

SITUATION ANALYSIS

of Children in the Kyrgyz Republic

unicef 

SITUATION ANALYSIS OF CHILDREN IN THE KYRGYZ REPUBLIC

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBK	Community Based Kindergarten
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CWD	Children living With Disabilities
DRR	Disaster Risk Reduction
ECD	Early Childhood Development
FGP	Family Group Practice
GDP	Gross Domestic Product
GMI	Guaranteed Minimum Income
GNI	Gross National Income
GPE	Global Partnership for Education
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDU	Injecting Drug User
KGS	Kyrgyz Som
MBPF	Monthly Benefit for Poor Families
MCH	Mother and Child Health
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MoES	Ministry of Education and Science
MoSD	Ministry of Social Development
ODA	Overseas Development Assistance
OOSC	Out-Of-School Children
PMTCT	Prevention of Mother-To-Child Transmission
UNICEF	United Nations Children's Fund
U5MR	Under-Five Mortality Rate
USD	United States Dollar

1. INTRODUCTION

- 1.1. Since conducting Situation Assessment of Children in 2011, the situation of children in the Kyrgyz Republic has improved in some areas. More children are surviving and gaining access to preschool education, and many more are enjoying access to adequate sources of water supply and sanitation, and are enrolling in primary school. At the same time, however, there are still enormous challenges in the systems to support children and women, especially those who experience inequality or those who remain as yet 'invisible' in the social protection system.
- 1.2. In the previous Situation Assessment, the political upheaval and the inter-ethnic conflict of 2010 were very much a factor in the lives of children. While the country has seen a peaceful, democratic transfer of power and the threat of conflict is less, there remain significant challenges from that time that require continued peacebuilding efforts and strengthening tolerance that will promote a safer environment for children to grow and be able to claim their basic rights. An important note is that while the strengthening of inter-ethnic relations is an important part of creating such an environment, the relative strength of those relations is underpinned by insecurities in access to and delivery of basic social services. Although there are ethnic issues that need to be addressed, these should be part of a broad approach that seeks to address gaps in basic social services and, thereby, promote a more stable and equitable environment for all.
- 1.3. This study 'Situation Analysis of Children in the Kyrgyz Republic 2014' was developed by the United Nations Children's Fund (UNICEF). It highlights recent trends and progresses, and analyses the multiple factors that hinder the realization of children's rights in the Kyrgyz Republic. It is hoped that the study will inform the policy dialogue and promote progress towards a more rapid, comprehensive and equitable outcome for all the rights of all children in the Kyrgyz Republic.
- 1.4. This report is divided into five sections. In Section 2, the report examines the areas of greatest progress, especially in relation to UNICEF's continued effort to strengthen development gains in the Kyrgyz Republic. The focus on the areas of greatest progress allows for a discussion of achievements amid the entrenched development challenges. In Section 3, the report outlines areas of less progress and analyses areas for further improvement. The focus on this area allows for a renewed focus on the challenges that remain and the obstacles that must be overcome. In Section 4, the report discusses inequalities based on gender, well-being and geographical location. Issues related to urban-rural inequalities and the effects of poverty are explored in relation to promoting equity in Kyrgyzstan. In Section 5, the report focuses on determinants of children's vulnerability. Although these determinants contribute to continued challenges in the country (as reflected in the discussions on areas of greatest and less progress), this is provided as a separate section to allow for a broader discussion on vulnerabilities. Section 4 and 5 highlight the types of issues that still must be addressed in order to strengthen the gains made and to assess approaches to address challenges outlined in Section 3. Finally, in Section 6, the report discusses conclusions related to the current situation analysis of children and women in the Kyrgyz Republic. Based on the report's analysis, areas of specific focus are highlighted to direct efforts to address ongoing challenges.

Country Context:

The Kyrgyz Republic is a young nation, where **2.1 million children consist of 36.5 per cent** of the country's population. Located between China, Kazakhstan, Uzbekistan and Tajikistan in Central Asia, and it became independent from the Soviet Union in 1991. With the gross national income (GNI) per capita for 2013 estimated at US\$ 1,200, increasing from US\$ 1,040 in 2012, the Kyrgyz Republic has just recently been re-classified as **lower middle-income country** (*World Bank classification, Autumn 2014*).

While the economic growth in years 2008 through 2012 reached 3.2 per cent as annual average and per capita gross domestic product (GDP) increased by 20 per cent, the Kyrgyz Republic still has around **37 per cent of people living in poverty** (2013), and around 2.8 per cent living in extreme poverty (with much regional disparity), resulting in around **45 per cent of children living in poverty and a little less than 6 per cent of children living in extreme poverty**. After Tajikistan, the Kyrgyz Republic remains the second poorest country in the Central and Eastern Europe and the Commonwealth of Independent States region.

Since its independence, the Kyrgyz Republic has had a **turbulent political history** with two presidents overthrown by the public, most recently in 2010 when a deadly clash broke out. The Kyrgyz Republic is the only country in central Asia with a **parliamentary democracy**, albeit not firmly established, and with a burden of problems inherited and emerging issues ranging from respect for human rights to pervasive corruption, leaving the country in an **unstable situation**.

The **reform process** in social welfare over the years has yielded to results for children, for example in health outcomes, particularly decline in child mortality, or the increase in provision of complex social support, helping vulnerable population. At the same time, weak economic governance and wide-spread corruption are the main barriers for the development of the Kyrgyz Republic, and country's **dependence on Overseas Development Assistance (ODA)** remains relatively high compared to the regional countries: the net ODA per GNI for the Kyrgyz Republic, Tajikistan and Armenia (which have comparable poverty rates) are 7.8 per cent, 5.7 per cent, and 2.6 per cent respectively.

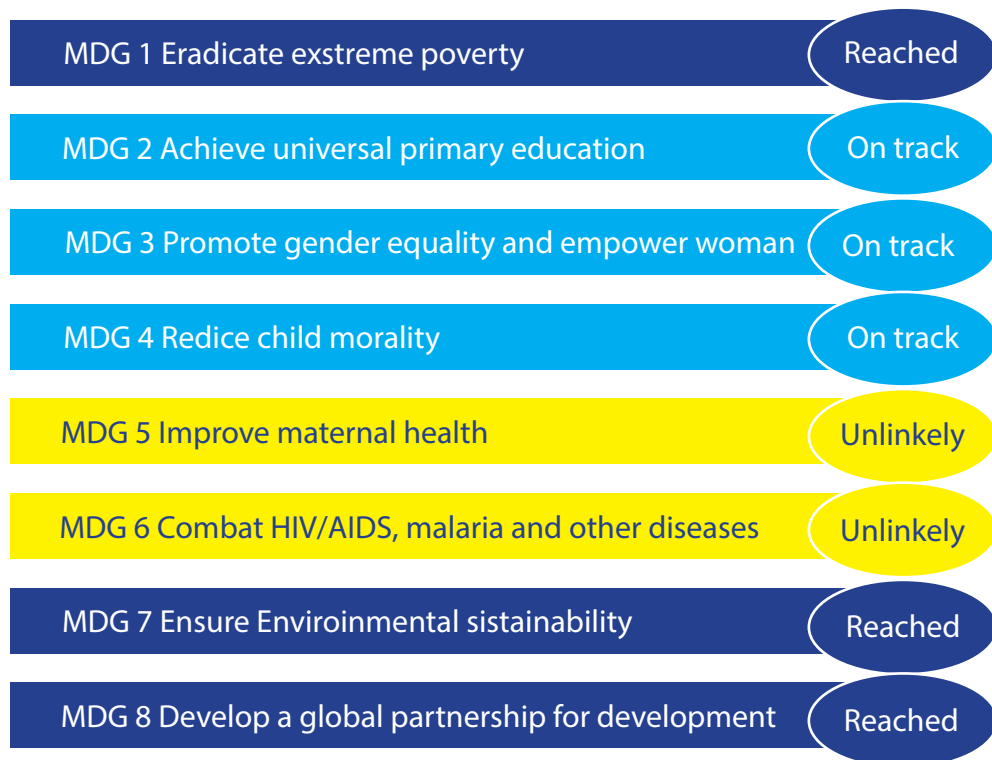
Destabilizing factors – Internal and external shocks:

- Inter-ethnic tensions and social disparities in southern Kyrgyzstan;
- Border disputes in the Fergana Valley involving the Kyrgyz Republic, Tajikistan and Uzbekistan leading to problems of resource management/supply, trade reduction, drug trafficking, and villagers' lack of access to essential services;
- Dependence on remittances from abroad and the Russian economy in general;
- High unemployment, particularly among youth;
- Religious extremism.

Post-2010 Conflict – Instability in southern Kyrgyzstan:

Stability in **southern Kyrgyzstan** after the conflict in 2010 remains fragile and there is risk of destabilisation in the whole of the country if the root causes of the inter-ethnic clashes are not properly addressed. In the midst, children in particular are increasingly vulnerable. Despite the peacebuilding activities funded by international donors, there still are peacebuilding needs and challenges throughout southern Kyrgyzstan. **Socio-economic constraints** and **social disparity** among diverse groups of population such as women, youth, ethnic groups and returnees increase tensions, causes violence, and deepens the divide between communities. **Unequal access to and distribution of economic and natural resources** are also structural causes of tension. Another significant challenge and a driver of conflict is **inequitable access to basic social services**. In particular, **young people, especially women**, suffer from a lack of employment and public participation which deepens their frustration. Such issues have been addressed through UNICEF's Equity Programme (2012-2016), which targeted 90 municipalities in southern Kyrgyzstan to promote peacebuilding through strengthening access to basic social services. While there have been significant improvements in those areas, there still remain challenges.

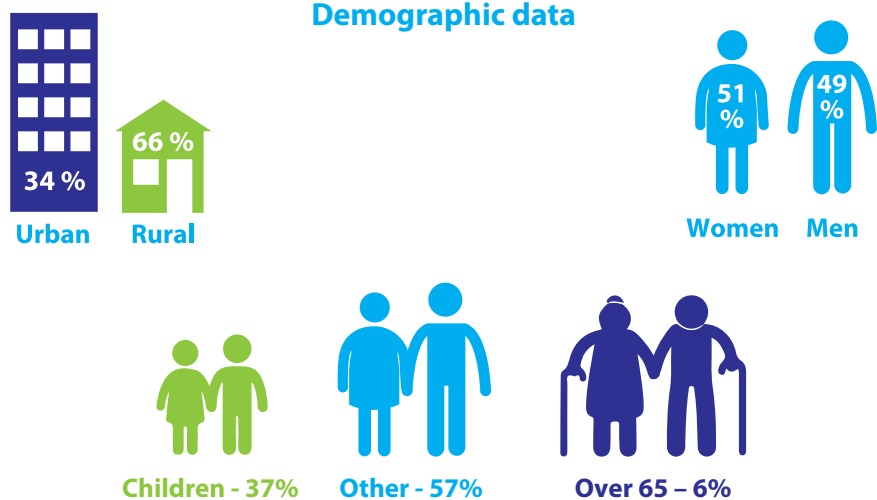
Progress on Millenium Development Goals



Categories of Children more likely to be deprived:

- Children with disabilities;
- Children from the poorest households/rural areas;
- Children deprived of parental care;
- Migrant children;
- Child labourers;
- Children living with HIV;
- Children affected by gender discrimination and violence;
- At-risk adolescents;
- Children from disadvantaged minority groups.

Demographic data



Institutional and Human Rights Infrastructure - Enabling Environment for Child Rights

The Kyrgyz Republic is party to the **Convention on the Rights of the Child (CRC)** and two of its Optional Protocols. However, as of January 2015, it has not adopted to the Optional Protocol on a Communication Procedure for individual complaints. The Government of the Kyrgyz Republic completed the **CRC reporting to the UN Committee on the Rights of the Child** on the implementation status of the CRC (combined third and fourth periodic reports submitted in 2014). The concluding observations that resulted from the reporting continue to inform the Government of the Kyrgyz Republic on key issues which require action on enhancing child rights protection.

The country is also party to most other core international human rights instruments, including the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, **International Covenant on Economic, Social and Cultural Rights (ICESCR)**, and International Covenant on Civil and Political Rights (ICCPR). Further, gender equality is reflected in the national Constitution and legislation. Kyrgyzstan, however, has not ratified the **Convention on the Rights of Persons with Disabilities**.

The **2010 Constitution** includes specific provisions for the protection of children's rights, as do many broadly applicable codes and more targeted legislation on health, education and child protection. The 2012 revision of the **Children's Code** draws heavily on the standards established by the **CRC**, and is based on key human rights principles, including the best interest of the child and the protection of children from all forms of violence.

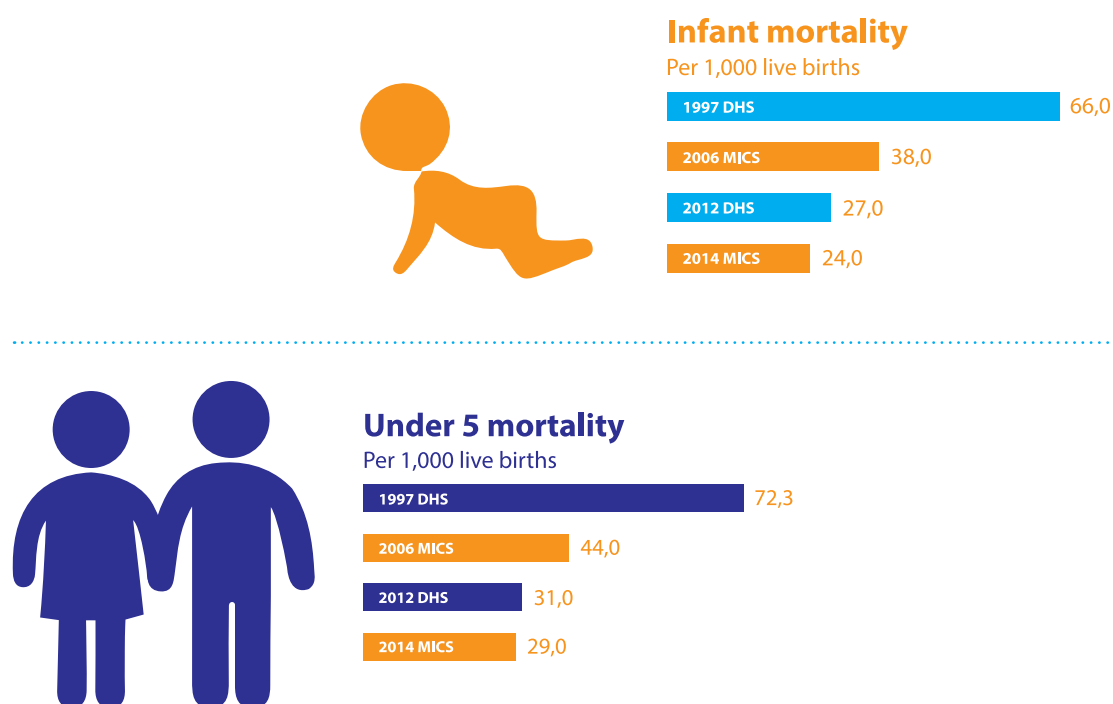
Kyrgyzstan has established the **Coordination Council on Human Rights**, mandated to enforce implementation of international human rights, in 2014. Also, the **Office of the Ombudsman**, mandated to independently advocate for human rights on behalf of private citizens and NGOs and recommend cases to court for review, exists and is active in promoting citizens' rights. Nonetheless, there is as yet no official institution in the Kyrgyz Republic for the **protection of children's rights**, or a body that brings together sectors to ensure that children's rights are respected and upheld.

