sange Research Centre, Qualitative assessment of effectiveness and efficiency of the social transfers for children and their families in Kazakhstan, Astana, 2012, p40


156. Information provided by Ministry of Labour and Social Protection, April 2013


158. At the then-exchange rates, this amounts to a fall from $38 million to $13 million.

159. Information provided by Ministry of Labour and Social Protection, April 2013


161. Family Centre, Study on the causes of child abandonment (age 0-3) in Karaganda oblast, 2011

162. 2012 figures provided by Ministry of Labour and Social Protection, April 2013


169. Sange Research Centre, Qualitative assessment of effectiveness and efficiency of the social transfers for children and their families in Kazakhstan, Astana, 2012, p41

170. Information provided by the Ministry of Labour and Social Protection, April 2013


172. Interviews conducted in November 2012
courses or group training.\footnote{173} In order to improve targeting and keep costs down, payments are made directly to recipients through the banking system, volunteers are engaged to mobilize potential beneficiaries and support and train them, and compliance is monitored on an ongoing basis. As of the end of April 2013, a total of 59,945 active beneficiaries had been identified, in households with a total of more than 347,000 members. The effectiveness of this modality will be evaluated carefully by Government and other key actors. If it proves successful, it may be rolled out throughout the country\footnote{174}.

\begin{itemize}
  \item \footnote{173} Bota Foundation, Conditional Cash Transfer Program (CCT), at http://www.bota.kz/en/index.php/pages/index/61/program/2
  \item \footnote{174} Information provided by BOTA Foundation, May 2013
  \item \footnote{175} Figures available on Child Protection Committee website at http://www.bala-kkk.kz/en/node/594, accessed January 2013
  \item \footnote{179} UNICEF Kazakhstan, Child protection, at http://unicef.kz/en/services/child_welfare/?sid=murephp8obu8iu14v5opklp4
  \item \footnote{180} Karen Malone and Marion Sturges, Child Friendly Kazakhstan Key Stakeholder Meeting Notes', Research on the Child Friendly Cities initiatives and development of Child Friendly Cities certification standards and an accreditation scheme for Kazakhstan, UNICEF, 2011, p.18
  \item \footnote{181} SSPI, Research Results on the Project of Development of New Interaction Methods and Multi-Disciplinary Approach in the Detection and Intervention System for Pregnant At-Risk Women and Families to Prevent 0-3 Aged Children Institutionalization and Reduce 3-6 Aged Children Placement in State Guardianship Institutions, UNICEF, n.d.
  \item \footnote{182} Bilson A. (2010), The Development of Gate-Keeing functions in Central and Eastern Europe and the CIS. Lessons from Bulgaria, Kazakhstan and Ukraine, University of Central Lancashire, p. 12-13
  \item \footnote{184} Information provided by Republican Centre for Healthcare Development, January 2013
\end{itemize}
Loss of parental care

The child protection system in Kazakhstan provides services to orphans, children without parental care and children with disabilities among others. There is still an over-reliance on institutionalization of such children, although efforts to reduce its usage have seen the number of children without parental care living in residential institutions fall from 15,116 in 2009 to 10,887 in 2012. Of this annual figure, about 500 are ineligible for adoption, as there is still hope that their biological parents will reclaim them.

The table below shows the trends in recent years concerning children without parental care and their care. Ministry of Education facilities, which house most children in institutional care over the age of three, have been most successful at reducing numbers. Smaller reductions proportionately have been seen in institutions administered by the Ministry of Health (for younger children see below) and the Ministry of Labour and Social Protection (for older children with psycho-neurological pathologies).

Despite these reductions in numbers, every year about 2,000 children in Kazakhstan are placed in residential care. Children may also be taken into state care due to their parents’ inability to provide them with proper care. This is often related to problems in the family with drug or alcohol dependency. An interview conducted in 2011 with the Astana city authorities indicated that while the city had capacity to deal with infants, it was facing increasing problems caring for older children who were being abandoned by parents.

The main reasons why children with close relatives who are still alive are placed in institutions include poor family living standards, unemployment, and parents’ refusal to support and bring up their children. A research project in East Kazakhstan province indicated that about 40 per cent of cases of child abandonment in the province could have been prevented if the future mother had been provided with support. According to the survey, in most cases, child abandonment was caused by lack of material resources to provide for the child, with child disability a less common factor. Meanwhile, lack of financial support and housing, absence of the child’s father, and lack of support from the relatives and specialists were also cited as grounds for abandonment. As a rule, women do not tell their relatives about the pregnancy and try to resolve the problem themselves, as they believe that their relatives’ opinion on the unwanted
pregnancy will be negative. Almost all the mothers questioned in the study who had abandoned their children in maternity hospitals believed that children should be brought up in families (84 per cent). This indicates that more needs to be done to support mothers living in difficult conditions to have the confidence and capacity to bring up their children themselves.¹⁸²

A study in Karaganda province, meanwhile, suggested that specialists tend to focus on the mother’s “anti-social lifestyle” as a key factor in abandonment, while mothers invoke a lack of required documents and access to social infrastructure. In addition, when a mother requests that her child be taken into care, no detailed social assessment is made of the child’s situation and very little support can be offered for parents or family if they are willing to care for the child. The Guardianship Authority often only becomes involved after a mother has already disappeared and it is too late to prevent abandonment.¹⁸³ Most mothers who had given up their children were unaware of any state bodies that provide support during pregnancy, at birth, and after giving birth. This highlights the need for stronger and more visible community-level social services.

In Kazakhstan, children in state care under the age of three (or four in the case of children with special needs) live in Ministry of Health run infant homes. There are 25 infant homes under Ministry of Health supervision, with at least one in every region of the country.¹⁸⁴ The proportion of 0-3 year old children in institutional care has fallen by almost half since 2000. In 2000, 286 out of every 100,000 0-3 year old children in Kazakhstan were in institutional care. By 2011, the rate had fallen to 169 per 100,000 children.¹⁸⁵ A further reduction was seen in 2012. At the beginning of the year there were 1,647 infants in Ministry of Health care in the country. A total of 1,340 children entered infant homes in 2012, with 1,429 leaving, meaning that at the end of 2012 there were 1,558 children in their care.¹⁸⁶ However this rate still remains high by international standards. Many children in the country are abandoned in maternity wards at birth.¹⁸⁷ In March 2012, 20 per cent of the children in baby homes had disabilities.¹⁸⁸

**Effects of institutionalisation**

The institutionalization of infants is a serious concern because of the damage caused to health and development. International research has shown that the impact on physical and cognitive development, on emotional security and attachment, on cultural and personal identity and on developing competencies can prove to be irreversible.¹⁸⁹ Children five years and under are in the early stages of social and emotional development. As their natural, inborn aggressive impulses have not yet been socialized, when they are angry they can strike out verbally or physically against other children. At this age, if children do not experience clear boundaries and limit setting by parents or caregivers, their natural toddler tendencies to strike out will develop into bullying and other forms of aggression and violence. Recent research reported that 40.8 per cent of staff in infant homes had reported violence among children in infant homes.¹⁹⁰

Older children are accommodated in a number of different types of residential institution under the supervision of the Ministry of Education. Children are transferred from infant homes to residential institutions for older children at the age of three or four. They will remain there until the age of 18 unless they return to their families or go into alternative care.¹⁹¹

A survey conducted in 2011 revealed that violence among children in institutions is a serious problem. Nearly 43 per cent of children in shelters and 50 per cent of children in orphanages and institutions for children with ‘offensive’ behavior reported witnessing violence among children in the institutions. In addition, 40 per cent of staff working in infant homes, 69 per cent of staff in institutions for children with psycho-neurological and severe disabilities, and 80 per cent of staff in special correctional institutions of education reported witnessing violence among children in the institutions. At the same time, both children and staff revealed that violence against children by staff is also a serious problem in institutions. In particular, 26 per cent of children in shelters for homeless children, 35 per cent in orphanages and 41 per cent in institutions for children with deviant behavior reported witnessing staff committing acts of violence against children in their care. Meanwhile, nearly 22 per cent of staff in infant homes, 51 per cent of staff in institutions for children with psycho-neurological and severe disabilities, and 56 per cent of staff in special correctional institutions of education reported witnessing staff using violence against children. The research also found that 25 to 53 per cent of staff working in various types of institutions supported the use of corporal punishment against children.¹⁹²
Institutional reform

Reduction in institutions of the number of children without parental care corresponds with a fall in the number of residential childcare institutions as a result of the “Children of Kazakhstan” state programme.¹⁹³ This programme included the development of alternative placements for children in host, foster and adoptive families, and the opening of children’s villages, family-type orphanages, and youth homes.¹⁹⁴ Currently the targets for reducing the number of children in institutions are listed in the State Education Development Programme 2020:¹⁹⁵ there is no standalone child protection programme or long term vision for childcare system reform and modernization of the system. However, the Kazakhstan-2050 Strategy does include a reaffirmed aspiration to move away from large institutions to adoption and family-type homes.¹⁹⁶

Following the UN Committee on the Rights of the Child expressing concern about children without parental care being held in prison-type conditions in 2007,¹⁹⁷ in 2011 the Government transformed remand centres under the Ministry of Internal Affairs into Adaptation Centres under the Ministry of Education and Science.¹⁹⁸ In 2012, 4,925 neglected and homeless children were found, usually by the police, and taken to Ministry of Education Adaptation Centres.¹⁹⁹ Although many of these children have close relatives who might be able to take care of them, 25 per cent are sent to residential institutions, where they are completely provided for by the Government.²⁰⁰

185. UNICEF, Children under Three Years in Formal Care in CEE/CIS Countries: A Rights-Based Regional Situation Analysis, Draft May 2012. Citing data provided by the Child Rights Protection Committee

186. Information provided by Republican Centre for Healthcare Development, January 2013

187. UNICEF Kazakhstan, Child protection, at http://unicef.kz/en/services/child_welfare/?sid=mureph8obvs8u1r4v5opkp4

188. Data provided by Ministry of Health, March 2012


193. Children of Kazakhstan was a National Programme, conducted in 2007 to 2011 to improve the quality of life of children by securing social and legal guarantees. Its programme budget was 10,507,047,000 tenge (approximately $69,400,000 at 2009-13 exchange rates). It was developed by the Ministry of Education and Science.

