



Situation Analysis of Children in the Russian Federation 2007

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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Situation Analysis of Children in the Russian Federation

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AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral drugs
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEE	Central and Eastern Europe
CIS	Commonwealth Independent States
CPI	Consumer Price Index
CRC	Convention on the Rights of the Child
CRC concluding observations	Committee on the Rights of the Child's Concluding Observations to the Russian Federation 3rd Periodic Report, November 2005
ECA	European and Central Asia Region, World Bank
EPI	Expanded Programme on Immunisation
ERW	Explosive Remnants of War
EU	European Union
FD	Federal District
FDI	Foreign Direct Investment
GDP	Gross Domestic Product
GNI	Gross National Income
GRP	Gross Regional Product
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disease
IDP	Internally Displaced Person
IDU	Intravenous Drug Use
ILO	International Labour Organisation
IMSMA	Information Management System for Mine Action
IOM	International Organisation for Migration
IPEC	International Programme on the Elimination of Child Labour
IRC	Innocenti Research Centre (UNICEF, Florence)
LSE	Life Skills Education
MDG	Millennium Development Goals
MDR-TB	Multiple Drug Resistant Tuberculosis
MHSD	Ministry of Health and Social Development
MTSP	Medium Term Strategic Plan
NAN	NGO "No to Alcoholics and Narcotics"
NGO	Non-Governmental Organisation
NSPSP	National Survey of Prosperity and Participation of the Population in Social Programmes
PISA	Programme International Student Assessment
PLWH	People Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission of HIV
PPP	Purchasing Power Parity
RAMS	Russian Academy of Medical Sciences
RF	Russian Federation
Rosstat	Federal State Statistics Service
STI	Sexually Transmitted Infections
TB	Tuberculosis
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USE	Uniform State Examination
VTsIOM	All-Union Centre for the Study of Public Opinion
WB	World Bank
WFFC	World Fit for Children
WHO	World Health Organisation
WIN	"Women and Infants" Health Project

Contents

Abbreviations	4
Foreword	8
Key Statistics – Russian Federation	9
Introduction	9
UNICEF support to the Millennium agenda	10
Purpose of the Report	12
Methodology and Structure of the Report	12
CHAPTER 1 Overview - The National Context	
1.1 Introduction	14
1.2 Current Situation	15
1.2.1 Russia's Economy	15
1.2.2 Demographics	16
1.2.3 Living Standards	19
1.2.4 Social Protection System and its Impact on Poverty of Families with Children	21
1.2.5 Gender Issues	23
1.3 Government Response	25
CHAPTER 2 Health of Children and Women	
2.1 Introduction	27
2.2 Current Situation	28
2.2.1 Key Health Indicators	28
2.2.1.1 Maternal Mortality Ratio	28
2.2.1.2 Infant and Under-5 Mortality (Child Mortality) Ratios	29
2.2.2 Reproductive Health	29
2.2.2.1 Pregnancy	30
a) Pre-natal Care	30
b) Pregnancy among Adolescents	30
2.2.2.2 Abortions	31
a) Abortions of Adolescent Women	31
2.2.3 Early Childhood Development	31
2.2.3.1 Immunisation of Infectious Diseases	31
2.2.3.2 Exclusive Breastfeeding	33
2.2.3.3 Nutrition	33
2.2.3.4 Iodine and Micronutrient Deficiencies	34
2.2.4 HIV/AIDS & STIs	35

37	2.2.4.1 HIV among Adolescents
38	2.2.4.2 Sexually Transmitted Infections (STIs)
38	2.2.5 Tuberculosis
39	2.2.6 Risky Behaviours of Young People
40	2.3 Immediate and Underlying Causes
40	2.3.1. Low Level of Awareness
40	2.3.1.1 Knowledge among General Community about Disease Prevention
41	2.3.1.2 Knowledge among Adolescents regarding Reproductive Health Issues
41	2.3.1.3 Knowledge among General Community and Health Professionals regarding HIV/AIDS and other Infectious Diseases
42	2.3.2 Access to Services
42	2.3.2.1 Regional and Territorial Differences
42	2.3.2.2 Affordability of Services
43	2.3.2.3 Age-Appropriate and Youth-Friendly Services
43	2.3.2.4 Stigma and Discrimination in Access to Services
44	2.3.3 State Health Care Policies – Need for Preventative Measures
45	2.4 Government Response
45	2.4.1 Reproductive Health
46	2.4.2 Early Childhood Development
47	2.4.3 HIV/AIDS
48	2.4.4 Youth Policy
48	2.5 Suggestions to Enhance Children's Rights

CHAPTER 3 Education - Challenges and Opportunities

50	3.1 Introduction
51	3.2 Current Situation
51	3.2.1 Overview of the Russian Educational System
53	3.2.2 Pre-School Education
55	3.2.3 Primary and Secondary Education
55	3.2.3.1 Access to Education
56	3.2.3.2 Quality of Education
56	3.2.4 Existing Education Options for Children with Special Needs
58	3.3. Immediate and Underlying Causes
58	3.3.1 Limited Access to Mainstream Education
59	3.3.1.1. Physical Barriers
59	3.3.1.2. Lack of Information/ Knowledge
59	3.3.1.3. Labelling of Children as “Uneducable”
60	3.3.2 Increased Costs of Education
61	3.3.3 Modernisation of Education Curriculum

3.3.4 Teaching Capacities	62
3.3.5 Quality of Monitoring Mechanisms	62
3.3.6 Disparities in Access to Education	63
3.4 Government Response	64
3.5 Suggestions to Enhance Children's Rights	68

CHAPTER 4 Child Protection

4.1 Introduction	69
4.2 Current Situation	70
4.2.1 Children without Parental Care	70
4.2.2 Violence against Children	72
4.2.2.1 Domestic Violence / Child Abuse	72
4.2.2.2 Sexual Abuse and Human Trafficking	72
4.2.3 Specific Issues for Children in the North Caucasus Region	74
4.2.4 Children and Adolescents in Conflict with the Law	75
4.3 Immediate and Underlying Causes	77
4.3.1 Family Breakdown	77
4.3.2 Child Welfare Services	78
4.4 Government Response	80
4.4.1 Early Family Intervention/Alternative Family Care	80
4.4.2 Independent Monitoring Structure for Child Rights	81
4.4.3 Juvenile Justice System	82
4.4.4 Legislative Responses to Issues of Violence & Exploitation	83
4.5 Suggestions to Enhance Children's Rights	84

CHAPTER 5 Young People and Participation

5.1 Introduction	86
5.2 Current Situation	87
5.2.1 Higher Risks	87
5.2.2 Limited Participation in Political and Public Life	89
5.2.2.1 Political Interest	89
5.2.2.2 Participation in Social Activities	91
5.2.3 Participation in Working Life	92
5.3 Immediate and Underlying Causes	94
5.3.1 Lack of Leadership Skills & Limited Effective Engagement	94
5.3.2 Lack of Effective Monitoring Systems regarding Youth Participation	95
5.4 Government Response	95
5.5 Suggestions to Enhance Children's Rights	97

Foreword

UNICEF Russia is marking 10 years of cooperation in the Russian Federation. Since its establishment in 1997, the Office has sought to contribute to the well-being of young citizens of Russia. Working closely with federal and local authorities, progress has been made in the protection of children rights, but there are many areas where attention is still needed. For many, there is no time to lose.

Progress towards eradicating child poverty and reversing the alarming spread of HIV are urgent needs in Russia. Insufficient attention to these problems could result in heavy consequences, namely the unrealised potential of a generation, an abated demographic crisis, loss of economic opportunities, as well as social insecurity.

This UNICEF Situation Analysis of Children in the Russian Federation strives to assess the progress for children regarding advances towards the Millennium Development Goals (MDGs), which address globally poverty and hunger, child and maternal mortality and HIV and other diseases, while also promoting universal primary education, gender equality, environmental sustainability and a global partnership for development by 2015. The report focuses on the underlying and structural causes of problems that children face; it indicates how Government is addressing these problems; and proposes further actions to accelerate progress. While the report was produced in 2006 using data available at that time, some key statistics have been updated in early 2007 as this report goes to print, and important innovations in relevant government policy have been described. We are confident that the overall analysis of the issues is current and useful for an understanding of the critical issues facing children in Russia today.

The problems of a declining population and a 'demographic crisis' are much discussed currently, and policies are being introduced to promote increased birth rates and reduce mortality. UNICEF sees the real issue for Russia as much in terms of quality of life and realisation of human potential as in increasing the numbers. For this, a focus on children and the young generation is critical to success.

Increased economic growth in Russia stands to improve the state of its approximately 29 million children, especially those who have been excluded from adequate social services and basic social protection. Russia is now blessed with unique opportunities and is at a crucial juncture in efforts to pave the way for a better, more secure and peaceful world for all its children.

Our ultimate goal is to build for every child in the Russian Federation a world filled with opportunities and safety, where he or she could realise his or her full potential. Only by ensuring this right can we create a prosperous, secure, stable and successful society.



Carel de Rooy
UNICEF Area Representative in the Russian Federation and Belarus
June 2007

Introduction

Table 1: Key Statistics – Russian Federation

Total Population (thousands) (April 2007)	142,100
Population aged under 18 (thousands) (2005)	29,054
GNI per capita US\$ (2005)*	\$4,460
Under-5 mortality rate (per 1,000 live births) (2004)	14.5
Infant mortality rate (per 1,000 live births) (2005)	11
Life expectancy at birth (years) (2005)	65.3
Adult literacy rate (%) (2000 - 2004)*	99
Net primary enrolment/attendance (%) (1996-2005)*	91
HIV prevalence (officially registered cases per 100,000 people) (end of February 2007)**	254.6

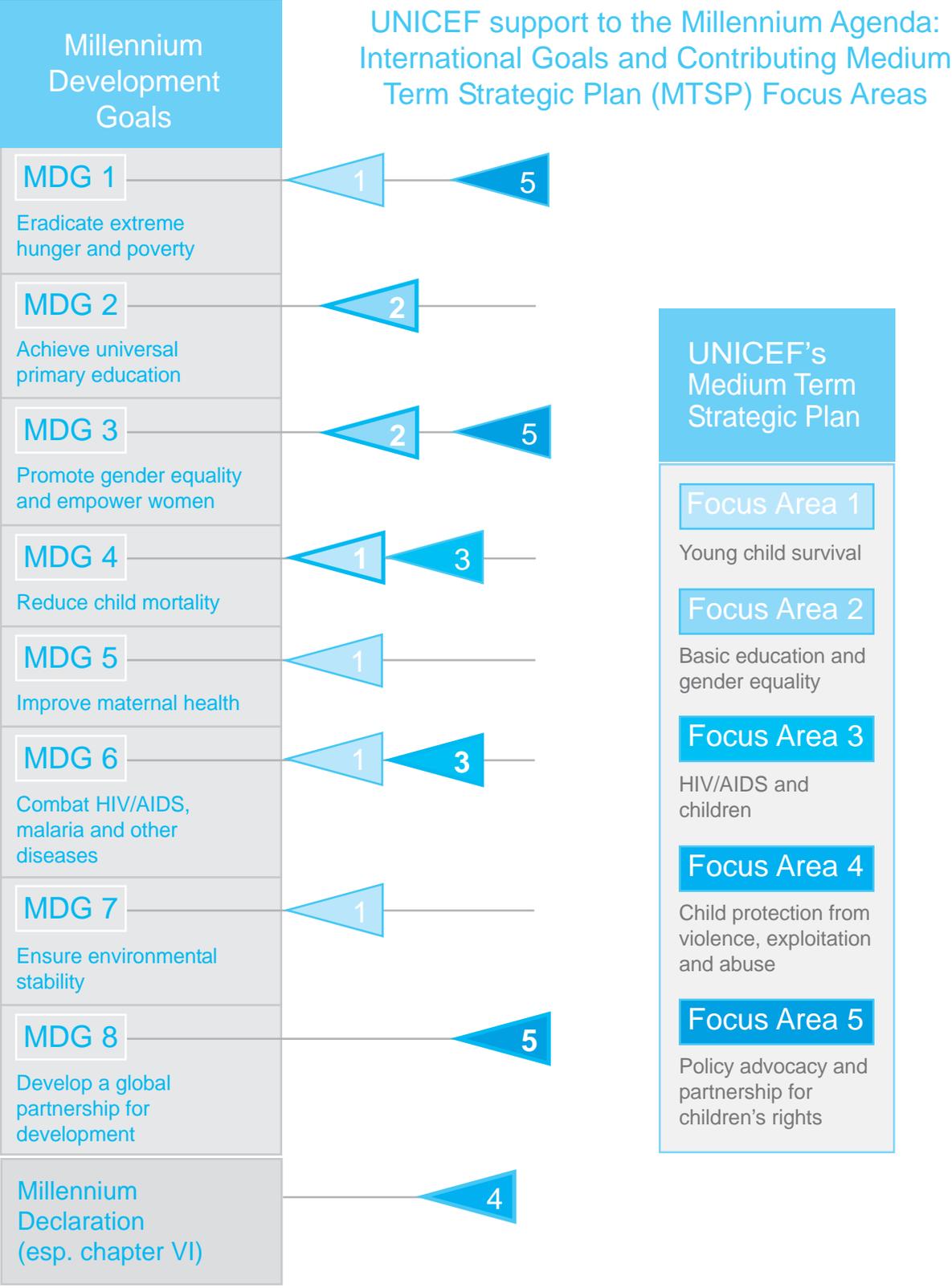
Data obtained from Federal State Statistics Service (Rosstat) from www.gks.ru.

* Data obtained from UNICEF/UN official figures at www.unicef.org.

** Data provided by the AIDS Foundation East/West, Officially Registered HIV Cases in the Russian Federation (1 January 1987 through 28 February 2007), based on data from the Russian Federal AIDS Centre. <http://www.afew.org>.

The Convention on the Rights of the Child (CRC) is the most widely ratified human rights treaty in history, with its adoption by the UN General Assembly in 1989. The Convention on the Rights of the Child affirms the rights of all children to survival, health and education through the provision of essential goods and services, and recognises the growing need to create an environment that protects children from exploitation, abuse and violence.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is a complementary human rights instrument to the CRC, with the commitment to support the equal rights of women and girls. The right of women to participate in



decisions that affect them is central to the realisation of the rights of children.

Through the Millennium Development Goals (MDGs), which arose from the Millennium Declaration, the world has agreed upon a road map for developing a better future. Each of the MDGs is connected to the well-being of children, setting quantitative targets to address extreme poverty and hunger, child and maternal mortality and HIV and other diseases, while promoting universal primary education, gender equality, environmental sustainability and a global partnership for development by 2015. The MDGs serve as a catalyst for improved access to essential services, protection and participation for children.

With its adoption of the CRC and UN Millennium Declaration, the Russian Federation has agreed to be bound to provisions of these documents. UNICEF's goal in this context is to support the government in fulfilling its responsibilities.

UNICEF's Medium Term Strategic Plan (MTSPs) provides the framework through which UNICEF works to contribute effectively to the international effort to achieve the MDGs by 2015, as well as other commitments made by governments at the United Nations General Assembly Special Session on Children (with the outcome of the Special Session being the document, *A World Fit for Children* (WFFC)). This work is done through ensuring the achievement of results for children in five focus areas, each of which directly contributes to the Millennium agenda.

Since UNICEF's inception, 60 years ago, the Soviet Union, and the Russian Federation as successor, has made a significant contribution to the protection of child rights around the world. The Russian Federation remains a reliable and indispensable partner of UNICEF and one of the key supporters in its efforts to create a decent childhood for children in Russia and worldwide. Accordingly, UNICEF's mission in the Russian Federation relies heavily on cooperation with the local authorities to successfully carry out its mandate.

With the Soviet Union's disintegration in 1991, the Russian Federation has faced enormous economic, political, and social changes, which have had significant implications for children's welfare. The improved socio-economic situation for the general population, however, has had limited impact on children as a group. According to research, poverty in Russia has a child's face, with the poverty risk for children at the end of 2006 being almost twice as high as for the general population (21.5 per cent versus 12.8 per cent)¹.

Some of the most basic child rights remain unfulfilled across Russia. Amongst the most significant factors that undermine these rights and prevent children from fulfilling their optimal potential, are poverty, a downside in the health and well-being of the population as a whole, parental neglect, child abuse and HIV/AIDS. The institutionalisation of children, including orphans, children from vulnerable families and children with disabilities, over many years has led to a situation where thousands of children grow up without the stability and nurturing of a family environment.

¹*Ovcharova L.N., Pishniak A.I., Popova D.O. New measures supporting families with children: improving living standards and raising birthrates? 2007, in print.*

Purpose of the Report

A significant number of children in Russia still make their way through life impoverished, abandoned and discriminated against.

The purpose of this report is to provide a short but comprehensive assessment of the state of children in the Russian Federation and to analyse underlying problems that undermine child rights, taking into consideration the principles of the Convention on the Rights of the Child and the widely adopted UN Millennium Development Goals.

The report argues that increased attention to the implementation of child rights and investment in children will create a platform for successful, stable and sustainable development in Russia.

Methodology & Structure of the Report

The principle methodology used to assess child welfare in Russia was a causal analysis approach to current trends. Trends or “manifestations” have multiple and inter-linked levels of causation:

1. Immediate causes are those most directly associated with the problem. For instance, young people’s lack of knowledge about HIV contributes to the fact that the majority of HIV-infected are those below the age of 30. These problems are apparent at the individual or household level.
2. Underlying causes are generally seen at the household or community level and may include factors such as an institution’s limited capacity. For example, a medical facility’s ability to provide services that meet the needs of adolescents most at-risk. Also important are the availability of resources at the household level, as well as inaccurate perceptions in the community.
3. Structural causes are seen in the national context. They include the allocation of resources, state expenditure and national priorities as reflected in social and economic policies, and belief systems within society.

The **first chapter** provides an overview of the situation in Russia, and thus the structural causes that influence the condition of children and families, highlighting key areas which are relevant in regards to the welfare of children and women. Two MDG topics, poverty and gender equality, are addressed in this chapter as they are cross-cutting issues which affect all areas – health, education, protection and young people’s participation.

In subsequent chapters the report examines the situation in key areas affecting child rights and welfare, and then analyses the immediate and underlying causes behind trends. Immediate and underlying causes are theme-specific and are therefore addressed in each of these chapters. The government response to these causes is then discussed, and finally, suggestions to enhance children’s rights are offered.

Reducing child mortality, improving maternal health and halting the spread of HIV/AIDS in Russia are priority areas for the work of UNICEF in the Russian Federation. **Chapter two** is devoted to an analysis of these **health issues**. This chapter also focuses on existing policy in this sphere and maps possible actions to achieve public health-related goals.

Education is a highly relevant and at times difficult issue for Russia today. A structural analysis of the educational system is laid down in the **third chapter**. Actions are required to strengthen all forms of Russia's education system (pre-school, primary and secondary education), and special attention is devoted to the decline of enrolment in the pre-school educational system.

Chapter four, entitled **Child Protection**, is especially important for significantly raising Russia's GDP. Russian authorities are gradually expanding their role in protection-related issues such as neglect and lack of parental care, violence of children, and eradication of child labour. UNICEF's report also analyses here the state of children in the Northern Caucasus. In this context, the most important issue is the creation of long-term strategies in the sphere of child protection.

Finally, **Youth Policy** aims to create favourable conditions for the participation of young people in Russian society. It is no coincidence that the involvement of youth in the political and economic process is a basic development indicator for civil society. **Chapter five** examines young people's participation and policy roles.



1.1 Introduction

As of April 2007, Russia had a population of 142.1 million. While ethnic Russians account for about 80 per cent of the total population, the balance is comprised of over 160 nationalities.

About 73 per cent of the population is classified as 'urban,' and live in the country's 1,066 cities and 2,270 urban settlements. The latter Soviet-era classification, however, can be misleading since these "settlements" often have much in common with rural areas, and lack the level of development usually associated with urban living.

The Russian Federation comprises of 85 self-governing constituent units (*subjects*), including 8 territories (*krais*), 47 regions (*oblasts*), 21 republics, 2 cities of federal importance, 1 autonomous region (*autonomous oblast*), 6 autonomous areas (*autonomous okrugs*). The cities of Moscow and St. Petersburg are treated as constituent units (*subjects*) in their own right. In addition, Russia's territory for administrative purposes is also divided among 7 federal districts. After the collapse of the Soviet Union in 1991, many of these constituent units succeeded in increasing their authority vis-à-vis Moscow.

The 85 constituent units differ substantially from one another in terms of natural resources, economy, and geography. Moreover, they tend to be extremely diverse within themselves; for example, regional centres often have a developed labour market and infrastructure, while small towns and rural areas have low income levels and much lower living standards.

1.2 Current Situation

1.2.1 Russia's Economy

Following the collapse of the Soviet Union in 1991, the Russian economy experienced major changes and upheavals; state assets and entire sectors of the economy were privatised, and prices were set on a free-market footing.

Russia faced the most difficult conditions during the economic collapse of 1991 to 1993, and again in 1998 when the Government defaulted on its debt, setting off a financial crisis. Beginning in 1999, Russia's economy began to rebound and grow. According to the World Bank, the Russian economy grew between 6 and 7 per cent annually from 1999 to 2005. Inflation (CPI) dropped from 18.6 per cent in 2001 to 10.9 per cent in 2005. CPI inflation for the first ten months of 2006 amounted to 7.5 per cent, as compared to 9.2 per cent during the corresponding period of 2005. The country has paid its foreign debt ahead of schedule, and foreign reserves have been growing.

Economic expansion continued to be concentrated primarily in non-tradable sectors of the economy that have profited from a stronger rouble. The rapid rise in prices for natural resources on world markets, especially oil and gas, helped the country build up foreign reserves (including gold) that totalled 272.5 billion USD for the first ten months of 2006. Following stabilisation of oil prices, however, Russia's large current account surplus has finally begun to contract². Increased attention by the Russian Government has been placed on the Russian gas and electricity sectors, where a combination of rapidly growing demand, stagnating supply, and depleting existing fields have raised prospects of additional price increases and possible future shortages.

²Russian Economic Report No.13, World Bank, Moscow Office, December 2006, www.worldbank.org, p.2.

The Government approved a package of measures to increase domestic gas prices and to promote the more rapid growth of alternative energy sources (nuclear and coal) for electricity³. World Bank experts find that the question of providing sufficient investment in gas and electricity over the medium term remains one of the most critical questions for Russia's future development.

Over the past few years, the Russian economy growth remained strong, with a registered GDP growth of 6.4 per cent for 2005, and 6.5 per cent for the first half of 2006. The structural composition of economic growth has experienced significant changes. Whereas in 2003 and 2004 economic growth was largely attributed to Russia's oil industry, growth in 2005 and 2006 was more balanced with substantial contributions from the production of non-tradable services and goods for the domestic market; almost 50 per cent of the GDP expansion in the first half of 2006 came from trade and construction. In 2006, industry, energy and utilities exhibited somewhat higher growth than in 2005, while the expansion in manufacturing has continued to slow down⁴.

The 2005 foreign direct investments (FDI) had a 39 per cent increase relative to 2004, reaching USD 13.1 billion⁵. During the first three quarters of 2006, FDI increased by an estimated 55 per cent, reaching USD 10.3 billion. The bulk of FDI during the first three quarters of 2006 was in energy, transportation, real estate and services. The financial sector also attracted a notably higher share of FDI than in previous years. High profits in the energy sector, the strong rouble and the booming domestic market were factors that contributed to increase private investors to Russia⁶.

According to World Bank estimates on purchasing power parity (PPP) and gross domestic product (GDP) for 2005, Russia ranked tenth among the world's economies. In comparison, Russia's PPP GDP for 2005 was 12.5 per cent of the United States' GDP, 39 per cent of Japan's, and 64 per cent of Germany's. By 2005, Russia's per capita GDP (PPP) was USD 10,700 which put it above the global average of USD 8,800.

After years of decline, Russia's strengthened economy has reinforced the Government's efforts to advance lagging structural reforms and to raise business and investor confidence in the country. These positive economic trends present a unique opportunity to increase investments on priorities for children and to accelerate social sector reform.

1.2.2 Demographics

The 2002 census calculated Russia's population at 145.8 million. By April 2007, that figure declined to 142.1 million. If this figure continues downward, with a net loss of almost 700,000 people each year, it is estimated that by 2050 the population will fall to 104 million. President

³Ibid, p.4.

⁴Ibid, p.3.

⁵Russian Economic Report No.12, World Bank, Moscow Office - -April 2006, www.worldbank.org, p. 6.

⁶Russian Economic Report No. 13, World Bank, Moscow Office, -December 2006, www.worldbank.org, pp. 4-5.

Putin underscored the severity of Russia's demographic situation in his May 10, 2006 annual address to the Federal Assembly, proposing actions to tackle this problem.

Following the growth peak in 1987 of 17.2 births per 1,000 people, Russia witnessed a sharp drop in the birth rate to 10.7 births per 1,000 people in 1992, just as economic and social reforms began. The subsequent upheavals strongly impacted reproductive behaviour and the birth rate continued to fall. Only in 2000 did the birth rate start to rise again.

Contributing factors to Russia's demographic situation include a low birth rate and a high mortality rate, especially among working age men. Furthermore, Russia's demographic situation is characterised by a contradicting trend: while Russia's infant, child and maternal mortality ratios are gradually declining, its life expectancy at birth has remained very low, continuously declining until 2003 (64.85 years) and experiencing limited improvements by 2005 (at 65.3 years). The average Russian male and female live to 59 and 72 years respectively in 2005. These increases only bring the life expectancy to the 2000 level at 65.3 years and significantly below the 1990 level at 69 years⁷. Particularly alarming is that the life expectancy of Russian men at age 30 years has shown no change since World War II, despite significant achievements in modern medicine during this time. Comparison of Russia's 2004 life expectancy (65.27 years) with other European countries 2004 life expectancies also highlights the severity of the problem: Norway at 79.6 years; the United Kingdom at 78.5 years; Italy at 80.2 years; and Poland at 74.6 years.

The greatest impact on population levels, however, is the overall mortality rate. In the 1960s and 1970s, the mortality rate began a steady rise, from 7.4 deaths per thousand in 1960, to 11 deaths per thousand by the end of the 1970s. Throughout the 1980s, that figure hovered around 11. After 1992, it rose sharply, reaching 15.7 deaths per thousand in 1994. This figure has remained stable since then, and was 16.1 deaths per thousand in 2005 (Rosstat 2005). Comparison of deaths per thousand of the first quarter of 2006 to that of 2007 shows a slight improvement: at 16.7 deaths per thousand in the first quarter of 2006 to 15.4 deaths per thousand in the first quarter of 2007 (Rosstat).

The main causes of death in Russia are: 1) cardio-vascular diseases; 2) accidents; and 3) cancer. In 1993, death by accident overtook cancer to occupy second place. For working age males, the single most frequent cause of death was accidents, with almost 40 per cent of these deaths being alcohol-related. Rates of alcoholism—especially among young people—and drug addiction have increased.