2. MAIN AREAS OF PROGRESS

A CHILD'S RIGHT TO SURVIVAL AND DEVELOPMENT

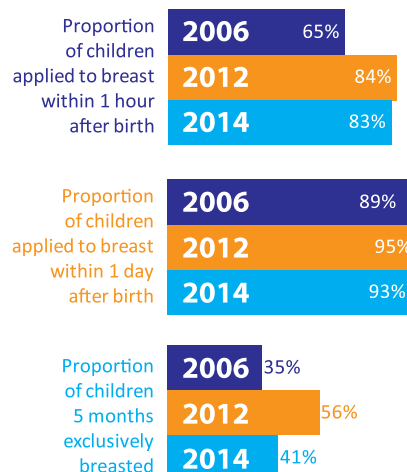
Early years (Children 0-5 years)

- 2.1. **An increasing number of children are surviving.** The **infant mortality rate** in Kyrgyzstan has dropped from 38 per 1,000 live births in 2006 to 24 per 1,000 live births in 2014 while **under-five mortality rate** (U5MR) has decreased from 44 per 1,000 live births in 2006 to 29 per 1,000 live births in 2014. As such, the country is likely to achieve Millennium Development Goal (MDG) 4. Nonetheless, there has been progress in the past decade especially in overall improvements in perinatal services, including rational delivery management, better promotion of and practice of breastfeeding, a better-functioning heating network, and timely neonatal resuscitation. The Government has made major policy changes related to safe motherhood and child welfare, including development of a strategy to improve newborn and child survival. All pregnant women are entitled to free antenatal care and delivery, and there is a free package of healthcare for all children under five. The Den Sooluk National Healthcare Reform Programme for 2012-16 optimises and scales up integrated packages of low cost, high impact child survival interventions through routine health services and community support. There remain significant challenges, however, predominantly in access to quality services and basic life-saving services. Around 80 per cent of maternal deaths are the direct result of obstetric complications. There are also significant challenges to introduce effective infection control in health care facilities. The health reforms and improvement to care has made important changes, but basic issues still remain and prevent the achievement of better results.



- 2.2. UNICEF's 2014 Multiple Indicator Cluster Survey (MICS) reported that 95.9 per cent of children that had diarrhoea in the previous two weeks had received oral rehydration salt or a recommended homemade fluid, a large increase from 20.4 per cent in the 2006 MICS. In addition, 59.0 per cent of women are aware of two or more symptoms of diarrhoea in children for which

it is necessary to seek advice from a healthcare professional.¹ While 44.7 per cent of mothers were able to correctly state two danger signs of pneumonia, the figure was only 9.1 per cent for mothers with no educational attainment.



A CHILD'S RIGHT TO BE BORN AND REMAIN FREE OF HIV

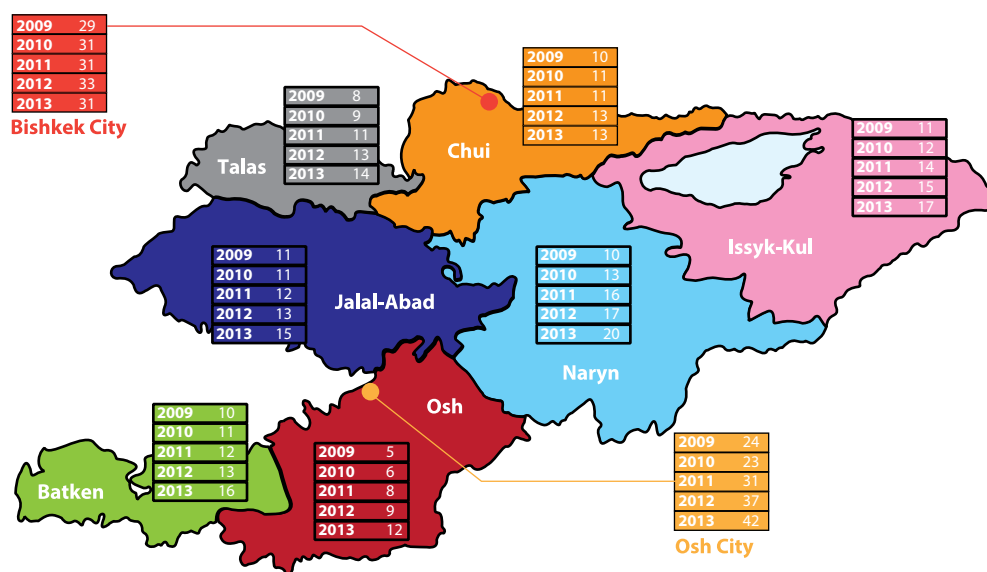
2.4. **More children from mothers living with HIV are born HIV-free.** The proportion of newly reported cases of HIV caused by **mother-to-child transmission rate has fallen from 13.3 per cent in 2011 to 2.9 per cent in 2013** as a result of improved prevention of mother-to-child transmission (PMTCT) in healthcare facilities and increased coverage of PMTCT in pregnant women. There has also been **more diagnosis of HIV within the first two months of the lives of children born to mothers living with HIV** (early infant diagnosis – 78.5 per cent of such babies tested in 2014 versus 3.4 per cent in 2011) due largely to the application of the new Dry Blood Spot method. The introduction of HIV testing as part of the antenatal care has brought up the number of pregnant women tested for HIV to 95 per cent. While the PMTCT coverage has risen to 85 per cent of pregnant women identified as HIV positive, the remaining 15 per cent are not covered by prevention services, contributing to vertical transmission of HIV. In order to achieve elimination of mother-to-child transmission of HIV in the country, more effort needs to focus on increasing quality PMTCT treatment services. This should also include greater awareness-raising campaigns, as many women contracted the disease through sexual contact with drug-using husbands (see Section 5.11).

A CHILD'S RIGHT TO EARLY LEARNING

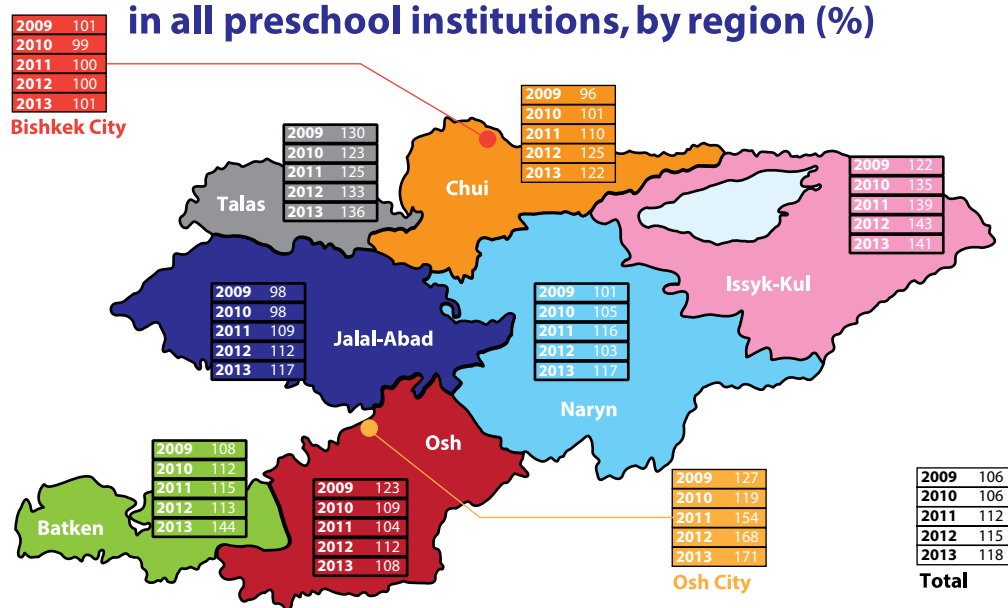
- 2.4. While Kyrgyzstan is unlikely to reach the Education For All **pre-primary enrolment** target of 70 per cent by 2015, **equitable access to preschool education** has increased largely due to establishment of alternative pre-school models such as community based kindergartens (CBKs) throughout the country, which are addressing disparities in access for children in rural areas. The preschool attendance rate has increased gradually from 19 per cent in 2006 to 22.7 per cent in 2014, with a reduction of equity gap in urban/rural settings and wealth quintiles evidenced. The lack of pre-primary institutions remains a major problem to increasing access and enrolment (see Section 5.14).
- 2.5. Early childhood development (ECD) has gained **increased attention and commitment by the Government of the Kyrgyz Republic**, as is evident through adoption of the Law 'On Preschool Education of the Kyrgyz Republic'. The government expenditure on **preschool education as percentage of GDP almost doubled since 2005 (0.30 per cent in 2005 to 0.58 per cent in 2011, resulting in a 93 per cent increase)**. However, the expenditure does not necessarily translate into a significant increase in preschool enrolment rate and quality of preschool education.

¹ UNICEF and RBC, Study of knowledge and awareness among the population of Batken, Osh, and Dzhalaalabad oblast of the danger signs of childhood illness and complications in pregnancy and knowledge of rights to social benefits, July 2012, p. 4.

Gross enrolment ratio in pre-school education (%)



Numbers of children enrolled per 100 places in all preschool institutions, by region (%)



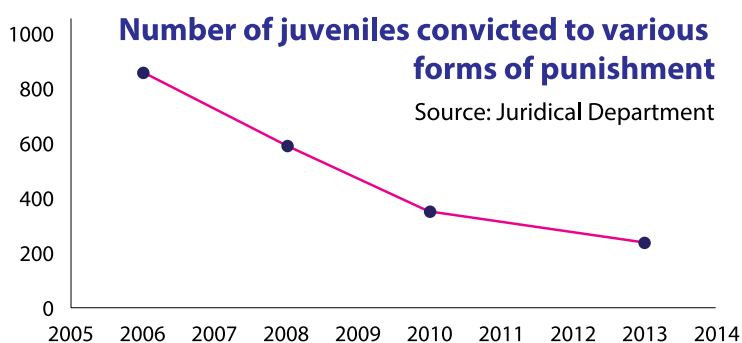
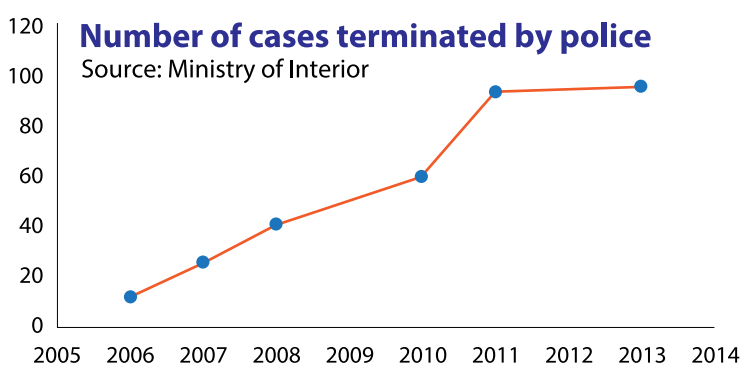
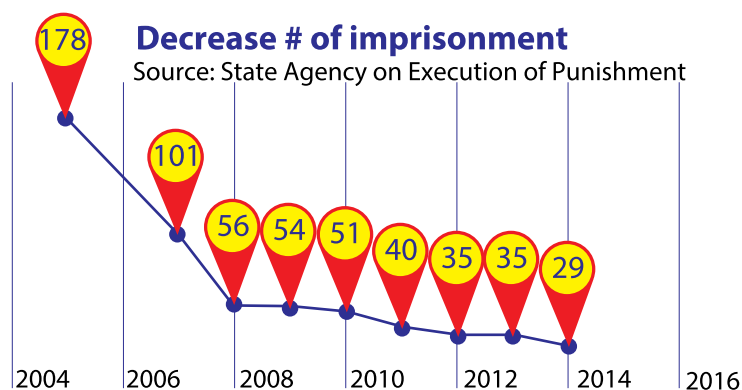
It is also insufficient to keep up with the ever-growing demand for early learning services. The country still lacks preschools to provide access to children throughout the country. In 2011, the Ministry of Education and Science (MoES), with the support of Global Partnership for Education (GPE) funds, introduced a 240-hour school readiness programme, which has led to further commitment of the Government to introduce a one-year school readiness programme in the country from 2015. Moving forward, the establishment, expansion and maintenance of alternative forms of preschool programmes including community-based kindergartens and school preparedness programmes will be critical in further improving the access to early childhood education services. It is also vital to advocate to policy-makers about critical importance of ECD both for immediate child well-being and the country's future prosperity.

- 2.6. In the area of **water and sanitation**, the population using **appropriately treated water has increased from 34.6 per cent in 2006 to 77.2 per cent in 2014**. The percentage of children aged 0-2 years whose last stools were disposed of safely increased from 42.7 per cent in 2006 to 75.8 per cent in the country. Hygiene promotion materials and methodology for school children and administrators as well as parents were approved by the Government for national scale-up. However, the percentage of household members using improved sources of drinking water has remained at 87.0 per cent with much regional disparity, which reflects the fact that water, sanitation and hygiene have not become a state priority, lacking strategy and funding allocation (see Section 5.13).

A CHILD'S RIGHT TO AN INCLUSIVE QUALITY EDUCATION

School-aged years (children 6 to 17 years)

- 2.7. The **primary school net attendance ratio has increased from 92.1 per cent in 2006 to 99.3 per cent in 2014**, whereas secondary school net attendance ratio for the same period has decreased from 89.2 per cent to 85.0 per cent. A lack of basic registration documents (such as birth certificates), migration and poverty prevent some children from attending school. Children from poor families are often forced to work from an early age, which affects boys more than girls. Children living with disabilities also have challenges in accessing schools that can provide for their needs and receive a quality education. However, due to continued support from international donors including the Global Partnership for Education, **the overarching policy framework within the education sector in achieving outcomes for children has been established**. The 2012-2020 Education Development Strategy in the Kyrgyz Republic outlines identification of out-of-school children and children at-risk of dropping out, quality of education, resource use/finance management and school management, and proposes rights-based and child-centred reform initiatives to address the equity and quality gaps in the education system. Moving forward, **clear standards, procedures and mechanisms to implement the Strategy are critical** to achieve the envisioned results and realising children's right to quality and inclusive education.



A CHILD'S RIGHT TO ACCESS TO JUSTICE

2.8. There are improvements in protecting children in contact with the law. Legislative amendments concerning children in **conflict with the law** have contributed to a significant decrease in the number of prison sentences imposed on juveniles, from 178 in 2005 to 29 in March 2014 (84 per cent decrease). The number of cases diverted by police increased from 13 to 96 cases between 2006 and 2013. Number of juveniles convicted to punishment is also reduced by 28.4 per cent between 2006 and 2013 (see Section 5.7).