194. Aleksandr Kovalevskiy, Evaluation of Implementation of the Law on Specialised Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012


199. Figure provided to UNICEF by Government, January 2013

Fostering, return to family and guardianship

The Government is employing several strategies to get children out of institutional care. Foster care has been proved internationally to be a useful short-term solution for children without parental care, before longer-term solutions such as family reintegration, adoption or guardianship can be found. However foster care in the community has only been available since 2004. Under the Children of Kazakhstan National Programme, foster care saw substantial progress during 2006 – 2010, with an increase of 476 registered orphans placed in foster care over this period. However, the system of foster care families for children below three years of age is still not fully developed.

In Kazakhstan, fostering cannot take place when the parents have not given up, or been deprived of parental rights; only children whose parents have formally lost their parental rights can have an alternative family to care for them. This excludes children classified as “social orphans”, who are in state care despite their parents still being legally responsible for them. Most of these children cannot be fostered or adopted as their guardianship is still covered by the needs and wishes of their families. As a result, many young children are de facto deprived of a family-based environment and spend time in one of the 25 baby homes under the supervision of the Ministry of Health, while children who are deemed to have been permanently abandoned are in a better situation because they are considered available for placement in an alternative family.

With regard to infants, in 2012 out of 1,647 children in infant homes (at the beginning of the year) 494 (30 per cent) were returned to their families, 477 (29 per cent) were adopted, and a further 161 (9.8 per cent) went into the care of guardians or trustees. Under current legislation, nationals who want to adopt children under one year of age have the right to first formally take on “patron” status. In 2012 only 47 children between 0 and 3 years were in patronage care. Overall in 2012 about 30 per cent of children below 3 years remained in institutional care. Of the children returned to their families, most had been identified as “Hope” groups, who are not eligible for adoption or fostering. There were 416 children in this group at the end of 2012, slightly more than a year earlier. Encouragingly, a total of 245 of these children (68.6 per cent) returned to their mothers.

Adoption

In total, since 1999, over 47,000 children from Kazakhstan have been adopted, of whom more than 38,000 have domestic adoptive parents, and more than 8,800 were adopted by foreigners. In the last three years, there has been an increase in the number of people within Kazakhstan registered as prospective adoptive parents. In addition, 87 schools for people wishing to adopt have been established in Kazakhstan in recent years, along with 58 Family Support Services.

However, domestic prospective adoptive parents tend to want to adopt very young, healthy and able-bodied children. Of the older residents of the residential institutions for orphans and children left without parental care, 80 per cent have some form of disability or illness with long-term consequences, such as cardiovascular disease, cerebral palsy, Downs Syndrome, sexually transmitted diseases and others. These children are less likely to find adoptive parents in Kazakhstan, but can be adopted by parents from abroad. However, a moratorium was put in place on inter-country adoption in 2010, as a result of concerns about financial gain, poor safeguarding and illicit activities among international adoption agencies.

Following this moratorium, on 1 November 2010, Kazakhstan ratified the Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Inter-country Adoption (1993 Hague Adoption Convention), and instructed the Child Rights Committee to bring safeguards for inter-country adoption procedures into compliance with the Convention. The Permanent Bureau of the Hague Committee on International Law in 2011 also reported that the then-Family Code allowed prospective adoptive parents to choose their children personally, in contravention of good practice on inter-country adoption, and that functions and responsibilities for adoption were fragmented.

In December 2011 the new Family Code was approved to meet the Hague Adoption Convention requirements and good practice requirements. The inter-country adoption moratorium has now been lifted, and all international adoptions must be conducted exclusively through recognized international agencies. As of 18 January 2013, 20 international adoption agencies had received accreditation in Kazakhstan.
Leaving institutions

Child Protection Committee figures for 2009-2012 show that the vast majority of children who graduate from institutions at 16 or 18 years continue to study, usually in vocational education. A much smaller group go straight into work, while the figures also note that 25 children went into trusteeship on completing nine years of school and four received criminal convictions. A major concern is the fact that, despite legislation giving children leaving state care the right to housing provided by the state, approximately 12,000 children are still waiting for housing after release from residential care.

Government sources indicate that graduates of residential institutions are either provided with dormitory accommodation at their places of study or live in Youth Homes until the age of 23. There are 34 Youth Homes in the country, housing a total of 1,398 young people between the ages of 16 and 23. Since 2009 changes have been made to the Law on Housing to the effect that not just orphans, but also children without parental care are socially protected. Orphans and children without parental care are recognized as in need of public housing and placed on a register until they are allocated housing. On 13 April 2013, Parliament approved a norm that children in this category have a priority to receive housing. Meanwhile, the Government has begun a pilot project in three provinces to assist residents of children’s institutions to adapt to independent life.
Pre-school education

The provision and affordability of pre-school education varies widely across the country. Overall, there are 111 children per 100 kindergarten places in the country. According to MICS data for 2010-2011, only 37 per cent of children aged 3-4 were attending pre-school, with considerable variation between rural (29.4 per cent) and urban (45.3 per cent) areas, and across regions. Attendance in this age group is higher in Kostanai, West Kazakhstan, Pavlodar, Karaganda and North Kazakhstan provinces (between 56.8 and 69.4 per cent) and lowest in Almaty, South Kazakhstan and Mangystau provinces (15.1, 17.4 and 18.1 per cent respectively). Gender does not appear to affect whether or not a child attends pre-school, but differences by socioeconomic status are significant. About 52.4 and 60.5 per cent of children from the fourth and richest quintile households respectively attend learning programmes, compared to 29.4 and 18.7 per cent from households in the second and poorest quintile.

According to Article 23 of the Law on Education, pre-school education for 5 and 6 year-olds is mandatory and should be provided in the family, pre-school organizations or schools under a general educational programme. In state educational organizations, such education should be free. However, pre-school enrolment of children aged five is relatively low, and overall, only 41 per cent of children in this age group attend pre-school. The rate is higher in urban areas, where more facilities are available. Pre-school enrolment of five-year olds is highest in West Kazakhstan (66 per cent), Pavlodar (63 per cent), and Astana city (60 per cent). In Almaty province, by contrast, only 16 per cent of five year olds attend pre-school. The high population pressure and limited facilities in this region explain the comparatively low rates. Places in state-run kindergartens are limited, with a 2-3 year wait, meaning that parents have to register their children for a place as soon as they are born. The cost of a kindergarten place is also a factor limiting access for those who are unable to secure a place in a state-run facility: the cost of 45,000-90,000 tenge ($300-600) per month for private facilities is far outside the budget of many families, given that the average monthly wage is 108,857 tenge (about $720) per month, and the minimum wage at 18,660 tenge (around $125). This is reflected in the MICS 2010-11 data: only 18.7 per cent of children from the poorest quintile were attending pre-school at this age, compared to 60.5 per cent from the richest.

However, by the time they get to school, most children have attended pre-school preparation of some form. Of first grade children covered by the 2010-11 MICS, 81.6 per cent had attended pre-school the previous year. This is a massive improvement on the 39.5 per cent in the 2006 MICS. Again urban coverage (at 85.6 per cent) is significantly higher than for rural areas (78 per cent). Regionally, the lowest pre-school attendance percentage was reported in Kyzylorda and South Kazakhstan provinces (67.2 and 70.1 per cent respectively), and the highest in Pavlodar, Aktobe and West Kazakhstan provinces and Almaty city (95.7-98.6 per cent).

Overall, pre-school attendance doubled between 2006 and 2010. Under the 2011-2020 National Education Development Programme preschool enrolment of children aged three to six should reach 73.5 per cent by 2015 and 100 per cent by 2020. The Ministry of Education and Science’s “Balapan” Programme, due to be completed by 2015, which was established to increase public and private kindergarten coverage, had by August 2012 already reportedly led to an extra 219,000 kindergarten places becoming available, and a more than doubling of the number of private kindergartens in the country. For example, new building developments must include a day care centre or kindergarten, and licensing arrangements are also being revised. In Oskemen between 2009 and 2010, six new kindergartens were built providing over 1,400 more places for children. In addition 30 mini-centres were set up to provide opportunities for up to 6,600 children to have some exposure to pre-school. In 2011, another seven kindergartens and 11 mini-centres were planned for Almaty city; this would provide 76 per cent kindergarten coverage, which is much higher than the national average. Semey saw 1,960 new kindergarten places created between 2009 and 2011. Pavlodar has also provided 20 new preschool mini-centres creating 1,333 new kindergarten places within the city, and the city is in the process of constructing five new early childhood day care centres. However, across the country, demand continued to exceed supply as of 2010, with 260,000 children on waiting lists for pre-school activities.
School education

Under Kazakhstan’s Law on Education, school level education consists of three stages: (a) primary (a four-year programme); (b) basic secondary (five years); and (c) senior secondary (two years). However the State Programme of Education Development envisages a transition to a 12-year education model by 2020.

According to a 2010 report on the progress of Kazakhstan towards achieving the Millennium Development Goals (MDGs), some schools still teach in several shifts, and some urban schools are overcrowded. In the 2009-2010 academic year about 66 per cent of daytime comprehensive secondary schools had classes in two or three shifts. A total of 37.1 per cent of students had classes in the afternoon. Higher birth rates are expected to increase pressure on schools, even with construction programmes to build additional schools. Disparities in the quality of education provided in rural and urban areas are a significant concern. Remote rural communities tend to be served by smaller schools with lower capacity. The National Programme of Education Development includes a number of measures to improve the conditions of ungraded schools, including establishing resource centres to enhance the capacity of these schools, investing in information technology, and supporting alternative boarding schools and transportation services.