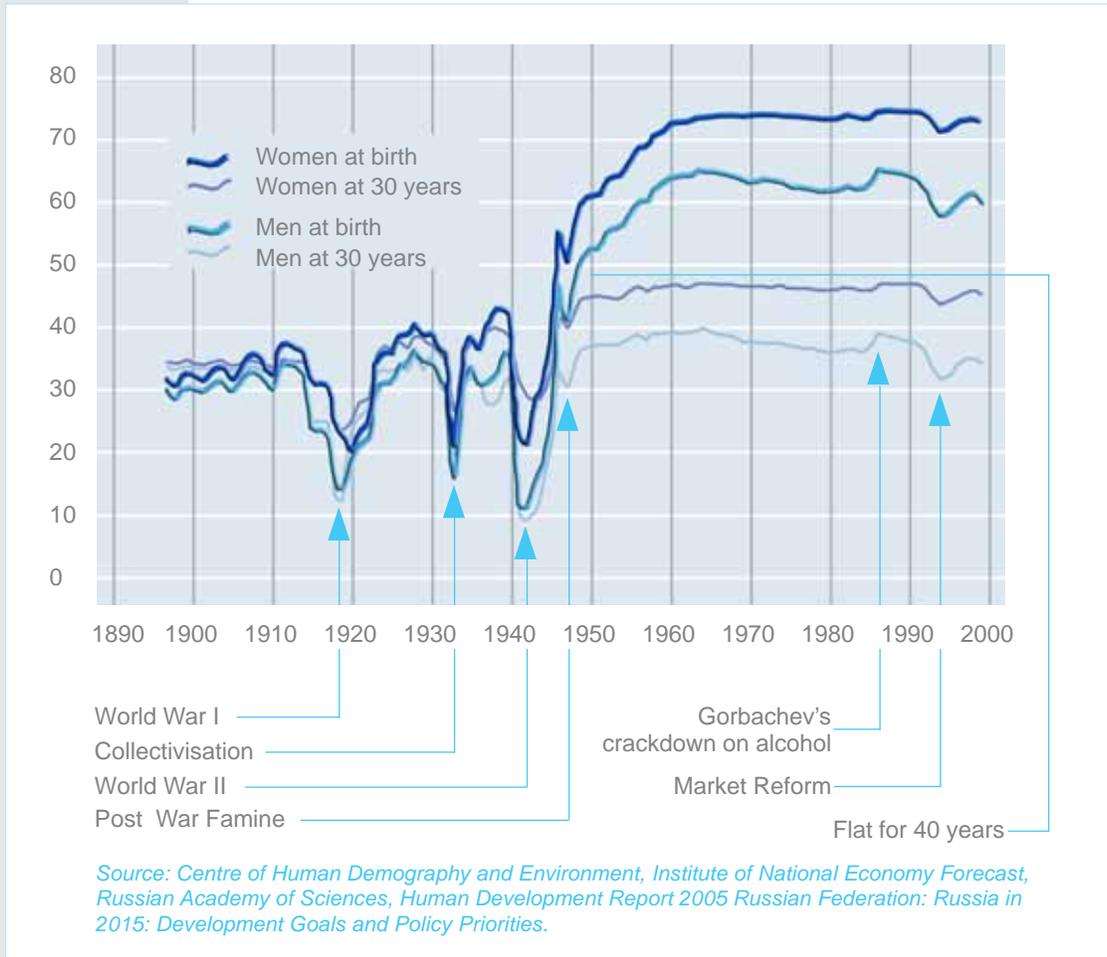
According to research made by Elizabeth Brainerd of Williams College and David M. Cutler of Harvard University, Russia as of the beginning of 2005 ranked 122nd in the world for male mortality⁸.

In his 2005 annual address to the Federal Assembly, the President proposed that lack of healthy lifestyles and effective prevention

⁷Data provided by Federal State Statistics Service (Rosstat); <http://www.gks.ru>.

⁸E. Brainerd & D.M. Cutler, *Autopsy on an Empire: Understanding Mortality in Russia and the Former Soviet Union*, William Davidson Institute Working Paper Number 740, January 2005, p.2.

Figure 1: Change in the Life Expectancy of Men and Women at the age of 0 to 30 years in 1900 to 2000 in the Russian Federation.



initiatives were two of the root causes for these contradicting trends. In the third periodic report on the Russian Federation's implementation of the Convention of the Rights of the Child, which were discussed among the Government and the Committee on the Rights of the Child in 2005, the Government also highlighted the acute problem of increasing trends of smoking, drinking, substance abuse and unsafe sex among young people which, if not effectively addressed, could further deteriorate Russia's life-expectancy trends.

Figure 1 indicates that the latter have a dramatic history. Four major troughs can be found. The first coincides with World War I and the Bolshevik Revolution (1914-1917). The second in the 1930s relates to the collectivisation of agriculture which led to widespread famine. The third corresponds to World War II in the early 1940s, and the last in the 1990s after the breakup of the Soviet Union. Russia's life expectancy curve over the last century clearly shows that lack of appropriate policies, attention and investment in the health of the population has had as significant an effect upon Russia's life expectancy rate as war has had. Over the past 40 to 50 years, Russia's life expectancy curve has been almost flat, despite substantial medical advancements. A positive impact occurred in the late 1980s when there was a government crackdown on alcohol; this

unpopular but very effective policy was however short lived. Although the current Government cannot be held accountable for past policies, it is responsible to take actions now that improve life expectancy in the future.

The next potential challenge, regarding Russia's life expectancy, to be mitigated is its rapidly growing HIV epidemic. Over the past several years, HIV has been predominantly transmitted among injecting drug users. Starting in 2001, the share of sexual transmission of HIV started to increase. In 2005, the HIV epidemic in five Russian regions (*subjects*) had become generalised, i.e. the HIV-prevalence rate among pregnant women was consistently higher than 1 per cent. Implications of the epidemic upon life expectancy are currently unclear, but suggest negative consequences if pro-active steps to get ahead of the epidemic are not taken.

The migration challenges also contribute to the demographic crisis that Russia faces. According to a migration study of CIS and CEE countries, Russia is a target destination for other former Soviet republic populations⁹. This migration consists mainly of the Russian diaspora returning to its motherland, and of the indigenous populations from other republics. In addition, more people from outside the former Soviet Union are migrating to Russia. Inside the country, the leading migratory trend has been a massive flow of people from Siberia, the Far North and Far East towards the Central European part of the country.

1.2.3 Living Standards

The disintegration of the Soviet Union in the early 90s resulted in the elimination, privatisation, or reduction of many social services and family supports, which, while varying in quality and quantity, had been widely available and virtually free. Loss of these programmes contributed to deterioration of the standard of living during the 1990s. Since 2000, however, Russia's standard of living has gradually been growing.

Average real wages and incomes have been increasing over the last few years, with increases by 13.2 per cent and 11.5 per cent, respectively during the first ten months of 2006. Growth in retail trade (12.6 per cent) in the first 10 months of 2006 well exceeded the expansion of GDP. Strong appreciation of the rouble led to particularly rapid growth of average monthly dollar wages (USD 381 for the first ten months of 2006), which experienced a 30 per cent increase over the corresponding period of 2005. Unemployment rates for the first ten months of 2006 remained unchanged as for that period in 2005¹⁰. Unemployment rates also fell, averaging 7.6 per cent in 2005, as compared to 8.6 and 8.2 per cent in 2003 and 2004, respectively¹¹.

According to UNDP, the Human Development Index (HDI) for 2006

⁹Population, Health and Migration in Contemporary Russia, by Timothy Heleniak.

¹⁰Russian Economic Report No. 13, World Bank, Moscow Office -December 2006, www.worldbank.org, pp. 10-11.

¹¹Russian Economic Report No. 12, World Bank Moscow Office – April 2006, www.worldbank.org, p. 11.

Although the current Government cannot be held accountable for past policies, it is responsible to take actions now that improve life expectancy in the future.

MDG 1

Eradicate extreme poverty and hunger

Targets

1. Halve, between 1999 and 2015, the proportion of people whose income is less than \$1 USD a day.
2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

was highest in Norway, and lowest in Niger¹². Russia ranked 65th out of 177 countries. Although Russia has improved its position from 75th in 1995, its overall poor performance is largely rooted in the sharp decline in the standard of living, and the demographic crisis. The variation in living standards among the regions can also be measured using HDI regional indices. Over the last four years, these figures show that the gap between the regions with the maximum and the minimum levels has widened. In only three regions did HDI levels match those of developed countries – Moscow, Tyumen Region (the largest oil-producing region) and the Republic of Tatarstan.

Corruption is an on-going issue which impairs Russia's economic development. Surveys of small businesses undertaken by the Centre for Economic and Financial Research (2005), a Russian think tank, indicated that corruption fell from 2001 to 2002 but then worsened again by 2004. Although the "bribe tax" in Russia has reportedly declined as a percentage of revenue from 2002 to 2005, the economy's rapid growth suggests that the magnitude of bribery has nonetheless increased, notably in business licensing and government procurement. While the Russian Government has passed legislation to streamline public administration and to improve tax administration, inconsistent and ineffective implementation, as well as restrictions on civil society's monitoring, has contributed to the gap between reforms and real progress in reducing corruption¹³.

Income and social disparities remain, primarily affecting children and female-headed households. Wealth is disproportionately concentrated in the larger cities and oil producing areas. The economic difficulties of the 1990s led to declining expenditure on basic social services. Although Russia has met most of the Millennium Development Goals at the national level, disparities, particularly interregional ones, underlie these relatively good average rates and trends.

1.2.3.1 Poverty Profile

According to the official Russian methodology, households and individuals are counted as poor if their incomes are below the subsistence minimum. This subsistence level varies across Russia's 85 regions – with the levels by the fourth quarter of 2006 ranging from under 3000 roubles per month (approximately USD 110) to more than 5,000 roubles per month (approximately USD 190).

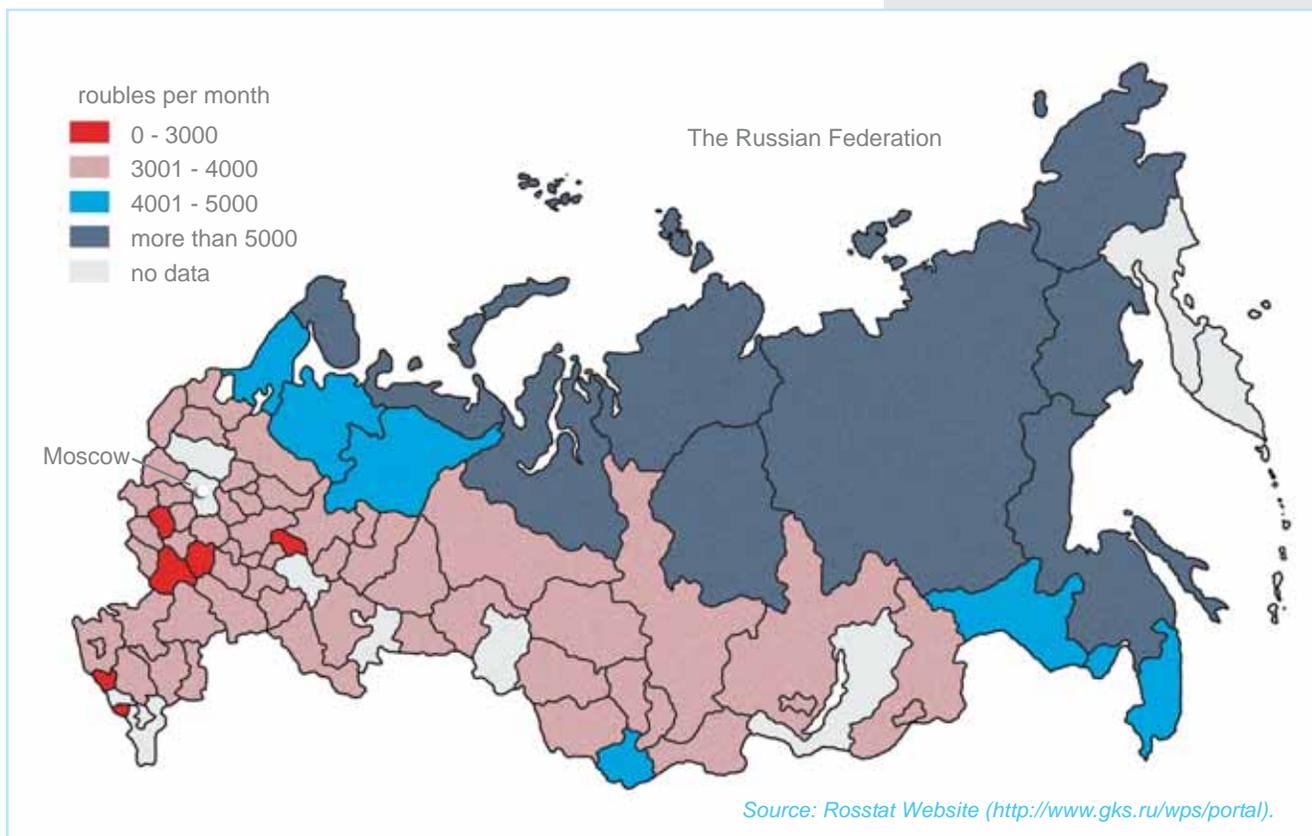
Official estimates during 1992 reforms, which many believe to have understated the situation, claimed that one-third of Russians were living in poverty. Subsequently, the situation improved slightly, and by 1997 the poor made up just over 20 per cent of the population. The 1998 financial crisis, however, led to another sharp deterioration in the population's material well-being, and in 1999 almost 30 per cent had incomes below the subsistence minimum (Rosstat).

As the economy rebounded, the standard of living has been gradually growing with a drop to 12.8 per cent of the population living below the

¹²Human Development Report 2006: *Beyond Scarcity: Power, poverty and the global water crisis*, UNDP, 2006, pp. 311-312.

¹³Information from this paragraph was taken from *Anticorruption in Transition 3: Who is Succeeding ... and Why?*, James H., Gray, Cheryl W., *The International Bank for Reconstruction and Development/ The World Bank*, 2006, p.38.

Map 1: Subsistence Minimums at the 1st Quarter of 2007 as of 23 May 2007



poverty line at the end of 2006¹⁴. Many families, however, hover just above the Government's official poverty line and therefore are not registered as poor.

Poverty in Russia today has a child's face, with the poverty risk for children at the end of 2006 being almost twice as high as for the general population (21.5 per cent versus 12.8 per cent)¹⁵. Furthermore, families with dependents, especially single-parent families, and families with two or more children under 16 years old, face a high risk of joining the ranks of the poor. Poverty in general and child poverty in particular is linked to labour conditions¹⁶.

Poverty in Russia today has a child's face, with the poverty risk for children at the end of 2006 being almost twice as high as for the general population.

1.2.4 Social Protection System and its Impact on Poverty of Families with Children

Public welfare funds from the state budget, enterprises, and trade unions

¹⁴Ovcharova L.N., Pishniak A.I., Popova D.O. *New measures supporting families with children: improving living standards and raising birthrates? 2007, in print.*

¹⁵Ibid.

¹⁶Ovcharova L.N. and Popova D.O. *Child Poverty in Russia: Alarming Trends and Policy Options.* UNICEF, Independent Institute of Social Policy, Moscow, 2005, pp. 14-15.

are used substantially to improve the condition of workers in Russia, both materially and socially. A major portion of public welfare funds goes to free medical service, training, pensions, and scholarships. All workers and professionals in Russia receive paid vacations of up to one month.

The social protection system's basic provisions consists of: (1) insurance and non-insurance social monetary transfers, (2) benefits for the payment of goods and services granted to certain categories of the population, and (3) social services for vulnerable groups of the population (e.g. pensioners, disabled, orphaned children, and others). The most widespread types of benefits are: (1) temporary disability benefits; (2) monthly benefits for children until 16 years old and students until 18 years old; and (3) unemployment benefits.

Over approximately 15 years, there was a trend of decreasing government support to families with children, manifested in expenditure cutbacks of family and maternity benefits. Whereas in 1991 family and maternity benefits accounted for 77.3 per cent of the total amount of funds, in 1995 this share had dropped to 54 per cent, and by 2003, it was only 32.4 per cent¹⁷. This change was prompted by the cancellation of monthly benefits for all children and the shift to more targeted benefit payments to children in poor families.

In 2006, the Government took pro-active measures to address its demographic situation, proposing substantial increases in existing child and maternal benefits as well as new provisions. Based on the 2006 proposals, the following new provisions were implemented as of January 2007:

Increase in the size of monthly childcare benefits paid until the age of 18 months – up to 1,500 roubles (approximately USD 57.70) for the first child and 3,000 roubles (approximately USD 113.48) in the case of additional children. The maximum amount of a monthly benefit should not exceed 6,000 roubles (approximately USD 230.77);

Payment of lump-sum benefit for the placement of a child in alternative family-based care settings, 8,000 roubles (approximately USD 307.70);

Performance of regular health care check-ups of children living in children's homes;

Provision of "Maternity Capital," which comprises of allocation of a payment of 250,000 roubles (approximately USD 9,615) to women giving birth to or adopting a second or subsequent child. Capital can be applied to acquirement of housing on a mortgage or on the basis of other lending systems; payment for all types of education; or additional payment to the mother's pension. Dispersal of the "maternity capital" is only conducted upon the child reaching 3 years old.;

Increase in the value of maternity certificate up to 3,000 roubles (approximately USD 113.48) during pregnancy and up to 7,000 roubles (approximately USD 270) at birth; and

Compensation to parents for payment of public and municipal

¹⁷The following benefits are classified as family and maternity benefits: maternity benefits; benefits upon the birth of a child; childcare allowances up to 18 months; childcare benefits for disabled children; monthly benefits for each child.

pre-school education institutions – 20 per cent reimbursement for the first child; 50 per cent reimbursement for the second; and 70 per cent reimbursement for the third and following children.

Initial analysis¹⁸ suggests that these benefits will most likely either have no impact on the birth rate or provoke a one-time growth followed by a slump. The income of families with children is expected to increase thanks to the childcare benefits but no special preferences for poor families are envisaged. Even prior to these new benefit increases, poor families were receiving as little as 20.9 per cent of the total funds assigned for benefit payments. In regards to consequential effects for poor families, poverty risk among the targeted group (i.e. children under 18 months old) will be reduced in 2007 almost four-fold as compared to the risk faced in 2006. For families with children under 18 months old, the proposed measures will result in a substantial decrease in both the level and depth of poverty. However, since the targeted group only constitutes a minor portion of the total number of children, the overall level of child poverty is expected to decrease merely by 3 per cent and its depth by 1.8 per cent, in comparison with 2006 figures.

A major challenge for future actions will be to ensure that the social welfare reforms underway are adequately resourced; are complemented with economic and social policies that address disparities; and are well tailored to the needs of children and young people. The increased role, and subsequent responsibility, of regional authorities in providing social support requires development of clear planning mechanisms for resource allocation and monitoring and evaluation tools to assess the impact of planned responses.

1.2.5 Gender Issues¹⁹

Under MDG 3, “promote gender equality and empower women,” the international community set as the key goal “to eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels no later than by 2015.” This objective assumes that achieving gender equality in access to all levels of education will eradicate inequality of access to wage employment; level out the gender structure of employment access; and reduce gender asymmetry in political participation.

Russia has a high level of gender equality in access to education, with women generally having higher professional education levels than men. However, experience shows that gender equality in the education system is an essential but not necessarily sufficient condition for gender equality in other aspects of public life. As a result, experts have suggested that the target of ensuring gender equality in access to education needs to be supplemented in Russia by other targets, which can guarantee equal rights and opportunities for men and

¹⁸Ovcharova L.N., Pishniak A.I., Popova D.O. *New measures supporting families with children: improving living standards and raising birthrates? 2007, in print.*

¹⁹Materials and references for this section come from the *Human Development Report 2005 Russian Federation: Russia in 2015: Development Goals and Policy Priorities, UNDP Russia, 2005, Chapter 3, pp.58-73.*

MDG 3

Promote Gender Equality and Empower Women

Target

Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015.

women in all spheres. Sustainable human and economic development of any country presupposes broader development opportunities for both sexes, and, as a result, problems of gender development are relevant for Russian men as well as Russian women.

The key gender issue for men is the low male life-expectancy which in 2005 was 13.34 years less than women in urban areas and 13.88 years less in rural areas. The main reason for this large discrepancy between men and women is mainly due to high mortality rates in able-bodied age groups of men. This situation in turn results in a disproportionate number of widows to widowers, particularly after 30 years old, and thus a high level of female single households. This gender asymmetry becomes greater with older generations, among the 50 to 59 years age group the share of married men exceeds that of married women by 1.4 times, and by more than 3 times over 70 years old.

In regards to employment, gender issues largely affect women. While women comprise 49 per cent of the wage employment, female employees at large and medium-size enterprises were only paid 64 per cent of the wages of men in 2003. Differences in wage remunerations between men and women are particularly apparent for the 20 to 40 years age group. Furthermore, women generally need higher education to secure a significant increment in their earnings, whereas men obtain sufficient economic gains from their education even in blue-collar jobs. It is also true that higher levels of education are still insufficient to bridge the gap between women's labour remuneration and that of men with a comparable level of education.

Regarding employment in harmful labour conditions, men still are more affected, largely due to labour mechanisms regarding maternity protection which remain from the Soviet period. However, the share of workers for both sexes employed in harmful labour conditions has grown. The share of men employed in industry conditions, not complying with sanitary and hygiene standards, rose from 26.4 per cent in 1999 to 28.6 per cent in 2003 and for women from 14.9 per cent to 16.3 per cent.

Women are also not extensively represented in Russia's political structures. As of March 2005, only 5.6 per cent Federal Council Senators were women. Women's representation in the State Duma was higher (9.8 per cent of all Duma deputies). As of 2005, the Federal Government's administration did not have one female minister. According to the Inter-Parliamentary Union, in 2005 Russia ranked 84th out of 125 countries in regards to the number of women representatives in national parliaments²⁰.

The Government has several national plans to improve women's position and role in society. What is missing, however, seems to be political will, resources and state mechanisms, including supervision and control that could transform these declarations into effective measures.

²⁰Human Development Report 2005 Russian Federation, *Russia in 2015: Development Goals and Policy Priorities*, UNDP, 2005, p.68.

1.3 Government Response

Since 2000, the Russian Government has launched initiatives to halve the number of people living below the poverty level (to about 10 per cent of the total population.) A component of these initiatives is dedicated to combatting the child poverty that followed the collapse of the Soviet Union in 1991.

Russia's social services sector tends to provide blanket coverage and often have little direct impact on the poorest segment of the population. Measures to reform the system and better address the poorer segments are greater use of targeted social assistance and conversion of benefits into cash form, i.e. the transformation of non-monetary benefits and subsidies into cash allowances.

The Government's proposal for the conversion of benefits into cash has allowed World War II veterans, disabled and pensioners to receive monetary compensation in place of their current benefits. The services to which they are entitled include free medical care and treatment in health centres, and free travel on the underground and on suburban railways. As of 2006, beneficiaries can choose to receive their social support in cash alone, or partly in cash and partly in benefits in-kind.

In 2004, Russia initiated a de-centralisation process which included partial transfers of responsibility for social sector services to the regional and municipal levels. While these changes may provide opportunities for a more focused response at the local level, they could also threaten implementation of a consistent and effective response nationwide.

Federal standards and budgetary commitments are necessary to ensure that children throughout the country receive equal opportunities to resources and programmes.

In 2005, President Vladimir Putin unveiled four national projects to improve the lives of those citizens most at risk. In 2006 alone, the Government invested almost USD 6 billion on education, health care, agriculture, and housing. Funds for housing and agriculture rose 30 per cent. For health care, the figure increased 60 per cent, and for new housing, the figure rose 400 per cent.

These four national projects in health, education, housing, and agriculture are a major focus in current Russian policy and directly target the population's standard of living. Under the plan, 382 billion roubles (USD 14 billion) is being spent from federal and sub-national budgets, while 60 billion roubles (USD 2.2 billion) is being granted in guarantees. According to the breakdown given in Table 2, 76 per cent of the associated expenditures will come from the federal budget - 290 billion roubles (USD 10.6 billion)²¹. At the March 7, 2007 national projects meeting, the President requested the clarification of activities, programme implementation and financial capacity for the national projects for 2008 to 2010. Extension of these priority government projects provides a greater window of opportunity to address children's interests.

²¹Material for this paragraph taken from *Russian Economic Report April 2006, The World Bank, Moscow Office, p.11.*

Table 2: Financing of the National Projects from Federal and Regional Budgets (in billion roubles)

	2006	2007	Total (06-07)
Health	88.4	120.5	208.9
Education	25.3	31.2	56.5
Housing	35.4	46.2	81.6
<i>Government guarantees</i>	<i>26.5</i>	<i>33.5</i>	<i>60.0</i>
Agriculture	16.2	18.7	34.9
Total (excluding guarantees)	165.3	216.6	382

Source: Russian Economic Report No. 12, World Bank, Moscow Office, April 2006, www.worldbank.org, p.11.

National project priorities provide opportunities to improve child welfare. During Russia's presentation of its Third Periodic report to the Committee on the Rights of the Child in September 2005, the Government cited the national project for health as one of its key strategies to enhance the health of children and youth. Under this project, the Government committed itself to create six large federal medical centres for children addressing cardiovascular problems, and to provide all children with Hepatitis B vaccination.

Furthermore, the Government has taken more active measures in addressing its critical demographic situation. In his May 2006 annual address to the Federal Assembly, President Putin proposed increases in childcare allowances for children under one and a half years; provision of maternity leave for mothers with children under one and a half years, which comprises 40 per cent of previous wages; compensation for expenses families pay to pre-school childcare; and provision of "maternity capital" social support measures, amounting to 250.000 roubles (approximately USD 9,615) for families which give birth to more than one child. As of January 2007, a programme with an estimated budget of 44 billion roubles (USD 1.6 billion) was implemented for the childcare allowances and the "maternity capital" measures. These policies may provide crucial support for some families with young children.

While oil, gas and other natural resources are crucial for Russia's short and medium-term development, sustained economic growth in the long-term will be determined by the quality of its human capital and its population's productivity. This highlights the strategic importance of prioritising investments in children.

TWO

Health of Children and Women



2.1 Introduction

Health issues involve a variety of basic human rights, including the right to health care; the right to receive information concerning the impact on human health of varying activities or products; and the right to timely medical and disease-prevention assistance.

Under the Millennium Declaration, several goals were set in regards to promotion of health, namely:

CRC Article 6(2):

State Parties shall ensure to the maximum extent possible the survival and development of the child.

CRC concluding observations (September, 2005):

Paragraph 53:
Committee encourages the State party to:
b) Increase public expenditure on health.

MDG 4: Reduction of child mortality;

MDG 5: Improvement of maternal health; and

MDG 6: Combatting of HIV/AIDS, malaria and other diseases.

For Russia, factors such as maternal and child health figures are often seen by Government not so much as indicators of poor health, but as key actions for solving its demographic crisis. Focus on the first two aspects requires particular attention to reducing perinatal deaths, which are the bulk of child mortality cases, as well as to providing better support to women to ensure proper levels of nutrition and healthy behaviours from pre-conception.

While actions to reduce child mortality and to improve maternal health are important factors, they are only a piece of the picture necessary to significantly improve the population's overall health. Prevention of premature adult mortality, particularly for males, is of critical importance to substantially affect the health status of Russia's population. Such actions require activities including promotion of healthy lifestyles and providing age-appropriate health information and services.

Attention to issues such as HIV/AIDS (MDG 6) is also critical for the health status of Russia's population. Russia currently experiences the largest HIV epidemic in Europe. In 2005, the HIV epidemic in five Russian regions has exceeded or is coming close to a generalised status. Over the past few years, the frequency of new HIV infections among pregnant women has increased almost 600 times, reaching by the end of 2004 112 cases per 100,000 pregnant women screened for HIV. Furthermore, Russia harbours one of the world's youngest HIV epidemics; 82 per cent of people living with HIV (PLWH) were diagnosed when they were between the ages of 15 to 30 years old. In 2006, 84 per cent of PLWH were young people between the ages of 15 to 30 years²². If prompt actions are not taken to address Russia's HIV epidemic, it could have a lasting impact on the country's demographic situation as well as on its economy and security.

In developing health strategies, it is critical that the Government consider these key factors in tandem.

2.2 Current Situation

2.2.1 Key Health Indicators

2.2.1.1 Maternal Mortality Ratio

Since 1999, Russia's maternal mortality ratio has declined from 44.2 deaths of women per 100,000 live births to 25.4 deaths of women per 100,000 births in 2005²³.