However, challenges remain particularly in the area of prevention of juvenile's delinquency, rehabilitation and reintegration of children in conflict with the law in society and provision of social services to children in conflict with the law.² While there has been progress in juvenile justice, much remains to be done to ensure access to justice for all children whose rights have been violated. Civil and administrative proceedings are not adapted to ensure realization of children rights and needs. Criminal proceedings are not sensitive to victims and witnesses of crime. While guaranteed legal support is provided to children in conflict with the law, victims and witnesses of crime do not have access to free legal support.

Children's Code 2012 and Key By-laws in the Area of Child Protection: The **Children's Code 2012** created stronger **gatekeeping mechanisms** to prevent children from being separated from their families and sent to residential institutions. A decision to place a child in an institution must now be taken by a court and as the last resort. Child protection is now included to the main functions of local self-government bodies, which are better informed about the situation and equipped with knowledge to strengthen the protection of children in their areas. If implemented properly, it could effectively assist with **early detection and support** of vulnerable children and families at risk and help reduce the hardship experienced by many families, avoid the unnecessary institutionalization of vulnerable children, and help promote the strengthening of family ties. The Code also introduced a new and distinct concepts related to the **protection of children in conflict with the law** as well as **child witnesses and victims of crime**. The **State Programme on Justice for Children 2014-2018** and its **Action Plan** were approved in October 2014, while a **Coordination Board** to monitor implementation of the Programme was also operationalized in 2013. Several **key by-laws in the area of child protection were developed** in recent years such as: the Regulation on guardianship and trusteeship, Regulations on Commission on Children's Affairs and on Municipal Commission on social issues, the Regulation on repatriation of ethnic Kyrgyz children from others states, the Regulation on the provision of housing to orphans and the Law about changes to certain legislative acts. Draft Regulation on identification of children and families in difficult life situation and case management creates the basis for adequate social services at the local level, at the place of residence of children and families in difficult life situation, which can address key underlying vulnerabilities that families face.

A CHILD'S RIGHT TO SOCIAL PROTECTION

2.9. The Government has increasingly prioritized measures for poverty reduction, including complex social support (i.e. cash transfers and social services delivery to vulnerable population). In 2012 the Guaranteed Minimum Income (GMI), which defines the size of the poverty-targeted cash transfer was increased from KGS 370 to 580 (approximately USD 7.87 to 12.34), and reached 50 per cent of the extreme poverty line. The GMI was increased by 57 per cent in 2012 and 10 per cent in 2013. The trend has been maintained in gradual GMI increases as well as its relevance to the poverty measurement. The Ministry of Social Development's budget share allocated to social services delivery via social contracting has also seen a 450 per cent rise from 2010 to 2014 (KGS 5 million or approximately USD 108,723 in 2010 to KGS 22.5 million or around USD 419,284 planned for 2014). The Social Protection Strategy 2012-2014 as well as the Social Protection Strategy 2015-2017 have both focused on provision of complex social support. The budget share for social protection in proportion to the GDP has increased from 1.9 per cent in 2010 to 2.1 per cent

² Figures provided to UNICEF by Juridical Department

in 2014. Nonetheless, funding remains low and changes to the GMI level in 2014 has affected eligibility criteria leaving many unable to apply for benefits. This is compounded by capacity gaps in the sector limiting the effectiveness of initiatives in this area. Despite this, the Ministry of Social Development continues to work towards the goals laid out in their strategies to improve access to and the level of benefits for vulnerable people (see Section 5.6).

A CHILD'S RIGHT TO PROTECTION FROM THE RISK OF DISASTERS

- 2.10. In the Kyrgyz Republic, **disaster risk reduction (DRR)** is now included into the formal education curriculum. The State Programme on School, Preschool Rehabilitation, Repair and Reconstruction has been developed. Through a nationwide school and preschool safety assessment conducted by the Government of the Kyrgyz Republic, with UNICEF technical assistance, over 3,000 educational facilities were assessed. There are a high number of schools throughout the country with poor safety standards, especially related to the ability of facilities to withstand earthquakes. School safety informational system is now linked with the Ministry of Education and Science database, and teachers in the southern oblasts have improved knowledge and skills on safety and child-focused disaster risk reduction through trainings provided. Emergency preparedness, resilience building, and disaster risk reduction efforts are being reinforced by the Government of the Kyrgyz Republic and international donors considering the country's proneness to disasters and crises, which leave children one of the most vulnerable groups of population (see Section 5.19).

3. AREAS OF LESS PROGRESS

- 3.1. Notwithstanding advances in various areas, there are substantial challenges remaining to realize the rights of children, particularly those who are most deprived or marginalized in the country. In certain areas the **main bottleneck in realizing rights may be the implementation and oversight of the reform rather than the establishment of the normative framework**. In all areas, **budgetary allocation, supply and quality of services, and demand for services need significant improvements, often necessitating improved cross-sectoral coordination and management**.

Certain groups of marginalized children are 'hidden' in the protective system and have not been reached with services, for various reasons including lack of duty bearer priority, insufficient human resource capacity, lack of civil registry documentation, logistical or physical difficulties in access, and fear and stigma on the part of the rights holders to seek the services. These include, but are not exclusive to most-at-risk adolescents with harmful behaviours, and partners of injecting drug users, children living with disabilities, children of internal and external migrants, and children who suffered from violence.

A CHILD'S RIGHT TO SURVIVAL AND DEVELOPMENT

Early years (Children 0-5 years)

- 3.2. **Maternal mortality remains high.** At 49.1 per 100,000 live births in 2012, the Kyrgyz Republic has the **highest maternal mortality rate in Eastern Europe and Central Asia** and it will not be possible for the country to meet its Millennium Development Goal of 15 maternal deaths per 100,000 live births. At the same time, it should be noted that the **trend of 3-5 years moving average of maternal mortality has shown a slight decrease over the years: 54.1 per cent in 2006-2008 to 47.4 per cent in 2011-2013**.³ About 80 per cent of maternal deaths are due to direct causes (direct maternal deaths from obstetric causes). Challenges in timely application of medical treatment and basic hygiene and sanitation remain critical issues to address. Out-dated methods also limit the effectiveness of treatment and are often not patient-focused. According to a UNICEF study, universal coverage of effective interventions could prevent 62 per cent of deaths.⁴ Thus, research indicates that most critical determinants to reducing maternal mortality are access to mother and child health (MCH) and emergency obstetrics care services through timely referral and transportation to appropriate health care services, coordination between health care levels, capacity of medical workers, quality of MCH services at the level of health facilities, nutritional and behavioural habits, normative framework, and budgetary/financial provision (see Section 5.10).

A CHILD'S RIGHT TO HEALTH

- 3.3. Despite the decrease in U5MR over the years, **under-nutrition, particularly in the rural areas, is a critical public health problem and stunting, low birth weight, and vitamin and mineral deficiencies which are major barriers to the country achieving its MDG**. As many as 22 per

³ It is important to keep in mind that maternal deaths are relatively rare events – less than 5 per cent of child deaths. The small numbers often cause unstable national, and especially subnational figures, particularly when mortality levels are low. In countries with small absolute numbers of maternal deaths, changes of even a few deaths in the numerator disproportionately affect the maternal mortality ratio. Therefore, the WHO advises countries to use a 3-5 year moving average to illustrate trends, rather than annual values. The Kyrgyz Republic introduced evidence-based standards of care around 2006 through the Effective Perinatal Care program, a training package designed to upgrade the knowledge, skills and practice of health care workers at all levels in maternity hospitals of the WHO European region. Since then, the trend of moving average of maternal mortality has shown a slight decrease as seen in the figure below, but more needs to be done to institutionalize these changes in practice and accelerate progress (Health SWAp, Joint Annual Review, November 2014).

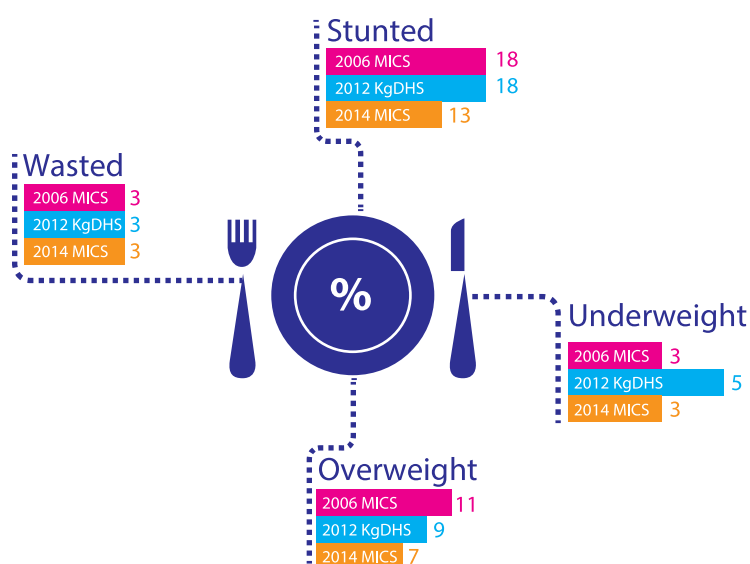
⁴ Zulfqar Bhutta, Maternal And Newborn Health In Chui Oblast & Kyrgyzstan: Assessment And Implications For Interventions, Ministry of Health and UNICEF, 2009, p 61.

cent of cases of child mortality result from poor nutrition and an estimated 18 per cent of Kyrgyz children are malnourished. Under-nutrition is also one of the factors that lead to poor maternal mortality ratio as well. There is high prevalence of diseases caused by malnutrition.

Causes of malnutrition	Per cent affected
Iron deficiency anaemia	27 per cent of non-pregnant women 22.9 per cent of children under 5 years of age 43 per cent of children aged 6-59 months
Latent iron deficiency	41 per cent of women
Folate deficiency	42 per cent of non-pregnant women ⁵
Iodine deficiency	61.6 per cent of pregnant women 43.1 per cent of school-aged children ⁶
Stunting (chronic malnutrition)	13.7 per cent of children under 5 years of age

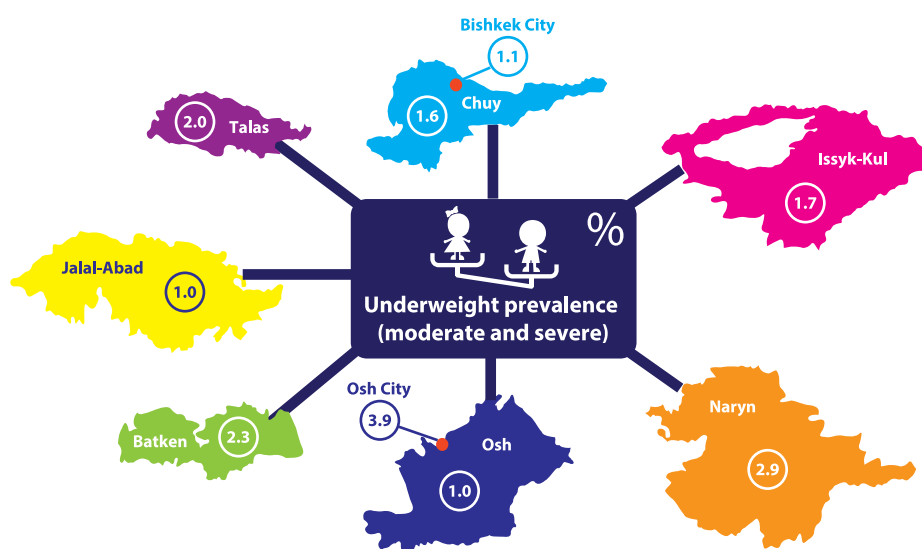
Underlying factors behind poor nutrition in the Kyrgyz Republic include insufficient knowledge and awareness of healthy nutrition practices or prevention of micronutrient deficiencies by the population, overall poverty which leads to low share of household expenditure allocated for food, and lack of Nutrition Policy in the country which leads to fragmented, uncoordinated and poor quality services. Poor nutrition before birth and during infancy also contributes to delayed growth and intellectual development. It also increases the likelihood of the development of diseases later in life. In response to the prevalence of under-nutrition, the **State Programme on Food Security and Nutrition** was developed and the Law on Flour Fortification was adopted.

Trends in Children's Nutritional Status



⁵ UNICEF, CDC USA, NSC, 2009, Preliminary results of a study on nutritional status in non-pregnant women and children aged 6 to 59 months.

⁶ National Survey of iodine deficiency among children and pregnant women, UNICEF, 2007.



- 3.4. Young children in a life-threatening situation need quality services at different levels of **health** system and are not referred in a timely manner with provision of appropriate lifesaving interventions based on global evidences/standards. The **quality of provided care is still insufficient** especially in terms of preventative health services on the primary health care level; paediatrics care is underdeveloped, leading to extensive over-medicalization and ineffective use of scarce resources.⁷ Statistics indicate that 30 per cent of child deaths take place during 24 hours of hospitalization indicating that the quality of provided medical care is inadequate.⁸ There is evidence that 80 per cent of deaths of children who died during the first 24 hours following admission to hospital or at home were avoidable, which implies late seeking of medical assistance.⁹ Bottlenecks include **capacity of medical workers, lack basic medical equipment and infrastructure** in health facilities including access to clean water and sanitation,¹⁰ and lack of access to transportation. On a structural level, underfunding of health service delivery, poverty leading to financial difficulties in paying informal payments, weak health system, weak decentralization process in health sector, and women's subordinate roles within the family are the main causes of deprivation.
- 3.5. While full immunization coverage is high at 80 per cent in 2014,¹¹ the **proportion of children age 18-29 months who received all basic vaccinations by age 18 months has declined over past 15 years from 79 per cent in 1997 to 71 per cent.**¹² **Inequality in immunization** rate lies at the district level, but also among the poor, the marginalized, the unregistered and the migrant populations. The immunity gaps in populations continue putting regional disease control goals at risk (i.e. measles-rubella elimination, polio eradication); in fact, measles outbreak was detected between March and April 2014, with 318 lab-confirmed measles cases between May and December 2014. The measles outbreak continued into 2015 resulted in over 11,300 confirmed cases in total.¹³ This is in part due to a rise in objections to vaccinations on religious grounds.¹⁴ Stakeholder will and commitment, behavioural and knowledge challenges

7 On quality of paediatric care, an assessment conducted in 2012 revealed incidents of complications caused by medical interventions (84 per cent); wrong treatment (80 per cent); non-necessary pain (99 per cent); non-necessary intravenous injection (61 per cent); wrong diagnosis (51 per cent); and non-necessary hospitalization (49 per cent).

8 Otsenka Sostayaniya Detskoi statsionaroy pomoshchi v g. Bishkeke i v Yuzhnom Regione Kyrgyzstana. UNICEF, 2013.

9 United Nations in the Kyrgyz Republic, Third Report on Progress Towards Meeting the Millennium Development Goals, 2013, p57

10 Evaluation of UNICEF Programme on Perinatal Care for the Period 2010-2013. Project Evaluation Report. UNICEF, 2014.

11 UNICEF Kyrgyzstan MICS 2006 and MICS 2014.

12 DHS 2012.

13 World Health Organization, 'Kyrgyzstan initiates mass vaccination campaign as measles cases continue to soar', 16 March 2015, <http://www.euro.who.int/en/about-us/partners/news/news/2015/03/kyrgyzstan-initiates-mass-vaccination-campaign-as-measles-cases-continue-to-soar> (accessed 29 April 2015).