Meanwhile, Kazakhstan still lacks a uniform database providing up-to-date and disaggregated information about enrolment levels around the country that could be updated on a regular basis. Lack of disaggregated information on quality issues, for example, can make it difficult to assess possible inequalities affecting schools serving rural or minority communities. As part of the country’s planned transition to a 12-year education cycle, the Government has made efforts to establish a national testing system, under which standard assessments would be conducted on completion of primary, basic, secondary and profession-oriented schools. This is another essential step towards better identifying and addressing inequalities within the education system.
Out-of-school children

International research has indicated the categories of children who are likely to drop out in Kazakhstan. These include:

- Children with disabilities and/or special education needs;
- Children studying with younger children as they missed schooling at an earlier age;
- Children with low self-confidence;
- Teenage boys;
- Pregnant teenage girls and teenage mothers;
- Children who do not have identification and/or registration documents;
- Working children;
- Children with other vulnerability factors such as a background in residential care, who are married, or who are parents themselves;
- Children who have often changed their place of residence or school;
- Children who live far away from school and for whom no transport is provided.

Net school enrolment is at 86 per cent on average for primary school children. However, seven year olds are much more likely to attend than six year olds, leading to gross enrolment figures of 111 per cent for primary school. This large discrepancy in school enrolment is probably explained by the fact than many parents do not know that children should start school at six. There is an even more dramatic drop in enrolment rates between the ages of 15 and 16. Whilst net enrolment is nearly 100 per cent for children aged 15, it is only 38 per cent for children aged 16 and 34 per cent for children aged 17. This drop can be explained by the fact that children aged 15 enrolled in lower grades of secondary school are considered to be net enrolled, whilst children aged 16 or 17 are no longer considered to be net enrolled when enrolled in lower grades. If enrolment in lower grades for these age groups was also considered appropriate for their age, rates would also near 100 per cent. According to the 2010 MDGs report, 90 per cent of children not attending schools come from poor and disadvantaged families. In this context, the Government has developed an MDG+ agenda to focus primarily on secondary education, enhancing quality in education, and promoting the enrolment of marginalized groups such as children with special needs and students from socially vulnerable groups.
olds, differences between regions are amplified. The proportion of 17 year olds enrolled in education is highest in Aktobe, Atyrau and Pavlodar. Net enrolment rates for children aged 17 in West Kazakhstan and East Kazakhstan are particularly low at 15 and 22 per cent respectively. A recent report on child marriage in Kazakhstan found that early marriage was a significant barrier to adolescent girls completing secondary education. This is particularly true for girls from Muslim ethnic minority groups in Southern Kazakhstan.

Another barrier to school education may be the financial contributions increasingly expected from families. In 2009 schools collected an average of 45,000 tenge ($300) or more from each family. Education is a significant issue for children with disabilities. As discussed above, children with special needs are assessed by a Psychological, Medical and Pedagogical Commission (PMPC). The assessment results in the delivery of a certificate specifying whether the child can participate in education, and if so the level of education to which s/he should be directed. In 2010-2011 there were reportedly 5,649 children who were not attending school due to health issues including severe or multiple disabilities. In 2011-2012 the figure was 5,230 (of whom 3,159 were from rural areas). This accounted for 0.2 per cent of the total student population.

Only 56.2 per cent of Kazakhstan’s 151,216 children registered with special needs have access to special education programmes, even though the 2005 Law on Social Protection of Disabled Persons guarantees children with disabilities access to free primary, basic secondary and general secondary education. One of the priorities of the State Education Development Programme for 2011–2020 is the development of an inclusive education system. However, most of the children with special needs who are studying are generally not integrated into mainstream schools, but are being taught either in special correctional schools or under home programmes that are heavily reliant on the child’s family providing support. In rural areas in particular, the acute shortage of inclusive schools, lack of access to health and rehabilitation services, and generally high medical costs trap disabled children in severe social isolation, and contribute to high rates of institutionalization of disabled children. In urban areas, the situation is marginally better, as some day schools are available for children with special needs.

244. Net enrolment is the number of pupils in the theoretical age group who are enrolled expressed as a percentage of the same population. Gross enrolment is the number of pupils enrolled in a given level of education regardless of age expressed as a percentage of the population in the theoretical age group for that level of education. The gross enrolment rate may be greater than 100 per cent when students younger or older than the official age for a given level of education are enrolled in that level. For Kazakhstan, the gross enrolment rate for primary school was 111 per cent in 2010. [http://unesdoc.unesco.org/images/0021/002180/218003e.pdf]
251. Data from the Committee on Child Rights Protection, Astana, 2012
252. Figures provided by Ministry of Education and Science, December 2012
255. Figures provided by Ministry of Education and Science, December 2012
256. Agency for Statistics website
of Education and Science figures indicate that a total of 21,801 children with special needs attend 1,462 ordinary schools in the country. Of these schools, only 12 are in rural areas. Children of migrants have in recent years faced particular problems accessing education. In 2010 the Prosecutor General’s Office, after an inspection of schools, issued a decree to expel the children of foreign nationals who failed to provide proof of their permanent residency status in Kazakhstan. Following joint efforts by relevant stakeholders, the Ministry of Education and Science issued a decree reversing this decision and allowing these children to be re-enrolled. NGO monitoring of schools in Almaty, Taraz and Karaganda also identified a number of cases where state schools had either expelled or not admitted children of refugees without local registration and work permits. According to official statistics, the number of children missing education for more than 10 days without a valid reason has fallen over the past five years. In 2008-2009, it was reported that 3,512 students were found to be missing school, of whom 347 had not been brought back to school by the end of the academic year. By May 2012 these figures had fallen to 894 and 188 respectively. However, it should be noted that this data is not fully accurate because schools do not always alert the provincial authorities each time a child is missing for more than 10 days, but prefer to resolve problems internally. This means that the overall number of children missing school for more than 10 days at a time is likely to be higher than the above-mentioned figures. It should also be noted that the definition “returned to school” will often include children being sent to institutions for children with ‘offensive’ behavior, usually far from their homes.

NGOs also provide information on school attendance based on research studies conducted on small samples of respondents in selected provinces. The NGO Report to the UN Human Rights Committee on implementation of the International Covenant on Civil and Political Rights by the Republic of Kazakhstan quotes results from an NGO survey on working and street children which show that most working children progressively drop out from school either temporarily or permanently. The same report also emphasizes that children working in cotton fields from August to November are missing school, as their average working day is 8 to 9 hours long.

Education for children from minority ethnic groups

The Law on Education guarantees free choice to every person to learn and use his or her native language. While the vast majority of schools in Kazakhstan teach in Kazakh and/or Russian, there are 60 secondary schools in Kazakhstan which teach fully in Uzbek, 14 in Uighur and two in Tajik. In addition, there are 190 specialized linguistic centres which teach children and adults 30 languages. However, a group of NGOs stated in 2009 that no minority language schools have been opened since independence and the number of schools is decreasing. In 2003 there were 20 more Uzbek-medium schools in the country than there are today. One Uighur-medium school and one Tajik-medium school have also closed since 2004. This contrasts to an increase in the number of Kazakh-medium schools, and has contributed to an outflow of staff and students from minority schools. However, it should also be noted that several schools have been transformed from minority-medium to mixed-medium, with Kazakh and (for example) Uzbek sections in the schools. Thus 49 schools have classes teaching in Uighur language alongside classes in Kazakh and/or Russian; 10 have Tajik classes; and 79 have classes in Uzbek. In effect, the schools are now managed by ethnic Kazakhs, but continue to provide Uzbek-language education.

The UN Committee on the Elimination of Racial Discrimination has expressed concern about deficiencies in the quality of education in and of minority languages, particularly for children from smaller ethnic groups. It is also concerned that school textbooks do not include appropriate consideration of the cultures, traditions and history of minorities and their contributions to Kazakh society.

Between 2006 and 2010, the proportion of pupils studying in Russian-medium schools fell by about 16 per cent. This is largely the result of a fall in the Slavic population of the country. However, in the same period there have also been falls in the number of pupils studying in Uzbek (by about 3 per cent) and Uighur (about 10 per cent), although the proportion of the population from these ethnic groups has not been declining. The number of children studying in Kazakh has also fallen (by about 0.2 per cent).

Children from minority ethnic groups are increasingly unlikely to go on to university in Kazakhstan. The proportion of university students who are
ethnic Uzbeks or from smaller ethnic groups is less than half their proportions in the total population; for Uighurs, there are 1.75 times proportionately fewer studying in higher education. One of the barriers is the Unified National Test (UNT) for university enrolment, which needs to be taken in Kazakh or Russian. This encourages parents to send children to Kazakh- or Russian-medium schools, particularly in urban areas where real options exist. This is the main reason for falling numbers of students in Uighur schools.

257. Decree No. 468 of 28 September 2010 on the approval of regulations on receiving pre-school, primary and basic secondary education by foreigners and stateless persons permanently residing in Kazakhstan

258. Kazakhstan NGO report submitted to the Human Rights Committee at its 102nd session (2010), p59

259. Government of Kazakhstan and UN Country Team, Millennium Development Goals in Kazakhstan, 2010

260. Figures from the Child Protection Committee


265. Information for the 2012-13 school year, provided by the Ministry of Education

266. S. Aidossov, Prevention of discrimination against ethnic, religious and sexual minorities: the practice of observing their rights and freedoms in the Republic of Kazakhstan, Sociological Resource Centre, 2012


268. Information for the 2012-13 school year, provided by the Ministry of Education

269. Information provided by Serik Aidossov, OSCE/HCNM national expert, January 2013

270. UN Committee on the Elimination of Racial Discrimination, Concluding Observations: Kazakhstan, 6 April 2010, UN Document CERD/C/KAZ/CO/4-5.


273. Information provided by Serik Aidossov, OSCE/HCNM national expert, January 2013
A study conducted in 2012 revealed that violence in schools is a serious problem in Kazakhstan. Of 4,207 children surveyed, as many as 66 per cent were exposed to violence and discrimination (in all forms) at school during the past year. More specifically, 63 per cent witnessed violence and discrimination among children, 44 per cent were victims of violence and discrimination among children, and 24 per cent were perpetrators of violence and discrimination against other children in school during the past year. In terms of physical violence among children, nearly 53 per cent of children were exposed to physical violence in schools during the past year; 47 per cent witnessed it; 21 per cent were victims of it; and 15 per cent were perpetrators of physical violence at school.

