

Local Public Administration Concept

Child Friendly City

“...we build a socially oriented society, where elderly people, mothers and children and youth are cared for; a society which provides high quality and advanced social standards of life for all people of the nation”

*President N. Nazarbayev's Message to the People of Kazakhstan
March 2006*

Administration Concept *Child Friendly City* is based on ideas and principles of the Universal Declaration of Human Rights, Convention on the Rights of the Child, materials of the Second United Nations Conference on Human Settlements (Habitat II) and the Constitution of the Republic of Kazakhstan (RK), Law on the Rights of the Child in the Republic of Kazakhstan, RK Law on Education, the President's Message to the People of Kazakhstan “Kazakhstan – 2030. Prosperity, Security and Wellbeing of All Kazakh People” and the Declaration and Plan of Action 'A World Fit for Children' adopted at the Special Session of the UN General Assembly on Children (New York, 8-10 May 2002).

I. Introduction

- 1.1.** More than 5 million children aged 0 to 18 years live in the Republic of Kazakhstan. This represents more than a third of all country population. As future adults, the children of Kazakhstan play vitally important role in the social, economic and physical development of their country. Prosperity of the children and quality of their life are the key indicators of healthy environment, good governance and sustainable development of the nation.
- 1.2.** Children are the most vulnerable category of citizens and constantly require special legal and social tools creating most favourable conditions for their development. Wellbeing of the children of Kazakhstan should be one of the top priorities in the course of making strategic plans of the country's development.
- 1.3.** Upon UN Convention on the Rights of the Child ratification in 1994, Republic of Kazakhstan endeavoured a lot of work to implement a wide scale of measures to improve conditions of children:
 - 1.1.1.** during 2002 to 2004 the following RK Laws were enacted:
 - ✓ on the Rights of the Child in the Republic of Kazakhstan,
 - ✓ on the Public Youth Policy
 - ✓ on the Social, Medical and Educational Correctional Support for the Disabled Children,
 - ✓ on Public Welfare Payments to the Families with Children,
 - ✓ on Medical and Social Rehabilitation of Drug Abused Persons; on Smoking Prevention,
 - ✓ on Crime Prevention Among Minors and Prevention of Child Neglect and Homelessness,
 - ✓ on Family Type Children's Villages and Youth Homes,
 - ✓ on Public Health System,
 - ✓ on Prevention of Iodine-Deficit Diseases,
 - ✓ on Conscription and Military Service;

- 1.1.2. national legislation was further developed ensuring rights and interests of the children according to the Convention principles. Ways and measures of child rights protection were significantly increased as new codes of the Republic of Kazakhstan were adopted: Civil Code (1994 and 1999), Criminal Code (1997) and Code of Criminal Procedure (1997), Correctional Code (1997) and Administrative Offence Code (2001), Laws of the Republic of Kazakhstan ‘On Marriage and Family’ (1998), ‘On Education’ (1999), ‘On Family Type Children’s Villages and Youth Homes’ (2000) etc;
- 1.1.3. adoption of the Republic of Kazakhstan Law ‘On Marriage and Family’ had a progressive meaning for ensuring rights of the child in the light of the Convention principles. According to the requirements of the Convention, the Law sets forth the right of the child to live and be reared in a family, the right of the child to the protection, expression of his/her opinion, protection of property rights, restoration of child support, protection of the child interests in case of mistreatment, as well as protection of rights and interests of the children who remained without custody of their parents;
- 1.1.4. in order to secure interests of the children, Kazakhstan joined such significant United Nations Conventions as Convention on Recovery of Alimony from Abroad; Convention concerning Minimum Age for Admission to Employment; Optional Protocol to the Child Convention on the Sale of Children, Child Prostitution and Child Pornography; Optional Protocol on Children in Armed Conflict; ILO [International Labour Organization] Convention on the Elimination of the Most Intolerable Forms of Child Labour; Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others and Final Protocol to this Convention;
- 1.3.1. the children’s rights national programs for education, public health, poverty reduction, migration policy, demographic development and invalids rehabilitation, etc. in a certain way implement national policy for lawful rights and interests of children¹;
- 1.1.5. National Commission on Family Affairs and Gender Policy under the President of the Republic of Kazakhstan established *Family Problems* Section within its structure. The Section deals with the matters of children lawful rights and interests protection in the framework of family problems solving;
- 1.1.6. RK Government established in the year 2000 the Youth Council as an advisory body, uniting representatives of the nation’s children and youth NGOs;
- 1.3.2. Republic of Kazakhstan Human Rights Commissioner has a special sector for children rights working; in 2006 a pilot project *The Child Protection and Creation of Child Monitoring and Protection Systems* started, being aimed to establish ombudsman special structure for the child rights in every region of Kazakhstan;²
- 1.1.7. in January 2006 by the RK Government Decree a special authorized agency was established – Committee for the Protection of Children’s Rights reporting to the RK Ministry of Education and Science.
The main objective of the Committee is to implement national policy for the protection of rights and lawful interests of children. The Committee has been given functions of state supervision of Republic of Kazakhstan legislation on children rights protection in addition to implementation of concepts, programs and projects providing social and legal guarantees of children and prevention of social orphanhood and homelessness;