²²The Ministry of Health and Social Development of the Russian Federation, *The Provision of Medical and Social Care for HIV-Positive Pregnant Women and Their Infants, Policy Briefing Paper, Moscow 2007, pp.4-6.*

²³MONEE Statistical Template, Russian Federation, Official Data from Rosstat.

MDG 5

Improve Maternal Health

Target

Reduce by three quarters the maternal mortality ratio

Causes for maternal mortality have remained practically unchanged over the years, namely, by abortions, haemorrhage, and late toxemia.

2.2.1.2 Infant & Under-5 Mortality (Child Mortality) Ratios

Russia has also experienced a slow but stable decline in its infant and child mortality ratios, from 17.2 per 1,000 live births in 1997 to 11 per 1,000 live births in 2005 and from 21.1 per 1,000 live births in 1998 to 14.5 per 1,000 live births in 2004, respectively (Rosstat).

Reduction in infant mortality is largely attributable to a decline in deaths during the first 30 days after birth (perinatal period).

In spite of the positive dynamics, Russia's infant mortality ratio is still more than 2 times higher than the average European level.

Causes for infant mortality have also remained unchanged, with major factors including: individual conditions during perinatal period; congenital defects; respiratory diseases; digestive system diseases; infectious and parasitic diseases; accidents, poisoning and injury.

Infant mortality from respiratory diseases remains a serious problem in rural areas. Despite a 88 per cent decline in respiratory disease deaths for Russia nationally, a number of regions and rural areas have experienced increases.

Recent years have demonstrated a rise in infant deaths due to accidents, poisoning and injury, totaling 6.9 per cent of infant mortality cases in 2005²⁴. This indicator is significant as it may signal unfavourable social environments in families of newborns.

2.2.2 Reproductive Health

Women's and adolescent girls' reproductive health is a strategic issue for maintaining and promoting the health of mothers and children in Russia. Young people, in particular, have experienced deteriorating reproductive health.

Gynaecological disorders, such as dysfunctions of the menstruation cycle, *salpingitis* (infection of the fallopian tubes) and *oophoritis* (infection of the ovaries) among adolescent girls increased between 2001 to 2005, 29.9 per cent and 8.8 per cent respectively²⁶. Biological and social factors make girls more vulnerable to reproductive health problems. The incidence of health problems among girls is 15 per cent higher than among boys²⁷. These conditions are occurring against a background of a general deterioration of young women's health.

²⁴*ibid.*

²⁵ See: E.M.Andreev, E.A.Kvasha. *Specifics of the infant mortality rate in Russia. Problems of social hygiene, health care and the history of medicine. 2002. No. 4, pages 15-20. 40 "How High is Infant Mortality in Central and Eastern Europe and the CIS?" Nadezhda Aleshina and Gerry Redmont. Nov, 2003, Innocenti Working paper No. 95.*

²⁶Data presented by the Ministry of Health and Social Development at the Youth-friendly Clinics Conference, St. Petersburg, June 2006.

²⁷Specifics of the formation of the reproductive health of girls in Russia today. V.I.Kulakov, E.V.Udarova. Scientific Centre for Obstetrics, Gynaecology and Perinatology of the RAMS. <http://www.exposystems.ru>

MDG 4

Reduce Child Mortality

Target

Reduce by two thirds the mortality rate among children under five.

Official Russian statistics could potentially be lower than reported figures²⁵.

In Russia, official statistics gathering does not fully comply with the World Health Organisation's (WHO) infant mortality procedures, and thus could result in inaccuracies. Russia officially adopted WHO's international live birth registration standard in 1993, endorsed in December 1992 by the Ministry of Health (Decree Number 318) and the State Statistical Committee in the same month (Decree Number 190). Health care institutions document and register all live and still births, with weight 500 grams and more, irrespective of evidence of vital life signs. However, the registry offices (ZAKS) register only children with weight of 1,000 grams and more (or, if the weight at birth is unknown, height of 35 cm or more and gestation period of 28 or more weeks). As a result, the official statistics do not include children born with weight less than 1000 g, which lead to lower infant mortality rates.

The rise in the number of cases of anaemia is of particular concern.

2.2.2.1 Pregnancy

a) Pre-natal Care:

Since the early 1990s, Russia has seen a rise in the incidence of anaemia, circulatory system diseases, toxæmia (eclampsia), and other ailments among pregnant women. The rise in the number of cases of anaemia is of particular concern.

Pregnant women with anaemia are more likely to have premature deliveries and low birth weight babies. In 2002, women with anaemia accounted for 42.8 per cent of all pregnancies resulting in child birth, up by a factor of 3.5 from 1990 and by a factor of 11.6 from 1980. The causal link between anaemia and low-birth weights is exhibited in the increasing number of underweight newborns in Russia since the mid-1990s; in 1996, 77,500 babies were born with a weight of less than 2.5 kg, whereas in 2000 there was an increase to 82,000 babies in this category²⁸.

Premature childbirth and low-weight newborns are also a result of smoking and alcoholism²⁹. Smoking during pregnancy can provoke chronic foetal hypoxia, which retards foetal development and causes placental defects and other complications. These problems are major causes for post-natal death.

No reliable data exists regarding the number of pregnant women who smoke in Russia. However, judging from the prevalence of smoking among women of reproductive age, the numbers could be quite high. According to the Russian Longitudinal Monitoring Survey, about 14.5 per cent of women surveyed are smokers, and their numbers are growing rapidly, increasing nearly 100 per cent between 1992 and 2002.

Such unhealthy lifestyles among pregnant women and the high incidence of circulatory system diseases are prime factors contributing to the steady rise in congenital defects and ailments among newborns. If these trends are not addressed, it will be difficult to further improve children's health and reduce infant mortality ratios.

b) Pregnancy among Adolescents:

The issue of adolescent pregnancy in Russia is a concern. A relatively high proportion of young women are having children, and according to Rosstat, 27.5 per 1,000 young women under 20 years old gave birth in 2005. Between 2000 to 2004, there was an 11.7 per cent increase in the number of births among minor girls 17 years old and younger – 41,159 births in 2004 versus 36,831 births in 2000. The majority of these births were among 16 and 17 years olds, 93 per cent of the births in 2000 and 92.4 per cent in 2004. Nevertheless, 16 and 17 years olds face greater medical risks and are likely to be less psychologically prepared to care for a child³⁰. Since pregnancy among

²⁸"Demoscope". No. 67-68, 20 May-2 June 2002. *Electronic version of the bulletin Population and Society*. <http://demoscope.ru/weekly>.

²⁹Wilcox AJ. *Birth weight and pre-natal mortality: the effect of maternal smoking*. *American Journal of Epidemiology*. 1993 May 15;137(10):1098-104. *Smoking and Premature Birth Study*. *American Journal of Obstetrics and Gynaecology* 1998;179:1051-1055; *Smoking: Effects on Mothers and Babies in West Virginia*. HSC. *Statistical brief*. www.wvdhhr.org

³⁰Data presented by the Ministry of Health and Social Development at the Youth-friendly Clinics Conference, St. Petersburg, June 2006.

adolescents is more frequently accompanied by anaemia, miscarriage, haemorrhaging and other complications, the chances of maternal mortality in this group have grown dramatically.

2.2.2.2 Abortions

Even when performed by competent doctors, abortions may lead to irreversible and long-term damage to women's reproductive health, especially for adolescent girls and those pregnant for the first time.

Despite these dangers, abortion remains a common form of birth-control in Russia. Based on 2003 abortion rates, experts estimate that a woman on average in Russia has 1.8 to 2.6 abortions during her reproductive cycle³¹. Although the absolute number of abortions has been decreasing, the ratio of abortions to births remains high: 124 per 100 deliveries in 2004, down from 204.9 per 100 deliveries in 1989³². The total number of abortions in 2004 was almost 1.8 million. In cases of multiple abortions, this may result in women experiencing acute inflammatory diseases, sterility, and hormonal disorders.

The severity of the problem is obvious when Russia is compared with other countries. Russia occupies first place in the number of per capita abortions, not only among European Union countries, but also among the CIS countries. The level in Russia is 1.6 times higher than the average for the CIS, and 5.6 times higher than for the EU³³.

a) Abortions of Adolescent Women:

Even when compared to the overall high level of abortions in Russia, the situation regarding abortions among adolescent girls warrants concern. According to Rosstat, in 2004 the number of abortions for 15 to 19 year olds was 29 per 1,000 girls. For under 15-year olds, the figure was 0.1 per 1,000 girls.

Although the number of abortions among 15 to 19-year old girls is falling, in recent years the number of abortions among those under the age of 15 year olds has risen.

While there are different estimates, in 2004 about 10 per cent of abortions were performed on girls under 19 years old, and about 88 per cent of pregnancies in girls under 15 years old ended in abortion (Rosstat).

2.2.3 Early Childhood Development

2.2.3.1 Immunisation of Infectious Diseases

According to statistics, the number of children under 14 years of age who suffered one or more infectious diseases nearly doubled between 1992 and 2002. At the same time, by 2002 the situation with diseases such as measles, mumps and diphtheria had improved, although

³¹V.Sakevich. *Abortion or contraception.. Which do Russian women choose? Demographic Weekly Demoscope*, 1 123-124, 25 August –7 September 2003.

³²Data found in *Innocenti Centre. Social Monitoring 2004 as well as Rosstat (2005)*.

³³Comparison was made with the 15 countries in the European Union prior to May 2004.

significant regional disparities existed. For example, the incidence of measles in the Chechen Republic in 2002 exceeded the national average by nearly fourteen-fold³⁴.

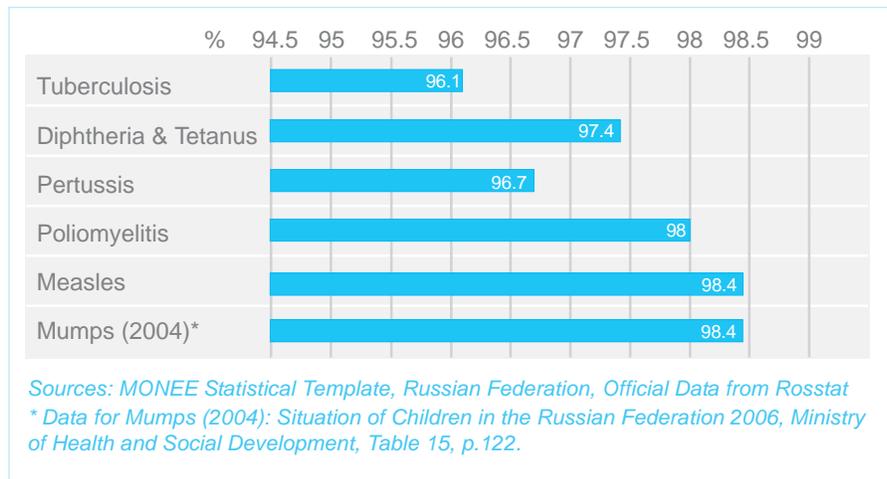
The incidence of rubella remains high, having increased five-fold over the last decade among children under the age of 15 years. Such cases have been particularly high among children in the regions of Khanty-Mansiisk, Mari El, Mordovia, Khakasia and the Primorsky Territory.

Hepatitis A and B are also serious problems. In 2002, 231 outbreaks of Hepatitis A were registered, with 2,257 children infected. Again, regional differences are significant. For instance, in the Bryansk, Tver and Kaliningrad Regions, and the Republic of Dagestan, the levels are more than triple the national average.

Prior to the 1990s, the level of immunisation for such diseases was high in Russia. Immunisation campaigns were not a priority for the health care system during Russia's transitional period in the 1990s, resulting in an increased frequency of outbreaks of diphtheria, rubella and tuberculosis. In 2001, health authorities launched immunisation programmes, which implied a list of mandatory and recommended immunisations.

As of 2005, approximately 97 per cent of children were immunised overall. This level is on par with other countries in the region.

Figure 2: Immunisation Rate among Children 0 to 2 years old (as of 2005)



Type B haemophilic bacillus vaccinations are especially important in the fight against acute forms of pneumonia, laryngotracheitis, and other diseases that are resistant to antibiotics. According to the Ministry of Health and Social Development, the bacillus is responsible for 40 per cent of meningitis cases in children under the age of 6 years old, and for about 10 per cent of pneumonia cases. Since it is an airborne infection, pre-school children are at high risk.

³⁴Government Report on "the Epidemiological Situation in the Russian Federation in 2003", Federal Centre of State Sanitary and Epidemiological Health, Russian Federation Ministry of Health, 2004, p.138.

Since 1991, mandatory vaccination in most developed countries has helped eliminate this disease completely. Russia's low level of vaccination against this disease is primarily due to a lack of government financing. An information campaign targeted at parents, highlighting the usefulness and importance of this vaccination, might improve the situation substantially.

2.2.3.2 Exclusive Breastfeeding

Breast milk is the only product that combines the three key baby health factors: food, health, and care. Breastfeeding is the safest and the simplest way to protect a baby from respiratory infections, allergies, and other diseases. On average, the proportion of newborns in Russia who are breastfed non-exclusively until six months increased from 27.6 per cent in 1999, to almost 35.1 per cent in 2004³⁵. This figure, however, varies widely from region to region. For instance, in 2004 this figure was 12.2 per cent in the Far East's Magadan Region and 12.2 per cent in Moscow; while at the other end of the spectrum, it was 77.8 per cent in the Republic of Kalmykia, and 74.3 per cent in the Volgograd Region³⁶.

A positive trend in breastfeeding is seen in regions of Russia that actively implement WHO and UNICEF guidelines which recommend exclusive breastfeeding until 6 months.

Russian guidelines promote breastfeeding until 6 months, however also consider the ingestion of water and juice acceptable, which does not comply with WHO/UNICEF international standards. While regional variations have never been properly studied, large differences might be attributed to factors such as local traditions, living conditions, or level of local health authorities' promotion of breastfeeding.

Challenges in promoting breastfeeding are not only attributed to difficulties in determining what works and what does not, but also to the lack of reliable data. The Government's existing statistical system on breastfeeding collects data in the following format: number of children breastfed – up to three months; and up to six months. Only the latter figure provides information on the number of children breastfed at the age of 6 months, while the former indicates the number taken off breast milk before they reached 3 months.

2.2.3.3 Nutrition

According to research from the Russian Longitudinal Monitoring Survey, malnourishment levels of children 0 to 2-years of age increased from 2.4 per cent in 2001, to 5.2 per cent in 2002. For the 2 to 6 year old age group, this figure remained at 3.9 per cent.

The situation becomes more serious as children grow older. It is reported that almost 20 per cent of school students suffer from malnutrition. About 7.5 per cent of those surveyed consume animal protein foods – meat, fish, and eggs –once a week, or less. The number of children with fruit and juice intake once a week is almost 20 per cent, and only 33 per cent consume fruit and juices every day³⁷.

³⁵Official data from Ministry of Health and Social Development.

³⁶Abolyan, L. V. *Medical-Organisational model for Maintaining and Supporting Breastfeeding in Medical Prevention Institutions of Obstetric and Neonatal Care, Doctoral Dissertation, Moscow, 2006, pp.385-387.*

³⁷A survey conducted by the Development Physiology Research Institute of the Russian Academy of Education, V. A. Sonkin.

CRC Article 24(2):

(e): To ensure that all segments of society, in particular parents and children, are informed...[of] the advantages of breastfeeding,...

CRC concluding observations, 2005:

Paragraph 53:
The Committee encourages the State to: (e) consider the creation of a National Breastfeeding Committee, the training of medical professionals, and improving breastfeeding practices

CRC Article 24(2):

(e): To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition

According to the Ministry of Health and Social Development, the average height of a child in five of the country's regions is less than international averages³⁸. Children of low-income families were shorter and weighed less, and almost 20 per cent suffered from chronic malnourishment. While the children of all income groups do not have enough milk and dairy products in their diets, the children of low-income families additionally do not get enough meat, fruit, and vegetables.

In conclusion, a significant number of Russian children in their formative years do not receive sufficient quantities of most vitamins and minerals, especially iron and calcium. Inadequate, poorly balanced, or irregular nutrition can significantly slow overall child development and in more serious cases even lead to chronic ailments.

2.2.3.4 Iodine and Micronutrient Deficiencies

Iodine deficiency disorders (IDD) remain a serious problem in Russia, despite the fact that they could be prevented through universal salt iodisation (USI). A 2005 national survey showed that only 29 per cent of households in Russia consume iodised salt³⁹. Regional surveys also showed inadequate iodine supply to population, resulting in high prevalence of endemic goitre.

Over the past five years, Russian manufacturers and suppliers of iodised salt have had an increased potential annual production capacity (up to 670,000 tonnes), which could easily meet Russia's complete need for all edible salt to be iodised (500,000 tonnes). The production process, quality control, and packaging for iodised salt have all been improved. Despite these improvements, lack of awareness among the public about the benefits of iodised salt has left the actual market demand to be only 30 per cent of full coverage. In 2005, the supply of iodised salt in Russia was only 163,000 tonnes⁴⁰.

While endemic goitre has been thoroughly studied, other iodine deficiency disorders may also lead to grave consequences, including intellectual disability. One study by Russian researchers in those regions with moderate levels of endemic goitre detected some type of cognitive disorder in 70 per cent of reviewed cases, while 30 per cent of the children afflicted had severe cognitive disorders, such as memory impairment⁴¹.

Special attention should be given to the prevention of iodine deficiency in pregnant women. The latest studies indicate that intellectual development disorders caused by pre-natal iodine deficiency cannot be corrected by post-natal use of iodine.

³⁸Nutrition and Health in Poor Families. *Russian Federation Ministry of Labour and Social Development, Russian Federation Health Ministry, Nutrition Research Institute of the Russian Academy of Medicine, Russian Social Reform Foundation, – Moscow, Prosveshchenie Publishers, 2002 (in Russian).*

³⁹I.I. Dedov, G.A. Melnichenko, E.A. Troshina, N.M. Platonova, F.M. Abdilkhairova, L.N. Shatnuk, B.P. Apanasenko, S.R. Kavtaradze, M.I. Arbuzova, F.A. Dzhatoeva, Iodine Deficiency: Threats to the Health and Development of Children in Russia. *Ways to Resolving the Problem: National Report, Moscow, 2006, p.29.*

⁴⁰*Ibid*, p.33.

⁴¹S.V. Balkanskaya (*Child Health Research Centre of the Russian Academy of Medicine*). Study of Children's Cognitive Capacity in a Iodine-Deficient Region. *Report to the Seventh Paediatricians' Congress within the framework of the Satellite Symposium on "Micronutrient Deficiency as a Problem of Practical Paediatrics," February 2003 (in Russian).*

CRC concluding observations, 2005:

Paragraph 53:
(c) Pass the law on universal salt iodisation; and ensure its full implementation

Another serious micronutrient deficiency is the lack of iron. Iron deficiency anaemia is common among pregnant women, and has become a major threat to children's health in Russia. According to Rosstat, between 1992 and 2002, anaemia in children aged 0 to 14 years quadrupled from 452 to 1,821 per 100,000 children. Since then, the figure dropped to 1,599 per 100,000 children in 2004.

Children suffering from anaemia in the first year of their lives are 50 per cent more likely to be less than average in height. In addition, their immune systems are weakened and their physical and cognitive development are impaired.

2.2.4 HIV/AIDS & STIs

By February 28, 2007, the total number of officially registered cases of HIV was 376,825, including 14,757 deaths from AIDS.

From December 2004 to February 2007, the HIV prevalence nationwide increased from 201.4 per 100,000 to 254.6 per 100,000. In some places nearly 1 per cent of the population lives with HIV.

Since the late 1990s, the number of HIV cases among women in Russia has risen sharply. The share of women among new-HIV-infected persons has increased from 12 per cent in 1995 to 44 per cent in 2006 of new cases of infection⁴².

Heterosexual HIV transmission comprised of 31 per cent of all new registered HIV cases in 2006⁴³ has sharply increased from 2004 to 2005, comprising 33 per cent of persons infected in 2005. In the CEE/CIS Regional HIV/AIDS Conference in May 2006, Gennady Onischenko, Russia's Chief Sanitary Inspector, noted that in 45 regions of Russia, 70 per cent of those infected contracted HIV through sexual contact⁴⁴. The HIV prevalence rate among pregnant women reached 112 cases per 100,000 tested in the end of 2004⁴⁵.

HIV transmission from mother-to-child is one of the main causes of infection for children under the age of 15 years. The number of children born to HIV-infected mothers has risen dramatically since 2002. Between the beginning of the epidemic in 1987 and 2005, there were 27,551 live births to HIV-positive women, 6,699 (24.3 per cent) of which were born in 2005. By the end of 2005, almost half the children with perinatal HIV exposure had had their HIV status established and 1,463 children had been diagnosed as HIV-positive (10.8 per cent). A total of 14,031 children born to HIV-positive mothers were still to

⁴²Data from *Bulletin HIV Infection #27, Federal AIDS Centre, Moscow, 2005 & AIDS Foundation East/West, Officially Registered HIV Cases in the Russian Federation (1 January 1987 through 28 February 2007), based on data from the Russian Federal AIDS Centre.* <http://www.afew.org>.

⁴³Data from the *AIDS Foundation East/West, Officially Registered HIV Cases in the Russian Federation (1 January 1987 through 28 February 2007), based on data from the Russian Federal AIDS Centre.* <http://www.afew.org>.

⁴⁴IA Regnum, "Gennady Onischenko named 8 regions where a critical situation is occurring with AIDS", <http://pda.regnum.ru/news/medicine/640120.html>.

⁴⁵The Ministry of Health and Social Development of the Russian Federation, *The Provision of Medical and Social Care for HIV-Positive Pregnant Women and Their Infants, Policy Briefing Paper, Moscow 2007, p.6.*

MDG 6

Combat HIV/AIDS, malaria and other diseases

Target

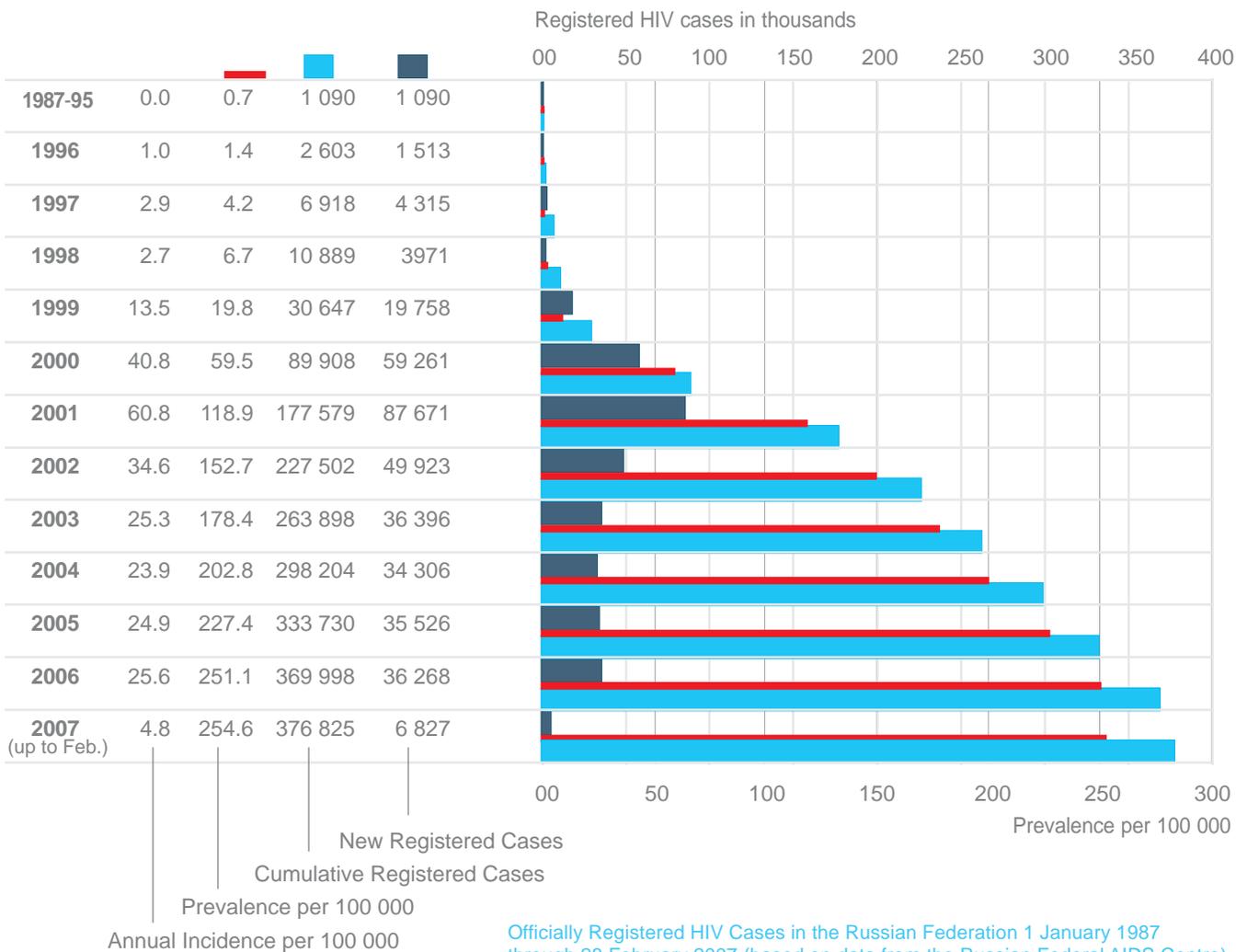
Halt and begin to reverse the spread of HIV/AIDS. Halt and begin to reverse the incidence of malaria and other major diseases.

CRC concluding observations, 2005:

Paragraph 61:
The Committee recommends that the State party:

- (b) strengthen its measures to prevent mother-to-child transmission;
- (c) guarantee antiretroviral treatment to newborns whose mothers are infected with HIV/AIDS as well as post-natal monitoring of HIV-positive mothers;
- (d) pay particular attention to children infected by HIV/AIDS, or who have become orphans due to the death of their parents from HIV/AIDS, by providing adequate medical, psychological and material support in full respect of the principle of nondiscrimination;
- (e) undertake a study on the practice in the State party of segregating children of HIV-positive mothers in hospital wards or separate orphanages and of HIV-positive children being refused access to regular orphanages, medical care or educational facilities.

Figure 3: HIV Infection Rates and Deaths



Officially Registered HIV Cases in the Russian Federation 1 January 1987 through 28 February 2007 (based on data from the Russian Federal AIDS Centre)
 Source: AIDS Foundation East West, <http://www.afew.org>.

receive a final diagnosis and were attending out-patient clinics for check-ups⁴⁶.

Pervasive stigmatisation and fear of disclosure of HIV status cause many women, especially in small communities, to stay away from pre-natal services. In 2004-2005, 76.2 per cent of HIV-positive women registered with an antenatal clinic at some point of their pregnancies, while 21.5 per cent did not receive any pre-natal care. Many of the women who did not receive pre-natal care were in difficult living situations, such as without regular income or permanent housing, or drug-dependent.

In 2005, 84.6 per cent of HIV-positive women who gave birth received anti-retroviral therapy for the prevention of mother-to-child transmission of HIV (ART PMTCT) either during pregnancy and delivery, or only during delivery. While there has been an improvement in

⁴⁶*ibid*, p.6.

the number of HIV-positive women who receive ART PMTCT, the number receiving triple HIV therapy (mother and infant) remained low at just 56.1 per cent. Only 57.6 per cent of women received antiretroviral drugs both during pregnancy and delivery; 23.4 per cent received antiretroviral treatment only during delivery; and 3.6 per cent during pregnancy. In 13.9 per cent of cases, ART PMTCT was not given due to the late HIV diagnosis or to lack of antiretroviral drugs. ART PMTCT was given to 92.6 per cent of newborns, while 6.8 per cent did not receive any antiretroviral medication^{47 48}.