The report showed that children also experience violence from school staff. In particular, nearly 24 per cent of child respondents reported teachers using violence and/or discriminating against them. More specifically, 16 per cent of children reported schoolteachers using psychological abuse against them, nearly 13 per cent physical violence, and 5 per cent reported that teachers discriminated against them in the past year. As many as 22 per cent of school staff reported using psychological and/or physical violence to discipline children, and/or discriminating against children in the past year.

According to the study, about a third of children who had witnessed violence at school among children and 23 per cent of child victims of school violence did not tell anybody about the incident. In many schools there is a culture of silence about violence. Children remain silent because they fear perpetrators will retaliate against them for speaking out, or the violence against them will become more severe. If children told anybody it was most often parents, siblings and friends; they were less likely to report incidents of school violence to school directors, teachers, or staff.

Only 50 per cent of school staff and 55 per cent of school directors stated that they are required by official regulations or policy to register or record incidents of school violence (19 of staff and seven per cent of directors said they did not know the answer). In addition, only 52 per cent of school directors reported that their school has specific guidelines or protocols that must be followed regarding reporting cases of school violence. Very few school directors were able to identify which official policy or regulation mandates that they record or report cases of violence against children.

Only 36 per cent of school staff were aware of any official regulations or policies that address teachers’ use of corporal punishment in schools, and 28.4 per cent were aware of an official regulation or policy for disciplining school personnel who use physical punishment against children in school. Surprisingly, almost a third of respondents did not know of any official regulations or policies related to disciplining children and/or the use of corporal punishment in schools.

The Government is actively seeking to address the problem of violence in schools. One of its responses has been to introduce police into schools. The National Human Rights Action Plan 2009-2012 stipulated that each secondary school should be supervised by its own police officer. This measure has been fully executed. Some bigger schools have two permanent police officers. This work is funded by local state budgets. However, it should be noted that addressing the problem of violence in schools requires an integrated approach, including strengthening legislation, developing and implementing a model school violence prevention programme, addressing particular needs of vulnerable groups in a gender-sensitive manner, training of staff, monitoring, effective processing of complaints, response and support mechanisms, and raising awareness of the problem.

The study served to initiate a constructive high level dialogue on the need to address child vulnerabilities and maltreatment in a cross-sectoral fashion. Violence prevention in educational settings was highlighted as a priority by the Ministry of Education and Science, where the Child Rights Protection Committee issued directives in 2012 for local authorities to prevent violence against children.

School children and disasters

Like the rest of Central Asia, Kazakhstan is located in an area of considerable seismic activity. The southeastern part (25 per cent of the country, including Almaty city) is at high risk of earthquakes of a magnitude of 8 on the Richter scale, and 43.6 per cent of the country’s population live in areas of moderate to very high earthquake hazard. Despite the aridity of the climate, parts of Kazakhstan – as across Central Asia – are also prone to flooding, mainly in the spring and summer and along the main rivers and their tributaries. There are about 800 rivers longer than 40 km on which flooding can occur. The problem of flooding, and the issue of full-scale protection against its destructive
impact, has not yet been resolved in Kazakhstan for various reasons, including a failure to agree on trans-boundary water resource management across the region, and the need to improve flooding risk assessment methodologies. A total of 13 per cent of the country’s land area is under threat of mudslides, including the city of Almaty. Avalanche and extreme temperatures have also been destructive.

While Kazakhstan is considered to be in a better position in regard to disaster preparedness and reduction than its Central Asian neighbors, these risks are nevertheless exacerbated by: deteriorating housing stock, which is at high risk of collapsing in the event of a disaster, resulting in serious injuries and deaths; poor maintenance of infrastructure designed to protect from disasters (such as dams); lax safety standards; and environmental degradation and poor resource management. In addition, the whole of Central Asia is experiencing more frequent and intense droughts as a result of the impacts of climate change. This particularly affects rural areas, where the bulk of the region’s poor live (including in Kazakhstan).

As elsewhere, women and children living in poor communities are particularly vulnerable to the impacts of natural disasters: they are more likely to be at home when disaster strikes, less likely to have physical skills that would enable them to escape (e.g. being able to swim, in a flood), and have less access to assets and credit that would facilitate their recovery in the post-disaster period.

The Government has adopted a number of Decrees to reduce disaster risk. These include the Regulations On informing, knowledge and training the population and experts on emergencies (of 2003 with changes made in 2012 on building public capacity for disaster preparedness). In addition, in 2005 Kazakhstan signed the Hyogo Framework for Action (HFA), a global initiative which offers guiding principles and practical means to prevent disasters and mitigate their consequences. A National Platform on the HFA has been established in Kazakhstan which involves regular multi-sectoral meetings of relevant ministries and submission of reports on HFA implementation to the Secretariat of the UN International Strategy for Disaster Reduction. HFA priority 3 indicator 2 is entitled “School curricula, education material and relevant trainings [to] include disaster risk reduction and recovery concepts and practices”. According to Kazakhstan’s 2009-2011 report, substantial achievements have been attained in this area, but there are recognized limitations in key aspects,
such as availability of financial resources, and operational capacities. It is now necessary to define a financing target for training and education of the public and public sector workers on Civil Defense and Emergency Situations, and enhance the material educational base.\textsuperscript{286}

In this context, the national Law on Emergency Situations in Kazakhstan says that disaster preparedness courses must be an essential part of pre-school, primary and secondary education throughout the country.\textsuperscript{287} However, disaster risk reduction is not yet part of formal school curricula. Since 2008, the Government has been working to integrate disaster risk reduction into the school curriculum, and incorporate disaster risk reduction components into the national and local development programmes and budgets around the country.\textsuperscript{288} Education and emergency experts have been brought to develop methodical materials for teachers and learning materials for school and pre-school children on disaster risk reduction. The materials have been used for training courses in four pilot regions. In addition, recommendations on incorporation of disaster risk reduction components into education programmes and school curricula have been developed by international and national experts. Under Government Resolution 1080 of 23 August 2012, in academic year 2013-14 the subject Basics of Safety in Daily Activities will be used in a range of classes (Knowing the World, Physical Culture and Basics of Military Preparedness).\textsuperscript{289} A new textbook on Basics of Safety is being designed to be used in an interactive manner and on completion will be rolled out throughout the country. However, as this subject is not a part of the formal school curriculum, teachers currently lack knowledge and skills on how to teach disaster risk reduction and monitor student capacity and programme effectiveness. In 2013 the National Education Academy should finalize development of the 12-year education standards and school curricula, and disaster risk reduction should be integrated in this.\textsuperscript{290}

According to a baseline study on children’s knowledge, skills, practices and behavior concerning disaster risk reduction in January 2013, 90 per cent of first to sixth grade schoolchildren in disaster prone areas (East Kazakhstan and South Kazakhstan and Almaty provinces and Almaty city) are aware of how to behave during earthquakes and fires. However, they displayed lack of knowledge and skills for protection from extreme low temperatures, landslides and mudflows. The study also revealed that pre-schools are less prepared for natural disasters than schools, where prevention measures and training activities are more frequent.\textsuperscript{291}

There is no national standardized system for testing the disaster preparedness of schools in Kazakhstan. All schools in the south and southeast
are tested by regional administrations, and in several areas, these administrations have requested schools deemed unsafe be replaced.\textsuperscript{292}

The Fire Service under the Ministry of Emergency Situations annual carries out fire safety assessments in educational institutions in two stages. In March and April there is a comprehensive testing of the fire safety in all educational institutions in the country. In July and August a second inspection reviews the extent to which problems revealed have been addressed before the start of the academic year. The most typical issues are problems with the construction and use of heaters and stoves in educational institutions in rural areas. In addition, contrary to fire safety requirements the administrations do not remove metal grating from the windows. There are cases in which administration does not monitor the technical conditions and use of the electric wiring and electric equipment around the institution, causing problems. Finally, there are often cases in which either there is no fire alarm system or it is not working properly.\textsuperscript{293}

In this context, the Ministry of Emergency Situations supports the idea of an integrated national school safety assessment. Such assessments have been carried out in recent years in neighboring countries; for instance, a programme was announced by the Government of Uzbekistan in 2004 and completed in December 2009. Almost 10,000 schools were physically assessed, followed by retrofitting, reconstruction or, in some cases, demolition of dangerous school buildings. Meanwhile, in Kyrgyzstan the safety of all schools was assessed in 2012. As the types of buildings and building codes were the same throughout the Soviet Union, these efforts would be relatively easily to replicate in Kazakhstan.\textsuperscript{294} This assessment would cover fire, earthquake and other safety issues. However, the expense of such an assessment would be high, and the cost of retrofitting, reconstruction and demolition would have to be met somehow.\textsuperscript{295} The Ministry of Emergency Situations will be leading a working group responsible for adjusting international school safety indicators to the national school disaster preparedness assessment. The working group will be made up of experts from the emergency, education and construction sectors.\textsuperscript{296}
Adolescent and youth participation

Kazakhstan’s population between 14 and 29 years of age rose from 3.8 million in 1999 to 4.7 million in 2012. In June 2012 the Government established the Committee for Youth Affairs and Policy Management – the first-ever such body in the country. The committee, which reports to the Ministry of Education and Science, will develop a youth policy and monitor it. Youth affairs departments have been established in all 16 regions of Kazakhstan.

Development of legislation for young people is also currently a key concern. A new Concept on State Youth Policy was approved in 2013, and the law on state youth policy is to be revised. The main goal of the State Youth Policy is to determine the course and directions of the government’s youth policy in the economic, social and political areas. Youth associations actively contributed to the planning through a series of youth roundtables and meetings. Adoption of the youth policy planning document will be followed by adoption of a set of regulations, including a youth policy bill now under consideration by parliament.

