

UNIVERSAL PERIODIC REVIEW – HUMAN RIGHTS COUNCIL
UNICEF INPUTS – KAZAKHSTAN
(August 2009)

Contextual Framework

1. Kazakhstan is the ninth largest country in the world with 15,4 million population¹, including 4,6 million of children age 0-18. It is considered to be a middle income country and is one of the most economically developed countries among the Commonwealth of Independent States, with its gross domestic product (GDP) having increased at an average annual rate of 9-10 per cent during 2000-2007. However, the global economic crisis, which has reduced GDP by almost one third, is affecting the social sector², although the state continues maintaining social programmes for children and families at risk. After reviewing the State party report of Kazakhstan³, the Committee on the Rights of the Child in 2007 recommended the prioritization of, and increased budget for, disadvantaged children.

2. In the last two years there was a tremendous improvement in the national laws and regulations related to child wellbeing in order to align them to the international standards, including the Results-based Management Framework (2008), Law on Specialised Social Services (2008), amended Law on prevention of juvenile delinquency (2009), draft Family and Health Codes (2009), draft Law on Domestic Violence (2009). The present National Programme “Children of Kazakhstan” 2007-2011 touches upon key child protection measures for children deprived of parental care, although it requires results oriented funds allocation for implementation and a stronger multi-sectoral involvement. Despite the fact that the Government, by its decision of 24 May 2007, has established a mechanism for coordination and monitoring child rights policies, namely the Inter-Ministerial Commission on Protection of Minors’ Rights under the Government of Kazakhstan, the approach to children’s issues requires further integration, a fact recognized by the Government.

3. Human rights institutes are represented by the Human Rights Ombudsman established by the decree of the President in 2002 as well as the National Commission on Human Rights under the Presidential Office. The Child Rights Ombudsman/monitoring structures were piloted in 2006-2007 and so far there is no a stand alone independent structure to institutionalise this function. However, in 2006 the Committee on Child Rights Protection under the auspices of the Ministry of Education was set up to follow up the implementation of CRC. However, the committee lacks funds and has no adequate authority, a fact that threatens to marginalise child rights issues and undermine mainstreaming.

4. In aiming to achieve Millenium Development goal 3 on gender equality, on 29 November 2005, the Gender Equality Strategy for 2006 – 2016 was adopted by the decree of the President, and the National Commission on Women and Family and Demographic Policy is now functional. Women constitute 54 per cent of civil servants, but only 10 per cent of these women hold decision-making positions.

5. Following the Millennium Declaration, a strategic process of reforms to build a longstanding comprehensive state child protection mechanism at the central and local levels has commenced. Government programmes and resources support child protection and juvenile justice services, however, the issue of children deprived of parental and family care persists. In 2008, a total of 76,308 children were in residential education and care institutions, including 17,500 children deprived of parental care. Foster care represents an alternative to residential education and care but is hampered by limited resources and complex procedures. Adoption, the preferable long term solution for children derived of parental care is another issue requiring an urgent focus. More

¹ National Agency of Statistics data 2009

² Funding for health, for example, increased from 1.9 per cent to 2.3 per cent of GDP between 2003 and 2007, and funding for education increased from 3.2 per cent to 3.6 per cent of GDP over the same period.

³ Kazakhstan ratified the Convention on the Rights of the Child (CRC) in 1994 and its two optional protocols in 2002. In May 2007 Kazakhstan received a set of concluding observations from the Committee on the Rights of the Child. Next reporting date is 2010.

than 25,000 children were adopted (domestic 74 per cent, international 24 per cent) between 1998 and 2006 (Ministry of Education and Science). Kazakhstan has not yet ratified the Hague Convention on Inter-Country Adoption. The gaps in domestic and inter-country policies and legislation, effective monitoring, and follow-up of adoptions are areas of concern.

6. The country is committed to the creation of a juvenile justice system that complies with international standards and best practices where deprivation of liberty is a last resort. The Juvenile Justice System Development Concept was approved by the Government and a plan of action was adopted together with the piloting of specialized juvenile courts and juvenile police units.

7. Kazakhstan also faces environmental issues. In the Semipalatinsk region, where the population in the past has been exposed to high levels of nuclear radiation and significant radioactive pollution, health problems continue. Past mismanagement of irrigation projects caused the level of the Aral Sea to drop significantly. Recently, due to the efforts of large projects run by the Government and the World Bank, the water level has risen about 4 metres. The fishing industry has experienced a gradual revival, increasing its catch from 200 tonnes in 2005 to as much as 2,000 in 2006 (World Bank progress report, 2007). Risks from natural disasters also include major earthquakes, to which the South-East of Kazakhstan, specifically Almaty, is highly vulnerable.

Promotion and protection of human rights on the ground

8. **Rights to survival and health care.** The country is on track to reach Millennium Development Goal 4 on child mortality, provided that additional efforts are directed towards reducing preventable perinatal deaths, which is the main cause of infant mortality, together with acute respiratory infections and diarrhoea. Accidents and trauma are a major cause of child mortality. The under-five mortality rate is 41 per cent higher in rural areas (42.6 as opposed to 30.2 deaths per 1,000 live births, respectively), while in the poorest quintile it is more than two times higher than the richest quintile (40.5 and 16 deaths per 1,000 live births, respectively). Mortality among adolescents (15-19) and young people (20-24) is an emerging problem. Among countries in the region, Kazakhstan has the second-highest mortality rate among adolescents aged 15-19 due to external causes, the highest suicide rates among male and female adolescents aged 15-19 and the highest mortality rate for males and females aged 20-24 (TransMonee, 2007). In 2007, the General Prosecutor's Office undertook analysis into adolescent suicides the findings of which were presented at the meeting of the Inter-Ministerial Council on Protection of Minors' Rights and tasks were given to concerned public agencies.