14 Kalybekova, A., 'Kyrgyzstan: Doctors Alarmed as Parents Shun Vaccination', EurasiaNet.org, 2 June 2014, <http://www.eurasianet.org/node/68427> (accessed 29 April 2015).

influenced by religious beliefs, problems of accessibility in remote villages to services linked with a deficit of health personnel remain barriers in achieving high immunization coverage and in systematically reaching out to marginalized groups.

- 3.6. **The national average in statistics masks the various disparities on the situation of water, sanitation and hygiene in Kyrgyzstan.** Around 87 per cent of households use improved sources of **drinking water** in the country, but with much disparity across wealth and households (only 63.7 per cent of the poorest households versus 100 per cent of the richest households). More than a half of small towns and regional centres in the country do not have centralized **sanitation** systems or treatment plants and centralized sanitation is non-existent in rural areas.¹⁵ Nearly 64 per cent of schools in the country do not have water supplied inside the school building. **Hygiene awareness and practices** in the general population, particularly in rural areas as well as in schools, is very poor. Only 18.6 per cent of school children in 54 schools surveyed in Batken, Jalalabad and Osh Provinces state that they always wash hands with soap.¹⁶ The country lacks sustained, cabinet-level advocacy for water issues reforms or any policy coordination, and has no specific budget lines for either investment or operation and maintenance of school water and sanitation systems. There is little articulated demand for improved services from parents and children, and a systematic approach to hygiene promotion in schools has not been introduced.

A CHILD'S RIGHT TO BE BORN AND REMAIN FREE OF HIV

- 3.7. While the absolute number of registered cases of **HIV** remains low (0.07 per cent of the total population as of 1 January 2014), **the number of newly registered cases has been increasing by an average of 25 per cent over the last 10 years**, one of only seven countries in the world showing such large increases. In addition to those children born with HIV, some children have most likely been infected through poor hygiene practices in a number of medical facilities. Increased screening identified 157 new cases among 0-14 year olds (and four among 15-17 year olds) in 2012. Thus, basic practices and approaches still need to be strengthened in order to limit new HIV cases (see Section 5.11).

Changing profile of people living with HIV:

The proportion of **women** among people living with HIV increased from 30.3 per cent in 2011 to 41.9 per cent in 2013. While the number of registrations increased by more than five times within a year, 51 per cent of new HIV cases registered in 2014 are among reproductive aged women. Majority of them are most likely to inject drugs or sexual partners of infected drug users. While the vast majority of males with HIV contracted the virus through intravenous drug-use, many women living with HIV contracted the virus through sexual contact. Many of these women are not members of high-risk groups and contracted the virus from drug-using husbands.

Adolescents and children living with HIV are at risk of spreading the virus. More than 90 per cent of children identified as HIV positive in 2007 are not aware of their HIV status and are not covered by qualified psychosocial support. Only 19.8 per cent of women aged 15-24 years have comprehensive knowledge about HIV (such as correctly identifying ways of preventing the sexual transmission of HIV, and who reject major misconceptions about HIV transmission). The overlap between unsafe injecting practices and unsafe sexual practices is manifested in the high HIV infection rate in Kyrgyzstan's key populations.

¹⁵ Empower Women: Benefit for All - Gender Livelihood and Socio Economic Study - Kyrgyzstan", Women in Europe for a Common Future, 2014.

¹⁶ Baseline Assessment of Access to Water, Sanitation and Hygiene in Schools and Hospitals in the Northern Oblasts of Kyrgyzstan (Issyk Kul, Naryn and Talas), BIOM/UNICEF, 2011.

In order to reduce the prevalence of HIV, there is a challenge to implement effective **HIV services for the key risk populations** including injecting drug users (IDUs), sex workers, prisoners, other at-risk adolescents and partners of the risk groups. Outreaching successfully to the key risk population will require good coordination between primary and secondary health institutions and clinics/laboratories for proper implementation of early infant diagnosis on HIV, addressing stigma and discrimination on both the client side and the health professional/social workers' side, addressing lack of knowledge and low capacity of health workers, and addressing structural causes such as poverty, social status of vulnerable women and the weak health system, including low budgeting.

A CHILD'S RIGHT TO EARLY LEARNING

3.8. **Only 1 in 5 children aged 3-5 attends pre-primary school.** While pre-primary school spending is relatively high, coverage of **early childhood education** programme for children of 3-5 year olds still stand very low at 22.7 per cent. There is a big equity gap in access to preschool education (13.1 per cent from poorest versus 44.7 per cent from richest quintiles). Based on MICS 2014 data 30 per cent of children from Russian-language households were reported to attend preschool versus 23.8 per cent of Kyrgyz-language households, 18.3 per cent Uzbek-language and 10.8 other-language households. The reasons for low and unequal coverage can be attributed to weak capacity of the system (in particular the monitoring and quality framework), lack of cross-sectoral and coordinated response, lack of facilities, human resources and non-transparent use of funding, poor understanding of and demand for quality education by parents. There are few materials in all languages taught in schools and the existing materials are of poor quality and utilize out-dated teaching methods. There is a need to improve existing materials and expand access to other languages, while expanding teaching capacities and building tolerance in locations to allow for children to be taught in those languages.

A CHILD'S RIGHT TO AN INCLUSIVE QUALITY EDUCATION

School-aged years (children 6 to 17 years)

3.9. **Increasing number of children are being left out of education.** The Kyrgyz Republic is one of the few countries in the world where progress has reversed and the number of out-of-school children has increased over the years. Among out-of-school children, 6-8 years old remain a significant age group. It has more than doubled since 2004, when only 2.1 per cent of primary age children were out of school compared to 4.7 per cent in 2010.

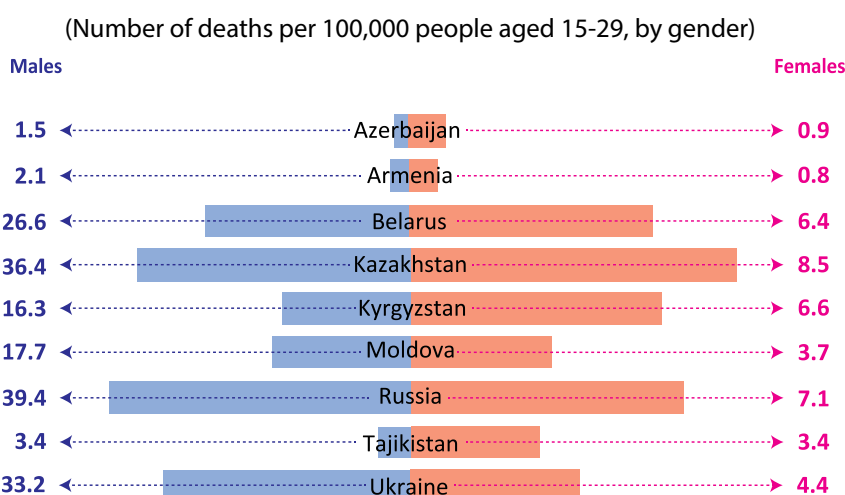
The lack of schools and lack of facilities within schools are barriers to education. Largely Soviet-era built schools have poor water, sanitation and hygiene facilities in addition to lack of electricity and heating are major problems in many schools, particularly in rural areas. Many have not had major renovation for over 30 years. The poor infrastructure contributes to school-age children, including adolescent girls, dropping out of school. Widespread violence and racketeering in schools, which has led to suicides and barred many high school students from attending school for safety concerns, are one of the many growing issues. Child labour, especially among certain ethnic minority groups or among children from poor households, heightens the risk of dropping out of school or not attending. **The quality of education is low**, despite government allocation of 20 per cent of its expenditure to the education sector. Outdated curricula, aging workforce, and the lack of qualified teachers owing to low salaries, lead to the deterioration of quality. Such challenges have resulted in poor academic achievements resulting in many school leavers lacking basic skills and unprepared for the job market.

AN ADOLESCENT'S RIGHT TO A SECOND CHANCE

3.10. Youth unemployment is a form of social exclusion. Unemployment among youth can lead to complex health, education, protection and social issues around harmful behaviours and violence. Unemployment rate among youth aged 15-28 is 11.8 per cent, a slight decrease from 2009-2012 during which the unemployment rate stayed stagnant at 14 per cent. Unemployment rate in urban areas is slightly higher (14.7 per cent) than in rural areas (10.5 per cent) and the female unemployment rate is higher by 5 percentage points than among men.¹⁷ Youth unemployment is driven by the low quality of the education system, skills-mismatch between educational output and labour market demand which hinder progression from education into the workforce, and the labour market structure which make it difficult for existing employees to be fired and difficult for potential candidates (new entrants) to be hired¹⁸ (see Section 5.18).

Youth and adolescents facing social exclusion – Context: At the beginning of 2014, young people aged 14-28 made up 29 per cent of the total population in the Kyrgyz Republic, a slight decline from 31 per cent in 2010. Two-thirds of young people live in rural areas. The lack of opportunities in rural communities has led to widespread internal migration, particularly to Bishkek, where the migrated youth encounter problems accessing social services, and migrating abroad. Youth policies fail to address key deprivations in the youth and adolescence sector, lack the political commitment, policy coherence, cross-sectoral cooperation, concrete budgeting, accountability, strategic vision, innovative approaches and mechanisms for implementation and oversight. Due to societal norms, female youth face even worse barriers. In addition, youth and adolescents are not aware of their rights to participate in issues that affect their lives such as access to education, decent jobs and violence in families, communities and schools.

Suicides among Youth, 2012¹⁹



A CHILD'S RIGHT TO A SUPPORTIVE AND CARING FAMILY ENVIRONMENT

3.11. A large number of children are deprived of their right to grow up in a family environment. Some achievements have been reached through development of the gate keeping mechanisms stipulated in the Child Code 2012. A positive trend has been observed in the reduction of placements and number of children in residential institutions. The number of children in state

¹⁷ "Statistics on Youth", National Statistics Committee of the Kyrgyz Republic, 2014.

¹⁸ "Draft Strategy for the Kyrgyz Republic", European Bank for Reconstruction and Development, at file:///C:/Users/edwivedi/Downloads/Draft%20Country%20Strategy%20Kyrgyz%20Republic%20(1).pdf, accessed on 21 January 2015.

¹⁹ "Youth in the Commonwealth of Independent States: A Statistical Portrait", UNFPA, 2012, at <http://eeca.unfpa.org/sites/default/files/pub-pdf/Youth%20in%20per%20cent%20CIS%20eng.pdf>, accessed on 27 January 2015.

residential institutions run by Ministry of Social Development (MoSD) and MoES reduced by around 7 per cent from 2011 to 2013 and in infant homes run by Ministry of Health by 60 per cent. New entrances to infant homes were reduced by around 30 per cent from 2012 to 2014. However, there are still substantial numbers of children living in institutions. **A total of 10,908 children living in 117 institutions of different types of property**, housing between eight and 355 children each. While the referral system to state residential institutions is set up, uncontrolled and unaccredited private institutions that constitute 35.2 per cent of all residential institutions for children still recruit children by request of parents or through local authorities. Some of the state residential institutions under MoES also found ways on how to keep the number of children using an outdated regulation from 1995, that was not brought in line with the Child Code 2012. About 94 per cent of the children in residential institutions have at least one living parent. According to the MoSD, a total of 2,503 children were registered as deprived of parental care in 2013, with the largest numbers found in Chui (521) and Jalalabad (511) Provinces. Duty bearers often lack the resources and capacity to provide effective counselling and to identify situations of violence, neglect and abandonment where early intervention could help prevent separation. The main reasons of placement of children in residential institutions in the Kyrgyz Republic are single parenthood (31 per cent in total, from which 9 per cent are single mothers) and poverty (22 per cent).²⁰ At the same time, the main reasons for women to abandon their children in maternities are lack of support to raise children and poverty.²¹ Among mothers identified as at risk of abandoning newborn and consulted in maternities, 59 per cent were between 20 and 29 years of age, 30 per cent aged 30 years of age or older, and 4 per cent 15 and 17 years of age. Of the women aged 30 years of age and older, reportedly 27 per cent abused alcohol. Parents and caregivers, as duty bearers, have limited knowledge on appropriate, positive childcare and rearing practices, and often do not act in the best interest of the child. The limited capacity of social workers and child protection specialists as well as high turnover and outflow of human resources, lack of alternative services, low budgeting for social services, weak coordination between various child protection and cross-sectoral stakeholders are but some of the underlying and structural causes of abandonment and placement of children in residential institutions. Policies and services aimed at identifying and monitoring of families at risk of separation and providing preventive counselling/services are critically needed, especially in light of the challenging socio-economic situation in the region. The conditions in residential institutions are of serious concerns as well.²²

A CHILD'S RIGHT TO SOCIAL PROTECTION

- 3.12. **Birth registration remains a very basic but crucial problem, particularly for 'hidden' groups of disadvantaged children.** While generally the registration rate seems high with 97.7 per cent of children under five years of age have birth certificates, there are hidden groups of children particularly in disadvantaged municipalities who do not have birth certificates for a variety of reasons including lack of parental citizenship or marriage documents (such as in religious marriages), internal migration, refugee status, isolation in border areas where boundaries have shifted, ethnic discrimination, lack of funds, limited awareness of the application process, or stigma about registering birth without being able to prove married status.²³ The lack of documentation limits people's access to free public health and social services as well as education, thereby increasing deprivation and vulnerability of children.
- 3.13. **Bride kidnapping, early marriage, and forced marriages are issues that affect the lives of thousands of girls and women in the Kyrgyz Republic.** Bride kidnapping, early marriage, early

²⁰ Analysis of the Situation of Children's Residential Institutions in the Kyrgyz Republic", UNICEF Kyrgyzstan, 2012, at http://www.unicef.org/kyrgyzstan/ANALYSIS_OF_THE_SITUATION.pdf.

²¹ UNICEF Research, Analysis of Causes of Abandonment of Children in Infant Homes and Placement of Abandoned Children, 2013, pp. 9-10

²² UN Committee on the Rights of the Child, Concluding Observations: Kyrgyz Republic, June 2014

²³ UNICEF, Survey on birth registration in programmatic areas of Batken, Jalalabad and Osh regions, Draft, 2012

childbearing and gender-based violence are often associated and affect girls in all spectrum of their life including education, health, protection and employment. While the country adopted legislative amendments to the Criminal Code increasing the punishment to up to 10 years' imprisonment for kidnapping of 'brides' below the age of 17 years in 2013, cases often remain unreported by the victims owing to social stigma and pressure. Approximately 12.7 per cent of women aged 20-49 in the Kyrgyz Republic (14.6 per cent in rural areas) were married before the age of 18. Underage married girls suffer health complications from pregnancy. They are also often helpless if their husband leaves them as they may not have sufficient education to work or may not have strong family support. There are suggestions that a high number of underage married girls also suffer emotional and physical abuse from their husbands.²⁴ Strong social norms and social/cultural practices and beliefs, particularly in rural parts of the country and will necessitate continuous awareness raising campaigns targeting all duty bearers, including parents, caregivers, and authorities on the negative impacts of bride kidnapping, early marriage and force marriage as well as on the rights of the child.

- 3.14. **A striking number of children are victims or witnesses of different forms of violence in various settings, including homes, alternative care settings, schools and detention facilities.** Corporal punishment is not expressly prohibited in the home and in foster and day care.