The involvement of young people in Kazakhstan’s social and political life has increased notably in the past few years according to the Prime Minister’s press service. The number of youth associations rose from 150 in 2000 to 502 in 2006 and 1043 in 2011. Funding for youth policy implementation totaled 947.2 million tenge ($6.3 million) in 2011 and increased by 200 million tenge ($1.3 million) in 2012. This is a tenfold increase since 2000.

In consultations conducted in early 2013, children and young people indicated some of their main concerns. These include family wellbeing, education, employment opportunities, the healthcare system, and the environment. They also expressed concern about pervasive social injustice and corruption, which leads to them having less trust in government and seeking independent paths for development. Almost 60 per cent of children and young people stated that their opinions are not considered enough during the decision-making process. Most believe that this is because of a widespread belief that “adults know better”. The young people expressed concern that this lack of voice means that young people are finding themselves unable to take responsibility for their own actions and choices. The young people supported greater engagement in their communities as volunteers, and the playing of active roles in schools and universities, and for their decisions to be respected.
Youth mortality

Kazakhstan has the second highest youth (15-24) mortality rate of any of the CIS and Central and Eastern Europe countries, with rates more than twice as high for young men (3,258 in 2008) as they are for young women (1,287 in 2008). Rates of youth mortality vary across the country, with the highest rates for young people aged 15-19 found in East Kazakhstan, Pavlodar, and Akmola provinces, and the lowest rates in Mangystau province and Almaty city. The most common cause of death is given as accidents, poisoning and trauma.

A specific cause of youth mortality that is a particular problem of Kazakhstan is child and youth suicide. The country has the highest rates of youth suicide of any country in the CIS, Eastern and Central Europe: from 1999 to 2008 the number of young people who committed suicide increased by 22.6 per cent among 15-19 year olds and by 18.5 per cent among 20-24 year olds. In 2010 the rates were 14.8 per 100,000 girls aged 15-19 and 24.8 for boys aged 15-19. The rates for girls in particular are twice the level of Russia, the second country on the list (7.6). More recent data from the General Prosecutor’s Office indicates that the number of suicide cases among minors in the first nine months of 2012 was 167, 16.1 per cent fewer than in the analogous period of 2011 (199). However, the number of attempted suicides recorded rose by 4.9 per cent over the same period (from 428 in the first nine months of 2011 to 449 in the equivalent period of 2012). Given that international experience suggests that for every suicide there are between 100 and 200 suicide attempts, it can be assumed that the real number of attempts is much higher.

These statistics are worrying, but likely do not tell the whole story. Systematic data on prevalence is scant and often inconsistent or conflicting, and poor data collection and taboos around suicide mean that these statistics cannot be treated as accurate. In addition, according to this report, there is no data available either as to the specific reasons why children in Kazakhstan commit suicide, or what methods they use.

In recent years, high rates of child and youth suicide in Kazakhstan have resulted in discussion among government officials and other key stakeholders, leading to the development of a joint plan for prevention of suicide among minors for 2012-14. This plan includes a range of measures, from ensuring that children have access to counselors at school, to improving mechanisms for identifying youth mortality.
conflict within the family and providing support, to increasing the availability of extra-curricular activities. The Ministry of Health is currently engaged in research to understand the causes and risks factors leading to suicide attempts, how to identify suicide attempts in a timely fashion, how to respond to such attempts, and how to effectively prevent suicide.

Healthy lifestyles

The most common illnesses affecting young people in Kazakhstan are respiratory diseases; however, in the five years to 2009, increases were also observed in incidence of endocrine illnesses and eating disorders, diseases of the nervous system, traumas and poisonings, and mental health and behavioral disorders. Of the young people questioned for a 2007 survey, 33.5 per cent said they had experienced depression, 25.9 per cent feeling irritable, 37.5 per cent nervousness and anxiety, and 21.2 per cent had had trouble sleeping.

Rates of drug and alcohol use among young people appear to be decreasing, although there is considerable regional variation, with the largest number of young people receiving treatment for drug and/or alcohol addiction in Almaty and Astana cities. Rates of alcohol use are higher than use of other drugs, although they decreased overall between 2003 and 2008. However, use of alcohol among younger adolescents (aged 11-14) has only decreased marginally, from 9.9 per cent in 2004 to 9.5 per cent in 2007; for adolescents aged 15-17 there was an even smaller fall from 21.5 per cent in 2004 to 21.3 per cent in 2007. There has also been little change in the number of young people smoking (11.2 per cent in 2008, down from 12.7 per cent in 2004), and it is noted that rates of tobacco use are actually increasing among girls and young women.

An extensive national campaign to support the education of young people about the harm of taking drugs has been launched through a number of major youth organizations. In addition, a national and local forums were held throughout 2010.

Young people and reproductive rights

A 2011 survey of medical personnel working in clinics serving young people and women in the city of Almaty indicated that adolescents are beginning their sex lives early, in the context of low contraceptive usage, and an inadequate number of specialized medical, consultative and psychological services and sex education programmes for adolescents. The educational, informational and healthcare programmes, activities and services that do exist in the country to prevent unwanted pregnancy, promote contraception, and protect the reproductive health of adolescents and young people do not reach most children and adolescents living in rural areas, small towns, and district centres. Meanwhile, Kazakhstan is facing a growing unmet need for family planning services. In 2010, 11.6 per cent of women of reproductive age with regular sexual partners who did not plan to have children in the next two years did not use any kind of contraception, while in 1999 the figure was 8.7 per cent. A study undertaken by UNFPA in 2012 among 15-19 year olds indicated that 13 per cent of women in this category had unmet need for contraceptives.

UNFPA’s 2012 research indicated that 10 per cent of young people had had their first sexual experience before the age of 16; 22 per cent before reaching 17; and 33 per cent before the age of 18. However, sex and reproductive health education on a regular basis is almost non-existent for adolescents. A pilot course on Sexual and Reproductive Health that had been included in secondary school curricula from 2007 was terminated in 2009 without explanation. The lack of sex education has been cited as a concern by several UN human rights committees.

As a result of this sexual activity and of child marriage (see below), 2.7 per cent of women aged 15-19 included had already given birth, and 1.1 per cent were pregnant with their first child. The largest number of pregnancies and births in this age group was found in Kostanai province, where 6.2 per cent of women aged 15-19 had already given birth and 0.9 per cent were pregnant with their first child at the time of the survey. Women living in rural areas had higher rates of early childbearing than those in urban areas. Given other criteria, the highest early childbearing rates (previous live births and first pregnancy) were found among women with special secondary education (4.0 and 1.9 respectively), as well as among women from the poorest quintile (4.3 and 1.9). Unfortunately, there are no official statistics available on pregnancy rates for girls under 18, although experts estimate that approximately 22,000 minors become pregnant every year. There is no data on maternal and infant mortality in the 15-19 years age group.
Inconsistencies in national legislation mean that while the age of sexual consent is 16, young people under the age of 18 are not entitled to make independent decisions to protect their sexual and reproductive health. If a 16-year-old girl seeks medical assistance, under Ministry of Health Order 70, the doctor does not have the right to conduct a full medical examination without the parents or legal guardians being informed and participating. While the law gives 16 year olds the right to make decisions about their participation in sexual activity, it does not allow them to make independent decisions about contraceptive use or treatment of sexually transmitted diseases. This limits the access of young people to sexual and reproductive health services, and reduces the effectiveness of youth-friendly clinic services. Ministry of Health and UNFPA research from 2012 confirms this problem, as the lack of confidentiality was the second most likely reason given by girls aged 15-19 for not seeking medical help if they had symptoms of sexually transmitted diseases.

Girls under 18 who are officially married do obtain full legal capacity, meaning that they can obtain medical treatment. However, in practice, married girls often have to obtain permission from their husbands and/or mothers-in-law to attend a clinic.

The Ministry of Health and UNFPA 2012 survey indicates that the prevalence of symptoms of sexually transmitted diseases among 15-19 year olds is three per cent. It is noticeably higher among 18-19 year olds, and in the urban population. Among

---

**Graph 3.** Age-specific fertility rates in the age group 15-18 years for Kazakhstan as a whole in 2011

Inconsistencies in national legislation mean that while the age of sexual consent is 16, young people under the age of 18 are not entitled to make independent decisions to protect their sexual and reproductive health. If a 16-year-old girl seeks medical assistance, under Ministry of Health Order 70, the doctor does not have the right to conduct a full medical examination without the parents or legal guardians being informed and participating. While the law gives 16 year olds the right to make decisions about their participation in sexual activity, it does not allow them to make independent decisions about contraceptive use or treatment of sexually transmitted diseases. This limits the access of young people to sexual and reproductive health services, and reduces the effectiveness of youth-friendly clinic services. Ministry of Health and UNFPA research from 2012 confirms this problem, as the lack of confidentiality was the second most likely reason given by girls aged 15-19 for not seeking medical help if they had symptoms of sexually transmitted diseases.

Girls under 18 who are officially married do obtain full legal capacity, meaning that they can obtain medical treatment. However, in practice, married girls often have to obtain permission from their husbands and/or mothers-in-law to attend a clinic.

The Ministry of Health and UNFPA 2012 survey indicates that the prevalence of symptoms of sexually transmitted diseases among 15-19 year olds is three per cent. It is noticeably higher among 18-19 year olds, and in the urban population. Among

---


310. Azhar Tulegalieva, Study of the prevalence, underlying causes and risk and protective factors in suicide and suicide attempts among children and young people in Kazakhstan, Power point presentation, Ministry of Health, May 2013


314. Interview with staff member of local public health body, December 2012


316. B. Zhusupov, The state of reproductive health of adolescents and young people aged 15-19 (analysis of indicators), UNFPA and Ministry of Health National Healthy Lifestyles Centre, 2012

317. B. Zhusupov, The state of reproductive health of adolescents and young people aged 15-19 (analysis of indicators), UNFPA and Ministry of Health National Healthy Lifestyles Centre, 2012. The figures indicate that at all these ages boys are more sexually active than girls, though part of this may be due to the tendency for boys to exaggerate and girls to underplay their sexual experience.