The total number of children abandoned by HIV mothers in maternity units rises each year, though as a percentage their number dropped from 11.4 per cent in 2001, to 5.3 per cent in 2005⁴⁹. Approximately 2,000 children born to HIV-positive women were abandoned in 1987 to 2005. Such children usually end up in state orphanages where chances of adoption are small. HIV-positive orphans often face discrimination, and are even abandoned by local welfare and educational service workers, who for lack of knowledge fear that the virus can easily spread.

2.2.4.1 HIV among Adolescents

In Russia, as in the rest of the world, young people are disproportionately affected by HIV, where 82 per cent of PLWH were diagnosed when they were between the ages of 15 to 30 years old. By the end of 2005, within the 18 to 24 years old group, 1 per cent were living with HIV. Furthermore, at the end of 2005, more than 80 per cent of the 100,000 women registered as HIV-positive were of reproductive age. By 2006, 84 per cent of PLWH were young people between the ages of 18 to 35 years⁵⁰.

Adolescents are at high risk of HIV infection because they are becoming sexually active at younger ages and therefore are insufficiently equipped with age (and risk) appropriate knowledge to protect themselves. Research prepared by the experts of the Russia Longitudinal Monitoring Survey 1992-2003, "Monitoring Sexual Behaviour in the Russian Federation," revealed that in 2003 approximately 41.8 per cent of sexually active adolescents between the ages of 14 and 20 years old did not use a condom during their last sexual encounter⁵¹. Those at greatest risk are intravenous drug users. According to the Federal AIDS Centre, most of those who contracted HIV since 1996 were infected through intravenous drug use. In 2006, 65.9 per cent of new registered cases were attributed to intravenous drug use (IDU)⁵². However, the proportion of HIV infections transmitted through heterosexual contact has increased three-fold, from less than 9.4 per cent in 1996 to 30 per cent in 2004⁵³.

⁴⁷*Ibid*, pp.7-8.

⁴⁸Data from Federal Centre for the Prevention and Treatment of HIV-Infection in Pregnant Women and Children, 2006.

⁴⁹Ministry of Health and Social Development of the Russian Federation, The Provision of Medical and Social Care for HIV-Positive Pregnant Women and Their Infants, *Policy Briefing Paper, Moscow 2007*, p.8. (Data based on federal statistics from Report No.32 "Data on Antenatal, Labour and Delivery and Post-partum Medical Care.")

⁵⁰*Ibid*, pp. 4-5.

⁵¹Monitoring Sexual Behaviour in the Russian Federation, *Russian Longitudinal Monitoring Survey 1992-2003, April 2004*, p.4.

⁵²Data from the AIDS Foundation East/West, *Officially Registered HIV Cases in the Russian Federation (1 January 1987 through 28 February 2007)*, based on data from the Russian Federal AIDS Centre. <http://www.afew.org>.

CRC concluding observations, 2005:

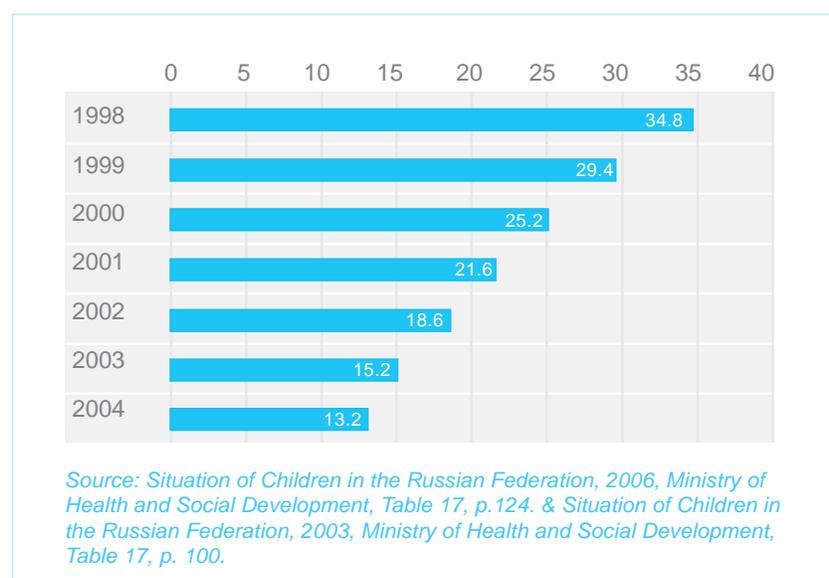
Paragraph 61:

(g) launch campaigns and programmes to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups as well as the population at large, so as to reduce discrimination against children infected and affected by HIV/AIDS with a view to addressing discrimination and stigmatisation

2.2.4.2 Sexually Transmitted Infections (STIs)

The spread of STIs has also significantly affected adolescents. According to official statistics, a total of more than 52,000 persons under the age of 17 years old had sexually transmitted infections by 2002. In 2004 alone 6,291 first time cases of syphilis and 6,940 first time cases of gonorrhoea were registered among persons under 17 years old. The rate of new infections of STIs increased significantly with a peak in 1996, after which a substantial decrease has been continuously experienced. Sexually transmitted infections negatively impact fertility rates.

Figure 4: Yearly New Infections of Syphilis and Gonorrhoea among Minors (thousands)



2.2.5 Tuberculosis⁵⁴

Since World War II, Russia registered a steady decline in the number of tuberculosis cases. However, for the adult population the situation worsened at the beginning of the 1990s, with the tuberculosis incidence and death rates in Russia per 100,000 of the population more than doubling⁵⁵ from 1991 to 2003.

Russia has more recently experienced a positive momentum in control of tuberculosis cases. Russia's overall tuberculosis prevalence rate of officially registered cases in 2005 was 89 cases per 100,000 people, yet comparison of Russia's prevalence rate to that of the European

CRC concluding observations, 2005:

Paragraph 53: The Committee encourages the State party to:

(d) continue efforts to reduce morbidity due to tuberculosis.

⁵³Bulletin HIV Infection #27, Federal AIDS Centre, Moscow, 2005, p.16.

⁵⁴Materials from Human Development Report 2005 Russian Federation "Russia in 2015: Development Goals and Policy Priorities", UNDP Russia, 2005.

⁵⁵Human Development Report 2005 Russian Federation, Russia in 2015: Development Goals and Policy Priorities, UNDP, 2005, p.97.

Region at 41 cases per 100,000 people reflects reason for concern⁵⁶. In 2004, Russia's tuberculosis prevalence rate for children up to 14 years old was 16.4 cases per 100,000 people⁵⁷. One of the most serious concerns is the increasing frequency of multiple drug-resistant tuberculosis (MDR-TB), which now comprise up to 10 per cent of all tuberculosis cases, and up to 20 per cent of all cases in prisons. MDR-TB is caused by inadequate or incomplete treatment, which may be a result of irregular intake of anti-TB drugs or inadequate regimens. It can also be caused by an interruption in the supply of drugs, or by poor quality drugs. If a patient has not completed treatment successfully, or if the treatment is ineffective, he or she continues to transmit *Mycobacterium tuberculosis*, which may be resistant to primary drugs. In 2004, Russia had a treatment success rate of 59 per cent of all registered TB cases (55 per cent cured and 4 per cent completing treatment); 14 per cent of cases which failed to complete treatment; and 10 per cent of cases where treatment was not completed in the appropriate medical sequence⁵⁸. This situation could cause tuberculosis cases in Russia to mutate from an easy-to-treat, manageable disease into one that is expensive to treat and which is often fatal.

Tuberculosis is the most virulent infectious disease in Russia. Like HIV, it primarily affects working-age males. Even more alarming, tuberculosis is now the major cause of death for those with HIV/AIDS⁵⁹. Until recently, these two epidemics developed more or less separately. In 2004, of new adult TB cases (15 to 49 years) in Russia 6.2 per cent were estimated to HIV-positive⁶⁰.

2.2.6 Risky Behaviours of Young People

The current generation of young people is living through an unprecedented period with extraordinary changes and uncertainty. They are ill-equipped to deal with the emerging challenges. Risky behaviour reflected by an increase in the rates of tobacco, alcohol and drug abuse, frequently leads to accidental and violent death, including suicide. For girls, risky behaviour frequently results in undesired pregnancies.

Since the early 1990s, the adolescent suicide rate has almost doubled. After peaking in 2002, it dropped slightly to 20.4 per 100,000 in 2004. Young men commit suicide far more often than young women (32.8 per 100,000 versus 7.6 per 100,000 in 2004). (Rosstat 2004.)

While the suicide rate among young women has been stable, the suicide rate among young men has doubled since 1989. According to

⁵⁶WHO Report 2007: *Global Tuberculosis Control*, www.who.int/tb/publications/global_report/en.

⁵⁷*Situation of Children in the Russian Federation, 2003 & 2004*, Ministry of Health and Social Development, 2006, p.124.

⁵⁸WHO Report 2007: *Global Tuberculosis Control*, www.who.int/tb/publications/global_report/en.

⁵⁹Pierpaolo de Colombani, Banatvala N., Zaleskis R., Maher D., *European Framework to Decrease the Burden of TB/HIV*. European bureau of WHO, 2003, p. 34.

⁶⁰WHO Report 2007, *Global Tuberculosis Control, Country Profile – Russian Federation*, p.133.

the Innocenti Research Centre (IRC) Social Monitor report in 2005, the suicide rate among young men and women between the ages of 14 and 24 years in Russia is three times greater than the Western European average.

Between 1988 and 1999, the rate of adolescent substance abuse increased ten-fold. Unsafe drug use remains the main mode of HIV transmission; however, the number of new cases resulting from unprotected sex is rapidly growing, particularly among young women. Though most young people know that HIV is transmitted through blood and/or sexual transmission, many still engage in unprotected sex, and try drugs as they perceive their individual risk to be low and lack skills to protect themselves.

Data from the Ministry of Health and Social Development at year's end of 2004 stated that there were 23.7 adolescents (aged 15 to 17 years) per 100,000 individuals of the corresponding age who were registered as substance abusers at preventive and therapeutic institutions⁶¹. The Ministry of Health and Social Development's data on these adolescents suggest that substantial decreases have occurred in the last three years (at 53.6 per 100,000 in 2002 versus 23.7 in 2004).

Nonetheless, the severity of the problem remains, as suggested by Minister of Interior's, Rashid Nurgaliev, June 1, 2005 statement, where he quoted statistics from the Ministry of Education and Science, that approximately 4 million adolescents use drugs and 1 million are drug dependent. In this same statement, Minister Nurgaliev recognised that the stated figures "significantly differ from the number of drug addicts registered at medical facilities," which he suggested only represent the "visible one-tenth of the 'drug iceberg'⁶²". Minister Nurgaliev also noted that the average age of children starting to use drugs has dropped from 17 years to 11 years of age⁶³.

CRC Article 24(2):

(e): to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents

2.3 Immediate & Underlying Causes

2.3.1 Low Level of Awareness

2.3.1.1 Knowledge among General Community about Disease Prevention

The Government should provide clear and accessible information about disease prevention to the whole population, and especially high

⁶¹Table: "Drug Addiction among Children and Adolescents", p.45, *Written Replies by the Government of the Russian Federation concerning the list of issues (CRC/C/Q/RUS3) received by the Committee on the Rights of the Child relating to the consideration of the Third Periodic Report of the Russian Federation (CRC/C/125/Add.5), CRC/C/RESP/92, GE.05-43801 (E) 230905 260905.*

⁶²Statement of Minister of Interior Rashid Nurgaliev at a Meeting of the RF Ministry of Interior Collegium regarding completed prevention activities towards child neglect and child delinquencies, 1 June 2005, <http://www.mvdinform.ru/news/5777>.

⁶³*Ibid.*

at-risk groups, such as adolescents, poor families, inhabitants of rural areas, young single mothers, families with substance dependency, and the homeless. A survey of rural families⁶⁴ showed that the majority only had a vague idea about the importance of breastfeeding and of micronutrients in a child's diet. For instance, one mother expressed that a diet for her 18-month child of primarily macaroni and rice, with fruit, vegetables, meat or fish only once a week was adequate. Furthermore, women of reproductive age are not properly informed about the risks and consequences resulting from deficiencies of micronutrients such as iodine, iron, folic acid, zinc, and selenium.

Lack of awareness of the population about curative medical services in health care facilities reduces opportunities for disease prevention among mothers-to-be, as well as all women and children, and raises the overall cost of health care nationwide.

2.3.1.2 Knowledge among Adolescents regarding Reproductive Health Issues

The general level of awareness and knowledge of reproductive and sexuality issues, especially among children and adolescents, remains low throughout Russia. Studies confirm that not many adolescents have a clear idea of the negative impact of abortions and venereal diseases on reproductive health.

A critical problem is that Russian adolescents do not receive the necessary information about how to develop healthy lifestyles and how to protect themselves from HIV and STIs. Limited age-appropriate knowledge about basic life skills exists in or out of school settings. Sex education is virtually absent in schools, and parents also fail to provide such information due to lack of knowledge regarding the current level of exposure to risks and due to communication problems and/or a lack of trust between parents and children regarding these issues.

Together with information about HIV/STI and drug abuse, young people need additional basic life skills such as negotiating, problem-solving, and interpersonal communications in order to make safer choices and to protect themselves from major threats including HIV and substance abuse.

2.3.1.3 Knowledge among General Community and Health Professionals regarding HIV/AIDS and other Infectious Diseases

Stigma and discriminating behaviours relating to HIV/AIDS and other infectious diseases are widespread in society, and even among medical professionals. Insufficient knowledge about HIV/AIDS, fear of the disease, and misinformation within the community often result in HIV-affected individuals finding themselves isolated and forced into the marginal strata of society. This fear and misinformation has translated into HIV-affected children not having adequate access to services such as education.

Children who are abandoned at birth by HIV-positive mothers often face long periods (even years) in isolated wards of infectious disease hospitals until their HIV-status is determined. Lacking access to

⁶⁴Unpublished survey conducted by the Institute of Urban Economics in the Municipality of Ussuriisk, June 2003. This research surveyed families with children between 0 to 2 years old from this municipality, who received child allowances.

CRC concluding observations, 2005:

Paragraph 56: The Committee recommends that the State party pay close attention to adolescent health... strengthen its efforts to promote adolescent health, including sexual and reproductive health education in schools...

qualified teachers, psychologists and other professionals, even HIV-negative children (who are in fact the great majority) often develop mental and emotional disabilities.

Low levels of training among medical personnel, especially in first aid, is particularly noticeable in relatively new spheres such as HIV prevention, treatment and care and support. For example, despite the creation of medical centres for HIV-positive pregnant women and children, as well as the increased availability of HIV literature, medical personnel are often unable to provide qualified consultations about risk factors and examination results.

2.3.2 Access to Services

2.3.2.1 Regional and Territorial Differences

Key mother and child health indicators among the regions reflect significant variations, yet no clear data exists to explain the reasons for these differences. One of the most significant obstacles formulating national policy is the lack of reliable and coherent information about regional differences. Statistical data on financing only covers budget allocations and mandatory health insurance funds in the regions, enabling one only to estimate potential inequalities within the public insurance system. No data exists on medical standards or health financing services that are provided on a charge basis. Lack of effective tools to analyse health providers' performance also create challenges in pinpointing reasons for potential regional disparities. Overall, limited information makes it difficult to assess regional differences in mother and child health care.

The degree to which quality medical care is accessible for pregnant women and newborns living in rural and remote regions is also unclear. Costs associated to transport and long journeys to territorial or regional centres may constitute real barriers for attainment of effective preventive care and proper treatment.

2.3.2.2 Affordability of Services

The last decade has seen an increase in paid medical services, even those provided by state medical institutions. The share of household expenditure on medical needs has been growing. A 2002 sociological survey in two regions showed that of those people surveyed, 30 per cent paid for out-patient medical care and 50 per cent for in-patient health care⁶⁵. Findings from this survey also showed that a large proportion of such payments are not standardised.

Low-income families in small towns and villages often find themselves in the most difficult position. A larger proportion of low-income families' budgets goes to medical services, and they are more likely to refuse necessary treatment due to its relatively high cost. This situation was seen in 2000 income statistics where poor households spent 4.1 per cent of their income for medicine versus 3 per cent spent by more wealthy households. At the same time, the absolute amount spent by

CRC Article 24:

(1) State Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. ...

(3) States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

CRC concluding observations, 2005:

Paragraph 53:
The Committee encourages the State party to: (b) increase public expenditure on health

⁶⁵S.V. Shishin, *Formal and Informal Rules of Payment for Medical Assistance, Discussion Paper for the Academic Council Meeting of the Institute for the Economy in Transition, 18 March 2003, Table 2, p.7.*

wealthier households for medical services was several times higher than that spent by poor households⁶⁶.

Aside from poor families, the growing number of immigrants from the former Soviet republics and other countries are also at risk due to limited access to medical services. According to a 2006 UN report, Russia is now the second most popular destination in the world for immigrants, only surpassed by the United States. Russia's immigrant population, the vast majority of whom came to Russia from other CIS republics following the collapse of the Soviet Union, was approximately 12.1 million in 2005⁶⁷. A significant portion of these people are believed to be in the country illegally⁶⁸, and thus lack access to proper medical care.

2.3.2.3 Age-Appropriate & Youth-Friendly Services

While the reproductive health of adolescents and the overall population has been recently identified as a priority issue in the Russian Federation, there are still a limited number of age-appropriate and youth-friendly services. Overall, general health and social service professionals lack an understanding about young people's specific needs. Most health services are not youth-friendly, which result in young people failing to seek needed treatment or counselling.

2.3.2.4 Stigma & Discrimination in Access to Services

Many experts also worry that negative attitudes towards PLWH may lead to discrimination and hinder access to proper treatment and care⁶⁹. This situation is especially relevant for those infected through intravenous drug use, who presently still compromise the majority of PLWH in Russia.

Excessive work loads in public health care, and lack of motivation and skills of medical professionals also result in poor quality of pre- and post-testing counselling. Wide-spread stigma and discrimination towards PLWH, including from medical professionals, and failure to maintain confidentiality of diagnoses, has inhibited some HIV-positive pregnant women to obtain pre-natal services.

People living with HIV often have difficulty exercising their right to free qualified medical care as guaranteed by federal law. Health care facilities often refuse to provide HIV-infected people with non-AIDS related treatment, such as dental care or surgery, as they fear potential HIV transmission to other patients or medical personnel within their facilities.

Another problem is discrimination by some medical personnel who think that some patients do not deserve, or are unsuitable for, ARV treatment due to their drug dependency or other forms of socially unacceptable behaviour. They often justify refusal of treatment with the

⁶⁶Incomes, Expenses and Consumption of Domestic Households in 2000, M.: Goskomstat (Federal State Statistics Services), Russia, October 2001.

⁶⁷Inter Press Service News Agency, "World Population Day: US to Hit Demographic Milestone at 300 Million", Thalif Deen, <http://www.ipsnews.net/rint.asp?idnews=33936>.

⁶⁸While estimating the scope of illegal migration is difficult in Russia, the consensus estimates are of 3 to 3.5 million illegal migrants, with plausible estimates of up to 6 million. Migration Information Source: Fresh Thought, Authoritative Data, Global Reach, "Migration Dilemmas Haunt Post-Soviet Russia," Timothy Heleniak, October 2002, <http://www.migrationinformation.org/Profiles/print.cfm?ID=62>.

⁶⁹Human Development Report 2005 Russian Federation, Russia in 2015: Development Goals and Policy Priorities, UNDP, 2005, p.96.

reasoning that these patients will fail to adhere to the treatment regimen. Adolescents' access to quality health care is also limited due to existing attitudes at many health facilities. Afraid of criticism or stigma, adolescents often avoid seeking treatment or counselling. Since there are few confidential consultation services, they have limited effective health options. For those from vulnerable groups, such as street children, access to medical care is even more limited. Stigma and a lack of proper registration means that state medical officials often do not treat such children.

2.3.3 State Health Care Policies – Need for Preventative Measures

Until recently, Russia's health care system was resource-based rather than results-based, which translated into more curative rather than preventive responses. Russia's health system still today places far less emphasis on preventive health care than it does on curative health care. The development of public health policies and strategies is progressing slowly and remains a challenge.

Restructuring Russia's health care system toward increasing outpatient treatment, as well as promoting preventive medicine, is also proceeding slowly. Russia ranks second among the EU and CIS countries in terms of the average length of in-patient treatment. In 2005, this figure was 13.8 days⁷⁰. In-patient treatment is not only expensive, but if extended too long becomes ineffective.

The lack of skills and resources for preventive care is particularly acute in remote and rural areas. In some cases, rural populations' health care access is significantly limited with substantial travel required for any sort of care. Experience shows that medical consultations are given primarily when a problem has already been diagnosed. Furthermore, there is limited communication outreach focusing on behavioural changes that can increase healthy lifestyles.

The current system's emphasis on treatment is also evident in its limited ability to react promptly to diseases that require attention in the early stages, not to mention active preventive measures. Russia's health care system currently lacks sufficient mechanisms which monitor and assess the quality of services provided and whether patients' needs are effectively met.

Whilst much progress has been made in the area of mental health care in many regions, the diagnosis and classification system often differs significantly from WHO standards and there is sometimes over diagnosis or misdiagnosis.

The diagnosis and treatment of mental and psychological disorders particularly of children in state institutions do not always correspond to accepted international standards.

While there is now somewhat greater awareness that food fortification is the most effective way to reduce or even eliminate micronutrient deficiencies such as iodine deficiency disorders (IDD) and anaemia,

CRC Article 24:

(1) State Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilitate for treatment of illness and rehabilitation of health.

(2) State Parties shall take appropriate measures: (f) to develop preventive health care, guidance for parents and family planning education and services.

CRC concluding observations, 2005:

Paragraph 53:
The Committee encourages the State party to: (a) enhance preventative interventions in primary health care

⁷⁰WHO Regional Office in Europe. *Database Health for All*.

implementation of such measures proceeds very slowly. A key reason for slow progress is due to Russia's inadequate legal framework to address this issue. Low demand and supply of iodised salt in Russia is due to the lack of sufficient awareness among the general public and the absence of legislation on IDD prevention, requiring mandatory iodisation of salt for human consumption.

2.4 Government Response

The Russian Government's modernisation of health care as a national project priority has the potential to significantly improve children's and young people's health. The programme focuses on making primary health care more accessible and of a higher quality. The federal programme, "Children of Russia," also has a key component on health, "Healthy Generation," for its 2007-2010 plan. Objectives under this project include guarantees for safe maternity and healthy child births; protection of children's and adolescents' health, including their reproductive health; and prevention to reduce child and adolescent illnesses, disabilities and deaths.

2.4.1 Reproductive Health

Russia's rapid population decline has caused the Government's family planning policies to become hotly debated. In 1994, Russia initiated the Family Planning Programme, which made some improvement in the reproductive health of adolescents and reduced their incidence of abortion. In 1997, however, Russia's parliament, the State Duma, cut the programme's funding, and terminated it in 1998. Some parts of the programme reappeared in a new federal programme, Safe Maternity, but its family planning content and scope do not address the full severity of the problem, especially among adolescents.

Promotion of adolescent-friendly health and social services has been recognised internationally as a critical response for young people. In the early 1990s, Russian medical professionals initiated the development of a wide range of medical services for adolescents' reproductive health. Building upon these experiences, the youth-friendly health and social model was implemented. In 2006, the guidelines on standards for youth-friendly services, approved by the Ministry of Health and Social Development, were published and disseminated throughout the Russian Federation. By 2007, more than 20 regions had youth-friendly clinics. Youth-friendly services provide age-appropriate, confidential information and services on reproductive health and healthy lifestyles to young people. The youth-friendly medical and social service approach for adolescents and young people is critical in addressing Russia's demographic crisis both from the fertility perspective and the life-expectancy component.

2.4.2. Early Childhood Development

As part of its effort to improve child health, breastfeeding has been declared by the Ministry of Health and Social Development as an integral part of its mother and child health national policy. In conjunction with UNICEF, the Government has established regional centres on breastfeeding support and promotion in at least 11 regions; developed and disseminated information, education and communication materials on the subject, including the baby-friendly hospital initiative endorsed by the Ministry of Health in 2000; and raised awareness and advocacy on breastfeeding support and promotion through organising conferences and meetings at national and regional levels. As of January 2006, 20 per cent of all deliveries occurred in 225 Russian baby-friendly hospitals, located in 41 regions⁷¹.

Under the national health project, free immunisation will be increased. Specifically, over the first two years, the project plans to provide immunise 25 million people against hepatitis B; 15 million people against rubella; 300,000 vulnerable children against polio; and 44 million people against flu.

In recent years, the State Duma's Health Care Committee and other agencies have taken major steps to prevent iodine deficiency. With the support of UNICEF and WHO, government programmes were developed on salt iodisation, and iodine deficiency prevention information was published. Despite some success in public awareness and increased iodised salt production, the draft law on universal salt iodisation has still not been adopted. Consequently, in some regions goitre among children is as high as 40 per cent, with rural areas particularly being affected⁷².

The State Duma's Health Care Committee, together with UNICEF, the National Centre for Iodine Deficiency Disorder Control, salt producers, regional administrations, civic organisations and mass media has taken steps to raise public awareness and to support the legislative groundwork for Universal Salt Iodisation (USI) in Russia, through the adoption of the existing draft law.

The latter has so far not been successful. Despite support from the majority of the regions in the Russian Federation for USI legislation, three rejections of the draft law by the Government over a 4 year period have been substantiated by the following arguments: unspecified additional financial commitments for iodine rich medicines (iodine capsules); consumer rights as stipulated in article 34 of the Constitution would not be respected with mandatory USI; legislation is too narrow and should consider broader food safety issues, and; a technical regulation (decree) would suffice, thus no need for legislation.

⁷¹Abolyan, L.V. *Medical-Organisational model for Maintaining and Supporting Breastfeeding in Medical Prevention Institutions of Obstetric and Neonatal Care*, Doctoral Dissertation, Moscow, 2006, p.33.

⁷²Monitoring Results of the Iodised Deficiency Disease (IDD) in the Russian Federation (2000-2005), Dedov, I.I., Melnichenko, G.A., Troshina, E.A., Platonova, N.M., Abdulkhairova, F.M., Mazurina, N.V., Russian Federation Ministry of Health and Social Development (MHSD), Russian Academy of Medical Science (RAMS), Government Institution for Scientific Endocrinological Centre of RAMS, Centre for Status of Iodine Deficiency under MHSD, Moscow, 2005, p.30.

UNICEF presents the following counter-arguments, based on its robust international experience on this issue:

- a) There is no need for the draft law to include obligatory provision of iodine rich medicines, thus removing the problem of open-ended financial commitments for the Government. Iodised salt is extremely effective in addressing IDD, is cheap and has no logistical implications for the Government;
- b) USI is a strategic issue as well as a public health issue, because currently almost 70 per cent of children born in the country are potentially deprived of their full intellectual potential through iodine deficiency. Article 34 of the Constitution should not apply, in the same way it does not apply to chlorinated water or vaccination of children.
- c) USI is too important to be further delayed. UNICEF advocates for passing the law on USI first and later amending it or passing other laws to address other micro-nutrient deficiencies.
- d) Technical regulations are not as effective as legislation and are not recommended for an issue of such strategic importance.

2.4.3 HIV/AIDS

Since 1987, the Government has set up a network of over 100 Regional AIDS Control, Prevention and Treatment Centres nationwide, including 2 major resource centres: the Federal AIDS Centre, and the Federal Paediatric AIDS Centre.