Bullying by teachers and other pupils are among the most significant reasons why children in the Kyrgyz Republic do not attend school²⁶ and school violence and racketeering have been identified as one of the key causes for increased violence among youth throughout the country, often leading to suicide among school students.²⁷ **Children of labour migrants, whose parents go abroad for work, often live with grandparents, relatives, or in care institutions, and may be more vulnerable to abuse and neglect. The growing number of reported cases of sexual abuse of children requires urgent attention.** A culture of covering up problems of sexual violence, the absence of mechanisms to identify, detect and protect children who are victims of sexual violence, inaction (and sometimes complicity) of law enforcement agencies, lack of direct complaint/protection mechanism for the child victim, lack of psychosocial support for such children all lead to deprivation of the right of a child to protection.

Data on violence: Nearly 73 per cent of children are victims of child abuse and neglect at homes; more than 80 per cent of students in 55 schools surveyed across the country have experienced violence at school, whether it be extortion, beating, sexual assault, taunts or other forms of violence. Monitoring conducted in 2013 revealed cases of physical or psychological abuse in 30 of 35 facilities they had investigated; 83 per cent of school children have reported about witnessing violence in schools; and 57.1 per cent of children aged 1-14 years experienced psychological aggression or physical punishment during the last one month.²⁵

- 3.15. **There is a high percentage of child labourers in the Kyrgyz Republic.** About a quarter of children in the Kyrgyz Republic are engaged in child labour, according to the MICS 2014 data. Poverty is a main driver for children to work and miss or leave school. About 15 per cent of children work under hazardous conditions (in some cases 7 days a week, 10 hours a day), primarily in Chui, Jalalabad and Osh Provinces. Child labour has repercussions on health, education and development outcomes as much as it does on the psychological wellbeing of the child. While the normative environment to prohibit child labour is established,²⁸ there is no enforcement and oversight of the laws.

24 Tursunov, H., 'Kyrgyzstan Sees Rise in Child Brides', EurasiaNet.org, 22 April 2015, <http://www.eurasianet.org/node/73086> (accessed 29 April 2015).

25 "Shadow report of NGOs on compliance of obligations in respect of children under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment by Kyrgyz Republic", Youth Human Rights Group, 2013, at [http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT per cent2fCAT per cent2fNGO per cent2fKGZ per cent2f15552&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%20CAT%20NGO%20KGZ%2015552&Lang=en), p12.

26 [http://www.uis.unesco.org/Education/Documents/OOSCI per cent20Reports/kyrgyzstan-oosci-report-2012.pdf](http://www.uis.unesco.org/Education/Documents/OOSCI%20Reports/kyrgyzstan-oosci-report-2012.pdf)

27 UN, Peacebuilding Needs and Priorities Assessment in the Kyrgyz Republic, 2013

28 After it has ratified International Labour Organization Conventions 138 and 182 on the eradication of the worst forms of child labour in 2014, it has now ratified all key international conventions concerning child labour..

- 3.16. **Trafficking of women and children continue to be a problem; groups of children particularly vulnerable are street children, child agricultural labourers and children of migrant workers.** Legislation and policies try to address the issue through creation of mechanisms of the trafficking control. Nonetheless, there are many issues that remain to be resolved. According to the UN Special Rapporteur on the sale of children, prostitution and pornography, the Kyrgyz Republic is a source, transit, and destination country for trafficking. Kyrgyzstani boys and girls are subjected to sex trafficking and forced labour, including the forced selling and distribution of drugs, within the country. Street children who engage in begging and children engaged in domestic work are among the most vulnerable to human trafficking. Endemic corruption and non-compliance of law enforcement officers in trafficking crimes are part of the problem. Child victims of trafficking are not adequately protected during investigation and prosecution of perpetrators nor are they provided with adequate support or referral to protection/social services. In order to prevent, suppress and combat human trafficking, raising awareness and promoting behavioural changes towards trafficking victims as well as monitoring and analysis of the situation of at-risk groups of trafficking is necessary.

A YOUNG CHILD'S RIGHT TO COMPREHENSIVE WELL-BEING

Children with disabilities

In 2012, there were 3,215 children with disabilities under the age of 18 years living in institutions in the Kyrgyz Republic (TransMonee 2014), making up 29 per cent of the total number of children in residential care.

- 3.17. **Children with disabilities are at greater risk of exclusion in the society, having poor access to quality healthcare services, social services, and education that meet their needs.** As of 1 January 2014, there were 26,700 children registered with the Ministry of Social Development with disabilities,²⁹ and receiving state benefits,³⁰ which equates to slightly more than one per cent of children in the country.³¹ The number of children registered with disabilities for the first time increased steadily over recent years, though this trend reversed when the number fell by 8 per cent in 2013.³² Women and girls living with disabilities especially suffer from discrimination, violence, extreme poverty and poor health services stemming from a combination of vulnerability factors – gender and disability – in a patriarchal society. In 2012 a total of 10,945 children (i.e. approximately 43 per cent of registered CWD in Kyrgyzstan) were receiving educational services by attending special boarding schools, specialized schools, home schooling or other education institutions. While further analysis is necessary on the reasons of institutionalization of CWD, family support is limited in the form of social benefits, community based alternative services and inclusive education are underdeveloped, there is substantial stigma and discrimination against CWD, social infrastructure is not friendly to CWD, and capacity of duty bearers to provide services is poor. The Kyrgyz Republic has signed (but not ratified) the Convention on the Rights of Persons with Disabilities in 2011 and lacks the regulatory framework, guidelines, protocols and standards that enable provision of quality services and programmes for families with children with disabilities. Early identification of developmental delays and disabilities is an underdeveloped area in the country that needs to be strengthened in near future, while insufficient social protection also remains a major problem, due to lack of specialists on

29 As the health, social protection, and education systems all have their own definitions of childhood disability, and National Statistical Committee figures do not tally with any of them, the number of children with disabilities in Kyrgyzstan is not clear.

30 Ministry of Social Development, *Itogy deyatel'nosti Ministerstva sotsialnogo razvitiya Kyrgyzskoy Respubliki za 2013 god*, Bishkek, 2014, p3

31 This is much lower than the normal rate of disability in childhood in industrialised countries, which is at least 2.5 per cent, suggesting that there is significant underreporting of childhood disability in Kyrgyzstan.

32 Ministry of Social Development, *Itogy deyatel'nosti Ministerstva sotsialnogo razvitiya Kyrgyzskoy Respubliki za 2013 god*, Bishkek, 2014, p4

working with the special needs of children with disabilities.³³ Lack of knowledge and awareness on the children's entitlements to health and social services on the parents' side, social norms, stigma and discrimination, administrative barriers, such as documentations necessary, lack of continuity and coherence of Government work on disability issues (spanning on multiple Ministries, without practical coordination and management, in addition to high turnover), and lack of financial resources are but only a few of the bottlenecks.³⁴

Children of migrants

Children of labour migrants, who are left with relatives or put into institutions, are more vulnerable to abuse and violence, and prolonged parental absence can lead to a range of psychological and social difficulties. **Children of internal migrants** are 'invisible' in the society, as most of them lack civil registration documents, and face multiple deprivations. They lack of access to basic services (school, health and social benefits and social protection services) and live in one of the worst and most hazardous conditions in the Kyrgyz Republic.

3.18. **Children of internal migrants and labour migrants (external migrants who leave their children behind) are one of the most disadvantaged groups of children in the Kyrgyz Republic who face multiple challenges, mainly as a result of poverty.** Migrant labourers leave the Kyrgyz Republic due to unemployment and low income levels for Russia and Kazakhstan.³⁵ As the Kyrgyz Republic moves towards closer economic integration with Russia through the accession into the Eurasian Economic Union, the number of children left behind may increase.³⁶ An estimated **1 million people live as internal migrants** in the Kyrgyz Republic, most of them moving from rural to urban areas, mainly to Osh and Bishkek. **Children of internal migrants make up approximately 80 per cent of street children.** They often live in hazardous houses in the outskirts of Bishkek with limited access to water, gas, electricity, sanitation and communications and have restricted access to health care, education, social benefits. Migrant children, due to multiple vulnerabilities (not least poverty), experience overlapping deprivations, and have high risk of experiencing violence, exploitation, or harmful behaviour. There is as yet no normative framework or international aid focused on addressing this complex and cross-sectoral issue, and particularly around children (see Section 5.4).

A CHILD'S RIGHT TO PROTECTION FROM THE RISKS OF DISASTERS

3.19. **Children in the Kyrgyz Republic are not provided with quality Disaster Risk Reduction (DRR) and Resilience education and activities.** Throughout the country, 84 per cent of schools and 85 per cent of preschools do not meet the minimum standards on safety and require immediate retrofitting or reconstruction.³⁷ While the normative framework exists, there is lack of mechanisms on its implementation and oversight, limited financial and human resources with low capacity, and limited prioritization at all levels leading to sporadic commitments without any strategic vision. The main issues to address include deterioration of school infrastructure and lack of disaster-resistant infrastructure, lack of response-capacity among state institutions in times of emergency; lack of DRR capacity at state level; insufficient annual allocation for disaster response and risk reduction, lack of knowledge on DRR and resilience on all levels of duty bearers, low prioritization of safety and preparedness issues for the majority of families, and negligence and lack of informational materials.

33 Discussion on disability with Government representatives, UNICEF, June 2014

34 UN Committee on the Rights of the Child, Concluding Observations: Kyrgyz Republic, June 2014

35 "Labour Migration and Human Capital of Kyrgyzstan: Impact of the Customs Union", Eurasian Development Bank, 2013.

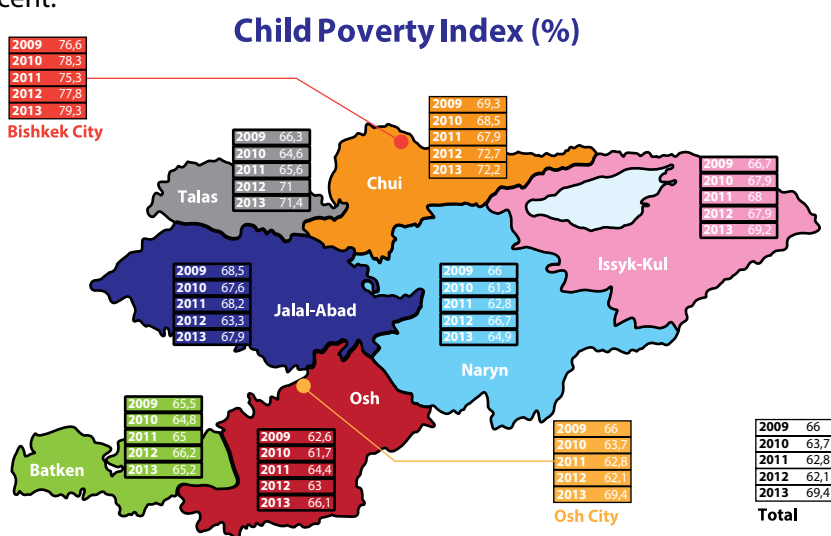
36 "Kyrgyz Migrants' Children Left Behind", Timur Toktonaliev, Institute for War and Peace Reporting, 18 Apr 14, at <http://go.iwpr.net/1BjFRdv>, accessed on 27 December 2014.

37 UNICEF, Assessment Of Safety In School And Pre-School Education Institutions In The Kyrgyz Republic: Summary Report, 2013,p4

4. INEQUALITIES BASED ON GENDER, WELL-BEING AND GEOGRAPHICAL

More than **two-thirds** of the Kyrgyz Republic's **children live in rural areas, with increased risk of deprivation and social exclusion**, low access to health, education and social services, and limited possibilities for recreational activities or compensatory learning.

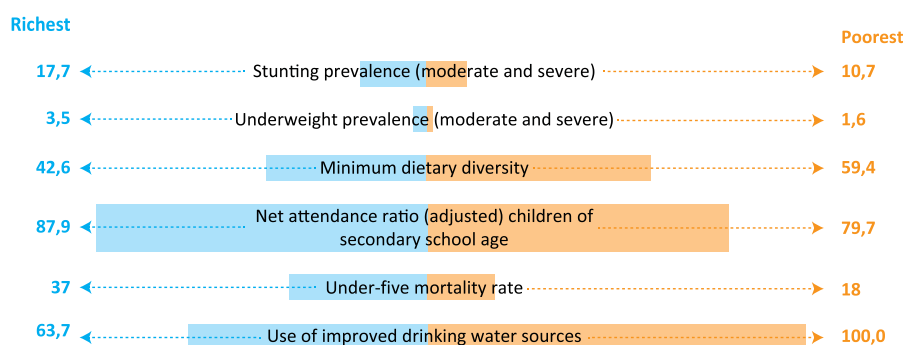
- 4.1. Large inequalities persist, in many cases the social indicators worse in certain geographical areas, rural areas and among poor households. Urban-rural inequality often reflects disparities in the supply and quality of basic social services, as well as the higher levels of poverty in rural areas. Social norms and social-cultural practices and beliefs may have bigger influence on service seeking behaviours in certain parts of the countries more than others, while gender inequalities still prevail in many areas.
- 4.2. The year 2013 saw a sharp widening of the gap between urban and rural poverty. While poverty in urban areas fell significantly from 35.4 to 28.5 per cent, rural poverty rose from 39.6 to 41.4 per cent.³⁸ This is likely to have increased child poverty in rural areas. The gap between urban and rural poverty can be explained by cash income differentials. Meanwhile, between 2010 and 2013 poverty rates have generally fallen in northern oblasts but risen in the south. There was an increase of poverty level in Osh city after civil conflict in the South in 2010. The regional poverty picture is uneven at the oblast level. Absolute poverty rates vary significantly across oblasts and range from 20 per cent of the population in Bishkek to 54 per cent in Batken Province. Bishkek appears to be the region with the least poverty; in the capital, one resident out of five was poor in 2013. Bishkek city, Chui and Talas Provinces currently fall into the low-poverty category at rates below 25 per cent of their population. The remaining five provinces have poverty rates exceeding 40 per cent and fall into the high-poverty provinces.³⁹ Strategic planning and resource allocation which takes such geographical disparities in poverty levels into account could have positive and catalysing impact on the situation of children.
- 4.3. **Poverty among young people aged 14-28 years in 2013 was 44 per cent and exceeded general poverty figures** in the country by 7 percentage points (37 per cent). From 2009-2013 the poverty rate among young people increased by 8.7 percentage points. At the same time, poverty in the age group 14-18 years amounted to 45.7 per cent, 19-23 years - 43.1 per cent and 24-28 years - 42.7 per cent. The poorest young people are located in Batken (58.5 per cent), Jalalabad (52.0 per cent), Issyk-Kul (50.9 per cent) and Osh (50.8 per cent) Provinces. Poverty among youth in Chui Province was 25.4 per cent, Talas Province - 27.5 per cent and Bishkek city - 25.8 per cent.⁴⁰



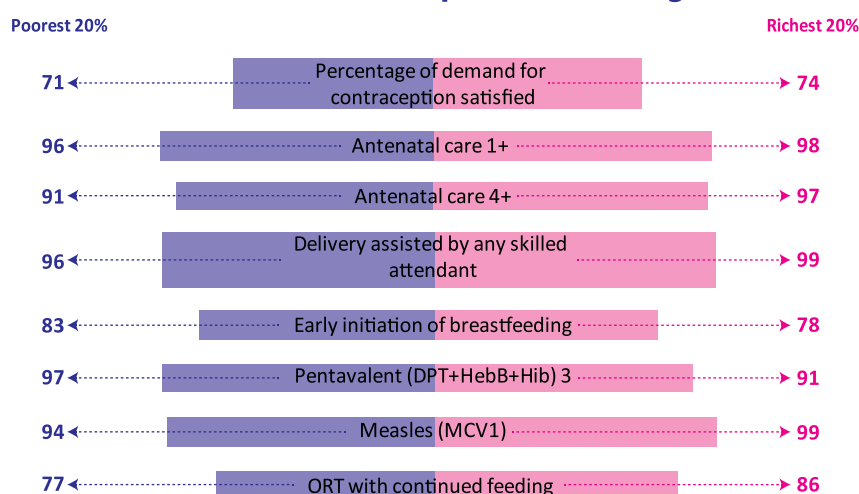
38 National Statistical Committee figures, 2014

39 "Kyrgyz Republic – Snapshot", World Bank, October 2014.