324. B. Zhusupov, The state of reproductive health of adolescents and young people aged 15-19 (analysis of indicators), UNFPA and Ministry of Health National Healthy Lifestyles Centre, 2012
women aged 15-19 who were married or in union, contraceptive prevalence halved between 2006 (31.7 per cent) and 2010 (19.1 per cent). The prevalence of abortion among 15-19 year olds has also declined. The UNFPA and Ministry of Health study found that only 12.4 per cent of 15-19 year olds correctly answered all the questions about HIV transmission. Meanwhile, only 67.2 per cent of women aged 15-24 questioned in 2010/11 were aware of the two main routes for HIV transmission; this was lower than for any other group of women interviewed. Young homeless people are especially vulnerable to HIV. Lack of family attachments, parental guidance, and family support are among the factors that increase the likelihood of engaging in risky behavior, while living in poverty, being subjected to physical or sexual abuse, displacement or migration makes street youth especially vulnerable to contracting HIV. These vulnerabilities are still poorly addressed and services remain largely inaccessible for street youth and children from socially marginalized families.

Pavlodar province was one of the regions where the HIV epidemic began in Kazakhstan in the late 1990s, and 1730 HIV positive cases had been registered by 1 October 2011. The majority of people living with HIV in Pavlodar were in their twenties, with 175 cumulatively registered adolescents; a high number, considering that Pavlodar’s epidemic started relatively recently. While no information was available on modes of transmission among adolescents, it seems that here HIV transmission is largely linked to injecting drug use. The National Centre for Addictions has developed a programme for substance abuse treatment for children and adolescents in the city that involves a comprehensive referral system, work with parents, and work with schoolteachers, social workers and psychologists.

### Child marriage

One group often overlooked is young people in child marriages; in Kazakhstan, this is a practice that predominantly affects girls. Overall, the numbers of adolescent girls married or cohabiting in Kazakhstan are low (1 per cent of girls aged 15-17, according to 2009 census data, and 4.5 per cent of girls aged 15-19, according to the 2010-11 MICS), but it must be noted that in some regions and among certain Muslim ethnic groups (such as Turks, Uighurs and Dungans) who live in close communities, the practice occurs more frequently.

### Young people and HIV

Youth aged 15 to 29 remain at the centre of the HIV epidemic and account for almost 80 per cent of all cases. This group is at high risk of HIV infection as they frequently lack access to information and targeted services and are more likely to engage in risky behavior, such as unprotected sex and drug use. According to the 2008 UN General Assembly Special Session on HIV/AIDS (UNGASS) national report on Kazakhstan, only 19 per cent of young people who were questioned could correctly identify how HIV could be transmitted. The 2012 UNFPA and Ministry of Health study found that only 12.4 per cent of 15-19 year olds correctly answered all the questions about HIV transmission. Meanwhile, only 67.2 per cent of women aged 15-24 questioned in 2010/11 were aware of the two main routes for HIV transmission; this was lower than for any other group of women interviewed. Young homeless people are especially vulnerable to HIV. Lack of family attachments, parental guidance, and family support are among the factors that increase the likelihood of engaging in risky behavior, while living in poverty, being subjected to physical or sexual abuse, displacement or migration makes street youth especially vulnerable to contracting HIV. These vulnerabilities are still poorly addressed and services remain largely inaccessible for street youth and children from socially marginalized families.

Pavlodar province was one of the regions where the HIV epidemic began in Kazakhstan in the late 1990s, and 1730 HIV positive cases had been registered by 1 October 2011. The majority of people living with HIV in Pavlodar were in their twenties, with 175 cumulatively registered adolescents; a high number, considering that Pavlodar’s epidemic started relatively recently. While no information was available on modes of transmission among adolescents, it seems that here HIV transmission is largely linked to injecting drug use. The National Centre for Addictions has developed a programme for substance abuse treatment for children and adolescents in the city that involves a comprehensive referral system, work with parents, and work with schoolteachers, social workers and psychologists.
The MICS data indicates that child marriage rates are highest in Akmola (12.3 per cent of girls aged 15-19 married or cohabiting), and lowest in Almaty city (1.4 per cent) and Astana city (0.0 per cent), and higher in rural areas (5.8 per cent) than in urban areas (3.4 per cent). Girls are often married against their will (or are led to believe that marriage is the only option available to them), and to men who are older than them. Child marriage significantly affects the capacity of adolescent girls to enjoy good health (particularly reproductive health), complete their education, participate in the civic, economic and political spheres, and to enjoy the benefits of development. It also exposes them to increased risks of gender-based violence, early pregnancy, and sexually transmitted infections, including HIV. In addition, children born to adolescent mothers are more likely to grow up living in poverty, and to suffer poor nutrition and health. As one child spouse interviewed for a recent study stated, “I became a mother too early, I still was a little girl at the time (16 years old). I haven’t really seen much in life and the most wonderful part of it is gone”.336

In a 2011 Aman-Saulyk Public Fund survey, most of the young married respondents from South Kazakhstan province and half those from Almaty province had no understanding of contraception and usually did not make informed decisions about family planning in the first years of marriage.337 UNFPA's research findings supported this: all the child spouses who participated indicated that they did not know about contraception. Even after the birth of their second child, in most cases they were not planning pregnancies. As noted in a 2011 report by Aman-Saulyk, the traditional expectations of the husband’s relatives require the birth of a child in the first year of marriage, regardless of how young the bride is. Family planning is only possible after women have had children of both sexes: the traditional preference for boys compels women to continue giving birth until a boy is born, and only then will the family agree for her to begin using contraception.338

Female child spouses in Kazakhstan are often subjected to physical and sexual violence at the hands of their (often much older) husbands, as well as from parents-in-law and other family members. In addition, child spouses often face labour exploitation within the household, as well as being isolated from parents and friends, and cut off from potential sources of support.339
The US State Department 2011 Trafficking in Persons Report states that the Government of Kazakhstan has enacted legislation to criminalize trafficking in persons. In 2010, the Criminal code was amended to strengthen punishments for child sex trafficking offenders (Article 132(1)). However, criminal and penal laws specifically addressing child trafficking are weak, and further work is required to integrate international standards on child trafficking into national law.\textsuperscript{342} Meanwhile, the Interagency Trafficking in Persons Working Group, chaired by the Minister of Justice, meets quarterly to report on progress under the Trafficking in Persons National Plan. The Government supports information and educational campaigns, including in-kind contributions to activities organized by NGOs or international organizations, such as billboards advertising anti-trafficking hotlines. NGOs also receive grants from the government to implement prevention activities.\textsuperscript{343}

Before a 2011 in-depth assessment by UNICEF and the Ombudsman’s Office, research had not been undertaken on the most vulnerable children exposed to risky behaviors, sexual exploitation and trafficking in Kazakhstan. The covert nature of trafficking contributed to the lack of data on the issue. The study highlighted that a large proportion of trafficking takes place within Kazakhstan. The report, though non-representative,\textsuperscript{344} indicates that about 65 per cent of trafficking was internal with 35 per cent external. Exploited and trafficked children and young people are reportedly often forced by their traffickers and exploiters to engage in risky behavior, such as alcohol and drug use and unprotected sex. A significant proportion also admitted engaging in self-harm and suicidal behavior because of physical violence, sexual abuse, and serious emotional distress at the hands of their traffickers and exploiters.

Many of the child victims reached during the study had not been previously identified, despite contact with the police, the child protection system, and NGOs. In particular, female sex trafficking victims between 15 and 17 years of age were often overlooked by police officials because they were not properly screened. Often, child sex trafficking victims in this age group are released by police back to those exploiting them or else labeled as vulnerable children and transferred to the child protection system and the Centres for Adaptation of Minors. There is reportedly no proper system in place for appointing independent guardians to child trafficking victims to ensure that their best interests are identified and met, and that they are kept informed about their case.

According to the study, most trafficking victims are uneducated or undereducated. Of the trafficking victims under the age of 18, 56 per cent had not completed secondary education; but only 32 per cent were attending school and only 15 per cent attended regularly. Children living in trafficking shelters were not attending school, or receiving any other form of education. Many victims over the age of 18 who had been trafficked as children had also had their education interrupted. Trafficking victims came from cities (45.6 per cent) and towns (32 per cent), as well as from rural areas (22.3 per cent). There is often a blurring of boundaries between vulnerable children, trafficking victims and sex workers, which makes it essential to ensure that any intervention is sensitive to the broad needs of the individual.\textsuperscript{345} The study also revealed that of the young people questioned, 28 per cent of vulnerable children, 20 per cent of trafficking victims, and 12 per cent of sex workers had left home because one or both of their parents had drug and/or alcohol problems. Many of these young people also revealed that their parents physically abused and neglected them; in particular, they were not provided with food or there was no money to buy food because money was spent on alcohol and/or drugs. They also spoke about witnessing violence between their parents. Many young people in such situations left home or ran away from home because of their parents’ problems, often when their parents were under the influence of alcohol and/or drugs and they realized there was an imminent risk of violence.\textsuperscript{346}

**Youth homelessness**

A mapping exercise carried out in Almaty in 2011 has provided some information on young people living on the streets. The young people reached during the survey tended to live on the outskirts of the city and with groups of homeless adults, in order to avoid police raids in the city centre, and attempts to put them into state institutions. Most reported having links with their families, but due to poverty, conflicts and abuse at home, spent most of their time on the streets. Many had come to Almaty from other regions of the country to look for work, and/or had spent time in children’s homes or residential care institutions. Begging and collecting glass and metal for recycling were the main sources of livelihood. The young people included in this study reported being exposed to violence and abuse, and many engaged in risky behaviors.
They were also unable to access health and sanitation facilities, as they did not have the right documents. State services available to young homeless people seem more aimed at crime prevention and deterrence rather than providing support and assistance to enable them to leave the street and addressing the root causes of youth homelessness; services provided by NGOs provide counseling and support, but not there is no outreach (beyond distribution of food and clothing). The survey report highlights the need to develop and expand outreach services for young people living on the streets which respond to the current needs of young people, address the root causes of youth homelessness, and enable young people to integrate into society.  