In 2005, the Russian Government took extensive steps to enhance its response to the HIV epidemic. The federal funding in 2006 for national AIDS response increased more than twenty-fold compared to its 2005 budget. In 2006, 3.1 billion rubles (equivalent of USD 105.2 million) was allocated as part of the health care national project for prevention, diagnosis and treatment of HIV and hepatitis B. This substantial increase of public funding for HIV/AIDS prevention and treatment reflects growing concern by the country's top leadership over the epidemic's impact on Russia's population and economic development.

In April 2006, the State Council held a special meeting on AIDS in which the Russian President set goals for developing a strategy for responding to AIDS; improving coordination, through the creation of a high-level multi-sectoral governmental commission on AIDS; and establishing a unified monitoring and evaluation system.

In October 2006, the high-level Governmental Commission on AIDS was established with the tasks of: coordinating federal and regional authorities in the implementation of key directions of the national AIDS policy; organising multi-sectoral participation in the national AIDS response to ensure scale-up of prevention, treatment, care and support programmes; and reviewing legislative regulations related to HIV issues. The Commission had its first meeting in January 2007; its procedures and decision-making processes are yet to be defined.

2.4.4 Youth Policy

Government agencies have continued to take important steps to place youth issues higher on the political agenda. In December 2006, the Ministry of Education and Science passed a “Strategy of Government Youth Policy in the Russian Federation,” which provides a framework for coordinating and developing youth-specific programmes and policies.

In 2006, a UN Working Group on Youth Policy has been established with the aim of supporting the Ministry of Education and Science’s initiatives in the area of youth policy.

2.5 Suggestions to Enhance Children’s Rights

Implement health programmes with greater focus on preventive rather than curative responses, providing targeted initiatives for vulnerable groups –poor families, single mothers, young people, including the most-at risk adolescents – which ensure these groups’ equal access to quality primary health care.

Promote child nutrition and child development through enhancement of government programmes such as baby-friendly hospital initiatives and the passing of a federal law on universal salt iodisation.

Channel more public expenditures on health responses, involving the enhancement of access and quality of services, such as awareness raising, preventive medicine, and treatment, as well as quality monitoring and evaluating of such services for mothers, children, and young people.

Address stigma and discrimination within the community and among professionals towards HIV-infected and affected people, through HIV awareness campaigns and fostering of solidarity with PLWH.

Strengthen existing government measures to prevent mother-to-child transmission and to enhance community-based care and support programmes for HIV-infected and affected children and families.

Enhance young people’s access to age-appropriate and youth-friendly information and services that address HIV/AIDS and reproductive health issues.

Making a Difference

Doctors believed that tiny Polina would never be able to sit up. Diagnosed with HIV, alcohol syndrome and organic lesions that were resistant to treatment, Polina was abandoned by her mother at birth.

Shortly afterward, Tamara Manannikova read about Polina's plight in a local Kaliningrad newspaper. At the time, she didn't know how she could help. Three weeks later, it became clear how she could make a difference.

"Doctors told me that Polina's case was hopeless, that she was not going to be in this world for very long," recalls Tamara, 57, regarding why she made the decision to become Polina's foster parent. "I imagined her all alone in that hospital ward, seeing only white walls around her, her life without any joy. I decided to do my best to make the little girl feel better."

During their first year together Polina cried incessantly, ate poorly, had trouble falling asleep, and often had fevers. Polina often fell seriously sick and was hospitalised three times. Despite all this, Tamara never left Polina's side. Some three years later, Polina can walk, sit and run like any other girl.

"Polina is okay now thanks to Tamara's care and support," said Tatiana Nikitina, head doctor at the Kaliningrad AIDS Centre.

"The child lives in a family surrounded by love, care and affection. The girl would've died long ago without Tamara."



UNICEF's HIV/AIDS Programme supports activities such as training of medical and social service specialists, support to HIV-affected families and foster parents, and communication and advocacy campaigns to fight stigma and discrimination, enabling more children like Polina to live in a family.

Ultimately, success or failure of the Government's health sector policies, legislation and measures – including investments – should be assessed by the evolution over time of the population's life-expectancy.

THREE

Education - Challenges and Opportunities

MDG 2

Achieve universal primary education

Target

Ensure that by 2015 all children complete a full course of primary schooling.

MDG 3

Promote gender equality and empower women

Target

Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015.



3.1 Introduction

Access to quality education is a human right. Education affects all types of human development outcomes. More than just a source of knowledge, education enables children to realise their full potential as adults.

The basic right to education is at the core of UNICEF's commitment to global education. The international commitment to universal education

was first set down in the 1948 Universal Declaration of Human Rights, and later reiterated in the 1989 Convention on the Rights of the Child. The importance of education as a key tool for society's development is enshrined in many other international documents, namely in the widely accepted UN Millennium Declaration Goals (MDGs), and numerous UNESCO documents, including the Salamanca Statement.

Analysis of the Russian education system relative to the MDGs provides reason for cautious optimism. According to UNESCO, Russia is one of the most educated nations in the world. While a small decline in enrolment was experienced during the first half of the 1990s, as of 2005 the net primary school enrolment was approximately 91 per cent, comparable to similar indices in the most developed countries⁷³. The gender gap in the primary school enrolment between boys and girls is less than 1 per cent and is within the range of statistical error. Girls' engagement in secondary education is even higher than that of boys⁷⁴.

The above mentioned indicators suggest that the Russian Federation has generally met MDGs 2 and 3. However, it is necessary to review the MDGs in a much broader context. The top priorities for Russia, in the spirit of the MDGs, are to include those small per cent of children who currently miss out on primary education, as well as to alleviate the disparity in access to education between urban and rural areas.

Although girls' active participation in education at the primary and secondary level is encouraging, Russia's real challenge in regards to MDG 3 is to foster environments and to empower girls with attitudes and skills, which enable them to fully participate in all aspects of society. Educational strategies must not only widely include girls into the process, but also better prepare them to participate as adults in social, political and economic life.

3.2 Current Situation

3.2.1 Overview of the Russian Educational System

Russia inherited from the former Soviet Union a solid education system. Dramatic education policies were implemented by the Soviet Union, resulting in an education system of high quality providing access to an increased percentage of the population. Another important contribution by the former-Soviet school system was the establishment of vocational and technical school⁷⁵.

The Soviet school system focused on being integrated and standardised throughout the country. While the system's integrated approach ensured greater consistency in all phases of education, it also meant the promotion of a single ideology. An education "common for all" sacrificed

⁷³Data obtained from UNICEF/UN official figures at www.unicef.org.

⁷⁴Human Development Report for the Russian Federation 2005, p. 47.

⁷⁵Ibid, p.581.

CRC Article 28(1):

State Parties recognise the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity,...

CRC Article 29(1):

State Parties agree that the education of the child shall be directed to:

- (a) The development of the child's personality, talents and mental and physical abilities to their fullest potential;
- (b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;
- (c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilisations different from his or her own;
- (d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality and friendship;
- (e) The development of respect for the natural environment.

opportunities for versatility and differentiation among the regions or for consideration of individual students' needs. Teachers' academic freedom was also limited because the system strove for the same educational standard⁷⁶.

In 1992, Russia initiated steps to significantly reform its educational system, with a fundamental principle of the reform being the removal of state control from education policy, enabling schools to be more attuned to the needs of the regions and the nationalities they were serving. One of the most important reform goals has been to develop state standards for basic and secondary education, including federal guidelines on minimum curriculum requirements⁷⁷.

A key document in Russia's education system framework is the Federal Law "On Education." Article 8 of this federal law provides the guiding concept for Russia's education system, namely, that the education system is a combination of the following interacting factors:

A totality of consecutive education programmes and state educational standards;

A network of implementing educational institutions of all organisational and legal forms, types and kinds, in which educational programmes and the state educational standard are implemented; and

A system of education administration, and institutions and organisations, which govern the education system.

The Law on Education⁷⁸ explicitly permitted the establishment of independent and privately run education institutions. One consequence of expanding and liberalising the education sector was the almost overnight appearance of many and varied private institutions of higher education.

In the Russian Federation, two types of educational programmes⁷⁹ exist: general educational (primary and secondary); and professional (undergraduate and graduate/post-doctoral).

General education comprises of three stages : pre-school education; primary general education (usually involving 4 years of schooling, starting at 6 or 7 years old); basic general education (involving 5 years of schooling, 10 to 15 years old, through grade 9), and secondary ("complete") general education (involving usually 2 years of schooling, 15 to 17 years old, grades 10 and 11). Primary general education and basic general education are mandatory for all citizens of Russia. The official name of general education schools is the "Secondary General School."

Professional education involves programmes which lead to diplomas or to diplomas and degrees, as well as to professional

⁷⁶V.D. Shadrikov, *The Russian Federation: the Humanization of Education, Prospects*, vol. XXVII, no.4, December 1997, pp.579-580.

⁷⁷World Education News and Reviews, *Education in the Russian Federation*, December 2005, <http://www.wes.org/ewenr/PF/05dec/pfpractical.htm>.

⁷⁸The Law on Education was first passed in 1992, and in 1996, addenda and amendments were made to this law.

⁷⁹Information for Russia's education programmes: O. Kouptsov and Y. Tatur, *Quality Assurance in Higher Education in the Russian Federation, Chapter 1: Higher Education and Quality Assurance in the Russian Federation, UNESCO-CEPES Papers on Higher Education, Bucharest, 2001.*

qualifications, and give the right to exercise professions. Professional education programmes include:

Vocational education, which involves three programmes: (1) training of a trade after 9th grade (duration up to 1.5 years and after completion a person can pursue non-university level higher education); (2) vocational training offered by *professional lycei* institutions which includes both obtaining a trade and the secondary “complete” general education of grades 10 and 11 (duration up to 3 years and pursuit of higher education opportunities possible); and (3) vocational education programmes following completion of secondary “complete” general education.

Non-university level higher education is the first stage of tertiary education (commonly referred to as *tekhnikums* or *uchilishcha* and sometimes as *college*) which offers advanced education (duration of schooling ranges from 2 to 4 years).

University level higher education, under the Federal Law on Education defines a university as an institution which aims at development of education, science and culture through the conducting of fundamental and applied research and the offering of training programmes at all levels of higher, postgraduate, and continuing education in a wide range of natural and social sciences and humanities.

Doctoral Study Programmes (*aspirantura* and *doctorantura*) involve upgrading, retraining and other post-graduate education.

State education standards define the compulsory content of each basic general education or professional education programme. The normative periods of mastering the basic education programs in state and municipal educational institutions are determined by the Federal Law “On Education,” model regulations on educational institutions (for types and kinds) or by appropriate state educational standards.

Institutions in Russia’s education system as of the 2005/2006 academic year included⁸⁰:

46,518 pre-school educational institutions (approximately 4.5 million children);

62,500 general educational institutions (approximately 15.6 million pupils);

2,631 institutions of vocational & non-university level higher education (approximately 2.4 million students);

1,090 institutions of university level higher educational- both state and private institutions (approximately 7.3 million students).

3.2.2 Pre-School Education

Providing all children in Russia with an equal educational start is critical, especially given the widening gap of social disparities accruing across

⁸⁰Rosstat, 2007, www.gks.ru.

There has been a substantial growth in the number of pre-school educational institutions which require payments from families.

Russia. Pre-school education plays an important role in providing children throughout Russia equal learning opportunities.

Children's enrolment in pre-school institutions has fallen dramatically. Over 15 years, 41,400 pre-schools were closed, or 47 per cent of the total number in 1990. At the end of 2005, 46,500 pre-schools functioned, educating 4.5 million children. In practically all regions of Russia, there has been a marked reduction of pre-schools as well as a decreasing child population.

In 1995, different types of pre-school education institutions were introduced in Russia, with substantial variation of programmes provided at pre-school institutions, such as providing special themes (e.g. English). Since 2001, a significant number of organisations involved in pre-school education have become private, separating from existing government pre-school structures. In this process, there has been a substantial growth in the number of pre-school educational institutions which require payments from families.

Table 3: Pre-School Education Institutions (end of year)

	1990	1995	2000	2001	2002	2003	2004	2005
Number of pre-school education institutions, (thousands)	87.9	68.6	51.3	50.0	48.9	47.8	47.2	46.5
Number of children at pre-school education institutions, (thousands)	9010	5584	4263	4246	4267	4321	4423	4530
Number of children per 100 places at pre-school education institutions	108	83	81	83	86	88	92	95
Coverage of children of 3 to 6 years old in pre-school education institutions ⁸¹ , (per cent)	77	64.4	67.5	69.7	72.7	71.3	72.7	72.5

Sources: Rosstat 2007 & MONEE Statistical Template, Russian Federation, Official Data from Rosstat for data on coverage of children 3 to 6 years old in pre-school education institutions.

⁸¹This calculation is based on UNESCO standards for evaluating the rate of children receiving pre-primary education opportunities. Data is calculated looking at the share of children 3 to 6 years old in pre-primary institutions compared to the total number of children at the corresponding age. (Six year olds are excluded from the denominator figure.)

3.2.3 Primary and Secondary Education

3.2.3.1 Access to Education

The number of state-run primary schools in Russia is also declining gradually, largely as a result of the reduction of the child population. At the same time, the number of available private primary and secondary schools is growing. However, private primary and secondary schools are still a relatively new phenomenon in Russia, with limited numbers.

While there was a decline in the number of general education institutions in the 1990s, largely due to the declining child population, school attendance remained high with Russia's 2004 net primary attendance rate approximately at 91 per cent, with no significant statistical difference between sexes⁸².

One of the major problems with the education system's regional policy has been the maintenance and development of the system for general educational institutions in rural areas. Such a system is critical to ensure that rural students receive quality education.

The general primary and secondary education system has been expanded and diversified with the institution of gymnasiums, lyceums, and schools with specialised subjects. Until 1996, Russia's educational system experienced an annual increase of day-time schools. Since this period, however, a small decrease has been occurring, with the bulk of the decrease involving the closing of primary and secondary schools within rural areas.

Significant modifications have occurred regarding education for evening secondary school students. Before 1993, only working youth (16 years and over older) participated in evening secondary school, now the ages of evening students is similar to the ages of students in day-time schools.

With the constitutional institution of compulsory basic general education (nine years of education), the reforms of the education system created a variety of general secondary education options. Legislation under these structures allowed for 14 year olds to work, establishing approval of a new standard provision regarding evening general educational institution opportunities for youth 14 years and older.

⁸²Human Development Report 2005 Russian Federation: Russia in 2015: Development Goals and Policy Priorities, Chapter 2, Russian education in the context of the UN MDGs: current situation, problems, and perspectives, p.46.

CRC Article 28(1):

State Parties recognise the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity.....they shall, in particular:

- (a) Make primary education compulsory and available free to all;
- (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child and take appropriate measures such as the introduction of free education and offering financial assistance in case of need
- (e): Take measures to encourage regular attendance at schools and the reduction of drop-out rates

CRC concluding observations, 2005:

Paragraph 65:

- (a) The Committee recommends that the State Party: Take the necessary measures to ensure access to primary and secondary education to all children
- (b) Take all appropriate measures to ensure that primary education is free, taking into account all direct and indirect costs, such as textbooks, renovations and security arrangements

Table 4: Number Of General Education Institutions
(at the beginning of academic year; in thousands)

	1990/91	1995/96	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Number of general education institutions – total	69.7	70.2	68.1	68.0	66.8	65.5	64.2	62.5
Day-time	67.6	68.4	66.4	66.2	65.0	63.8	62.5	60.8
Type of day-time institutions:								
1) public and municipal	67.6	68.4	66.4	66.2	65.0	63.8	62.5	60.8
2) non-public		.525	.635	.662	.683	.707	.708	.726
Public and municipal evening (shift-type)	2.1	1.8	1.7	1.8	1.8	1.7	1.7	1.7

Source: Rosstat 2007, www.gks.ru.

3.2.3.2 Quality of Education

The pass rates between grades are important indicators of the quality of primary education. According to the Ministry of Education's 2004 statistics, the pass rates between grades have been rising throughout the decade.

One would expect that high pass rates at the primary level signify that more students are mastering essential materials. Some experts suggest that the rises are actually due more to diminished attention to the monitoring of children's achievements, resulting from deterioration in teachers' morale and working conditions.

3.2.4 Existing Education Options for Children with Special Needs⁸³

Russia's current education system has several responses for children with special needs:

⁸³Under Russia's Federal Law "On Education," the term used in regards to children with special needs is "children with developmental defects." UNICEF has purposely chosen to use the term "children with special needs" to place focus on the need for the environment to change to children's needs. Use of the term children with special needs is to try to develop an attitude that moves away from marginalising "disabled children" (and trying to "fix" the child to fit the environment), to integrating them into society as "children with special needs," with the clear objective of supporting each child to achieve his/her full potential (i.e. making the environment fit the needs of each specific child).

Pre-school education institutes, comprising either of special classes or classes which incorporate children with special needs and other children;

Special education institutes, specifically for children with special needs;

Special classes within mainstream education institutes; and

Special education institutes for children who need psycho-pedagogical and medical-social assistance.

In the 2005-2006 academic year, there were 1936 education institutes for children with special needs, teaching a total of 235,410 children who had specialised education needs⁸⁵. Of the total number of children with special needs:

187,900 children were educated either in specialised remedial classes in mainstream education institutions or in boarding schools of a general type.

40,000 children received home schooling; and

69,300 children participated in specialised education boarding schools.

There are a portion of disabled children who are classified as “uneducable,” and thus lack access to substantial education opportunities. A 2002 study by the Centre for Education Monitoring and Statistics also showed that 21,329 disabled children, or 12 per cent of all Russian disabled children between the ages of 7 and 15 years old, were deemed “uneducable”⁸⁶.

Children in Mainstream Education with Special Needs

Government agencies have recognised the importance to have children with special needs participate in mainstream schools within their communities. Yet, a large portion of these efforts have focused on the provision of specialised classes within mainstream schooling, rather than greater integration of these children into regular classrooms. While these provisions are important steps to provide education opportunities for children with special needs, these children often remain isolated from their other peers. Specialised classes without any or extremely limited interaction with “normal” peers may cause children with special needs to perceive themselves as insufficient and different and to make them less prepared to actively participate in their communities as adults.

To maximise integration of children with special needs into regular classrooms, greater training is needed for educators and school administrators to learn how to successfully support these children in making the transition into the regular classrooms. Teachers in mainstream education institutes often do not have the understanding or skills of how to effectively integrate such children into their classes. The community environment must also be friendly to inclusive

⁸⁴Throughout the world, the term “inclusive education” is used, while some authors specify “integrated education” as a broader concept. In Russia, the terms “integrated education” is more widely used, particularly in official documents.

⁸⁵Data provided by the Ministry of Education and Science of the Russian Federation.

⁸⁶Millennium Development Goals in the Context of Russian Education: analysis, adaptation and calculation of performance indicators. L. N. Zharova. Report. Centre for Education Monitoring and Statistics. Moscow, 2003.

Salamanca Declaration (UNESCO, 1994)⁸⁴:

Integrated education is based on providing equal opportunity for all children, and proposes focusing on each child’s strongest points, rather than on his or her shortcomings.

The main idea of integrated education is simple – it is not the child that should have to fit into the existing educational system, but the system should be modified to meet the needs of each child. While “special learning needs” is a term used by most countries, it is taken to mean a variety of physical, mental and behavioural problems of child development: from dyslexia and dysgraphia, to more serious congenital development defects, such as autism and Down’s syndrome.

CRC Article23:

(1) State Parties recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community ...

(3) Recognising the special needs of a disabled child, assistance ... shall be designed to ensure that the disabled child have effective access to and receives education... in a manner conducive to the child's achieving the fullest possible social integration and individual development. ...

education, requiring an understanding about the value of such steps and support for disabled children to take such actions by classroom peers as well as parents of "normal" children in the schools. Furthermore, greater overall community support is required in the form of enhanced accessible transport opportunities and increased economic resources to disabled children's families to feasibly enable these parents to dedicate significant time to assist their children in making a transition to inclusive education, including the possibility of their assistance in the classroom.

Home School Education

While home studies provide children with more severe disabilities to obtain some form of education, this approach excludes them from the education process, and, in turn, deprives them of the benefits of socialisation among peers.

The issue of these programmes' quality still needs to be studied, and parents may choose this option due to fears of barriers that their children could face in ordinary mainstream education institutes.

Special Education Institutions

The third group consists of children in special educational institutions. According to Rosstat, at the end of 2005 there were 167,000 children in such institutions. Children frequently live at the institution during the week, returning to their families only on the weekends, or remain at the institution for the entire academic year. In some cases, the institution is located a substantial distance from their home communities, limiting opportunities for regular contact with family members. Over time, lack of consistent contact with family members may actually weaken these links, limiting the support networks for children with special needs.

3.3 Immediate & Underlying Causes

3.3.1 Limited Access to Mainstream Education

For children with disabilities in Russia, several key obstacles exist in making mainstream education fully available.

⁸⁷The survey was conducted by the non-governmental organisation, "Desnitsa," in Samara in the Project "I love you, school!," implemented with the financial support of the Open Society Institute (Soros Foundation). SOOIK. Desnitsa, 2003, <http://www.civnet.samara.ru>

3.3.1.1 Physical Barriers

For physically disabled people, the inaccessibility of buildings and streets, and lack of adequate means of transportation limit their access to services. These conditions apply to schools which frequently do not have the needed ramps, elevators, or other physical resources to make them fully accessible. A survey⁸⁷ in the southern Russian city of Samara showed that the families of disabled children believed the greatest difficulties were physical inaccessibility at school and lack of the necessary infrastructure.

3.3.1.2 Lack of Information/ Knowledge

Lack of knowledge and skills of teachers and schools administrators for creating accessible classrooms is another key barrier. A large proportion of teachers and administrators in schools and universities have little or no understandings of disability issues and are therefore unwilling to accept a disabled child in their classroom. Furthermore, they have not been provided the teaching skills to provide a broader teaching approach which would make the regular classroom more available for children with different learning needs.

Communities and parents of non-disabled children also lack information and knowledge about disability issues. Often these parents have the misconception that the participation of disabled children in the classroom will lower the education quality. The lack of understanding by parents of non-disabled children about the potential advantages of inclusive education of disabled children in the classroom was reflected in a Samara survey: while 83 per cent of the families of disabled children, and 75 per cent of those of non-disabled children, were positive about mainstreaming, about 87 per cent of non-disabled children's families believe general education schools are not yet ready for this step⁸⁸.

Finally, parents of disabled children also lack information about how to defend their children's rights to equal education. These parents are often unwilling to challenge authorities and risk the limited educational support that is provided.

3.3.1.3 Labelling of Children as “Uneducable”

Another key challenge is the labelling of children, especially those with developmental disabilities, as “uneducable.” Such a labelling is ethically questionable and effectively prevents such children from receiving any educational support and access, and subsequently limits their future life perspectives.

CRC concluding observations, 2005:

Paragraph 50:

The Committee recommends that the State party take all necessary measures to:

- a) Address the issue of discrimination against children with disabilities;
- b) Ensure that equal access to services is provided to children with disabilities taking into consideration the standard rules on the equalisation of opportunities for persons with disabilities (General Assembly resolution 48/96);
- c) Review the placement of children with disabilities in boarding schools with a view to limiting this practice to only those cases where it is in the best interests of the child;
- d) Provide equal educational opportunities for children with disabilities, including by abolishing the practice of corrective “auxiliary schools” and “correcting classes,” by providing the necessary support and by ensuring that teachers are trained to educate children with disabilities within regular schools.

⁸⁸Project “I love you, school!” implemented with the financial support of the Open Society Institute (Soros Foundation). SOOIK. Desnitsa, 2003, <http://www.civnet.samara.ru>

3.3.2 Increased Costs of Education

Russian Legislation on Education

The Russian Constitution provides that each child has the right to an education, and stipulates that education should be equally accessible to all.

Article 43 of the Russian Constitution

1. Everyone shall have the right to education.
2. Guarantees shall be provided for general access to free pre-school, secondary and higher vocational education in state or municipal educational institutions and at work places.
3. Everyone shall have the right to receive, on a competitive basis, a free higher education in a state or municipal educational institution and at work places.
4. The basic general education shall be free-of-charge. Parents or those acting as such shall enable their children to receive a basic general education.
5. The Russian Federation shall establish federal state education standards and support various forms of education and self-education.

The goals of education as stated in this legislation are broadly compatible with Article 29 of the Convention on the Rights of the Child. The Russian legislation also stipulates under Federal Law "On Education," which is the main legislative framework for education in the Russian Federation, that primary and secondary education are compulsory and free.

Considerable differences exist between regions as to participation in secondary education and resources allocated to it, with the latter factor being decisive for the quality of education.

Regional differences in enrolment rates are observed at compulsory education levels (primary and lower secondary), and are even more apparent in upper secondary education.

Interregional differences in participation rates are aggravated by differences in resource allocation, leading to uneven quality of education. In 2003, a comparative analysis of adjusted public expenditures on education in different regions, excluding Moscow, showed differences of nearly 3 times – from 3800 roubles per student in the Magadan region to 10,400 roubles in the Tyumen region⁸⁹.

⁸⁹Human Development Report 2005 Russian Federation: Russia in 2015: Development Goals and Policy Priorities, Chapter 2, Russian education in the context of the UN MDGs: current situation, problems, and perspectives, p.49.

As the Government has cut investment in education, households have had to take up the burden. Today, fees for education consist of both official and unofficial payments. The problem is critical for pre-school education; according to a national survey in 2003 by the Higher School of Economics, about 80 per cent of families whose children attended kindergarten were paying to some extent. Decreases in pre-school enrolment were also partially explained by the increase in required payments by families.

Furthermore, a 2002 study by the Higher School of Economics and the Public Opinion Foundation found that almost half of families surveyed were aware of the practice of unofficial payments to get a child a place in a good school. The practice was most widespread in Moscow and St. Petersburg (67 per cent) and in regional centres (62 per cent).

It should be noted that state support of education is a significant factor for education quality and does not depend on the level of economic development of the region. In other words, the policy in the sphere of state support of education is determined by priorities of the regional authorities instead of educational needs or the regional potential.

3.3.3 Modernisation of Education Curriculum

There are also many problems related to the education system's curriculum. The content of education needs to be modernised to take into account the changing character of the economic challenges that Russia faces, as well as the country's emerging emphasis on human rights, sustainable development and participation of civil society in public life. Experts have suggested that the Russian secondary education is dominated by an academic approach instead of teaching skills for full participation in public, social and economic life⁹⁰. These experts also find an unsatisfactory linkage between the structure and content of vocational education and labour market requirements. A key component of the Government's national project on education is addressing the issue of modernising Russia's education system.

Emerging challenges faced by young people also require provision of basic life skills such as negotiating, problem-solving, and interpersonal communications to enable young people to make safer choices and to protect themselves from the major threats posed by HIV/AIDS and drug abuse. Programmes on risky behaviour prevention and healthy lifestyles promotion for young people and professionals working with young people are an important and needed education component. The coverage of young people by existing LSE (Life Skills Education) programmes, including the best peer-to-peer initiatives, remains rather limited, reaching comparatively small number of children and young people.

⁹⁰*ibid*, p.54.

CRC concluding observations, 2005:

Paragraph 65:

(d) Strengthen efforts at teacher training (before and during their service), address the issue of teachers' salaries and working conditions (in particular in light of Federal Law No. 122).

3.3.4 Teaching Capacities

There is also a problem with sufficient financing of the education sector. Teacher's salaries remain relatively low. The deterioration in the quality of the learning environment – scarce teaching materials, scant libraries, dysfunctional laboratories – is the real picture of modern primary and secondary school institutions in Russia. The career path for a teacher in Russia is also a source of frustration. There is a need for increased professionalism of teaching as career to attract younger people.