- 1.2. In the previous period the state social policy was to secure basic guarantees in the life and development of children:
 - ✓ to maintain access to the systems of education and public health,
 - ✓ to develop various types of material support for the families with children;
 - ✓ to humanize treatment of children based on the respect for the rights of the child;
 - ✓ to create prevention and social rehabilitation systems for children facing new social risks;
- 1.4. At the same time insufficient development of social services system lead to low efficiency of health services and education and limitation of opportunities for children protection:³
 - 1.4.1. Poverty of families with children prevents many children from accessing basic social services and development⁴;
 - 1.4.2. Figures of infant, child and maternal mortality still remain much higher than in the developed countries⁵;
 - 1.4.3. Children health deteriorates and children more frequently have socially induced diseases, first of all tuberculosis and HIV/AIDS⁶;
 - 1.4.4. Imperfection of the social policy and social protection system caused increased demand for child care in public institutions. Social orphanage never ceased to grow⁷;
 - 1.4.5. Drug addiction and alcoholism among children and teens are a threat to Kazakhstan national security and future⁸;
 - 1.4.6. Child abuse and various forms of children exploitation as well as children homelessness and neglect became a serious social problem⁹.
- 1.5. Social sector funding remains low despite of the economical growth. The regions are in charge of 80% of resources allocated for the social sector, but their distribution is not child friendly and is mostly concentrated on recovery-type services¹⁰.
- 1.6. Currently operating public institutions that are meant to solve social problems work mostly using outdated standards and are not oriented at real assistance to the protection of rights and interests of children.¹¹

Main reasons for the low efficiency of public institutions working in the childhood area are:

 - 1.2.1. absence of child and family integrated social policy, departmental narrow-mindedness and lack of cooperation between the agencies;
 - 1.2.2. reactivity (constant delaying of actions) when working with children and families: priority of working with aftermath (correction, rehabilitation, etc) rather than prevention – medical, educational, social, etc As a result, the number of disadapted children grow and increases number of boarding schools, special educational institutions and rehabilitation centres, subsequently leading to the increase of state funding;
 - 1.2.3. palliative (aimed at removal of symptoms) character of real operating rehabilitation system, in which many institutions that declare their rehabilitation orientation in the best case are only organizations where children that were thrown out of natural life are concentrated and held inactively;
 - 1.2.4. child and family oriented social services underdevelopment;

- 1.3. It is necessary to have conceptually build complex of actions aimed at coordination of the entire society efforts for the childhood protection and support to the family as a basic public institution. Prevention of all types of child ill-being and policy for the development of the child potential regardless of location, income and type of family should become the priority.

II. *Child Friendly City* Local Administration Concept Basic Theoretical Approach

2.1. Children that are to live in the Republic of Kazakhstan and family as a basic institution of the society are acknowledged as a core value for this Concept.

2.2. Fundamental principles of the Concept are:

1.1.1 All children have right for the healthy start in life and upbringing in a caring environment allowing them to be physically fit, mentally developed, emotionally stable, prepared to live in the society and able for learning.

1.1.2 Investment in the childhood is one of the best ways to influence a wide range of social issues.

1.1.3 Combination of social solidarity, social fairness and social innovations is a key to revived perspectives of human development and new model of social wellbeing.

2.2.1 Budget for the children should be approached as a part of national action plan in order to distribute more resources for children and their families.¹²

1.1.4 Observance of children rights and freedom, as well as regular monitoring of such observance is a priority of the state's social and legal policies.