40 "Statistics on Youth", National Statistics Committee of the Kyrgyz Republic, 2014.



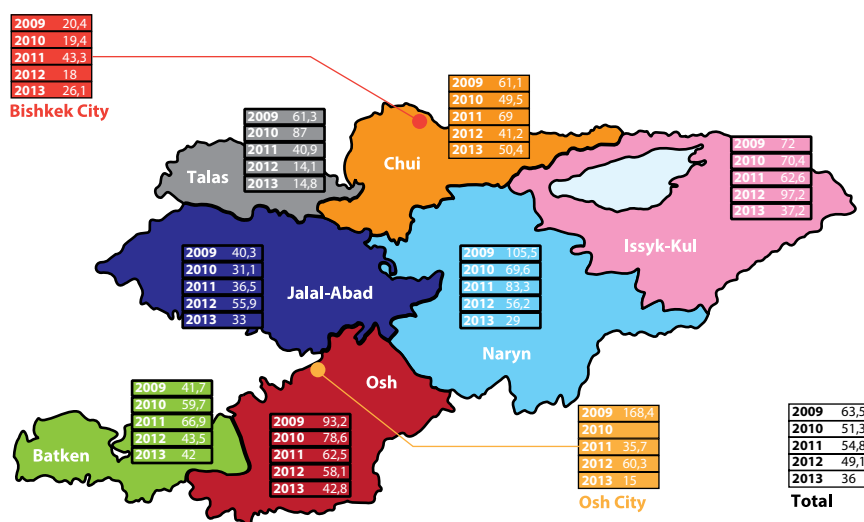
Socioeconomic inequities in coverage



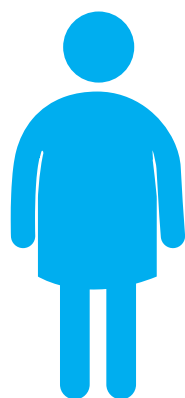
- 4.4. **On maternal mortality**, poor women, women living in rural areas and young women are particularly exposed to high risks during pregnancy and childbirth. In 2012, maternal mortality in rural areas was 56.4 per 100,000 live births, compared to a figure of 35.3 per 100,000 live births in urban areas.⁴¹

Maternal mortality is **1.9 times higher among the rural women** compared to women living in urban areas.

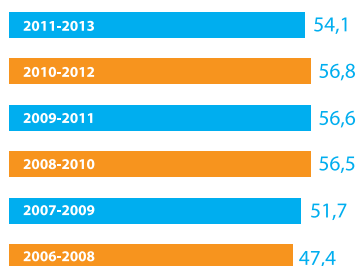
Maternal mortality rate (%)



41 National Statistical Committee, Women and Men of the Kyrgyz Republic, 2013



Maternal mortality ratio in Kyrgyzstan 3-year moving average



- 4.5. Remote districts face a combination of lack of access (transportation) to health facilities, lack of quality services, and negatively impacting social norms and socio-cultural practices/beliefs that hinder healthy behaviour and early seeking of medical assistance. Other underlying causes include poor health care infrastructure in regions, hindered access to clean water and sanitation as well as electricity and heating, the poor condition of roads, as well as inadequate capacities of Family Group Practices (FGPs) and family medical centres.⁴² By and large, women in rural and remote areas have poor knowledge on the importance of timely care-seeking and healthy practices, often causing conditions such as anaemia. All these factors have led to a situation in which **only 60 per cent of all deliveries countrywide are normal without any complications.**

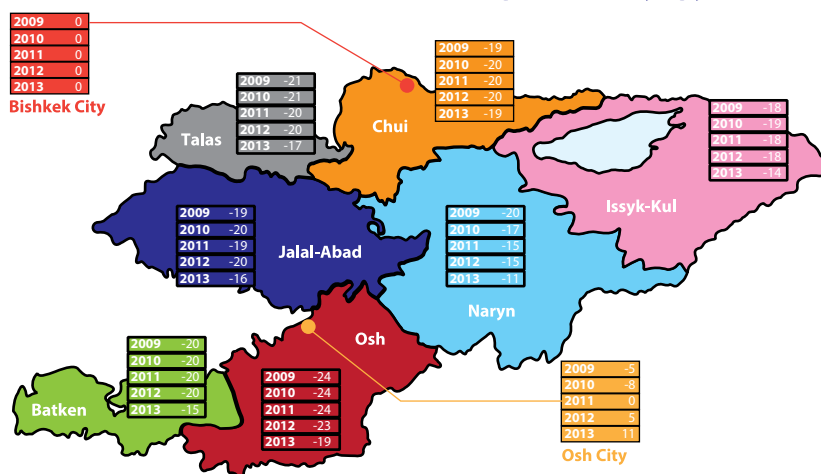
Younger women, women with many children, married women, women who are not employed, those who live in rural areas, women with secondary or less education, and women in the lowest three wealth quintiles were more likely to report problems in accessing health care than other women.

- 4.6. Three out of four women in Batken Province reported at least one problem in accessing health care for themselves (75 per cent). Finding money for treatment was mentioned as a problem by 63 per cent, which imply that poverty and income can affect the health of children and women. Distance to a health facility was cited by 50 per cent of women in the province. On the other hand, only 23 per cent of women in Osh city and 21 per cent of women in Bishkek city cited any problem.⁴³
- 4.7. Similarly, regarding child health, **children living in rural and remote areas are more vulnerable to poverty and have poorer access to good quality and timely care as their peers in urban areas.** Poor awareness of caregivers on danger signs of childhood illnesses, weakly functioning referral system as well as lack of means for transportation and poor condition of roads are barriers to health care.
- 4.8. **On early childhood education, urban coverage (24.4 per cent) is five times higher than in rural areas (4.2 per cent),** and coverage is also generally better for richer families and children in the north. Rural locations have also suffered from lack of provision and geographically uneven levels of capacity and budgets for municipalities. In Batken Province, only 43.2 per cent of three and four year olds were engaged in four or more activities to promote learning and school readiness by household members. By contrast, the figure was 87.7 per cent in Jalalabad Province, which had had the poorest figure in 2006. Families in the highest quintile were 5 per cent more likely to answer this question positively than those in the lowest (77.6 to 72.6 per cent): a marked reduction from a 20 per cent differential in 2006. There were significant disparity in relation to access to ECD materials, affecting children's right to development. Children under five years old in Osh and Jalalabad Provinces were least likely to have three or more children's books (11.9 and 21.8 per cent respectively, compared to 85.9 per cent in Bishkek city).

⁴² Rapid Assessment in FGPs and FAPs with Maternity Beds in Target oblasts. UNICEF, 2013.

⁴³ National Statistical Committee, Ministry of Health, Measure DHS, Kyrgyz Republic: Demoinfographics and Health Survey 2012, December 2013, at <http://dhsprogram.com/pubs/pdf/FR283/FR283.pdf>, p165

Percentage point difference between the preschool GER of Bishkek and the GER of other regions in Kyrgyzstan (%)



OOSC population profile: A shift from rural to urban areas and a complex interaction between location and gender. With quite a high attendance rate in both primary and lower secondary and the urban/rural figures, it is increasingly likely that school children with disabilities and internal migrants make up for the highest proportions of children out of school.

- Attendance rate is lower in urban than rural areas in all 3 levels of education (primary, lower secondary and upper secondary).
- Vast majority of primary school age are in urban areas (0.7 per cent in urban areas are OOSC, 0.1 in rural areas).
- Attendance rate of girls is slightly lower than boys in urban areas for lower secondary (94.6 per cent compared to 95.5 per cent, respectively), but drastically lower than boys for upper secondary (39.3 per cent compared to 59.6 per cent, respectively).
- Attendance rate of girls is slightly higher than boys in rural areas for lower secondary (96.6 per cent compared to 96 per cent, respectively) and higher than boys in upper secondary (64 per cent compared to 60.5 per cent, respectively).
- Russian speakers have the highest proportion of OOSC in primary (not in absolute number). Uzbek and other minority languages have the highest proportion of OOSC in lower and upper secondary combined.

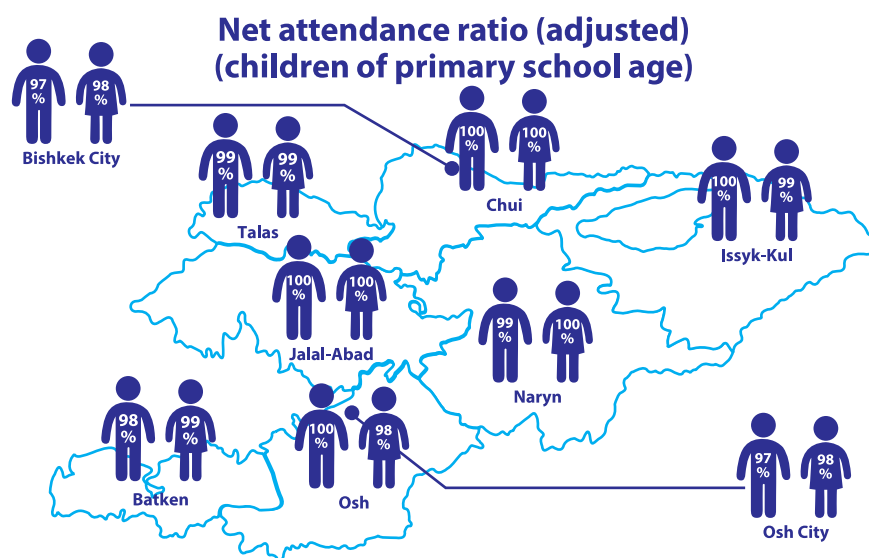
Net attendance ratio (adjusted)



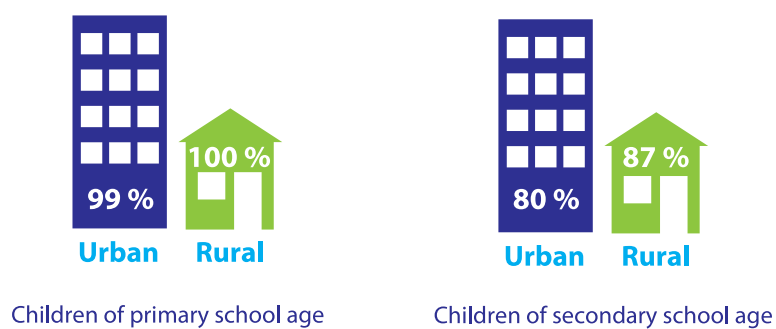
Children of primary school age



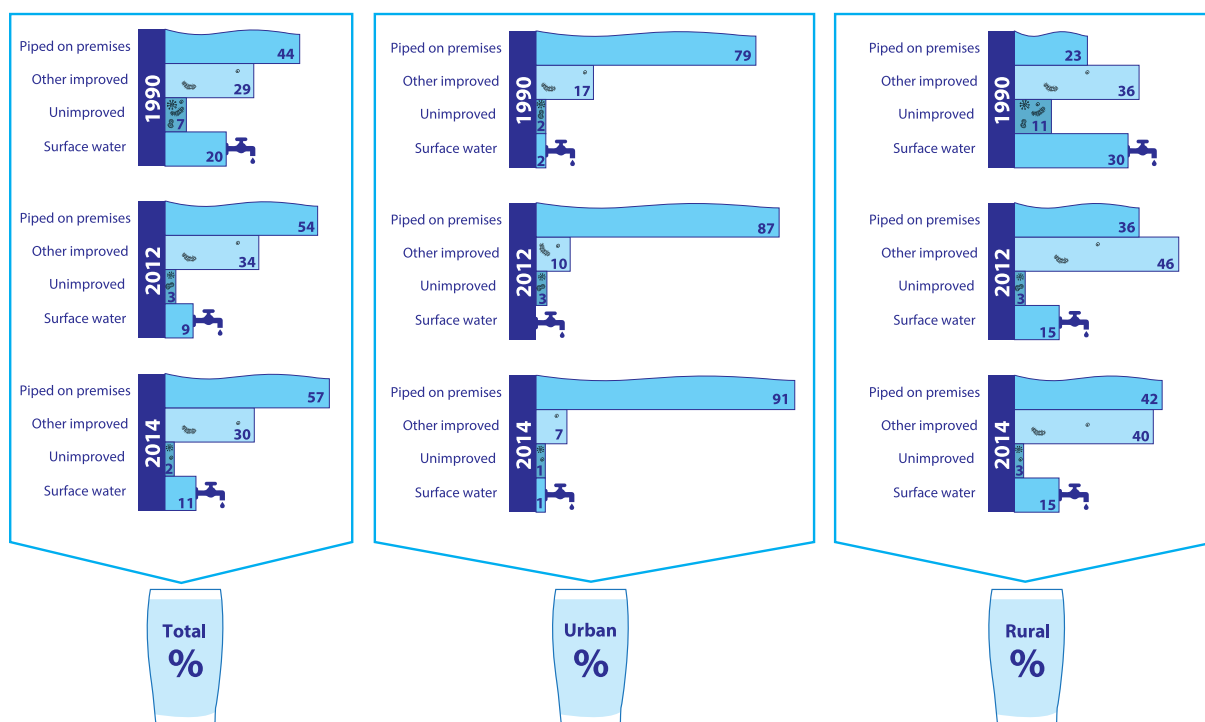
Children of secondary school age



Net attendance ratio (adjusted)



Main source of drinking water



- 4.9. Only 13 per cent of the population did not have access to **improved sources of drinking water**. The highest proportions of residents consuming surface water were reported in Batken (37.4 per cent, with a further 2.6 per cent consuming water from unprotected sources), Osh (16.2 and 3 per cent), Jalalabad (16.2 and 2.2 per cent) and Naryn (11.9 and 7.9 per cent) Provinces.⁴⁴
- 4.10. The percentage of children involved in **child labour** in Bishkek is 0.5 per cent whereas it is 62.5 per cent in Issyk-Kul Province. Of the total of 25.8 per cent of children in Kyrgyzstan engaged in child labour,⁴⁵ figures were higher for boys than girls (29.9 per cent and 21.5 per cent, respectively). Child labour was most prevalent in Chui (42.6), Osh (34.7) and Batken (27.7 per cent) Provinces. Child labour was less prevalent among parents with better education attainment, but was more common among speakers of Russian and other languages, than among speakers of Kyrgyz and Uzbek languages. A total of 15.2 per cent of children worked under hazardous conditions, with similar patterns of prevalence. The highest prevalence was found in Chui (31.8), Osh (22.0) and Jalalabad (17.2 per cent) Provinces. Just 0.3 per cent of children in Issyk-Kul Province and 0.7 per cent in Bishkek city worked in hazardous conditions.⁴⁶

⁴⁴ Preliminary 2014 MICS figures

⁴⁵ "Child labour" was defined as working in economic activities or household chores at or above age-specific thresholds for 5-11, 12-14 and 15-17 year olds, or working under hazardous conditions.