While many teachers have high levels of education and training on paper (in the academic year 2001/2002, the percentage of higher education received by 1st to 4th class teachers was 63.7 per cent in cities and 42.8 per cent in rural areas; and by 5th to 11th class teachers was 93.7 per cent in cities and 86.9 per cent in rural areas⁹¹), in reality their knowledge is often not sufficient to give young people an education that is relevant in the modern world. There are several reasons for this:

1. *An outdated system of teacher training*, which fails to include the latest advances in child development and to give a better understanding of individual student needs.
2. *Lack of motivation on the part of teachers*, which is often due to low salaries, and a lack of professional prestige.
3. *Lack of continuity and consistency in school reform*, force teachers to work in a system marked by piecemeal conceptual reforms and a multitude of experiments that are often confusing and disorienting.

3.3.5 Quality of Monitoring Mechanisms⁹²

In recent years, the quality of higher education has been of paramount concern to both educational authorities and many experts⁹³. However, control of quality of higher education indicators by the Federal Service for Education and Science Surveillance (*Rosobradzor*) and Federal Education Agency (*Rosobrazovanie*) is mostly limited to reviewing the content of curricula and results of state exams, and assessing material and technical resources of higher education institutions, i.e. checking compliance with license requirements⁹⁴. The practice of in-house control is also widely used but, in addition to checking the compliance with *Rosobrazovanie* formal criteria, it only provides for questioning educators and students of a particular institution.

⁹¹Statistics of Russian education, <http://stat.edu.ru>.

⁹²Material taken from Human Development Report 2005 Russian Federation: Russia in 2015: Development Goals and Policy Priorities, Chapter 2, Russian education in the context of the UN MDGs: current situation, problems, and perspectives, Box2.3, 2) Quality of higher education, p.51.

⁹³See, for example, Livni, E. and Polishchuk, L., *The Problem of Quality of Higher Education: Role of the State, Competition and Labor Market*, http://www.eerc.ru/details/download.aspx?file_id=3900.

⁹⁴See the list of data collected by Rosobrazovanie to perform a rating assessment of higher educational institutions and chairs, http://www.edu.ru/db-mo/mo/Data/d_05/pr11-5.doc

Questioning employers has been applied recently as a method of assessment of higher education quality; however, only selected institutions at regional and municipal levels have been subject to this type of assessment⁹⁵.

Currently, Russia is lacking a reliable assessment of higher education quality. This situation can be in part explained by, firstly, few professional community members are involved in this work and, secondly, no system of indicators for international comparison has been developed (unlike secondary school education quality which has been already assessed for several years within the European PISA project).

3.3.6 Disparities in Access to Education⁹⁶

Increasing disparity in access to education also proves concern among specialists. At the moment in Russia only primary and secondary education are compulsory and their duration (9 years) is shorter than in most developed countries. It should be noted that the regional economic differences also create unfavourable conditions for equality in education.

In the absence of a national testing system, only the Uniform State Examination (USE) results provide a slight insight into regional differences in education quality. Given these factors, it must be noted that the Uniform State Examination system is still under trial. This means that neither tools nor procedure have yet matured, and a number of USE-related problems are still unresolved. USE results can in no way be regarded as a full measure of education quality, especially as applied to some educational institutions. Nevertheless, the USE, as a means for students' knowledge assessment, is reliable enough to reveal common tendencies and features.

Analysis of the USE results shows that quality of educational services is closely related to the level of economic development and state support of secondary education in the region⁹⁷. A comparative analysis by the Federal Districts (FD) determined a considerable differentiation in

⁹⁵See, for example, studies that were undertaken in Krasnoyarsk (Markova, O.Yu., Petrushina, I.S., and Krasnikova, E.A., *Marketing Studies of Educational Service Market*; <http://www.marketing.spb.ru/conf/2002-01-edu/sbornik-4.htm>) and in the Primorski Krai (Popova, G.G., and Gembatskaya, G.V., *Analysis of the Results of a Sociological Survey of Employers' Opinions on the Quality of Education in Higher Educational Institutions in the Primorski Krai*; and Dotsenko, V.A., *Assessment of the VGUES Graduates Quality Based on Employers Questioning Results, in Perspektivnye tekhnologii otsenki i monitoringa kachestva obrazovaniya* [Perspective technologies of education quality assessment and monitoring], Collection of papers, Vladivostok, Izd-vo Dalnevost. Un-ta, 2003).

⁹⁶Material from this section is taken from *Human Development Report 2005 Russian Federation, Russia in 2015: Development Goals and Policy Priorities*, UNDP, 2005, pp. 49-50.

quality of educational services (Table 5).

The poor state of Russia's school infrastructure also has a strong effect on educational opportunities, and inevitably gives rise to differences in quality. The problem is particularly acute for rural areas.

Table 5: USE mean scores in different Federal Districts

	Central FD	North-Western FD	Southern FD	Volga FD	Ural FD	Siberian FD	Far-Eastern FD
USE mean score (Russian Language and Mathematics)	51.1	52.0	46.0	51.4	49.1	45.1	46.6
Educational costs per pupil (as adjusted) 1000 Russian rubles	4.9	4.7	3.7	4.6	4.7	4.0	2.9
Rural population proportion	28%	24%	41%	31%	30%	35%	47%
GRP per capita (as adjusted) 1000 Russian rubles	45.0	43.8	33.0	40.7	64.9	32.3	46.4

Source: Human Development Report 2005 Russian Federation: Russia in 2015: Development Goals and Policy Priorities, UNDP, 2005, p.50.

3.4 Government Response

As the President highlighted in his 2006 annual address to the Federal Assembly of the Russian Federation, "Russia needs a competitive education system, otherwise we will end up facing the real threat of having our quality of education not measure up to modern demands."

Important education-related actions for Russia, which must be incorporated as political agenda priorities, include:

⁹⁷A direct comparison of state support figures per pupil does not allow a true picture to obtain. The fact is that support needs largely depend on where an educational institution is located. To illustrate, educational costs per pupil in rural areas are on the average 3-4 times as high as those in urban areas. For this reason, initial state support figures were adjusted using an index of appreciation of budgetary service standard unit cost (this index takes into account climatic conditions, population settlement pattern, transport network and other factors influencing the regional needs in social support; calculated annually by the RF Ministry of Finance in allocating financial support to regions). Similarly, the Gross Regional Product (GRP) per capita, which is the indicator of economic development of a region, was adjusted based on consumer goods basket.

Together in Peace

“This is the future of the North Caucasus,” said Mourad Tangiev, UNICEF’s Peace Education Officer in the North Caucasus, referring to 120 youths who gathered in August 2005 and 2006 in Russia’s Republic of Dagestan at a Peace and Tolerance summer camp (organised by the Russian Government and UNICEF).

Hailing from five of Russia’s North Caucasian Republics — Karbardino-Balkaria, North Ossetia-Alaniya, Ingushetia, Chechnya, and Dagestan — these 120 youths spent their days in training sessions learning ideas of tolerance and conflict-resolution.

The peace camp is not a one-shot event to help pass the hot summer days, but rather is one part in a series of events held throughout the year. After the events in Beslan in September 2004, UNICEF quickly realised that the challenge they faced extended far beyond the besieged North Ossetian school.

“They’re going to do some serious conflict resolution here,” said Tangiev. “The camp is only starting, and we’re still introducing basic concepts and ideas. By the end, they’ll have to do some serious thinking and make some serious choices.”

The camp’s location in the Republic of Dagestan, where over 40 nations live together in peace, is already a great example for the children. Though all are different tribes, they still manage to live together peacefully.

“This is what we tell the children; this is what we are trying to prove, that we can all live together in peace,” said Mr. Tangiev. “Dagestan is a great example, and if you don’t believe in these things, then it is very difficult to start down this path.”



In the aftermath of Beslan, UNICEF has been organising activities to promote a culture of peace and tolerance among young people and children in the North Caucasus. This programme includes activities such as conducting children’s peace theatres, peace education and tolerance communication events, youth conferences, and development of a peace encyclopedia. The summer camp in Dagestan is also one of these activities.

Improvement of the existing pre-school educational system;

Gradual increase of financing in education

Involvement of socially vulnerable groups of children in the educational process;

Adjustment of the education system’s content and conformity to better meet current needs of the Russian society and economy; and

Elaboration of a long-term strategy to make education more applicable in the labour market.

In 2006, Russia introduced the National Project on Education. This project focuses on creating favourable conditions to improve the education system, while preserving its best traditions. The state is to stimulate innovative projects in the educational sector, while promoting qualified teachers and encouraging successful pupils and students. The goal is to create efficient and result-oriented educational practices and to prepare young citizens to the change the world. The Project is also launching new managerial methods, such as the creation in schools and at universities of special development foundations and parent councils to enhance civil control over educational institutions. In

this context, authorities are attempting to make education systems more transparent and efficient, becoming more adequate for meeting the needs of Russia's society. Additional financing for education is planned, which will include increases of teacher's salaries and redirected budget funds to educational institutions.

The Government of the Russian Federation is currently implementing measures to ensure that rights for education are upheld.

One of the key documents for Russia's education system policy is the National Doctrine for Education through to 2025, which provides the basic principles for its education policy. Russia also committed itself to conform with the Dakar Framework for Action created at the 2000 World Education Forum in Dakar, Senegal which focuses on achieving "Education for All by 2015." The Government's 2001 conception to modernise the Russian Education by 2010 gives impetus for enhanced reform of Russia's education system. This document provides the framework for developing initiatives of Russia's education system, taking into account the National Doctrine and federal legislature in the field of education. Setting education as a key national project further emphasised efforts to modernise Russia's education system.

The national education policy focuses on ensuring quality education that meets present day requirements, while retaining its fundamental nature and its compliance with the present and future needs of an individual, society and the State. The ultimate goal of the modernisation process is to create a mechanism for sustainable development of the education system.

Russia's education reform has three phases which will affect every level of the education system, with each phase having its own goals and time limits. In particular, the reform aims at:

- Renewing the role of the pre-school education available to everyone;

- Modernising the substance of general education as well as improving its structure; and

- Developing new state standards for primary, special, vocational and higher education.

Improvement of Russia's higher education as a centre of abstract and applied science is also a key component for the development of society's intellectual, cultural and professional potential.

As the reform goes on, the Government is working to strengthen its role as a guarantor of quality educational programmes and services, rendered by general education as well as vocational institutions regardless of their organisational structure or legal status.

Reform of the education sector in Russia is being undertaken within the context of a difficult demographic situation, characterised by low fertility rates. Reduction of birth rates will in turn reduce the number of general education schools graduates, and subsequently the number of college entrants. In this context, one of Russia's key education goals in the short-term could be to prevent deterioration of the quality of education in various fields due to the decrease in the number of the teachers and students.

Russia recognises the role education plays in the modern world. A top

priority in Russia's Programme for Socio-Economic Development is the creation of "a whole system of education, from pre-school to higher professional level, which is reformed to improve educational programmes and standards and to adapt them better to labour market needs."

Only by improving the education system itself and providing access for all to the educational process, will Russia succeed in establishing a competitive economy.

First Steps towards Inclusion

Artyom Bogiev and Nastya Nesterova have cerebral palsy. Artyom, a 9th grader, uses a wheelchair, while Nastya, a 7th grader, walks with assistance. For that reason, neither child had ever stepped inside their local school.

Thanks to the NGO, Perspektiva, today both children study at one of Moscow's few institutions developing inclusive education initiatives, School # 1961, in their neighbourhood of Southern Butovo.

There are 450,000 disabled school-age children in Russia, the majority of who are either isolated in their homes or segregated in special institutions. Nearly 50 per cent of these children receive no education whatsoever. Many have no social ties beyond their immediate family.

The vast majority of Russian schools are not ready to accept these children. Most teachers have little or no understanding of disability issues, or information about how to include disabled children. Schools are inaccessible, and

the special education school system is rigid and not open to change.

Today, Artyom and Nastya are part of an innovative programme to make School # 1961 a pioneer agency in inclusive education. Improved physical access, disability awareness training, parent empowerment and projects to build bridges between the pupils have all helped get this programme off to a successful start.

Disabled children in Southern Butovo and their families now have hope that they can grow up like all other children, receive a fine education, make friends, participate in school clubs, and make mistakes and succeed - just like their non-disabled peers.

UNICEF's Child Protection Programme works with partners such as Perspektiva to enhance education opportunities for vulnerable children, like Artyom and Nastya, by promoting development of inclusive education methodology and practices.

3.5 Suggestions to Enhance Children's Rights

Expand affordable pre-school education opportunities which are equally accessible throughout Russia's regions.

Promote access to high-quality primary and secondary education, ensuring that quality primary education is free and available equally among rural and urban areas and families of different income levels.

Create a transparent, focused, performance- and results-based system of budgeting and management in education. This will help overcome inefficient resource use, lack of incentives, financial constraints and inflexibility. Even within the existing budget much more can be done to ensure that all children, independent of their family income or geographical location, have sufficient access to educational opportunities. Resources should be targeted to those who need it the most, and who use them most effectively.

Close the large gap in knowledge. At present, there is no in-depth analysis of the socio-economic, ethnic, geographical and other factors that influence access to education. There is also scant objective information on educational results, with limited capacity of authorities to assess the strengths and weaknesses of educational institutions. It is important to train a community of researchers to work in the field of education and pedagogical science.

Advance developments of inclusive education through enhancement of teachers' and school administrators' capacities to develop education programmes that address children's different learning needs and to equip schools with resources to become fully accessible for children with varying physical and intellectual needs. This will enable the development of every child to his or her full potential, as well as a more tolerant and inclusive society.

Strengthen government agencies' capacities to support families with disabled children, providing these parents with greater opportunities to focus on care for their disabled children and to support their children's opportunities to be integrated into mainstream education institutions.

Each child may have different potential, but the realisation of every child's full potential should be made possible through inclusive and equitable access to quality education starting at pre-school age.

FOUR

Child Protection



4.1 Introduction

Russia's transitional period in the 1990s led to an increase in the number of children in need of special protection and support. To respond to this need, the crucial task was to identify and understand those situations that violate a child's rights to proper development: poverty, a lack of educational opportunities, parental neglect, and abuse inside and outside the home. These problems all lead to social

CRC Article 19(1)

State Parties shall take all appropriate ... measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has the care of the child.

CRC Article 9:

(1) States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable laws and procedures, that such separation is necessary for the best interests of the child...;

(3) States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

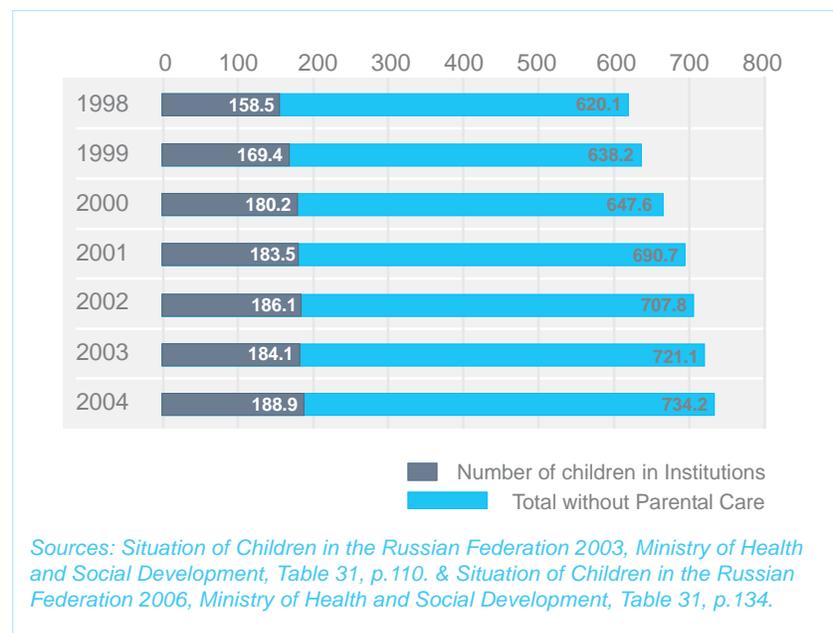
marginalisation and discrimination. They have not been sufficiently studied in Russia to-date, although the Government is now making this a priority.

4.2 Current Situation

4.2.1 Children without Parental Care

The substantial economic and social changes faced during Russia's transitional period placed significant stress on families' abilities to care properly for their children. In January 2002, the Government pledged more attention and resources to fight what it called the "social abandonment of children." At the end of 2004, the number of children deprived of parental care reached 734,200⁹⁸. Most of these children are "social orphans," i.e. children with at least one living parent. Government agencies have strived to develop community-based responses to family breakdown and to increase use of family placements, under which approximately 74 per cent of children had been placed as of 2004. Nonetheless, these services need to be expanded to address the scale of the problem, where use of termination of parental rights between 1999 to 2004 has risen by approximately 40 per cent and use of institutional care has continued

Figure 5: Total Number of Children Deprived of Parental Care (in thousands)



⁹⁸*Situation of Children in the Russian Federation 2006*, Ministry of Health and Social Development, Table 31, p.134.

to grow (with 188,900 institutional placements for children without parental care as of 2004, a 4.8 per cent growth from institutional placements in 2000)⁹⁹. Efforts need to be enhanced, to move from an approach of cancelling parental rights and institutionalisation of children to an approach that focuses on prevention of family break-up and greater use of alternative family-based care. In particular, there needs to be greater emphasis on early intervention support for vulnerable families and expansion of existing family-based services for all families.

Child neglect is a key factor for children being deprived of parental care¹⁰⁰. In these cases, children are often forced to survive on their own and sometimes may resort to “living” largely on the street. These children, often referred to as “street children,” face the risk of becoming social outcasts, where they engage in hazardous work and/or join marginal and criminal communities¹⁰¹.

The vast majority of children who live or spend most of their time in the streets have living parents. At times, the children spend a substantial portion of their time on the streets and return to their “homes” to sleep or may return to a home on a seasonal basis (e.g. during winters). Reasons vary for why children live or spend most of their lives in the streets: these include family abuse, work, lack of parental supervision, commercial and sexual exploitation, or school drop-out. However, irrelevant of whether a child lives on the street full-time or sometimes returns to a dwelling, the fact remains that after a very short period on the streets, more than half of these children face the risk of being in conflict with the law, not attending school, becoming substance abusers, becoming involved in other risky health behaviours, and/or becoming targets of violence and abuse by those who are older and stronger¹⁰².

Children even in prosperous, two-parent families sometimes lack parental attention, as some parents need to spend the majority of their time at work to maintain their jobs and standard of living. In these cases, children’s needs can be neglected, often resulting in school failure. Parental authority may be replaced by that of classmates, street gangs, or even the mass media. This situation can also push children toward the use of drugs or alcohol and increase their chances of becoming involved in criminal behaviour.

The composition and number of street children has always been a controversial issue. With the 2002 Presidential Order for an Inter-Agency Commission for the Affairs of Minors (government protocol number 1, 28 February 2003), government agencies have actively taken steps to ensure that a larger portion of children do not live on the streets full-time, often being placed in shelters or state institutions. Government agencies have recognised the need for greater inter-agency coordination, as well as taking preventive steps to address the

⁹⁹*Situation of Children in the Russian Federation, 2006, Ministry of Health and Social Development, Table 30, p.133 & Table 31, p.134.*

¹⁰⁰*Definitions given according to the report by O.E.Lebedev, E.E.Chepurnikh, A.N.Maiovov, V.I.Zolotukhina “Children of the streets. Education and social adaptation of homeless children”. — Moscow: Intellekt-Centre, 2002.*

¹⁰¹*S.A.Stevenson. Street children and shadow urban communities. // Besprizornik, No.1, 2003.*

¹⁰²*According to data from Médecins sans Frontières. See the description of the programme “Social and psychological assistance to neglected and homeless children in Moscow” (2004—2006).*

CRC Article 20:

(1) A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

(3) Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or, if necessary, placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity of a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background.

CRC Article 25:

States Parties recognise the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

needs of children in difficult life or life-threatening situations. Shelters and social-rehabilitation centres work to children's basic needs of shelter and food, as well as providing more comprehensive rehabilitation support, including identification of legal status, location of family members or relatives, provision of housing opportunities, or social and psychological counselling. While these actions are critical, there are not a sufficient number of these services to provide early intervention care to families to prevent children from leaving their homes in the first place. In 2004, the Ministry of Interior reported that 32,600 children voluntarily left their homes because of difficult life situations in the home, and 61,600 children were missing¹⁰³. While these numbers do not reflect the precise number of street children, they do highlight the severity of problems faced by families and the need for greater early identification and support to families in crisis.

4.2.2 Violence against Children

4.2.2.1 Domestic Violence/ Child Abuse

The latency of domestic abuse and violence makes it difficult to provide precise numbers. Identifying the effects of child abuse is also complicated by the fact that a child often does not realise he or she is a victim, and may be too frightened to tell someone. While these challenges exist, some media reports on domestic violence and child abuse do capture the seriousness of the problem.

Domestic violence affects children both as witnesses to violence, and as victims. Global statistics suggest that 30 per cent to 50 per cent of domestic violence cases among spouses also involve abuse against the children. Russian statistics regarding abuse towards children also provide some indication about the scale of this problem. Every year in Russia approximately 15,000 minors under 14 years die, with 50 per cent of them dying unnatural causes, and more than 2,000 from murder or severe physical abuse. Frequently, these deaths are the result of failure of parental care and supervision¹⁰⁴. Domestic violence and other forms of abuse aimed at children result in serious consequences including: development of an excessive sense of fear; lack of self-esteem; and sometimes even a belief of having deserved such treatment. The result is often the child's disillusionment and alienation from his or her parents. Furthermore, when domestic violence occurs within the home, children essentially lose adequate parental care and protection.

4.2.2.2 Sexual Abuse and Human Trafficking

Sexual Abuse:

Data in 2004 from the Ministry of Interior's Government Analytical Information Centre, showed that more than 50,000 violent crimes were committed against minors, with almost 6,000 crimes against minors involving a sexual nature. Six adolescents were victims of

CRC concluding observations, 2005:

Paragraph 47:

The Committee recommends that the State Party continue to strengthen its efforts to provide adequate assistance to children who are exposed to violence within the family and in institutions.

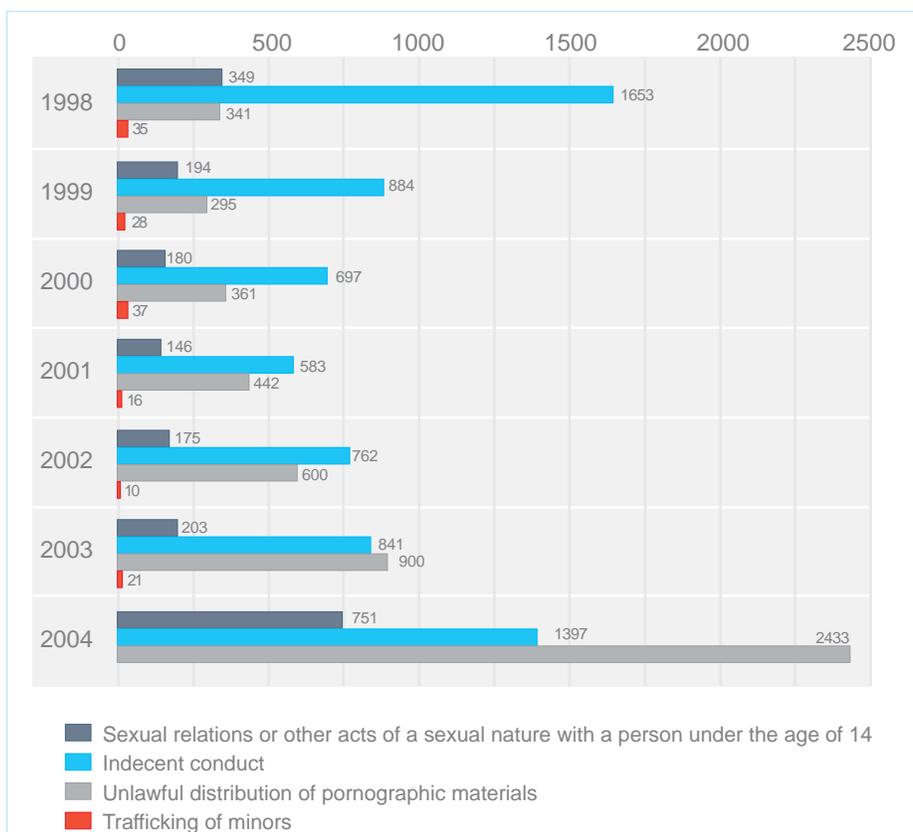
¹⁰³*Situation of Children in the Russian Federation 2006, Ministry of Health and Social Development, p.84.*

¹⁰⁴*Situation of Children in the Russian Federation 2006, Ministry of Health and Social Development, p.83.*

murders connected with rape and sexual violence; 2,091 children were raped; 2,103 children faced violence of a sexual nature; and 1,086 children faced indecent treatment of a sexual nature¹⁰⁵. Such statistics do not, however, show the full scale of the problem because many victims are afraid to contact the police. Soliciting a minor to engage in prostitution, for instance, is usually uncovered during arrests made for other crimes, or for child abuse¹⁰⁶.

The Russian Criminal Code specifically addresses crimes against children as (a) sexual relations with children under the age of 16 years, and indecent conduct with children under 14; and (b) soliciting a minor to engage in prostitution. Furthermore, protection to children is also addressed in the general criminal code provisions of (a) the distribution, advertising, or publication of pornographic material; and (b) trafficking in human beings.

Figure 6: Number of Sex Crimes against Children and Minors¹⁰⁷



Sources: *Situation of Children in the Russian Federation 2003*, Ministry of Health and Social Development, Table 48, p.125. & *Situation of Children in the Russian Federation 2006*, Ministry of Health and Social Development, Table 46, p.147.

¹⁰⁵*Situation of Children in the Russian Federation 2006*, Ministry of Health and Social Development, p.84.

¹⁰⁶See the periodical reports on implementation in Russia of the Convention on the Rights of the Child.

¹⁰⁷No specific data on trafficking of minors exists for 2004, as in December 2003 the Criminal Code Article, "Trafficking in Minors" (Article 152) was removed and replaced with Criminal Code Article 127.1 ("Trafficking in Human Beings").

CRC Article 34:

State Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. ...

CRC Article 35:

State Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.

Optional Protocol to the CRC on the sale of children, child prostitution and child pornography: (Russia has not signed):

Article 2:

- (a) Sale of children means any act or transaction whereby a child is transferred by any person or group of persons to another for remuneration or any other consideration;
- (b) Child prostitution means the use of a child in sexual activities for remuneration or any other consideration;
- (c) Child pornography means any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.

Minors in Russia are increasingly vulnerable to various forms of sexual exploitation, particularly to sex business activities such as prostitution, pornography, sex tourism involving minors, and child sex trafficking (either abroad or within Russian). The problem of organised sexual exploitation is significant and can be attributed to changes in sexual behaviour over the past decade, and to increased demand for sexual services in the entertainment and tourism industries.

Involvement of child pornography and use of the internet has also become a growing concern. According to a 2004 report prepared by the UK-based Internet Watch Foundation, 23 per cent of child pornography content originated in Russia. While that figure trails the United States, which produces about 55 per cent of the internet child pornography industry content, Russia is increasingly a source of material for this market. Investigatory authorities have uncovered sales of pornographic films with 8 or even 6 year old children participating¹⁰⁸.

Limitations in law enforcement work make it difficult to hold organised crime groups liable for the selling of child pornography. Russian legislation lacks a clear legal definition for child pornography, and so these organised crime groups remain largely untouched. However, a clear legal definition does exist in the Convention on the Rights of the Child's Optional Protocol on the sale of children, child prostitution and child pornography¹⁰⁹, still to be ratified by the Russian Government.

Human Trafficking:

Human trafficking is a real problem for Russia, as for countries throughout the world. Russia is an origin, transit and destination country for women, men, and children trafficked for sexual and labour exploitation. Common forms of child trafficking include commercial sexual exploitation – such as paedophilia or pornography, labour exploitation and begging. Many Russian cities and rural communities continue to face financial hardships which foster an environment for internal trafficking.