9. HIV infections are increasing, including among women. The proportion of women among newly registered cases of HIV rose from 19 per cent in 2001 to 26 per cent in 2007. One illustration of how the disease can spread and of gaps in the health care system occurred in 2006 in Southern Kazakhstan, where 147 children suffering mainly from acute respiratory infections and/or diarrhoea were infected with HIV in paediatric hospitals as a result of prolonged hospitalization and excessive treatment that exposed them to infection. The quality of maternal and child health (MCH) services is affected by system-wide weaknesses in norms, standards and practices. Inequality and disparities between urban and rural areas affect many children.

10. **Right to education.** Millennium Development goal 2, on education, has been achieved at primary, secondary and higher education levels, except for pre-primary education; only 35.6 per cent of children have access to preschool. More prosperous regions in the north provide higher preschool opportunities: 24 per cent in urban areas and 7 per cent in rural areas. The sector's performance is enhanced by the introduction of a national education quality assessment, an external monitoring system for learning achievements and an increase in the number of teachers. Limited pre-schooling opportunities not only impact children's development but also contribute to the ongoing institutionalization of children in public care and consequently to the deprivation of a protective family environment. The remaining challenges are to improve the quality of education and the inclusion of children with disabilities. The development of the inclusive education strategy should become a priority while Kazakhstan is preparing for the ratification of the UN Convention on the Rights of People with Disabilities.

11. **Right to be protected from violence and be brought up in the family environment.** Preventing the separation of children from their families needs greater attention, including deeper linkage with improving the social programs and strengthening the alternative child care system for most vulnerable children. Child exploitation and trafficking are other protection concerns. These practices are seasonal, increasing during the warm season when agricultural work begins and when homeless children appear on the streets, becoming prey to potential traffickers. There are no data on the extent of this phenomenon yet.

12. **Right to justice for children.** Rates of children in conflict with the law, convictions and custodial sentences decreased after peaking in the mid-1990s. The Committee on the Rights of the Child has indicated that no child should be detained by the police for more than 24 hours without a judicial order.⁴ The UN Special Rapporteur on Torture visited Kazakhstan in 2009 and made a similar recommendation on limiting pre-trial detention of children up to 24 hours. In general, there are gaps between non-residential programmes based on supervision (“registration”) and residential programmes; greater attention should be given to the development of diversion and community-based programmes that provide the kinds of assistance available in good residential facilities, to children who could benefit from such assistance but do not need to be removed from their families or communities. When prevention programmes are offered by residential facilities, the aim should be to return the child to his or her community, and if possible family, as soon as possible. Assistance should, in principle, be provided to the family, and not just the child.

Best practices, Capacity-building and technical assistance

16. With support from UNICEF, the piloting of the Better Parenting initiative at the local level was assessed, documented and used for the introduction of better early childhood care and development practices. This model has been endorsed and is now part of national regulations. Over 50 per cent of nurses in the Southern Kazakhstan and Semey regions were trained in empowering parents in better care for young children, and especially for girls. The 2006 Multiple Indicator Cluster Survey reported that 81 per cent of household members were engaging in activities that promote learning and school readiness.

17. The UNICEF country programme also contributed to major social sector reforms and the rationalization and improvement of services for children. A basic benefit package of free health services for children, pregnant women and adolescents was introduced as part of the reform. It includes free services and medicines from primary to tertiary health care to ensure universal access. In partnership with the Asian Development Bank, the country achieved the elimination of iodine deficiency. Introduction of youth-friendly services began at primary health care facilities. In child protection, several alternative care services were introduced.

18. The UNICEF country programme is making an input into the new United Nations joint development programme to reduce poverty and improve access to quality basic social services in the former Semipalatinsk Nuclear Testing Area. In cooperation with the United Nations Development Fund for Women, United Nations Population Fund (UNFPA) and other organizations, the UNICEF country programme helped in the development and implementation of the national 2006-2016 Gender Strategy and the Government Disaster Preparedness strategy by promoting the integration of disaster risk reduction into the school curriculum.

19. In the new country programme 2010-2015, UNICEF will provide support to the Government of Kazakhstan in **child-focused social policy and knowledge management** and **alliances for children**. This will imply monitoring child well-being and social sector reforms by enhancing policy review and budget utilization, improving knowledge management systems across sectors and expanding partnerships for children. It will contribute to making budget processes more outcome-based to encourage the provision of adequate government funding for implementation of social policies equally benefiting girls and boys from disadvantaged areas; building capacities of the staff of strategic planning departments, line Ministries and local administrations (education, social protection, and health care) in the application of child well-being indicators and evidence-based data in planning,

⁴ General Comment No.10, para.

implementing and budgeting according to the Mid-Term Expenditure Framework; and to strengthened partnership of the public and private sectors to uphold and safeguard the rights of children and adolescents.

20. Secondly, **child and adolescent health and development** and **child protection will be another component of the country programme**. The aim will be to contribute to the holistic and integrated delivery and monitoring results of Mother and Child Health, Early Childhood Development, life skills-based education and HIV prevention and care services; development of central and local level child protection mechanisms; transformation and optimization of childcare systems that rely on community-based inclusive social services, prevention of family separation and increasing various forms of family substitute care; and to the building of a juvenile justice system that provides rights-based restorative solutions to the situation and of each child in contact with the law, in accordance with the best interests of every child.