2.3. The most efficient principles of the policy concerning children are:

1.1.1. priority of more early preventive actions in relation to negative social trends and events in the area of family and childhood;

1.1.2. acknowledgement of the family as a fundamental social institute mostly suited for the child survival, protection and development;

1.1.3. concentration of activities jointly performed by public and nongovernmental organizations on the development of family's ability for recreation and strengthening, and children's ability for self expression and development of fully capable person;

2.4. Implementation of this Concept should be based on three interrelated approaches:

1.1.1. An approach based on a life cycle, providing for the necessity of decreasing risks at each phase of children's and young people's life;

1.1.2. Antidiscrimination approach: elimination of all types of discrimination and intolerance;

1.1.3. Systematic intervention approach, providing for:
1) fighting poverty, inequality and social isolation,

- 2) new and higher quality methods of childcare,
- 3) child protection and providing families with child rearing services in order to diminish dependence on special children institutions;
- 4) strengthening family and society potential;
- 5) improvement of social protection system;
- 6) development of child and family focused social policy;

2.5. Implementation of this Concept presupposes systematization of necessary actions by:

- 1) Organizational and institutional;
- 2) Regulatory
- 3) Program and project based;
- 4) Professional and educational.

III. Idea of the “Child Friendly City” Concept

3.1. “Child Friendly City” Concept – is a system of local public administration promoting implementation of children’s rights.

Within the framework of this system the following rights of every child– citizen of city are implemented:

- 1) possibility to participate in decision making process with regard to city where child resides;
- 1) possibility to express the opinion on how he/she wants to see his/her city;
- 2) possibility of equal participation in family and social life, possibility to participate in culture and social events of her/his city;
- 3) possibility to meet with friends and play;
- 4) possibility to safely independently move on streets of her/his city;
- 5) secured provision with services in area of health care, education and social provision;
- 6) secured provision of children with accommodation, acceptable conditions for playing;
- 7) secured provision with quality drinking water;
- 8) possibility to live in ecologically clean environment;
- 9) access to planted areas where one can play with pets;
- 10) secured protection from exploitation, violence and abusive treatment;
- 11) possibility to be equal citizen of her/his region with access to all types of services regardless of ethnic origin, religion, income, sex or physical state.

3.2. The initiative of “Child Friendly City” was declared in 1996 on the Second UN Conference on Human Settlements (Habitat II). Today almost 857 cities in different countries of the world have joined this initiative which represents city or any other system of local government, where opinions, requirements, priorities of child’s right constitute an integral part of state policy, programs, and resolutions. This city is friendly for all its residents.

3.3. “Child Friendly City” Concept is not based on ideal state or standard model. It is a work model for helping any city to become friendlier to child in all aspects of child’s environment, in management and social services.

IV. Basic trends in implementation of “Child Friendly City” Concept

5.1. Healthcare

5.1.1. The key tasks in area of children' health are:

- 1) general access to first-sanitary aid;
- 2) maximal reduction of level of infant, child and maternal mortality, prevention and decrease of child illness and disability; ¹³
- 3) reduction of birth defects frequency;
- 4) improvement of quality indexes of children' health;
- 5) improvement of services quality within the system of healthcare and introduction of services standards friendly to children;
- 6) promotion of healthy life style, introduction in all schools of educational programs on forming of life skills in area of health for teenagers, prevent HIV/AIDS and drugs use;

5.1.2. This calls for:

- 1) Development and implementation of State program of quality rearmament of pediatric service of country, recovery of its staff potential including also development of network of integrated stationary medical and ambulatory medical institutions;
- 2) Development and implementation of State program of reproductive health. Program should include:
 - ✓ Development of system of timely detection and treatment of sexually-transmitted infections with men and women of reproductive age;
 - ✓ Detection, support and tracking of high risk groups families;
 - ✓ General organization of so-called cabinets on family planning: consultations and access to contraceptive methods;
 - ✓ Development of programs of enriching food products with iron, folic acid, iodine;
 - ✓ Information campaigns on healthy life-style and propaganda of positive parental care;
- 3) Improvement of system of measures on prevention of premature births, slow-down of intrauterine growth and congenital anomalies; providing of adequate nutrition for pregnant and nursing mothers;
- 4) Improvement of services system providing rendering of obstetric and neonatal help given modern scientifically grounded methods;
- 5) Introduction of service on tracking and support of mothers and families needing help and early intervention and further support of child;
- 6) Universal and integrated approach to diseases of child age, early diagnostics of birth defects and hereditary diseases of new born children, immunization, introduction of nutrition microelements and breast-feeding;
- 7) Transition from estimated financing of medical institutions to financing for volume and quality of fulfilled work, for number of treated patients;
- 8) Control over execution of obligatory guidelines and standards of rendering medical services (including norms of staff provision and financing of pediatrics and obstetrics), guidelines on rendering rehabilitation services (including social and psychological-pedagogical rehabilitation of child-invalid, state standards (actions, technical means of rehabilitation and services) for different types of rehabilitation;