The current response to child trafficking has not proven effective. With the passing of Criminal Code Article 127.1 (trafficking in human beings), the former Criminal Code Article 152 (trafficking in minors) was repealed. Some experts have argued that this action has actually “de-criminalised” child trafficking because under Article 152 the process for investigation and court proceedings were “easier,” as there was no evidence requirement to provide the existence of exploitation.

4.2.3 Specific Issues for Children in the North Caucasus Region

For the past 15 years, the North Caucasus Region has been in an unstable condition which has led to the need for specific protection

¹⁰⁸Doctoral dissertation by S.A. Tsyrukun, “Appearance and investigation of crimes linked to brothels for sex work” Ph.D. Law Dissertation, 2004.

¹⁰⁹The definition for child pornography under the CRC Optional Protocol is: Article 2(c): “Child pornography means any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.”

aspects for children in this region. Some improvements in the security environment and living conditions have been observed in Chechnya in 2005 and 2006. However, general instability continues there as well as in neighbouring republics: bombings, ambushes, special operations, target killings and disappearances of civilians are still reported throughout the region.

Humanitarian needs, stemming from two military campaigns conducted over the past decade and severe economic underdevelopment, remain considerable: with an unemployment rate of at least 50 per cent, much of the population of Chechnya continues to depend on humanitarian aid for survival. A significant reduction in such needs appears to be at least several years away. Access to basic social services – particularly in the water, sanitation, education and health sectors – remains problematic for most civilians in Chechnya, especially women and children. Internally displaced persons (IDPs), estimated at over 100,000 in Chechnya, 20,000 in Ingushetia and up to 10,000 in Dagestan, continue to comprise a large portion of the vulnerable population.

A strong and comprehensive approach to effectively protect children from harm and neglect is also a priority in the North Caucasus, and especially in Chechnya. The lack of a strong monitoring and reporting system on the violations of children's rights is a matter of concern, as is the low awareness level of the Convention on the Rights of the Child (CRC) among children and youth, and professionals who work with and for children. Provision of policy support to the authorities to improve the quality of social services for the most vulnerable children is also required.

The presence of landmines and explosive remnants of war (ERW) continues to pose a serious threat to civilians, including children, in Chechnya. According to the UNICEF-managed Information Management System for Mine Action (IMSMA) database, some 3,060 civilians (including well over 700 children) have been killed or injured by mines or ERW since 1995.

4.2.4 Children and Adolescents in Conflict with the Law

The collapse of the Soviet Union was accompanied by a rise in the number of legal violations committed by minors. This situation was primarily a result of the increased number of neglected and homeless children, increased poverty, changes in the employment system, and limited leisure opportunities for children. While the number of registered crimes decreased from 2000 to 2002, from 2003 to 2005 these number of crimes grew, with 154,734 registered crimes in 2005 where minors were involved or committed¹¹⁰. The real figure, however, may be higher since much street crime goes unreported. The victims of juvenile crime tend to be other children.

In general, minors are involved in crimes involving property (more than 70 per cent of the total number); against health and life (8 to 10 per

CRC concluding observations, 2005:

Paragraph 69:

The Committee recommends that the State Party strengthen the measures taken to protect children from the consequences of the conflict in Chechnya and in the Northern Caucasus, in compliance with article 38, paragraph 1, of the Convention on the Rights of the Child, in particular with regard to their rights to health and education. It also urges the State party to take measures ensuring the cease of abuses of the security forces against the personal security of children cease. The Committee further recommends that the State further its efforts in de-mining and should ratify the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction.

¹¹⁰Rosstat.

The International Centre for Prison Studies identified the highest rates of incarceration of young people in the Russian Federation.

CRC Article 37:

State Parties shall ensure that: ...
 (b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;
 (d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance...

CRC Article 40(1):

States Parties recognise the right of every child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

cent); as well as illegal trade of drugs (less than 4 per cent). Violent crimes committed by 14 to 18 year olds are not uncommon. Between 2002 to 2004, there was a 23.3 per cent increase in the number of rapes and attempted rapes committed by minors; 11.2 per cent increase in grave physical harm¹¹¹. Crimes committed by groups of minors are of particular concern.

In terms of incarceration rates, the Russian Federation has experienced a somewhat positive trend with a decrease in the absolute number of juvenile offenders in prisons from 32,000 in 1993 to 20,831 at the end of 2004¹¹². Nonetheless, Russia remains one of the world leaders in terms of the number of young people in prisons (17 per 100,000 population). There was also a significant increase in the use of prison sentences for young offenders in the Russian Federation (136 per cent) between 1990 and 1998 (UNICEF - 2002; LaCava, Lytle and Kolev - 2006)¹¹³.

The International Centre for Prison Studies identified the highest rates of incarceration of young people in the Russian Federation, followed by Belarus, Ukraine and the United States¹¹⁴.

Figure 7: Registered Crime Committed by Minors or with Their Participation (thousands)



The proportion of juvenile offenders in 2004 who did not have a permanent source of income was 32.7 per cent. At the same time, the proportion of juvenile offenders who acted under the influence of alcohol decreased, from 21.5 per cent in 2002 to 16.1 per cent in

¹¹¹*Situation of Children in the Russian Federation 2006, Ministry of Health and Social Development, p.89.*

¹¹²*Ibid, Table 45, p.147.*

¹¹³*Conference Background Paper "Young People in Eastern Europe and Central Asia", May 21-24, 2007, Rome, Italy – World Bank, page 19.*

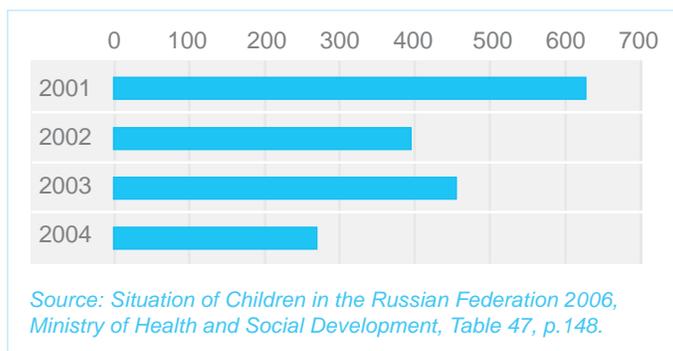
¹¹⁴*Conference Background Paper "Young People in Eastern Europe and Central Asia", May 21-24, 2007, Rome, Italy – World Bank, page 19. See International Centre for Prison studies, www.prisonstudies.org (accessed May 2007) or Council of Europe (2005), for total national incarceration rates.*

2004. The number of minors committing recurrent offences has also been decreasing since 2002, at 18.1 per cent in 2002 to 14.6 per cent in 2004¹¹⁵.

In 2004, 52,706 minors, being supervised by law enforcement for potential conflicts with the law, were registered as unemployed and not studying. A total of 18,630 minors, or 5.2 per cent of all minors under supervision by law enforcement, did not have parents. The percentage of minors without parents who are in danger of violating the law has increased since 2000, being 3 per cent in 2000 and rising to 5.2 per cent by 2004¹¹⁶.

The problem of juvenile crime is closely tied to the spread of drug use among minors, but according to state statistics some positive change has been noted in recent years.

Figure 8: Number of Registered Crimes Committed by Minors, or with Their Participation, and Involving Narcotic Substances



4.3 Immediate & Underlying Causes

4.3.1 Family Breakdown

Over the past 15 years, families with children have faced greater economic difficulties and stresses, which has resulted in an increased incidence of family breakdown and thus has pushed more children into vulnerable situations. Children's increased vulnerability is also fed by a high divorce rate. While the rate decreased to 4.2 per 1,000 people in 2005¹¹⁷, the problem remained traumatic for children.

¹¹⁵*Situation of Children in the Russian Federation 2006*, Ministry of Health and Social Development, Table 47, p.148.

¹¹⁶*Ibid*, Table 40, p.141.

¹¹⁷*Rosstat 2005*.

CRC concluding observations, 2005:

Paragraph 39:

In light of article 20 of the Convention, the Committee recommends that the State party:

- (a) Adopt a comprehensive strategy and take immediate preventive measures to avoid the separation of children from their family environment and to reduce the number of children living in institutions, inter alia by providing assistance and support services to parents and legal guardians in the performance of their childrearing responsibilities, including through education, counselling and community-based programmes for parents;
- (b) Ensure that the placement of children in alternative care is always assessed by a competent, multidisciplinary group of authorities and that the placement is done for the shortest period of time and subject to judicial review, and that it is reviewed in accordance with article

Families with children, on the whole, face greater risks of poverty, with children's risk to poverty being almost twice as high as the general population¹¹⁸. Data of the National Survey of Prosperity and Participation of the Population in Social Programmes (NSPSP, 2003) also suggested that families with three or more children face even greater vulnerabilities¹¹⁹. Like large families, single-parent families also have greater threats to poverty problems. Substance abuse is another factor which contributes to family breakdown. According to a 2002 study by the Moscow NGO, No to Alcoholics and Narcotics (NAN), parent alcoholism was the main reason for delinquency in children, comprising of 71 per cent of the two-parent families surveyed¹²⁰. Moreover, such families often don't accept assistance offered by social workers presenting a serious obstacle in trying to help these families and their children.

4.3.2 Child Welfare Services

A key challenge for Russia's social welfare system is how to establish prevention programmes that effectively address child abandonment, children without parental care, and even homelessness. Prevention programmes to-date have been limited. Greater investment in prevention programmes could cut overall social service expenditure, by reducing the number of children who become wards of the state.

A key reason for limited prevention programmes is the lack of reliable information regarding families in crisis. The reasons why children are abandoned or leave home have been studied sporadically, and many write off the causes to alcohol abuse. To develop stronger prevention programmes, there is a need for more comprehensive and detailed analysis of the underlying factors that cause families to become vulnerable and the means for enhanced coordination and information sharing among responsible government agencies.

Another significant factor is the ease with which a mother may abandon a child at birth. Although medical staff is obliged to try to persuade the mother to accept her child, this is not systematically implemented. For example, if the child has a physical problem or disability, in reality a mother's only choice is either to send the child to a state institution or to shoulder the entire burden herself. Maternity wards do not include social workers who might inform mothers of their rights and responsibilities, and who could assist high-risk families and young parents. Furthermore, families with children who have physical problems or disabilities frequently do not obtain sufficient economic support to make proper care for their children a reality.

Finally, more limited progress on preventative approaches may also be attributed to the fact that responses have been divided among different

¹¹⁸Ovcharova L.N., and Pishniak A.I., Popova D.O. *Families, fertility and child poverty: impact of the latest maternity and child support measures on the birth rate and living standards of families with children in the Russian Federation. 2007, in print.*

¹¹⁹UNICEF Report Summary, *Child Poverty in Russia: Alarming Trends and Policy Options*, Ovcharova, L. N. and Popova, D.O. UNICEF, Independent Institute of Social Policy, Moscow, 2005, p.9.

¹²⁰ "Juvenile technologies. Practical instructions for implementing geographic models for rehabilitation centres for minors in risk groups." NAN, 2002.

agencies. On the federal level, responsibility is shared among the Ministries of Health and Social Development; and of Education and Science. While these Ministries are making efforts to better coordinate their work, no clear mechanisms currently exist that would facilitate greater coordination of their child welfare responses.

Use of Institutions for Children in State Care:

While the Russian Government has recognised the value of family-based care for all children and has recently taken important steps to place greater priority on the family, the overall paradigm of its child welfare system has had a relatively large network of institutions for childcare and long-term residence (approximately 26 per cent of children in state care in 2004 lived in institutions). Like the health sector, public resources and efforts in child welfare have focused on a more “curative” rather than preventive response to family crises.

While no precise data at the national level exists on expenditures on children deprived of parental care, research from estimates of the World Bank 2002 analysis of the child welfare system in Russia suggest the costliness of institutionalisation. The World Bank research showed that the monthly cost of residential care for one child was about 4,500 roubles (about \$200) in 1999 and the annual public expenditures per child in general education was 7,273 roubles (about \$260) in 2000. During this same period, the guardianship allowance was about 1,250 roubles per month, almost four times less than the cost of residential care per child¹²¹. This research highlights the need for more extensive analysis of the costs of institutionalisation and the costs for reorganisation of institutions, placing greater investment into early intervention services for biological families as the key priority response.

Furthermore, children in institutional care often do not develop the appropriate life skills required to function effectively when living independently. Institution “graduates” often enter society with insufficient knowledge and skills, reducing both their social and labour productivity. Consequently many graduates from institutions have fewer opportunities to break the cycle of poverty, deprivation, and family dysfunction.

Despite critical political commitments and good regional practices, the use of institutions has not decreased. There is a need to enhance more targeted measures directed at prevention work with biological families, including pregnant women, such as:

Early identification of potential crisis situations in families, supported through strengthening childcare providers’ skills on identification and prevention work with vulnerable families and children;

Timely support for families to enable children to remain safely in their biological families, including: greater focus on professional training; provision of substance abuse treatment; legal and employment support to adult family members, and increased monitoring and supervision of vulnerable families,

¹²¹Russian Federation Child Welfare Outcomes During the 1990s: *The Case of Russia*, (in two volumes) Volume 1: Executive Summary, November, 2002, Human Development Sector Unit, Europe and Central Asia Region, World Bank, p.21.

25 of the Convention;
(c) Take measures to create an environment which would allow for fuller development of the child and the prevention and protection of children against all forms of abuse. Contacts with the family, while the child is institutionalized, should also be further encouraged, when this is not contrary to the best interests of the child;

(d) Strengthen its efforts to develop a traditional foster care system by paying particular attention to the rights recognised in the Convention, including the principle of the best interests of the child, and other family-based alternative care, and strengthen the measures to increase the capacities of guardianship and trusteeship agencies;
(e) Ensure participation of children in the evaluation of alternative care programmes and of complaint mechanisms which allow for children to present their complaints.

providing opportunities for temporary withdrawal of children in dangerous situations during which biological parents can have supervised visits with their children;

Reduction in termination of parental rights cases;

Finding solutions to difficulties and inconsistencies of legal, administrative and methodological nature that impede effective work on early crisis intervention with families and prevention of child abandonment; and

Greater attention to opportunities for the reorganisation of institutions.

Starting in 2005, the Government initiated significant steps to promote adoption. Nonetheless, adoption remains to be used only on a limited scale to-date. Both national and international adoption has been hindered by lengthy and unnecessary complex procedures. UNICEF advocates for the removal of such barriers to uphold the best interests of a child which involve living in family settings. While opportunities for national adoption should be sought first, it is important that children are not inhibited from access to family life if the only option is international adoption.

4.4 Government Response

4.4.1 Early Family Intervention/ Alternative Family Care

Over the past ten years, the Government has taken important steps to promote family-based care. The passing of the 1995 Family Code created a legal and institutional framework focused on family-based and child-centred approaches to family and child welfare. Code provisions have given priority to family-based care for vulnerable children and to development of “preventive” social work and care services. Increased prevention work to better assist vulnerable children and their families has been initiated with the Government’s expansion of local rehabilitation centre and social shelter services. These efforts need to be significantly increased.

From 2006, the Russian Government has placed greater emphasis to increase support for children without parental supervision and to decrease the number living in institutions, putting the family first. The Russian President first presented this position in his 2006 annual address to the Federal Assembly Address, and later reiterated it in his December 11, 2006 statement to the Government, stating that “the Ministry of Health and Social Development, Ministry of Education and

Sciences, Ministry of Regional Development, and the Ministry of Interior [should] establish a special programme for children without parental supervision.” In January 2007, First Vice Premier, Dmitry Medvedev, also stated to the Presidential Plenipotentiary Envoys for the Central and Ural Federal Districts that by 2009 the number of children without parental supervision must be cut in half – from 200,000 to 100,000. For 2007, the Government committed to making a 15 to 20 per cent decrease in the total number of children deprived of parental care and living in institutions. Accompanying instructions and incentives, to ensure fostering and adoption of children, have also been issued. Such incentives include increased financial support for foster families.

The federal programme, Children of Russia 2007-2010, also has a component, “Children and Families,” which provides special attention to unsupervised children, children receiving social rehabilitation in specialised rehabilitation centres for minors, children and families with disabilities, and child orphans and children without parental care.

In the transitional phase to place greater focus on family-based care and particularly support to biological families, the Government has taken steps to enhance the situation of children currently in institutions, providing greater family-like settings, such as “family groups” which involve 8 to 10 children and a “mother” who supports and supervises the children. Actions have also been taken to provide greater support to those children who are “graduating” from institutions through more extensive support to obtain life skills to adapt to independent living; provision of subsidies until 23 years of age to “institution graduates” for educational opportunities; and programmes fostering work skills. Efforts are also being taken to rework existing mechanisms for issuing housing to “institution graduates” through federal budget resources.

The Moscow and St. Petersburg Administrations have committed their cities to become “child-friendly cities,” placing children’s interests higher on their political agenda. It is possible that other cities may follow suite. The Moscow City Administration has also named 2007 as the Year of the Child.

The Russian President’s 2007 annual address to the Federal Assembly also named 2008 as the “Year of the Families,” further highlighting the priority given to the family as an institute and providing greater opportunities for increased support.

4.4.2 Independent Monitoring Structure for Child Rights

In its concluding observations to Russia’s second periodic report to the Convention on the Rights of the Child, the Committee stressed the need for an independent monitoring structure regarding child rights. In 1998, the Government responded with the development of pilot projects which promoted child rights ombudsperson posts.

CRC concluding observations, 2005:

Paragraph 14:

The Committee recommends that the State party continue its efforts to establish regional Offices of Ombudsmen for Children’s Rights in all regions and ensure that they are provided with budgetary means and personnel to guarantee their effective functioning. It also recommends that the State party give further consideration to the establishment of a Federal Office of the Ombudsman for Children’s Rights. In this regard, the State party should take into account General Comment No. 2 on the role of independent human rights institutions.

Since then, the Child Rights Ombudsperson Institution, as an independent monitoring and protection structure for child rights, has been growing with a substantial increase of posts at the municipal level and even within schools. In September 2005, the Committee on the Rights of the Child reiterated, in its concluding observations to Russia's third period report, the need for continued expansion of child rights ombudsperson posts at the regional level and exploration of the development of a federal post.

As of January 2007, there were 19 child rights ombudsperson posts at Russia's constituent entity (*subject*) level and 49 at the municipal level. Existing Child Rights Ombudsperson Posts have provided effective support both to the upholding of individual child's needs as well as to the promotion of stronger child right policies. Increased public support in 2007 for this institution also underscores greater awareness among decision-makers for the further expansion and strengthening of Child Rights Ombudsperson Posts.

The Government has also recognised the need for reforming the guardianship and trusteeship agency, which is one of the key government bodies responsible for monitoring and supervising the well-being of children without parental care. Reform of the guardianship and trusteeship system is under process with development of proposed legislative revisions. This reform process is also considering ways to enhance the professional capacities of specialists within guardianship and trusteeship agencies to better conduct outreach to families with children who are in difficult life situations, providing timely care to prevent family breakdown. New revisions have also been made on the federal government statistics form for supervision, "Informing about identification and placement of children and adolescents without parental care."

4.4.3 Juvenile Justice System

In 1999, the Government passed the Federal Law "On the Prevention of Child Neglect and Juvenile Delinquency." By the end of 2002, a network of agencies working on child delinquency prevention nationwide had developed, including: 1,162 specialised institutions for minors; more than 850 education agencies for children in need of psychological and medical assistance; 1,326 agencies for youth issues, providing psychological assistance and urgent care to minors in crisis situations; and 1,027 social rehabilitation institutes for minors.

To better adhere to international responsibilities to children's rights, Russia amended its Criminal Code Article 87 in December 2003, which placed priority on using alternative measures to punitive sentences for children who are in conflict with the law¹²².

While these actions are important, Russia does not have an autonomous juvenile justice system throughout the country, which would deal only with minors and have its own rules. Approaches specific to legislative response to children in conflict in the law include¹²³:

CRC concluding observations, 2005:

Paragraph 86: Ensure the full implementation of juvenile justice standards and in particular articles 37, 40 and 39 of the Convention, and other United Nations standards in the field of juvenile justice.

¹²²*Situation of Children in the Russian Federation 2006, Ministry of Health and Social Development, p.92.*

Provision of extra legal protection for minors, such as dual representation in a court of law;

Information disclosure about minors' living conditions and upbringing;

Opportunities for suspended sentencing, or other alternatives to punitive measures, and

Special procedures when a minor is taken into custody, such as the presence of a teacher during questioning.

4.4.4 Legislative Responses to Issues of Violence & Exploitation

Russia has taken several legislative steps to enhance children's and the general population's protection from violence and exploitation.

Specifically, Russia has shown greater political commitment to combat human trafficking, by creating a central state authority to coordinate implementation of anti-trafficking policies, as well as providing support to NGOs which operate anti-trafficking projects.

In December 2003, the Criminal Code was amended and for the first time ever included Articles 127.1 ("Trafficking in Human Beings") and 127.2 ("Use of Slave Labour"). At the same time, however, Criminal Code Article 152, "Trafficking in Minors," was removed. Some Russian experts have expressed the opinion that repealing this article has "decriminalised" child trafficking, with the number of convictions of "trafficking in apparent minors" dropping sharply¹²⁴.

Amendments in December 2003 also strengthened punishments for crimes by adults involving sexual solicitation or voluntary sexual contact with minors (statutory rape), raising the qualifying age from 14 years old to 16 year olds. Criminal liability was also introduced for the use of minors in preparation of pornographic materials and the attraction of minors into pornography activities¹²⁵.

Finally, the Russian Criminal Code addresses under Article 240, section 3, criminal liability for attraction of minors into prostitution and under Article 242.1, criminal liability for preparation, distribution and holding of pornographic material which uses the likeness of minors.

The Russian Government ratified in December 2003 the ILO's Convention 182, "Worst Forms of Child Labour," and in 2004 the UN Convention against Transnational Organised Crime, and the Protocol on Trafficking in Persons ("Palermo Protocol").

¹²³ "Juvenile technologies. Practical instructions for implementing geographic models for rehabilitation centres for minors in risk groups." published by the Moscow NGO, *No to Alcoholism and Narcotics addiction*, (NAN), 2002

¹²⁴ Human Trafficking in the Russian Federation: Inventory and Analysis of the Current Situation and Responses, Report conducted by E.V. Tiurukanova and the Institute for Urban Economics for the UN/IOM Working Group on Trafficking in Human Beings, p.87.

¹²⁵ *Situation of Children in the Russian Federation 2006*, Ministry of Health and Social Development, p.84.

4.5 Suggestions to Enhance Children's Rights

Develop a reform strategy for the government system supporting families and children, including optimisation of existing social support services through increased access and effectiveness of these services and inclusion of employment opportunities for adult family members with children, with the goal of decreasing poverty among families with children and of reducing the number of children without parental care.

Reorient policy focus and social support to families with children, with particular attention to risk groups, prevention, and early identification of crisis situations, through the enhancement of individual services provided to families with children including legal, psychological, medical and resource support.

Progressive transition of existing state child institutions to institutions focused on early identification and intervention of crisis situations faced by families, to enable the child to remain safely within his or her biological family. In extreme cases, consideration could be made to remove the child from the family temporarily into relative guardian care or a foster family setting, while still providing supervised contact, if a safe option, between the child and biological parents. This time would focus on providing the biological family with necessary rehabilitation and assistance to avoid the need for termination of parental rights.

Reform the court system in regards to minors, which includes consideration of development of specialised courts and social services within these court structures. In parallel, prepare legal and social work specialists for new roles in such court structures.

Strengthen legislative actions and development of existing services addressing child trafficking, including timely ratification of the Convention on the Rights of the Child's Optional Protocol on the sale of children, child prostitution and child pornography, and review of Russian legislation with the goal of providing special protection measures that children victims require, both as victims and as children.

Develop a national plan of action for prevention, prosecution and protection of child victims of trafficking, with the goal of increasing coordinated efforts at the national and regional levels among relevant government agencies, and of developing prevention and rehabilitation services for children in collaboration with non-governmental organisations.

Provide highest attention to mine clearance and intensify prevention education work for children in the Republic of Chechnya on mine awareness. Prepare school teachers to enable them to explain to children the dangers of unexploded ordinances and mines. There is also a need to raise awareness of the entire population about these dangers and more active measures to mark danger zones.

The Way Back Home

Masha doesn't like to talk about her previous home life. Today at the age of 8 years, Masha lives in the shelter, The Way Home, into whose care she was trusted in 2005.

When you ask Masha whether she would like to return home, she keeps silent. She brightens up, however, when you ask her about the things she learnt to do at the shelter, such as embroidery. She also likes to colour and to play with dolls. Before, the only way she passed her time was hanging out on the streets while her parents were blacking out after yet another drinking binge.

"When our orphanage started operating it was meant to take care of children from vulnerable families, where parents abuse alcohol or drugs," said Tatiana Kharybina, the shelter's director.

Established in 1992 with the support of the NAN Foundation, The Way Home serves as a temporary shelter for children. Currently, 20 children live there. They attend school classes, and learn a variety of arts and crafts.

The majority of these children, such as Masha, have had no childhood. They are fleeing abusive homes, and prefer to live on the streets or at railway stations. They make their living by stealing and begging. Slowly but surely, however, they start using drugs and alcohol, and face a life much like that of their parents.

The Way Home might be a drop in the bucket in this ocean of need, but it nevertheless remains a beacon of hope to many boys and girls who have lost their way and are searching for the way to a new home where they are safe from violence and distress.



In its Child Protection Programme, UNICEF supports the work of The Way Home Shelter, and other government and civil society agencies to better ensure that children, like Masha, can have a safe and secure childhood – working on ways to enable children to be able to safely return to their birth families or to find new homes in family settings.

The key challenge for the Government is to evolve from the traditional approach of supporting children "with the best of intentions" towards the strategic intent of upholding all children's rights "in the best interests of the child."

CRC Article 12:

The views and voice of children must be heard and taken into account when decisions are made that affect them.

CRC concluding observations, 2005:

Paragraph 31:

Recommends further efforts be made to ensure the implementation of the respect for views of the child. In this connection, particular emphasis should be placed on the right of every child to participate in the family, at school, within other institutions and bodies and in society at large, with special attention to vulnerable and minority groups. Their right should also be incorporated in all laws, judicial and administrative decisions, policies and programmes relating to children.



5.1 Introduction

Having socially active, educated and healthy young people is the dream of any society. Ensuring the rights and well-being of young people is critical for sustainable prosperous development, human security and peace both globally and in modern Russia. Given that approximately 25 per cent of the world's population is young people

aged 15 to 24 years¹²⁶, it becomes quickly apparent that they are key players in any countries' development strategy¹²⁷.

The Russian Federation has expressed its commitment and dedication to the Millennium Development Goals, in which a critical component is creation of a healthy, prosperous and secure environment for young people and fulfillment of their potential. Promoting gender equality and equity, improving reproductive health, ensuring human rights, expanding education access on all levels, and providing economic opportunities for Russia's young people offer multiple rewards that can accelerate social and economic progress, with a lasting impact for future generations. Improving education, reproductive health and economic opportunities for young men and women in Russia is particularly important.

International experience demonstrates that simultaneous investments in three areas of youth development and participation can be an effective impetus in progress at a national level: secondary and vocational education; reproductive health information and services, and young people's economic rights.

Millions of young people can play a larger role in Russia's development, and, in turn, create a more secure and prosperous country for themselves and generations to come. Evaluation of young people's well-being requires the review of several key components such as health, education, employment opportunities, and participation in public life. Several of these issues have been addressed in the prior chapters regarding health, education and protection. However, participation is a critical component in ensuring children's and young people's well-being; true rights are not just "provided for" but also rely on the participation of those who are concerned. As a result, this chapter examines the wider social and economic consequences of young peoples' participation for the country's long-term development. It also considers the core issues of education, health and participation of young people in social life in Russia as well as anti-social behaviour.

