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**Submission by
*International Catholic Child Bureau, BICE
KENES***

**for the
2nd Review of Kazakhstan**

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This submission focuses on the rights of children living with disabilities

1. Background

1. In Kazakhstan, the rights of children with disabilities are heavily impacted by Soviet models of perception and care provided to them. Until recently, they have been considered as uneducable and useless for the society. The only type of assistance provided was basic medical care in big-scale institutions without, very little or any educational or developing activities.

2. Even now, professionals still use the “defectology” approach which focuses on the child physical or mental limitations and seeks ways to rehabilitate or neutralize them. The defectology approach generally means physical, social and educational exclusion, as the child potential is seen as fixed and solely in terms of limitations. Consequently, children with disabilities are considered to be a poor investment in terms of time and money.

3. Today, there are about 563 000 people with disabilities living in Kazakhstan, which represents 3.4% of the country’s population; among them 58 000 are children.

2. Progress, remaining or emerging challenges since the first review under UPR in February 2010

2.1. Law and Policy

4. During the first cycle, it was recommended to the Government of Kazakhstan to “**improve national legislation and law enforcement practices in the field of protecting the rights of disabled persons, according due consideration to generally acknowledged international standards.**”¹ KENES and BICE deplore that due attention has not been paid to the issue of children with disabilities in Kazakhstan in February 2010 despite the magnitude of the phenomenon in the country and hope that the Universal Periodic Review (UPR) Working Group will relay relevant concerns in this cycle.

5. Legal and policy commitments in favour of children with disabilities do exist, but tend to be fragmented, difficult to manage and inconsistent. The accountability of local bodies responsible for the implementation of children’s rights is relatively weak. In addition, serious funding and spending issues lead to limited, inconsistent or absent implementation of policies and laws.

6. Kazakhstan has signed on 11 December 2008 both the UN Convention on the Rights of Persons with Disabilities and its Optional protocol, but has not ratified them yet. Following the recommendations issued after the first UPR, Kazakhstan has engaged in the ratification process of the two instruments. Since the last review of Kazakhstan, the government established the *2012-2018 Plan of action* to promote the rights and quality of life of persons with disabilities in the country.

7. Recommendations:

- **(a) Complete, without delay, the ratification process of the Convention on the Rights of Persons with Disabilities and its Optional protocol,**
- **(b) Establish an observatory mechanism that evaluates the implementation of laws and policies with regard to children with disabilities;**
- **(c) Assess by 2015 the implementation of the 2012-2018 Plan of action on the rights of persons with disabilities and release the outcomes of this mid-term evaluation.**

2.2. Service Provision

8. The development of the day-care centres encouraging family based care for children with disabilities, as it was done by KENES, is the main alternative to institutionalization. The establishment of the day-care centres and the promotion of the family based care for children with disabilities are regulated by the “About Special Social Services” Act (with changes and additions of 18 February 2014). The application of this law is slowed down by the lack of professional competences and necessary equipment at the regional level. Hence, children with disabilities are only provided with basic care.

¹ A/HRC/14/10, § 12.

9. The same law aims at encouraging the provision of social services for children with disabilities and their families by the non-governmental sector. However, NGOs often do not receive funds in time and consequently they have to disrupt service provision with a very negative impact on accompanied children.

10. The programs and standards of early prevention still do not exist in Kazakhstan. As a result, children with disabilities are still largely institutionalized, inadequately accompanied and may find themselves in the situation of increasing disability.

11. According to KENES' assessment, the government spends about 56 000 tenge (223 €) per month to maintain a child with disabilities in an institution, whilst a family taking care of a child with disabilities receives only 19 966 tenge (80 €) per month. In February 2010, the Government declared that the "Parliament is considering a bill that provides for such people to be paid a wage, beginning in 2010"², to "further increase child allowances, introduce monthly benefits equivalent to the minimum wage for parents (guardians) raising children with disabilities, and increase the special State benefit for mothers of large families."³ Whilst our organisations appreciate the efforts that have been made, this promise has not been kept as families continue to face many challenges including financial ones in order to take care of their children.

12. Recommendations:

- **(a) Provide adequate training to professionals serving in States relevant disability institutions and to control the quality of services provided;**
- **(b) Develop early intervention services that avoid acute and deep deteriorations of disability symptoms in order to give the child a chance for better care and support;**
- **(c) Provide service provision organisations, NGOs and families taking care of children with disabilities with timely funding.**

2.3. Right to Education of Children with Disabilities

13. Recommendations have not been issued on education during the first review of Kazakhstan in 2010⁴. Nonetheless, encouraging developments happened in 2011 when the Government introduced inclusive education under "The State's Program of Education Development for 2011-2020". The program is in its very beginning and children with disabilities still have very little access to inclusive education because of certain barriers, including undertrained pedagogical staff; underequipped schools; environmental barriers; inadequate school standards; and social hostility.

14. It is true that some educational institutions have been established⁵. However, the parents of children with disabilities still have very little information about existing programs and opportunities to take care of their children. In addition, State institutions face challenges with regard to staff capacity building and the overall management and their functioning as a whole.

15. Recommendations:

- **(a) Develop inclusive methods and standards for inclusive education by providing schools and families with adequate means, including transportation of children with disabilities and sound pedagogic materials;**
- **(b) Ensure training and retraining of professionals working in States disability institutions;**
- **(c) Publish in 2015 a mid-term assessment of the implementation of the 2011-2020 State Program of Education Development with a specific focus on the education of children with disabilities.**

2.4. Social Inclusion

16. During the first cycle, the Government highlighted in its national report that the "law on social security for persons with disabilities in Kazakhstan provides for the systematic rehabilitation — medical, social and vocational — of persons with disabilities. Mandatory social security insurance against the risk of incapacitating disability was introduced in 2005."⁶ Yet, families of children with disabilities are frequently subjected to discrimination from outside the home, while the mother and child may also be ostracized and even abused within the family itself as they are perceived as a source of shame. Public attitudes remain negative and

² A/HRC/WG.6/7/KAZ/1, § 174.

³ Op., cit. § 150.

⁴ See question raised by Germany, A/HRC/14/10, § 72.

⁵ A/HRC/WG.6/7/KAZ/1, 173. See also § 171.

⁶ Op., cit., § 169.

discrimination frequently leads to social and economic exclusion of children and their families. Female relatives may suffer particularly because they remain the main caretakers.

17. Recommendations:

- **(a) Implement awareness-raising campaigns all over the country, including in schools, on the causes and nature of disabilities in order to dispel irrational fears and hostilities that marginalise and exclude children with disabilities;**
- **(b) Train and inform families of children with disabilities about their rights, the existing mechanisms and programs dealing with disabilities.**