344. The survey was conducted in seven urban areas, with respondents identified across a range of facilities administered by state bodies and NGOs


In Kazakhstan, the main concern regarding children and the justice system is the 54 per cent increase in crimes committed against children in the last five years (from 5,769 in 2008 to 8,896 in 2011). The crimes committed against children include economic extortions, theft, robbery and sexual violence among others. This trend needs to be properly analyzed in order to enhance the protection systems for child victims and witnesses. Protection systems would need to include specialized professionals working with victims and witnesses and knowledge sharing programmes to provide support to such professionals.

By contrast, the number of offences committed by children is falling. Offending by juveniles increased in the years following independence, but began to fall in 1994 and, by 1996, had fallen below the number of offences during the last year before independence. In recent years, the number of offences has decreased further, from 8,799 in 2006 to 6,651 in 2009. The number of convicted juvenile offenders has more than halved since 2000. The number of juveniles given custodial sentences has fallen dramatically as well, from 1,668 in 2000 to 178 in 2012, which falls within regional and global averages. The fall is largely a result of a wider “humanization” policy for the penal system, as set out in the Concept for Legal Policy of Kazakhstan for 2010-20, signed into law by Presidential Decree on 24 August 2009. In recent years, most of the colonies for juveniles have been closed and currently there is just one left in Almaty for boys. Girls who received custodial sentence are held in a separate unit within Almaty colony for women. The positive trend has continued, as can be seen in the graph below.

In 2008, the United Nations adopted a common global approach to fully integrate children in rule of law agendas and child justice in broader justice reforms. This approach aims to ensure full application of international norms and standards for all children who come into contact with justice systems as victims, witnesses and alleged offenders, or for other reasons where judicial intervention is needed, for example regarding their care, custody or protection. This goal also includes ensuring children’s access to justice to seek and obtain re-dress in criminal and civil matters.

In this context, Parliament is currently engaged in developing a new law to address issues related to children in the criminal, criminal procedural and administrative codes. In late 2012 the law was at committee stage in the Mazhilis (lower house of Parliament). In addition to addressing some of the legislative anomalies in the juvenile justice system and the move towards the justice for children approach, it is also intended that the law will legislate for measures to support child victims and witnesses of crime. One issue that should be addressed is compensation for victims.

In addition, while extensive data is collected by the General Prosecutor’s Office about crimes committed by and against children, and the sentencing and detention of children, statistics on victims and witnesses of crimes remain limited with little disaggregation when available. This makes it difficult to ascertain, for example, where the greatest need for support is. There is also no national database on lawyers or civil society organizations working with children. There is no mechanism in place to ensure
that NGOs work in a coordinated way on these issues. Social tenders have been introduced, but it is difficult to see the results, as there are only a few strong NGOs in the country capable of making a real difference. Meanwhile, there are no social workers who provide services to any children in contact with the law, including children who are victims and witnesses of crime.

The reforms and developments in the justice system in recent years have primarily focused on the issue of children and young people in conflict with the law. At independence, Kazakhstan did not have a juvenile justice system. Juveniles accused of an offence were tried in ordinary courts, under the Criminal Code and the Criminal Procedural Code. Since 2000, several international organizations have supported the Government to undertake reforms, a process which led to a Juvenile Justice System Development Concept approved by the President in August 2008. The Concept affirms that imprisonment of young people is not the best way to address juvenile criminality, as it negatively affects behavior and psychological development, making future rehabilitation and reintegration into the community difficult. Moves to prevent children entering the adult criminal justice system were supported by the introduction of a Law on Mediation in 2011.

A related significant development for juvenile justice has been the establishment of specialized courts for children. Specialized Courts for Minors’ Affairs in Kazakhstan were developed after the adoption of the Presidential Decree on Establishment of Specialized Inter-District Juvenile Courts on 23 August 2007 to provide better protection to children in contract with the justice system. From 2008 to 2012, there were two such courts, in Almaty and Astana. In February 2012, another presidential decree expanded coverage to create a total of 18 specialized courts on minors’ affairs with a total of 49 judges throughout Kazakhstan. The city courts piloted in Almaty and Astana work closely with social services provided by NGOs. The newly established courts are exploring how to engage social work and psychology professionals into court procedures. Nevertheless, as of July 2012, no provisions had been yet made to fund specialized services to support the courts, and training and professional development for the judges (and prosecutors) serving at these courts was extremely limited.

The impact of legislative reform has been mixed. While the criminal and procedural criminal codes have moved away from a purely punitive approach 348. Figures taken from Child Rights Protection Committee website, at www.bala-kkk.kz/
349. Presidential decree 646 of 19 August 2008
350. UNICEF Kazakhstan, Mid Term Juvenile Justice Strategy 2012-2015, July 2012
351. Data on the population of correctional facilities on 1 January 2013 provided by the Ministry of the Interior of Kazakhstan.
352. UN Common Approach to Justice for Children, 2008
353. Interview, Parliamentarian, November 2012
354. Discussions with UNICEF staff, November and December 2012
356. UNICEF Kazakhstan, Mid Term Juvenile Justice Strategy 2012-2015, July 2012
359. Law 401-IV ‘On mediation’ of 28 January 2011
360. Presidential Decree 266 of 4 February 2012
361. UNICEF Kazakhstan, Mid Term Juvenile Justice Strategy 2012-2015, July 2012; Interviews, October and November 2012. In a November 2012 interview it was reported that significant gaps remain between the capacity of the two city courts, and the new courts in the provinces.
and now allow for greater flexibility and individualized approaches to dealing with child offenders, the amendments have been somewhat piecemeal and in many cases lacked the follow-up needed for meaningful implementation.\(^362\) In addition, although the law envisages integration of psychologists into the juvenile justice system, it is unclear how such services will be organized. A Law on Probation\(^363\) has established a limited form of probation that only covers offenders given conditional sentences by courts. Otherwise, some of the functions usually ascribed to probation services are assigned to ‘social workers of the juvenile courts’, a job classification that does not yet exist. There are also no arrangements in place for care of juvenile offenders throughout the judicial process, including during pre-trial custody and arrest. Functions such as preparing recommendations on sentencing and supervising released prisoners are attributed to social workers, but there is no indication of the agency they would represent. Some social work functions are mentioned as being the responsibility of specialized police inspectors and the Prison Department. It is unclear which body would be responsible for and finance the supervision of accused juveniles who benefit from diversion from the justice system or alternative sentences.\(^364\)

As a result there is no professional training programme in place to ensure a supply of probation officers and social workers to work with young offenders. The law states that the Ministries of Social Welfare, Education and Health should all be providing social workers, and all the Ministries are developing their own standards. It is not clear though, for example, which Ministry is responsible for victims of trafficking. Some provinces have special centres for social workers, and implementation could be decentralized to regional level, but there are problems that need to be addressed by specific institutions for victims of abuse, victims of trafficking, and accused persons. It is difficult to see how it will work in practice.\(^365\)

Meanwhile, some children are placed in schools for children with ‘offensive’ behavior by court order on the recommendation of Commissions for Minors’ Affairs.\(^366\) There are currently eight such schools in the country in addition to one “special regime” school in East Kazakhstan province for 11-18 year olds who committed publicly dangerous acts that contain indications of crime and but were not given criminal sentences (a second, in Zhambyl province, closed in 2011).\(^367\) According to official Ministry of Education and Science data the number of children in schools for children with ‘offensive’ behavior fell from 484 in 2006 to 371 in 2012. A sharper decline has been seen for special regime schools for children with ‘offensive’ behavior for children who have committed criminal offenses: from 131 in 2006 to 16 in 2012. Information is limited about the reasons why children are placed in these institutions, and the extent to which their educational performance improves in them.\(^368\)

---

363. Law 556-IV, of 15 February 2012
365. Discussions with UNICEF staff, December 2012
According to research conducted by the Sange sociological centre for the ILO, some children in Kazakhstan are involved in hazardous child labour in agriculture. They often work up to 10-13 hours a day. Following previous research and advocacy, the use of child labour in tobacco cultivation has rapidly decreased in recent years in Almaty province.

However, children are still heavily engaged in cotton and vegetable cultivation. A total of 47 per cent of people working in vegetable cultivation are aged 15-17 years. In cotton cultivation, 42 per cent of workers are younger children aged 12-14 years, and a further 40 per cent are aged 15-17 years. Scarcity of labour is the main reason why children work in the cotton fields. In Makhtaral district in South Kazakhstan province, cotton growing is the sole source of income. Children work in their families’ cotton fields and are also hired out to other farmers, in contravention of national legislation on labour rights and child protection. Most of these children come from disadvantaged families, and they are often the only breadwinners of the family.

Girls tend to be more involved in domestic work (cleaning and cooking), while boys work in vegetable cultivation. Gender disparity is not significant in cotton cultivation.

Children working in agriculture rarely wear protective equipment and they are poorly protected against unfavorable weather, chemicals, hazardous machinery and tools. Access to drinking water, toilets, places to have meals and rest, and first aid equipment is limited. They are exposed to dirt and high temperatures, often have to carry heavy weights, and may work long hours with no rest time. The Sange study reported that some children are in danger of bites from insects and snakes. Children complained about headaches, fatigue, back aches and sunburn. When accidents occurred at work, most children were treated by parents or adults working with them and medical assistance was limited.

Working children’s school attendance is limited. Of 12-14 year old working children surveyed, 15 per cent could not read and 11 per cent could not write. A total of 44 per cent of child labourers engaged in cotton growing did not regularly attend school during the cotton-picking season. Most (57 per cent) of the children not attending school during the cotton harvesting season are 15-17 years old. In South Kazakhstan province, during the cotton harvesting season (from September to early November), it is believed that many pupils do not attend school, but reliable statistics are unavailable, as teachers register the children as attending. In other agricultural regions local children do not miss school on such a large scale, but significant numbers of children of seasonal migrants from neighboring countries work during the school year.

In addition, children engaged in cotton-picking who do attend school often do not have enough time to complete their homework, with 70 per cent of children working in cotton picking reporting that they had to do their homework late at night. Many children are also burdened with domestic work, which they do before starting their homework.