It is both an ethical obligation and a collective responsibility to meet the MDGs and to create a modern society that empowers young people. This step is particularly important for Russia, in light of its demographic crisis. Only by ensuring a decent and participative society for young people, will Russia be able to build a modern and prosperous society.

5.2 Current Situation

5.2.1 Higher Risks

The younger generation – children of the early 1990s – are often portrayed as the natural winners of the transition. This portrayal is

¹²⁶This estimate is based on review of the 15 to 64 year old population worldwide.

¹²⁷UNESCO, *Youth Development Report: Condition of Russian Youth*, Mark Agranovich, Natalia Korolyova, Andrei Poletaev, Igor Sundiev, Irina Seliverstova, Anna Fateeva, Moscow, 2005, p.50.

The transition period has and still is exposing youth to more choices and therefore to both opportunities and risks.

partially true, as the newly emerging market-oriented economy and more democratic institutions do offer greater opportunities for the young. However, as the first generation born and raised in modern, post-Soviet Russia, they also face higher risks.

The transition period has and still is exposing youth to more choices and therefore to both opportunities and risks¹²⁸.

Russia's young people have experienced significant social and behavioural changes as well as rapid, and not always favourable, socio-economic transformation. These conditions have made young people in Russia vulnerable to risks which were largely unknown to their parents and other adults during their youth. Currently, young people in Russia face a wide variety of social, educational and economic challenges for which effective responses are still being found.

The 15 to 24 year old age group has experienced the largest increase in deaths due to unnatural causes, including drug abuse and AIDS¹²⁹. The majority of newly detected HIV cases in Russia are among young people under the age of 25 years, with a growing proportion of new infections occurring amongst 15 to 19 year olds. The age at which young people start to inject drugs is falling dramatically, and most HIV-positive young people have contracted the infection through intravenous drug injection. The number of heterosexually transmitted cases of HIV is also rising. Ignorance about preventive measures is widespread.

Relaxed sexual mores in society mean that young people are more susceptible to sexually transmitted infections and HIV. Furthermore, health services are frequently not youth-friendly or age appropriate, nor are they responsive to the risks young people currently face. As a result, young people often do not seek medical treatment or psychological counselling when needed.

While education and employment opportunities are relatively high for young people compared to other developed countries, regional disparities in social and economic development among Russian regions also makes some young people more vulnerable. Regional disparities result in inequality of access to quality education and, in turn, lead to a decrease of the human capital level and competitiveness of the region.

As discussed in previous chapters, there has been a rising trend of criminalisation among young people in Russia. Over the last few years, criminologists have also noted increases in aggressive and violent crimes resulting in a greater number of juveniles sentenced to longer terms of incarceration. Significantly, between 1995 to 2002 this number multiplied by 2.5¹³⁰. Coupled with this is the characteristic that young people are more than twice as likely to commit offences in groups than adults¹³¹.

¹²⁸ *Young People in Changing Societies, UNICEF Regional Monitoring Report, 2000, p. 1.*

¹²⁹ *UNESCO, Youth Development Report: Condition of Russian Youth, Mark Agranovich, Natalia Korolyova, Andrei Poletaev, Igor Sundiev, Irina Seliverstova, Anna Fateeva, Moscow, 2005, p.3.*

¹³⁰ *UNESCO, Youth Development Report: Condition of Russian Youth, Mark Agranovich, Natalia Korolyova, Andrei Poletaev, Igor Sundiev, Irina Seliverstova, Anna Fateeva, Moscow, 2005, p.108.*

¹³¹ *UNESCO, Youth Development Report: Condition of Russian Youth, Mark Agranovich, Natalia Korolyova, Andrei Poletaev, Igor Sundiev, Irina Seliverstova, Anna Fateeva, Moscow, 2005, p.109.*

Limited opportunities exist to reintegrate young offenders into community life often results in youth's inactivity as well as criminal recidivism.

5.2.2 Limited Participation in Political and Social Life

A key component to young people's overall well-being is the level of their participation in public life. Too often, children and young people are seen as part of the problem and suffer disproportionately as a result of the world's problems. According to the UN Convention on the Rights of the Child, all children and young people have the right to have their say about decisions that affect them, and to have their opinions taken into account. UNICEF promotes the active role of young people in changing their own social environment, the development of positive forms of youth culture, and constructive interaction between adolescents and adults.

Youth have a special opportunity to participate in consolidating democracy and developing civil society, which is of particular relevance for Russia as the Government has identified the development of civil society as a top priority. Young people's participation in the development and strengthening of civil society will contribute to ensuring greater sustainability of the reform process. Through their participation in newly emerging democratic institutions, young people will assist in shaping a society with which they can identify and contribute to change.

Attention to youth problems in the Russian Federation coincides with the international community's growing focus on youth participation in civil society. Young people are increasingly recognised as an economic, political and social force. The rights-based approach to youth participation is, in many ways, an evolution of progress on the rights of children, enshrined in the 1989 Convention on the Rights of the Child.

There are four primary settings in which the participation of children and young adults takes place – at home, at school, at work, and in the community – and participation in each area is a positive trend for being active in the others.

Existing data about the level of young people's participation in political and public life is relatively limited and largely drawn from sociological surveys. However, available information suggests that young people demonstrate low levels of interest and participation in political, economic and cultural events and developments¹³².

5.2.2.1. Political Interest

Youth participation in politics can take a variety of forms. One of the most effective gauges of political commitment is examination of voter turnout. Voting is the most basic of democratic acts, and the vigour of a democratic society is often measured by the extent to which its citizens participate in elections.

¹³²UNESCO, *Youth Development Report: Condition of Russian Youth*, Mark Agranovich, Natalia Korolyova, Andrei Poletaev, Igor Sundiev, Irina Seliverstova, Anna Fateeva, Moscow, 2005, p.3.

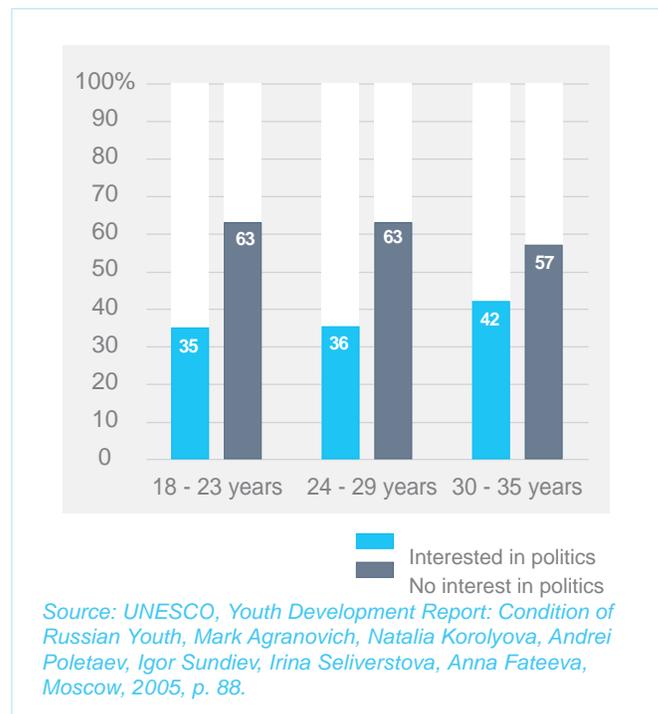
Young people demonstrate low levels of interest and participation in political, economic and cultural events and developments.

There are a number of reasons why young people's participation in the election process is important. First, young people have political interests which can significantly differ from those of older voters and which should be represented. Second, the right to vote is an equaliser in that each person has one vote and thus possesses the same ability as others to exercise influence in political elections. Third, participation in the decision-making process promotes awareness of civic responsibility.

Information from a 2004 opinion polls organised by the Public Opinion Fund¹³³ reported that only 37 per cent of young people expressed an interest in politics, while almost 62 per cent did not show any interest at all¹³⁴. The passive interest of young people in politics is also reflected in their voting record, for which the age group 18 to 35 years had the lowest participation rate in the March 2004 presidential elections. Fifty-seven per cent of young people participated in comparison to 83 per cent for the age group 55 years and older. The Public Opinion Fund found that young people in Russia are more supportive of market and democratic reforms than older people, but are less active in voting activities. It should be noted, however, that this trend is common in many democratic societies, with young voters exhibiting lower turnout rates than those of older age groups.

In the Russian Federation, young people's attitudes towards government

Figure 9: Level of Young People's Interest in Politics



¹³³The poll conducted by the Public Opinion Fund on January 17, 2004, concerns only 18 to 35 years old respondents. The survey comprised of an All-Russia poll of city and rural population in 100 settlements of 44 regions, territories, and republics of all economical and geographical zones. Survey methodology comprised of home interview, with a statistical error not higher than 3.6 per cent.

¹³⁴UNESCO, Youth Development Report: Condition of Russian Youth, Mark Agranovich, Natalia Korolyova, Andrei Poletaev, Igor Sundiev, Irina Seliverstova, Anna Fateeva, Moscow, 2005, p.89.

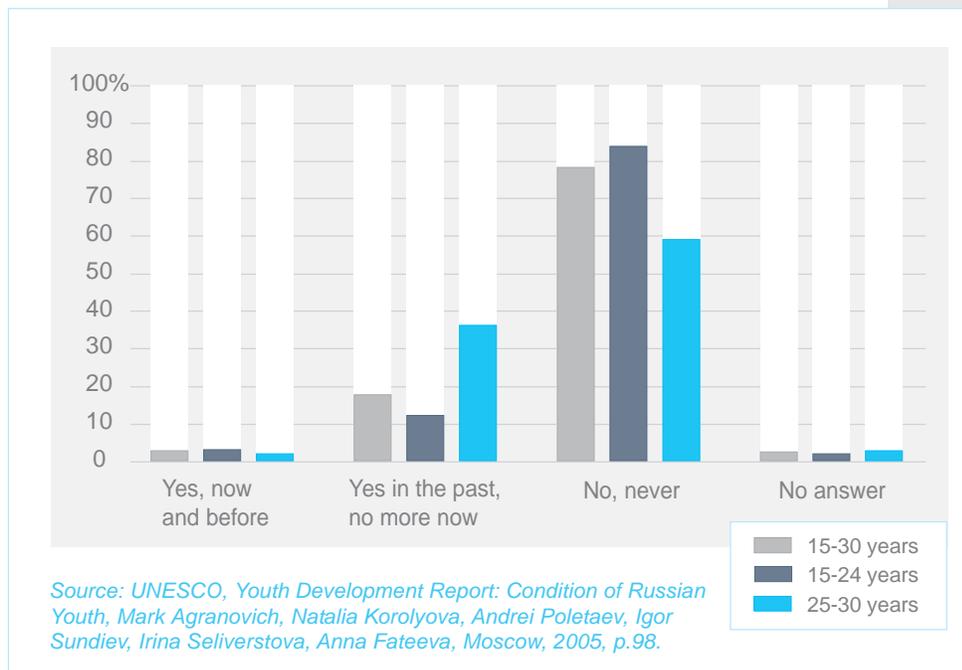
are stipulated by a lack of trust in the state, and simultaneously, by large expectations for the state to secure them adequate living standards. The questioning attitude typical of youth may make them skeptical or critical towards any authority. A survey entitled “Young Russians” conducted by the Russian Centre for Public Opinion and Market Research among young people between 18 to 29 year olds suggests that two out of every three youth in Russia have a highly negative opinion of the primary institutions for the delivery of democracy¹³⁵.

5.2.2.2 Participation in Social Activities

Young people participate in society through a wide range of activities, including social organisations, faith-based organisations, sports and recreation clubs, and non-governmental organisations.

In the past, youth belonged to mass organisations like the Young Communist League’s *Pioneers* and *Komsomol*, where membership was not obligatory but strongly encouraged. It is estimated that in the Soviet Union during the late 1980s, 65 per cent of 14 to 28 years olds were *Komsomol* members¹³⁶. While the key goal of these institutions were largely defined as vehicles to socialise youth to preserve the political status quo, they did provide structured settings where young people could meet and enjoy sports and other leisure activities. The demise of these organisations has resulted in diminished access to low-cost sports and leisure facilities. Yet, at the same time, young people have gained opportunities to participate in a broader range of organisations and social activities and to make individual choices about when and how to participate. In 2003, the Federal Register of

Figure 10: Survey Response of Young People “Have you ever taken part in any youth organisation?”



¹³⁵Young People in Changing Societies, UNICEF Regional Monitoring Report, 2000, p. 109.

¹³⁶Young People in Changing Societies, UNICEF Regional Monitoring Report, 2000, p. 110.

state-supported Youth and Children Associations included 61 associations (44 youth and 17 children's associations), with 29 having "All-Russia", 30 interregional and 2 international status. Furthermore, a large percentage of youth organisations are not legally registered, with expert estimations in 2003 claiming that less than 20 per cent of youth associations were registered¹³⁷. However, data from Public Opinion Fund's July 2002 survey of young people reflects the low participation of youth in social activities.

Existence of a youth volunteer movement is also a key indicator of young people's active participation in social, political and economic life. The UN General Assembly noted that "a volunteer movement is one of the basic means, by which people can be active subjects of the social development process"¹³⁸. In fact, youth volunteer movements might represent one of the most efficient leverages of youth involvement in social activities. Children's and young people's free access to voluntary social activities raises their awareness of social responsibility and instills knowledge and skills¹³⁹.

While youth volunteer initiatives have begun in Russia, the society still lacks a distinct volunteer movement involved in different aspects of social life. According to the All-Union Centre for the Study of Public Opinion (VTsIOM), over 40 per cent of Russians say that they would take part in socially useful activity on a volunteer basis¹⁴⁰. In reality, however, there are few opportunities in modern Russia for volunteer ambitions to be realised. UNDP's 2005 Human Development Report for the Russian Federation found that only 2 to 4 per cent of the population is involved in voluntary activities, because Russia lacks an infrastructure for encouraging and supporting such activities. Volunteering remains in Russia as a social experiment¹⁴¹.

5.2.3 Participation in Working Life

Youth employment has an important place in the MDG's, as target 16 under MDG 8 – "develop a global partnership for development" – which urges cooperation in designing and implementing strategies for decent and productive work for youth¹⁴².

The transition from school to work is an important phase for young people's development as they prepare themselves for a more independent role in the society. Good employment opportunities in the beginning of a young person's working career can create more favourable conditions for personal and professional fulfillment throughout adult life: a poor start in the labour market can seriously damage future prospects.

The post-Soviet changes in economic development created many

¹³⁷UNESCO, *Youth Development Report: Condition of Russian Youth*, Mark Agranovich, Natalia Korolyova, Andrei Poletaev, Igor Sundiev, Irina Seliverstova, Anna Fateeva, Moscow, 2005, p.96.

¹³⁸UN General Assembly Resolutions, A/RES/56/38, January 10, 2002.

¹³⁹Human Development Report 2005 Russian Federation, *Russia in 2015: Development Goals and Policy Priorities*, UNDP, 2005, p.181.

¹⁴⁰*Ibid*, p.182.

¹⁴¹*Ibid*, p.182.

¹⁴²*The end of child labour: within reach*, ILO, Geneva, 2006, p.61.

MDG 8

Develop a global partnership for development

Target

In cooperation with developing countries, develop decent and productive work for youth.

profound and sometimes severe consequences for the women and men in Russia, with only limited review of specific impact on young people. Today, young people in Russia face somewhat different work prospects than their parents did in the former centrally planned economy. During Soviet times, high school enrolments and full employment were usual, and the entry of youth into the labour market was closely controlled. Young people upon finishing their education were not only granted with a job, but they were also obliged to work, otherwise they faced potential stigma. The collapse of the Soviet Union presented young people in Russia with a changing labour market environment where new opportunities and fresh obstacles abound.

According to UNICEF's Innocenti Research Centre, youth participation in the labour force decreased with the Russian Federation's transitional period¹⁴³. Since the onset of the transition, unemployment has become a reality for many. The "economically active" youth population today includes the employed, as in the past, but also young people who are out of work and actively seeking work.

The decline of economic activity by young people in the Russian Federation can be explained by an overall increase in enrolment to secondary and tertiary education. Young people in Russia decide to obtain more education, both because it is becoming difficult to find work and because acquiring more skills and knowledge increases their chances of eventual career success. Part of the decrease in economic activity among young people is due to the young people's voluntary withdrawal from the labour market by neither working nor looking for legitimate employment.

Wages and benefits are most obvious indicators of individuals' economic well-being, but other less measurable indicators, such as job satisfaction, have important consequences for youth development and their contribution in the labour force, contributing to society's overall development. Different labour force surveys reveal that often a substantial part of young people have jobs which do not match their qualifications. This factor is partially explained by the huge gap between wages in state and private sectors.

Another problem, which takes place in modern Russia is a gap between the aspirations of young people and the realities in the job market. Almost 50 per cent of the employed young people between 15 to 24 years old want a different job than they have, compared to 39 per cent of adults between 24 to 59 years old¹⁴⁴.

The Russian Federation is currently experiencing an unprecedented growth in its GDP and industrial production. Russia's economic performance contributes to the creation of new jobs. The international experience proves that economic growth, linked to consistent economic reform, can benefit young people even more than it does adults and that labour hoarding and protection of existing jobs are relatively less advantageous for young people. The current situation in the Russian labour market proves that fact, although there are some limitations in employment opportunities for the youth population in rural areas, as well as for youth with special needs. It is also necessary to shed light on illicit employment and to revise the Russian minimum wage legislation, which leaves much space for black labour relations

¹⁴³Young People in Changing Societies, UNICEF Regional report, 2000, p64.

¹⁴⁴Ibid, p70.

with youth people.

As the President in his 2006 annual address to the Federal Assembly of the Russian Federation, Russia must realise its full potential in high-tech sectors such as modern energy technology, transport and communications, space and aircraft building. Further, the President stressed that Russia must become a major exporter of intellectual services¹⁴⁵.

Young people who are making the transition from education to the work place could especially benefit from training and self-employment programmes, as well as programmes for first time job-seekers. It is also necessary to promote labour mobility within Russia. Authorities need to protect the rights of workers and to increase the capacity to support and provide assistance for the most vulnerable. Greater policy support of the young generation and more intervention for this important age group makes good sense both economically and socially.

5.3 Immediate & Underlying Causes

5.3.1 Lack of Leadership Skills & Limited Effective Engagement

In examining the reasons for young people's low participation in political or public life, experts note two aspects that have had a significant effect. First, that young people frequently lack the skills for self-organisation, articulation and promotion of their rights and interests. At a roundtable in Voronezh, human rights specialist, Andrey Yurov, noted that students are not only uninterested in the struggle for student's rights (80 per cent), but do not even want to know about them (70 per cent)¹⁴⁶.

Society also fails to create regular and continuous fora that encourage children and young people to become socially and politically active. For example, political parties have not actively engaged in the protection and promotion of the interests of young people or encouraged their genuine participation in political and leadership fora.

Little empirical data exists on the evolving perspectives of active youth citizenship across Europe and Central Asian (ECA) countries, but

¹⁴⁵President's Putin Annual Address to the Federal Assembly of the Russian Federation

¹⁴⁶UNESCO, *Youth Development Report: Condition of Russian Youth*, Mark Agranovich, Natalia Korolyova, Andrei Poletaev, Igor Sundiev, Irina Seliverstova, Anna Fateeva, Moscow, 2005, p.89.

available surveys point to greater disillusionment among ECA youth about their influence on decision-making, compared to youth in the EU-15 member states. In a 2004 survey of young people in EU and Eastern Europe, 34 per cent of youth aged 18 to 29 years in the new EU member states and 37 per cent of youth in Russia strongly agreed with the statement that the government does not care what they think, compared to 18 per cent in the older EU states (ZACAT 2004). In the 2001 “Young Voices” UNICEF survey, 35 per cent of young people in Western European countries did not believe that their opinions were taken into account by local government, compared to 41 per cent in the ECA region.

5.3.2 Lack of Effective Monitoring Systems regarding Youth Participation

Currently, Russia lacks appropriate data on or understanding about the participation and situation of young people. To develop and implement an effective youth policy, a stronger monitoring system is necessary which has key indicators regarding young people’s access to health, education, and employment, as well as involvement in political and public life, and juvenile crime.

5.4 Government Response

In July 2006, the Russian Government under its G8 presidency made history by creating a forum for children. The Junior 8 was convened to enable young people the opportunity to share their views directly with the world’s leaders and to influence the outcome of their deliberations. The Junior 8 offered children a platform to share their perspectives and views, and to demonstrate that they are active participants in the own development, empowering them to become agents of change in their own lives, and influencing their communities and the world at large.

Throughout the last decade, youth policy in the Russian Federation, as in other European countries, has been increasingly influenced by the goal of encouraging youth participation in all aspects of society. Russia’s youth policy is four-fold:

- Promotion of participation of young people and provision of the opportunity for them to participate and develop as individuals and citizens;

- Protection of vulnerable youth and prevention of marginalisation and social exclusion of vulnerable youth;

- Prevention and response to anti-social and self-harming behaviour among young people; and

- Guarantee and protection of young people’s political, legal and

social rights, and creation of legal frameworks and institutional structures necessary to protect young people's rights and to provide social services.

The State Duma's Committee for Physical Culture, Sport and Youth approved a new programme of the Ministry of Education and Science, "Strategy for the State's Youth Policy in the Russian Federation from 2006-2016." On December 18, 2006, the Government passed this strategy, making it the Government's official youth policy.

The strategy consists of four main projects:

Development of a Russian information network, consisting of websites and television and radio programming;

An advertising campaign called "New View" to publicise universal human values such as health, labour, tolerance, and patriotism;

A "Youth in Action" programme, developed to promote the role of young people in civil society institutions and in the "development of functioning services and affordable places to spend leisure time";

An All-Russian Construction Brigade – perhaps the most reminiscent of the Soviet Komsomol – to draw youth into work on labour brigades and associations.

The four national projects on health care, education, agriculture and housing construction launched in 2006 are much about youth. There is cautious optimism that the attainment of the goals laid down in the above-mentioned projects could change the state of life for young people in Russia, resulting in their better participation in political, social and economic life.

When youth policies at the national level have not been formulated and/or implemented successfully, regional and local policy can fill the gap, as demonstrated by Russia's Saratov Oblast. On the basis of the Law on State Support for Youth and Children's Public Associations (1998) and the Law on Youth Policy in the Saratov Oblast (2001), a number of administrative acts were adopted to guide government and NGO cooperation and funding of youth programmes. The Saratov Oblast Ministry of Youth Policy, Sport, and Tourism created an expert council of NGO leaders and ministry representatives, set up a grant fund and held annual grant competitions among youth and children's associations in the oblast. The European Charter on the Participation of Young People in Local and Regional Life, ratified by the Council of Europe's Congress of Local and Regional Authorities of Europe, provides a policy framework for this type of grass-roots activity. Effective national strategies to support active youth citizenship can be structured in various ways, but adequate budgets and adequate institutional capacity to coordinate youth policy across sectors and monitor outcomes are necessary pre-conditions¹⁴⁷.

Russian authorities have also worked to cope with growing advertising pressure on young people regarding consumption of beer and cigarettes. Cigarette advertising is completely prohibited on TV and partly in print and electronic mass media. Beer producers cannot

¹⁴⁷Conference Background Paper "Young People in Eastern Europe and Central Asia", May 21-24, 2007, Rome, Italy – World Bank, p. 15.

advertise on TV before 10 PM. Other restrictions on these issues are being discussed in the Russian Parliament.

Commitment by Moscow, St. Petersburg and Izhevsk mayors and interest expressed by Chelabinsk's mayor, in pursuing the "Child-Friendly City Initiative," create new opportunities for child participation through different forms including children's parliaments, surveys, media events, talk shows, round tables with parliamentarians and policy makers. Any of these actions could ultimately make Government more responsive to the views, perceptions, needs and visions of children.

5.5 Suggestions to Enhance Children's Rights

Eleven Indicators of a National Youth Policy

- 1. Non-formal education:** Encourage active learning outside of the formal education system (e.g., civic education, livelihood skills, etc.) through open and inclusive youth clubs and NGOs.
- 2. Youth training policy:** Promote the development of good trainers in the youth sector, a prerequisite for the formation of effective youth NGOs.
- 3. Youth legislation:** Develop legislation that acknowledges the role of young people and youth NGOs in policy decision making and ensures the efficiency of government institutions working in youth issues.
- 4. Youth budget:** Allocate administrative and project grants to youth organisations and youth NGOs.
- 5. Youth information policy:** Inform young people about opportunities that exist for them, ensure communication among all stakeholders in youth policy, and guarantee transparency in the conduct of youth policy.
- 6. Multi-level policy:** Outline youth policies to be implemented at both the national and local levels.
- 7. Youth research:** Regularly identify the key issues for youth's well-being, best practices in addressing these issues and the potential role of youth NGOs.
- 8. Participation:** Support the active involvement of youth organisations in the design and implementation of youth policies.
- 9. Inter-ministerial cooperation:** Implement youth policies in a cross-sectoral manner, ensuring joint ministerial responsibility, possibly via a coordinating youth agency.
- 10. Innovation:** Stimulate creative and innovative solutions to address youth problems.
- 11. Youth advising bodies:** Establish a structure (e.g. consultative committees) with a mandate to influence government on youth issues.

Source: European Youth Forum (2002), Conference Background Paper "Young People in Eastern Europe and Central Asia", May 21-24, 2007, Rome, Italy – World Bank, p. 15.

Recognise young people as a distinct group in society, with particular needs and capacities which stem from their formative age, and which are **reflected in child-friendly and youth-friendly policies and programmes.**

Provide platforms and forums for open and meaningful dialogue among children and young people to discuss issues of importance to them and which can have meaningful influence on decision-making and programme development for relevant issues.

Provide structured and accessible leisure activities for young people, particularly those who are vulnerable to high risk behaviours.

Pay particular attention in policy-making and programme design to vulnerable youth, developing policies such as assistance to youth offenders to return to “normal” life.

Create a system of key indicators for monitoring of the effectiveness of youth policy and the participation of young people in the political, public and social life of their communities.

Foster multidisciplinary/intersectoral approaches to issues such as health services for young people, education and employment, which are supported by political will and empirical research.

Speaking Out



UNICEF jointly with the St. Petersburg State University supported the Ministry of Education and Science in organising the Junior 8. Children’s voices matter and UNICEF works to have young people’s voices heard by decision makers, the media and the rest of the world.

History was made on July 16 at the Konstantin Palace in St. Petersburg when 8 children met with their nation’s leaders. What began a year ago as an idea to have children from the G8 countries spend five minutes with their leaders, turned into a 40-minute discussion that covered a wide range of topics of concern to the children.

Eight delegates, chosen by each national delegation, met with the leaders in the palace’s ornate and grand hall. The session was carried live nationally on Russian TV.

“All our efforts are being done to guarantee the future potential of mankind,” said President Putin, opening the meeting. “And it must be done for those whom it will impact most of all — the youth of our world.”

The Junior 8 delegates were enthralled by this chance to meet their leaders and be heard.

“I was nervous, but I was very happy to express my opinion to my leader,” said Muneo Saito, the Japanese delegate, at the press conference after the meeting.

“I liked that the leaders appeared to take us seriously, and were listening attentively and taking notes,” said James Goodall, a U.K. delegate. “Children are not usually listened to, but I think they will take some of our ideas and use them.”

During the meeting, the German Chancellor committed to including a children’s session at the 2007 G8 meeting in Germany.

Working with children, rather than for children, can be one of the most effective and rewarding strategies for policy makers and legislators responsible for the social sector. Children's voices can inspire policy makers and society as a whole to look at issues from different perspectives. If taken seriously, children's views can effectively enhance social policies, legislation and, most importantly, budgetary allocations.

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