⁴⁶ MICS 2014

5. DETERMINANTS OF CHILDREN'S VULNERABILITY

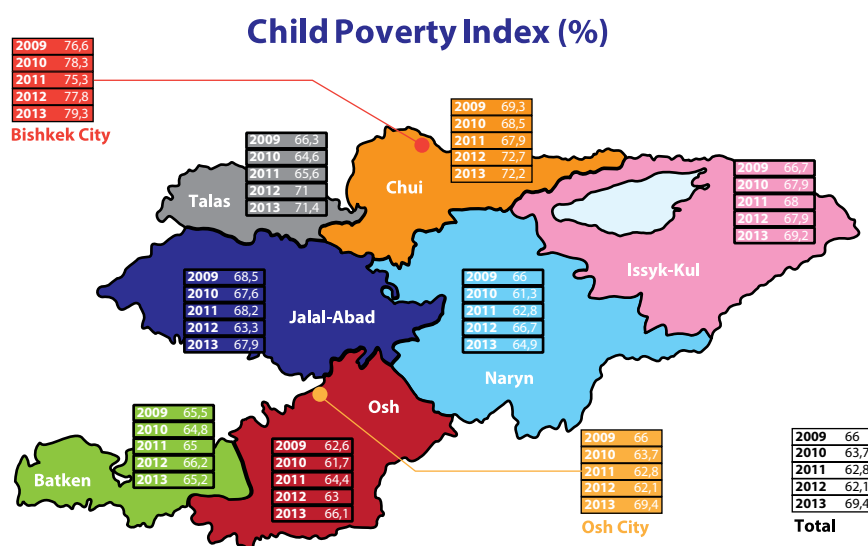
5.1. Based on the situation analysis of children a number of determinant factors emerge that constrain progress in realising children's rights:

- **poverty**, which affect the majority of the population lives but is also a key factor in child deprivation;
- different **factors of child vulnerability** such as gender, ethnicity, HIV status, geographic location, and disability status, or absence of biological parents;
- gaps in **enabling environment** such as institutional and legal framework, budget and expenditure, coordination and management;
- a series of deficiencies in the **supply and quality of basic social services**;
- unfavourable **socio-cultural factors**; and
- **conflict and natural disasters**.

POVERTY

Poverty is a key factor in child deprivation. Over one million children in the Kyrgyz Republic are living in poverty and continue to face social insecurity, poor access to quality services and protection, and vulnerability to disasters.

5.2. The goal of halving extreme poverty (MDG 1) has been achieved, from baseline of 24.7 per cent to 6.1 per cent in 2008,⁴⁷ The absolute poverty rate was 37 per cent in 2013, down from 38 per cent in 2012 (Figure 9), constituting around 2.14 million people, out of a total population of 5.7 million, who lived below the poverty line. The extreme poverty rate fell from 4.4 to 2.8 per cent from 2012 to 2013.⁴⁸ It has been proposed that the reduction in extreme poverty in recent years reflects the Government's salary increase for public sector workers, and increase of the value of benefits and pensions.⁴⁹ In absolute numbers, about 159,000 people cannot afford the minimum food basket.



5.3. The GDP per capita in 2013 is estimated at US\$ 1,300, up 14 per cent from 2011. 22 per cent increase to slightly over US\$ 1,550 is expected in 2017. While recognizing the need for an adequate social safety net and improvements to the delivery of and access to quality, the fiscal

⁴⁷ "Kyrgyzstan: MDG Acceleration Framework - Improving Maternal Health in the Kyrgyz Republic", November 2013.

⁴⁸ National Statistical Committee, Information Bulletin of the Kyrgyz Republic on Food Security and Poverty, 2014

⁴⁹ United Nations in the Kyrgyz Republic, Third Report on Progress Towards Meeting the Millennium Development Goals, 2013

space is limited by revenue constraints and the need to contain the fiscal deficit. While economic growth is seen as the key to poverty reduction and child poverty, improved governance and anti-corruption measures are seen as critical for investment and growth.⁵⁰

- 5.4. **In 2013, 45.2 per cent of children were living in poverty and 3.7 per cent in extreme poverty.**⁵¹ The child poverty rate in rural areas was 45.7 per cent, 1.9 percentage points higher than in urban areas. However, **child extreme poverty is more common in urban areas.** There is also a clear correlation between the number of children in a family and the likelihood that the family lives in poverty.⁵² Many social indicators show large disparities according to households' level of wealth, although deprivation is sometimes high even in the richest households. Household surveys show the importance of cost barriers in access to social services, including birth registration.

The **poorest children** have lower access to health care and the lowest access to preschool services. Their primary school readiness, enrolment and completion are much lower than for the general population. At the same time, **impact of poverty is often complex and associated with one or more of the other risk factors that lead to exclusion**, making it important to look at a combination of characteristics. For example in the context of out of school children, an examination of poverty in relation to sex and age highlights this complexity. In the Kyrgyz Republic, boys are more affected by poverty than girls, at least those in lower- and upper-secondary education age levels. In the poorest households at lower-secondary-age level around twice as many boys are out of school compared with girls. In the Kyrgyz Republic, the gap between rich and poor grows for boys as they get older. By the time boys reach upper-secondary age, almost a quarter of the poorest 20 per cent are out of school compared with less than 10 per cent of the wealthiest 20 per cent of boys.

- 5.5. **Coverage of basic social protection for vulnerability of the poorest groups is still limited.** Non-contributory social protection expenditure increased more than twofold between 2008 and 2013 making 2.4 per cent of GDP (higher than the Europe and Central Asia average of 2 per cent and significantly higher compared to other countries). However, coverage of the poor, targeting accuracy, and impact on poverty has not improved. The Monthly Benefit for Poor Families with children (MBPF), expected to alleviate extreme poverty and contribute to equalizing opportunities in the early years, has seen drops in coverage and been underfinanced. The MBPF is well targeted on the poor, but more than 60 per cent of children in the poorest quintile still remain uncovered and the benefit amount is inadequate to meet even the most basic needs.

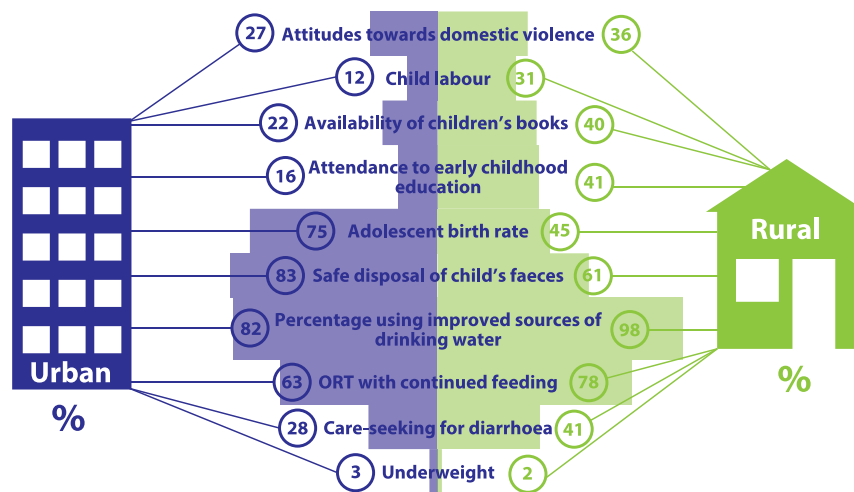
SOCIAL DIMENSIONS OF VULNERABILITY

Dimensions of exclusion such as gender, ethnicity, HIV status, disability status, and absence of biological parents fundamentally shape the vulnerabilities of children and their families and can further exacerbate deprivations or lead to multiple forms of rights deprivation. **Children living with disabilities** not only experience functional limitations deriving from disability itself, but also lack access to basic and specialized services (education, social protection, health, rehabilitation services) especially in rural areas and in light of stigma and discrimination on the part of duty bearers. **Belonging to a minority ethnicity group**, for example the Lyuli ethnic minority, can make a child more susceptible to multiple vulnerability factors which can heighten the risk of exclusion from basic services including education. The Lyuli community is very poor and from an early age children are involved in child labour to support their families. Only around 40 per cent of school-age Lyuli children are enrolled in school.

50 "Action Document for Sector Reform Contract: Social Protection Kyrgyzstan", Commission Implementing Decision on the 2014 individual measure in favour of Kyrgyzstan for theme Sector Reform Contract: Social Protection Kyrgyzstan to be financed from the general budget of the European Union.

51 National Statistical Committee's Integrated Household Survey

52 National Statistical Committee, Standard of Living of the Population 2008-2012, http://stat.kg/images/stories/Uroven_per_cent20jizni.last_per_cent202013.pdf, pp 24-25



Gender is another dimension of child vulnerability. Girls in particular, are at higher risk of experiencing a range of protection issues including sexual abuse, trafficking, bride-kidnapping and forced marriages. Girls also have unique needs such as menstrual hygiene, which, if proper infrastructure is not available at schools for example, can lead to school drop-outs. Social norms and socio-cultural practices and belief that put them in subordinate roles within the family or society, hindering them of any decision making or access to knowledge and information also increases their vulnerability to deprivations. **Almost one in every five children do not live with their biological parents**, either because they are orphans or because of the separation of parents, migration or informal fostering families. Evidence shows that children who do not live with their biological parents are more vulnerable to being deprived of education, victims of violence or neglect, and have higher rates of under-nutrition.

ENABLING ENVIRONMENT (INSTITUTIONAL & LEGAL FRAMEWORK, FINANCING, COORDINATION)

- 5.6. **Implementation and oversight of the laws and reforms are the constraints.** In many areas, such as justice for children, child protection and education, there is already an enabling environment of laws and policies to support the attainment of child rights. Implementation and oversight of the laws and reforms, on the other hand, are still limited due mainly to capacity constraints but also lack of commitment and priority.
- 5.7. **Improving budget planning and translating policy objectives and plans into public expenditure allocations through the budgetary system is critical.** Adapting plans and strategies to capacity constraints and focus on the most vulnerable population may be an effective approach. For example, water, sanitation and hygiene in schools is underfunded leading to lack of clean water and soap for children. Bulk of funds allocated to the social protection goes to residential institutions leaving family support and social services for most vulnerable children and families underfunded.
- 5.8. **Cross-sectoral coordination and management mechanism** is crucial for the prevention and protection mechanisms to operate functionally to protect children and women from violation of rights, especially in light of multiple overlapping deprivations. As the Government's current structure does not facilitate integrated cross-sectoral collaboration in terms of programmes, staff allocation, reporting structures, budget lines and staff skills, it is critical for the Government to enhance coordination and cross-sectoral engagement, with horizontal and vertical linkages.

WEAKNESSES IN THE SUPPLY AND QUALITY OF SOCIAL SERVICES

- 5.9. **Despite the progress made in the last few years in improving the supply and quality of basic social services, major challenges remain, in most if not all areas.** In the **health** sector,

shortages of infrastructure (including access to water, electricity and heating), well-trained and skilled personnel, equipment and drugs create bottlenecks limiting access to quality services and basic life-saving services. Despite the expansion of health infrastructure, lack of transportation (or the cost associated with transportation) is a barrier to accessing health facilities, often times marginalizing an already deprived population. The quality of provided care is poor especially in terms of preventative health services on the primary health care level. Despite some improvement in the pilot maternities, obstetric and newborn care still needs to be enhanced. In addition, paediatrics care is underdeveloped, leading to extensive over-medicalization and ineffective use of scarce resources. In addition, the care practices are not patient-centred and often cause unnecessary pain for children.⁵³ Lack of supply and poor quality of services significantly affects the outcome on maternal mortality. Evidence shows that some of the most critical determinants to reduce maternal mortality are access to maternal and child health (MCH) and emergency obstetrics care services through timely referral and transportation to an appropriate level of health care services, coordination between health care levels, capacity of medical workers, and quality of MCH services at the level of health facilities. Some health institutions even lack understanding of importance of nutrition and rational diet.

- 5.10. As more evidence surface about the growing risk groups of **HIV/AIDS**, including most-at-risk adolescents and IDUs and partners of IDUs, it is problematic that some health workers do not have the capacity to screen drug-addicted women and knowledge/skills on pregnancy management of drug addicted women, including treatment of withdrawal syndrome among newborns. Another example of a hindrance to access and quality of services is the lack of knowledge and skills of nurses on early infant diagnosis and on certain methods such as the DBS. Weak system of transportation and feedback from laboratories factors that exacerbate the situation.
- 5.11. There is not yet an integrated and decentralised system of **social care services** at local level with trained social workers who are able to play an effective role in outreaching to the at-risk groups and preventing spread of HIV, separation from families, abuse, violence and social exclusion through counselling and referrals to appropriate services. The quality of social work, including service standards, guidelines and instructions, cross-sectoral referral mechanisms, and capacity building of professionals and social workers are crucial in increasing outcomes for children in all areas.
- 5.12. Women and young children do not have access to adequate **water and sanitation** facilities. Situation in schools is particularly striking. Over 36 per cent of schools nation-wide have no water supply within school boundary and 91.8 per cent of children confirmed that they wash hands more often at home than at school.⁵⁴ The large investments in expanding water and sanitation services have also brought to the fore the challenge of ensuring sustainability, particularly in rural areas, and especially without government priority or interest.
- 5.13. In the **education** sector, the lack of qualified teachers, outdated curriculum, and insufficient financial resources doubled with low resource management capacities, especially in the light of intensive education reforms at school/preschool levels are of serious concern.
- 5.14. The main capacity gaps in the **child protection** sector are related to high turnover/outflow of child protection stakeholders at all levels, and lack of skills and knowledge of social workers and specialists due to lack of adequate curriculum and pre- and in-service training programmes. In addition, social care services do not systematically address the root causes of the separation or abandonment of children and there is not enough support and understanding at the highest level to develop alternative services and family support at the community level. In the area of justice for children, there is still no specialization of judges and prosecutors in juvenile justice, and police officers are also not trained on child-sensitive investigations and interviews. While children suspected of criminal offences are legally entitled to free legal aid, provision of qualified, timely, legal and social protection to these children remains poor.

⁵³ Otsenka Sostayaniya Detskoi statsionaroy pomoshchi v g. Bishkeke i v Yuzhnom Regione Kyrgyzstana. UNICEF, 2013.

⁵⁴ Hand-washing data from survey conducted in 54 schools.