An added complication is that many working children are not nationals of Kazakhstan but come with migrant families from countries such as Uzbekistan or Kyrgyzstan. Until recently, children of migrants have faced difficulties accessing education in Kazakhstan. Children who arrive with their parents for seasonal work are mostly illiterate, with many having never studied at school.
Child wellbeing

Child poverty and wellbeing are determined by a range of underlying factors. It is widely recognized that a person’s quality of life cannot be captured by a single indicator such as monetary poverty. Child poverty and wellbeing are inherently multi-dimensional ideas including material, social, physical and mental wellbeing, as well as the opportunities children have to fulfill their potential in the future.

Despite having a range of data and information available about monetary poverty in the country and its trends, in Kazakhstan, there has been little research on other aspects of children’s wellbeing. This presents an important information gap for the Government in the development of effective policies to improve the lives of children and young people.

The National Development Programme to 2020 and the new National Strategy to 2050 foresee the provision of pre-school education to children in both: urban and rural areas, the reduction of maternal and infant mortality rates, improvement in the quality of life of the population as a whole and strengthening of the existing social protection systems. Their achievement requires the identification and implementation of concrete policy measures to improve effectively the wellbeing of children. This requires first the establishment of a solid evidence base on the wellbeing of children, their current lives, opportunities and obstacles.

In 2012, a child wellbeing study was conducted in Kazakhstan, using data from the 2010-11 MICS survey and the 2009 Household Budget Survey. The study also draws on a separate qualitative study on child wellbeing, incorporating the views and opinions of parents and key informants. The report provides a comprehensive analysis of children in Kazakhstan, focusing on key dimensions of child wellbeing: nutrition, education, health, housing, and social inclusion and protection. It analyses the discrepancies between the wellbeing of children living in different parts of Kazakhstan, focusing on differences between regions and between urban and rural areas, identifying those children that are the most vulnerable by adopting an equity perspective. The research revealed that Astana and Almaty cities are the region of the country with the best child wellbeing, and Mangystau and East Kazakhstan provinces those with the poorest.

The Child Wellbeing study provides a benchmark on who and where children are living in poverty, what types of deprivations they suffer, what might cause or alleviate their poor wellbeing, and how this can be addressed through social policy. It should provide an important reference document and inform evidence-based policy-making.

Following the 2012 survey, the East Kazakhstan provincial Akimat has begun a process to collate child wellbeing statistics in this area, disaggregating at district level. This extra level of analysis will enable local government to reveal key concerns and focus resources where they are most needed.

Budgeting for children

The Government advocates a results- and performance-based budgeting and social planning mode of delivery. In this context, there is a need for regular needs assessments to support monitoring of the effectiveness of local level programmes and budgets. The Ministry of Finance and Ministry of Education and Science are developing new strategies and tools to increase budget effectiveness. The Ministry of Finance has adopted some of the new practices but many cities still use previous practices that do not include output evaluations.

The Government is seeking to establish new and innovative practices and this can be difficult to transfer to local-level practice. There is a need to train senior officials at local level to improve their ability to plan and monitor their progress.

Child friendly cities

To support the development of budgeting for children in Kazakhstan, the Child Friendly Cities Initiative (CFCI) has been introduced across the country. The CFCI is a worldwide movement that seeks to realize children’s rights at the community and local authority levels. The Government of Kazakhstan has committed to the CFCI, which is being advocated at the national level by the Child Rights Protection Committee under the Ministry of Education and Science and at local level around the country by local Child Protection Departments. As of December 2012, 18 cities had signed memoranda on the CFCI with UNICEF or the national Child Protection Committee. The Ministry of Education and Science believes that the positive experience of CFCI implementation should be shared by all regions.

The 18 cities have agreed to develop strategies or action plans to guide their child friendly cities programmes. The early years of the initiative saw significantly increased budgets for children and families. For example, Almaty city increased its budget for children and families from 41,890,000 tenge ($280,000) in 2009 to 56,230,000 tenge...
($380,000) in 2011. These cities have already seen notable improvements, including significant reductions in infant mortality rates, the establishment of kindergartens and mini-centres for children, internet access and interactive teaching methods in schools, and the building of new play parks and sports grounds.382

UNICEF and the national Child Rights Protection Committee have developed a national child-friendly cities accreditation process in order to support child friendly cities and community partners in Kazakhstan to develop, implement and monitor their progress in improving children’s lives383. In 2012, six of the cities were engaged in a pilot recognition and accreditation process, which involves: testing international self-assessment tools; conducting an audit of assets; and developing specific child-friendly city strategies and action plans at the level of local government, which engage all relevant stakeholders, including children. After the strategies and plans are produced they will be uploaded to the Akimats’ websites for comments, and the results of the piloting were to be presented and discussed with all 18 cities participating in the CFCI at the fourth National CFC Forum in Karaganda.384

**Child rights promotion and monitoring**

As a State Party to the UN Convention on the Rights of the Child,385 Kazakhstan has committed itself to protecting and ensuring children’s rights and acting in the best interests of the child. At national level, a total of nine Government ministries and agencies deal with child rights issues in the country. These bodies perform a wide range of functions, providing social, medical, legal and other services according to their mandates. The Child Rights Protection Committee, which falls within the Ministry of Education and Science, has some capacity for investigation, and is mandated to develop and implement state policy on child rights protection and establish an effective system to guarantee the rights of all children. The Committee coordinates inter-sectoral efforts on child rights, including collaboration with international organizations, public institutions, NGOs and mass media and has a role in legal reform, as well as providing expert assistance and analytical information on child protection. It has developed into a dynamic and active structure, and is engaged in the process of reducing the numbers of children in

376. Keetie Roelen and Franziska Gassmann, Child Well-being in Kazakhstan, UNICEF Kazakhstan, July 2012, p.8
383. Karen Malone and Marion Sturges, Child Friendly Kazakhstan: Designing and implementing a national child friendly cities recognition and accreditation program, University of Western Sydney, 2011
384. Interview, UNICEF staff, December 2012

379. For more on CFCI, see Karen Malone, Child Friendly Cities initiatives and development of Child Friendly Cities certification standards and an accreditation scheme for Kazakhstan, UNICEF Kazakhstan, 2011, p9
376. Keetie Roelen and Franziska Gassmann, Child Well-being in Kazakhstan, UNICEF Kazakhstan, July 2012, p.8
383. Karen Malone and Marion Sturges, Child Friendly Kazakhstan: Designing and implementing a national child friendly cities recognition and accreditation program, University of Western Sydney, 2011
384. Interview, UNICEF staff, December 2012

376. Keetie Roelen and Franziska Gassmann, Child Well-being in Kazakhstan, UNICEF Kazakhstan, July 2012, p.8
383. Karen Malone and Marion Sturges, Child Friendly Kazakhstan: Designing and implementing a national child friendly cities recognition and accreditation program, University of Western Sydney, 2011
384. Interview, UNICEF staff, December 2012
state institutions and the promotion of alternative forms of care for children who have lost parental care.\footnote{\textsuperscript{386} However, in 2007 the UN Committee on the Rights of the Child expressed concern that the Committee’s ability to address the full range of children’s rights may be limited because it was established under the Ministry of Education and Science.\textsuperscript{387} The Ombudsman’s Office, jointly with NGOs, is currently establishing an independent mechanism for monitoring child rights including within the established in 2013 National Preventive Mechanism under the country’s commitment to implement provisions of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The criminal and criminal procedural codes are being revised to address challenges for the protection of child victims and witnesses of crimes.\textsuperscript{388}}

At the local level the function of protecting the rights and legal interests of children is carried out by 308 specialists from guardianship and trusteeship bodies which are accountable to education departments. Meanwhile, there are other state organizations that deal with children’s rights as part of broader human rights mandates, including the Ombudsman’s Office, the Office of the Prosecutor General, and the Presidential Human Rights Commission. The Ombudsman’s Office has worked closely with UNICEF to investigate violence in residential institutions and in schools as well as children’s vulnerability to trafficking and exploitation. However, in its alternative report to the UN Committee on the Rights of the Child, the NGO’s also reported in 2012 that the Ombudsman’s Office has insufficient powers, human and financial resources, and that it has no complaint submission mechanism accessible for children.\footnote{\textsuperscript{389}} The Ombudsman’s Office has no authority to directly carry out investigations itself, but rather forwards complaints to the Interior Ministry or the Prosecutor’s Office or other relevant state bodies for action. Meanwhile the National Human Rights Plan for Action in 2009-2012 included a provision that by 2011 a post of Children’s Ombudsman should be established. This measure has not been implemented.\footnote{\textsuperscript{390}}

In seeking to promote child wellbeing, it is important that the public is better aware of the rights of children. According to Government sources, in recent years much has been done to increase child rights awareness among the public, government, civil society and the public sector, including lectures, seminars, workshops, and cultural events involving children. The Ministry of Education and Science’s Child Rights Protection Committee has launched a website (www.bala-kkk.kz) to provide help children solve their problems and improve their awareness of their rights. In addition state bodies operate telephone hotlines, blogs, websites, and hotlines including a 24-hour free National Child and Youth helpline. In 2012 the Child Rights Protection Committee alone received more than 5,000 pieces of correspondence, which was all responded to, often by site visits. Assistance provided included assistance to restore documents, treatment in tertiary healthcare facilities and so on.\footnote{\textsuperscript{391}}

Kazakhstan’s fourth periodic report to the UN Committee on the Rights of the Child was submitted in 2011 and should be considered by the Committee in 2015. Child rights feature prominently in strategic national documents. These include the Strategy Kazakhstan-2050, which states that “Children are the most vulnerable and unprotected part of our society and they should not be deprived of their rights.”\footnote{\textsuperscript{392}} In working to realise the broad range of children’s and young people’s social, economic, civil, political and cultural rights, Kazakhstan is also moving towards meeting its other international commitments, including the Millennium Development Goals.
386. Information provided by Ministry of Education, 9 February 2013


388. Information provided by UNICEF, May 2013