SOCIO-CULTURAL FACTORS

- 5.15. In the Kyrgyz Republic, the principle of **non-discrimination** appears in national legislation and the perceptions of both the public and professionals have begun to change about minority and other disadvantaged groups of children. Nevertheless, discriminatory attitudes and prejudice continue to act as obstacles and barriers to children's enjoyment of their rights. Stigma and discrimination against people with HIV are high, with a mere 2.4 per cent of women aged 15-49 years expressed accepting attitudes toward people living with HIV. **Besides the supply-side hindrance of providing services, the vulnerable groups of children who face stigma and discrimination often stay 'hidden' or 'out-of-reach' from health care and social protection services is because of distrust, lack of confidence in the service providers, fear of being driven out from the society.**
- 5.16. There is some evidence to suggest that realization of children's rights is impeded by incorrect beliefs around residential care; beliefs, customs and social norms supporting stigmatising and discriminatory attitudes to several groups of children and youth. An insufficient level of life-saving knowledge and awareness among care-givers and children themselves contributes to a spread of harmful practices and low or ill-time up-take of services.

CONFLICTS AND PEACEBUILDING CHALLENGES

- 5.17. **Conflicts affect the well-being of children in many ways**, especially among adolescents and young people. The Kyrgyz Republic is prone to various conflicts, especially interethnic tensions and border disputes. In June 2010 interethnic violence in the southern cities of Osh and Jalalabad, and their surrounding areas, resulted in the death of at least 470 people and displacement of 400,000 people.⁵⁵ Much progress has been made to stabilize the situation since then, with considerable support from the international community. However, there are still peacebuilding needs and challenges that concern root causes of conflict and must be addressed to prevent relapse into violence.⁵⁶ Young people and adolescents have been seen both as victims and as perpetrators in those conflicts; however their important capacity to contribute to country's development and stability has been often overlooked. Over half of the population in Kyrgyzstan is under the age of 25 and almost a third is between the ages of 15 and 25. Youth in Kyrgyzstan lives in an environment where poverty is widespread, economic opportunities are limited, both the quality and access to public services is poor, corruption is pervasive and there are limited opportunities to make their voices heard in public or private domains. This makes 31 per cent of young people 'afraid of the future or uncertain about tomorrow' and 23 per cent dissatisfied with the situation in the country.⁵⁷

Labour migration to urban areas or to other countries – usually Russia and Kazakhstan – is often the only feasible livelihood strategy for young people and the only way for them to alleviate poverty and contribute to economic growth. However, labour migration also creates social problems of various kinds. For those who stay, options are few. Youth unemployment is high,⁵⁸ and in some parts of the country, suicide rates are also high and rising.⁵⁹ The concept of citizenship is poorly developed among young people, and democratic values are not held strongly. Identity formation based on ethnicity, religion, clan and/or regionalism is becoming more prominent (especially among young people) and has widened the gap between ethnicities in the country, as well as with citizens from neighbouring countries. This has deepened societal fault lines and increased the risk of conflict.

⁵⁵ Office for the Coordination of Humanitarian Affairs (2011), Kyrgyzstan Revised and Extended Flash Appeal, End Report (June 2010 – June 2011). P. 1. By 28 June 2010 almost all refugees had returned to Kyrgyzstan.

⁵⁶ Peacebuilding Priority Plan for the Kyrgyz Republic developed within the Peacebuilding and recovery Facility of the UN Peacebuilding Fund; p 2

⁵⁷ Youth and Public Policy in Kyrgyzstan: p 25

⁵⁸ According to IMF 2012 data youth make up 50% of all unemployed population.

⁵⁹ Forty-six suicides among youth were registered during a five-months period in 2013. However, it is believed that the suicide rate is considerable understated.

Local formal and informal education leaves little room for development of functional literacy and civic competencies such as critical thinking, self-reflection, communication and peaceful conflict prevention.⁶⁰ The deterioration of education facilities and standards, the lack of structured employment, the high rate of school dropout and the limited social opportunities create conditions for disorderly behaviour, such as petty crime, fights, and alcohol consumption. This environment combined with the limited number of integrating mechanisms – such as shared education, employment or joint social events – make young people susceptible to political and religious radicalization and to adopting risky and sometimes illegal behaviours. The Peace Building National Priorities Assessment, recently conducted by UN in Kyrgyzstan, describes the high prevalence of violence in families and schools, particularly against children and youths. Violence is viewed as socially acceptable, which undermines the creation of a favourable environment for peace.⁶¹

Youth demonstrates little trust in state institutions, as those institutions tend to provide an unequal access to quality public services, leaving room for discriminatory approaches and deprivation from social, economic, cultural, civil and political rights. This, in turn, causes grievances among youth that, if not addressed, will create an unstable environment that can foster civil disturbances and conflicts. The participation of youth (particularly youth from minorities and young women) in public affairs needs to be improved in order to ensure an inclusive society.

Furthermore, attention should be focused on young women because they are often unacknowledged as a result of the prevalence of masculinity-based norms in society. ‘Youth’ is not a homogenous group, but one characterized by differences between young men and women. These differences have their root in patriarchal cultural beliefs that encourage stakeholders to frame youth issues from the perspective of young men, rather than their female counterparts. Issues such as the lack of participation of young women in youth initiative groups and youth wings of political parties; gender-based discrimination in the labour market and in society as a whole; and gender-based violence – particularly in the context of early marriages, bride kidnapping, sexual violence, and trafficking – are not properly reflected in national youth policy or in youth movement agendas. The resulting situation is one where young women and girls face multiple forms of discrimination and become further marginalized in society, reducing the capacity of communities to be open-minded and adaptable in the face of change while engaging with gender issues.

NATURAL DISASTERS

- 5.18. The Kyrgyz Republic is prone to various natural disasters, has interethnic tension in southern Kyrgyzstan and also has border disputes with Uzbekistan and Tajikistan. Poverty and economic hardships can have significant negative impact on children and adolescents living in conflict-prone areas. While children and families in those parts of the country are the most exposed to volatile environments and shocks, they may also have the least capacity to cope with their consequences considering the lack of access to material and non-material services. Possible loss of life, damage on agriculture and reduced access to food, destruction of economic and social infrastructure, and disruption in schools and other basic health, social and protective services are destabilising factors in a child’s life that lead to rights deprivations.

⁶⁰ More than 80% of the country’s students displayed reading skills below a level at which they “begin to demonstrate competencies (.....) that will enable them to participate effectively and productively in life”. Stated in the Youth and Public Policy in Kyrgyzstan, p 27

⁶¹ UNICEF, in partnership with the Ombudsman Office, the Ministry of Social Development and the Ministry of Education, undertook two nation-wide studies on the prevalence and dynamics of child abuse in families (2010) and violence in schools in the Kyrgyz Republic (2011). The findings of the studies disclosed a dismal picture of the prevalence of child abuse and violence countrywide. 73 per cent of children suffer from abuse and violence in their families and 83.5 per cent of children experience different forms of violence in schools.

6. CONCLUSIONS

- 6.1. The Kyrgyz Republic has **diverse social disparity and ranging risk factors**, which create challenges ahead in accomplishing the reform processes that will promote social protection and inclusion. There have been **great advances in improving the well-being of children and realization of their rights**, especially with regard to child survival, to HIV/AIDS treatment and prevention, juvenile justice and pre-school education. At the same time there are **remaining challenges for achieving all the rights of all children** in the Kyrgyz Republic. Reduction of poverty, reduction of maternal mortality and under-nutrition, prevention of violence against children and school dropouts, deinstitutionalization of children, prevention of HIV in most vulnerable groups, poor quality of social services and empowerment of adolescents are the areas that need renewed attention to achieve further progress for children.
- 6.2. **Significant inequalities** contribute to the child rights violations, in many cases the social indicators are worse in certain geographical areas, rural areas and among poor households. Urban-rural inequality often reflects disparities in the supply and quality of basic social services, as well as the higher levels of poverty in rural areas. Social norms and social-cultural practices and beliefs having bigger influence on service seeking behaviours in certain parts of the countries more than others, while gender inequalities prevailing in many areas. With almost half of children living in poverty and the rate worsening, children continue to face social insecurity, poor access to quality services and protection, and vulnerability to disasters. The impact of poverty on children will have long-lasting and ranging repercussions on them and their families. **One of the priorities of the Kyrgyz Republic is to strengthen the social protection policies and enhance social safety nets** to protect children and making child well-being a top priority.
- 6.3. In order to achieve **equitable outcomes for children**, particularly with serious constraints on fiscal budgets, **strategic focus on reducing social exclusion and providing quality social services for the most marginalized and 'hidden' groups of children**, including children deprived of parental care, living with HIV, with disabilities, from low-income families, out-of-school, victims of violence and in conflict with the law will be an effective approach. While the social disparity and social vulnerability of the most deprived children within each sector were identified in this Situation Analysis, there needs to be an explicit goal and concerted effort to progressively eliminate those disparities through **system changes**. Those take into account the factors that create an enabling environment such as institutional and legal framework, budget and expenditure, coordination and management; a series of deficiencies in the supply and quality of basic social services; unfavourable socio-cultural factors; and conflict and natural disasters.
- 6.4. Unfavourable socio-cultural factors negatively impact progressive realization of children's rights. Therefore, **harmful social norms and cultural beliefs, practices and attitudes need to be addressed** jointly by duty bearers and rights holders. Civil society organizations and community groups have a great potential to boost the required change at local level. It also needs to be supported by the Government and other partners. Furthermore, empowering the most marginalized parents and caregivers more effectively is crucial, considering that they have a dual role as rights holders and duty bearers for the well-being of their children. Such efforts may include building their knowledge about their rights, strengthening their skills to raise and care for their children, and supporting them in claiming and accessing their entitlements. In general, empowering right holders, strengthening social accountability on children's issues, consolidating partnerships including unconventional partners and the civil society in realising the rights of children are key to bring about positive change for children in all aspects including policy development, social change, and enforcement of practical mechanisms and tools to ensure social protection (e.g. case management, referral system).
- 6.5. Across all sectors, the need to **outreach to the most marginalized populations** (including 'hidden' groups of children) **and strengthen early detection and prevention** mechanisms

was evident. In the HIV/AIDS sector, for example, preventing the spread of HIV by tackling stigma and discrimination and by enhancing quality and supply of educational, health, and social services programmes targeting children and adolescents or partners of migrants or IDUs, will contribute to the further reduction of PMTCT. In the child protection sector, for example, a combination of preventive case management work and integrated health/social services can provide necessary support to families and address risks of separation/abandonment of **children with disabilities**, hence enabling the children to grow in a family environment. At the time of drafting this Situation Analysis Synopsis, a draft regulation on identification and case management of children and families in difficult life situation has been developed by the Government. The development of this regulation is an important step, which creates a basis for a provision of preventive social services at the local level for children and families in difficult life situations. It aims to support vulnerable children and their families at an early stage in order to prevent family separation and the institutionalisation of children. The draft regulation also clarifies the roles and responsibilities of various child protection stakeholders and provides template forms to be used for documenting case management work. In regards to access to justice, particular attention must be paid to the most excluded, the poor, and the most difficult to reach, recognising that these children often face particular challenges. A child-sensitive approach should be used in justice to children that should be complemented by social protection, education, and health services. Children's own views must be brought to the forefront so that children can become active stakeholders in policies and programming around access to justice. One of the key issues that should be addressed is the social norms. It is still generally considered unacceptable for children to claim redress. Another problem is that children and parents are not aware that they can claim redress and where to go in case of violations of the children's rights.

- 6.6. **Cross-sectoral coordination and management mechanism** is crucial for the prevention and protection mechanisms to operate efficiently to protect children and women from violation of rights, especially in light of multiple overlapping deprivations. Given the high levels of poverty and diverse social vulnerability in the Kyrgyz Republic, government authorities in all the sectors including **social policy/development, justice/protection, education, and health** will need to work collaboratively to strengthen the case management strategy in order to prevent rights abuse, reduce inequities and protect children. If functioning properly, case management can also inform policy in terms of the needs of those who are most deprived. Multi-sectoral collaboration is also necessary for a functioning and effective referral services which can provide support for children and families based on their needs. There have been many efforts across various issues on establishing cross-sectoral coordination and mechanisms, but in many cases have failed to transform from a series of intra-sectoral meetings into a functional coordinating mechanism with roles, responsibilities, accountabilities and line of communications clarified. It will be crucial for the 'regulation on identification and case management of children and families in difficult life situation' to reflect on an effective and practical cross-sectoral coordination. Likewise, the multi-sectoral coordination effort on ECD, linking the Ministries of Education, Health and Social Development to better align efforts and ensure that children are receiving holistic ECD services, will need strategic vision, accountability framework, and agreed upon referral mechanisms.⁶²
- 6.7. **Ensuring children's issues are adequately captured in the country's budget is essential.** The quality and supply of services are only possible with earmarked funding at national or local levels. A transparent and participatory budgetary process, with strong commitment on the policy makers' side as well as the general public on the importance of 'budgeting for children' is necessary in order to reflect on the needs of children. On a slightly different note, but on financing/budgeting for children, the changes in funding mechanisms for social services through the development of **public finance mechanism(s)**, will not only enhance the flexibility of financing and ability of services to respond to individual needs of all children and their families but also examine the needs of particular most-at-risk child groups.

62 SABER Country Report, Kyrgyzstan: Early Child Development, 2013, p.6

- 6.8. **Creating an enabling legislative legal environment is essential to addressing children's deprivations.** An enabling legal environment that protects children from abuse and violence, supporting their healthy development through fortification of food, or prosecuting individuals for offending children is essential to addressing issues of child rights. There are certain areas/issues that have relatively well established legal environment but lack the regulatory frameworks, and there are some area/issues that lack the legal environment all together. Among other things delay in revision and updating of sanitary norms and rules for schools/preschools, Regulation on identification and case management of children in difficult life situation, ratification of Convention on the rights of persons with disabilities can be mentioned.
- 6.9. **An overarching, multidisciplinary data system** is pivotal to identify the vulnerable population groups, to provide evidence-based, equity-focused interventions and to monitor the progress towards improved welfare of these groups. **National data collection analysis** should include an explicit focus on disparities (with disaggregated data) towards having a clear understating of the regions and groups of children and should be organised in a user-friendly format so that data could be used practically by policy-makers. There are also certain groups of marginalized or 'hidden' people who need to be 'included' into the system. For example, in the realm of PMTCT, there is as yet a monitoring and evaluation system that captures the situation of key risk groups such as most-at-risk-adolescents, children of migrants, and partners of IDUs who need to be tapped into the HIV treatment/social services in order to further reduce PMTCT rate in the country. Likewise, data on disabilities is not systematically collected, centrally reported and published, and disaggregated by sex, age, disability and if in residential care, the reasons for and the duration of placement, and movements between placements, including detention.⁶³ Some developments have been achieved in the country as well. The data collection system on juvenile justice was fully revised in line with fifteen UN indicators and the education database (EMIS platform) of schools and pre-schools have been developed and undergoing further improvements.

63 Outcome Document, 4th Central Asian Republics Child Protection Forum Dushanbe, Tajikistan 1-3 August 2013 with the theme: Creating inclusive policies, systems and services for children with disabilities, UNICEF 2013. Available at: http://www.unicef.org/ceecis/Taj_Outcome_Central_Asia_CP_Forum_2013_final.pdf

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