- 9) Development of mechanisms of medical organization's responsibility, medical employees for bodily injury and compensation for injury of their health.
 - 10) Development and implementation of state program on struggle with social diseases (alcoholism, drug addiction, AIDS, tuberculosis, venereal diseases):
 - ✓ development of system of prophylactic and rehabilitation centers;
 - ✓ significant increase of financing of scientific works in area of diseases diagnostics and making medications;
 - ✓ growth of payment of medical and social employees labor employed in system of institutions on fight with social diseases;
 - ✓ sharp reinforcement of liability for spreading these diseases.
 - 11) Providing purity of environment , high quality of drinking water and food products as important trend of population healthcare. Development of complex of economic and administrative measures providing compliance with required environmental standards during use of contamination sources of environment.
 - 12) Providing of guaranteed safety of consumption of all sold to population goods and services by way of approving of respective standards and control over their compliance.
 - 13) Conducting of reform in healthcare, providing:
 - ✓ combination of effectiveness and equality;
 - ✓ introduction into practice of approach oriented on groups of population;
 - ✓ participation of family;
 - ✓ teaching medical employees new approaches;
 - ✓ special attention to health of children of early age of vulnerable groups of population and unfavorable regions.
- 2.4.1. All these measures require increase of investments to health protection, using for that both government means and outside help, private sector, and voluntary help and initiatives of civil society.
- 2.4.2. Big role should be placed on participation of civil society organizations, especially in sphere of prophylactic services, new forms of provision as well as in monitoring of health access for everybody.
- 5.2. Early development of children and preschool education
- 5.2.1. The key factors in the area of early development of children and preschool education are:
- 2) reinforcement of family potential in rendering qualitative care and effective stimulation of physical and psychosocial development of child;
 - 3) introduction of system of early diagnostics of defects/deviations in development of child and system of rendering of support/services to family in case of detection of such defects;
 - 1) accessibility of all families regardless of income and place of residence to different kinds of preschool educational possibilities¹⁴;
- 5.2.2. This calls for:
- 1) Development and adoption of national program of development of children of early age with financing at local and central levels including:
 - ✓ early diagnostics and detection of deviations in psychosocial and physical development of children;
 - ✓ creation of services of early intervention and further support of child;

- ✓ support and development of programs, stimulating cognitive and psychosocial development of children;
 - ✓ organization of visiting at home of all mothers with newborn children and organization of complex observation over those children experiencing special needs and refers to risk groups;
 - ✓ providing of preparation of all medical (including family doctors, doctors of general practice and emergency doctors) and social employees on issues of detecting and taking measures in case of detecting of interfamily violence and brutal and inattentive treatment to children;
 - ✓ development of programs on education of parents, families, individuals rendering care to children on issues of creation of safe environment, prophylactics and rendering of respective assistance during child injuries;
 - ✓ creation of special services on family support;
 - ✓ development of programs targeted to prophylactics of family ill-being and support of family and children institute.
- 2) Development of preschool nurturing and education:
- ✓ increasing volumes of state financing for development of preschool institutions system in country, improvement of material support of preschool institutions and improvement of personnel training system;
 - ✓ resolving of issue at level of state and local budgets on implementation of Resolution of the Government of the Republic of Kazakhstan dated 21 December 2004 No 1353 on “Approval of Typical rules of activity of preschool organizations of education” in terms of financing of maintenance of preschool organizations of education and payment of utilities services at the expense of budget;
 - ✓ providing rights for children with disabilities on getting of preschool education from one year age, both by healthy children which will affect providing rights for children with disabilities and their parents;
 - ✓ improvement of methods and approaches of work of preschool institutions and expansion of possibility of introduction of innovative preschool programs;
 - ✓ extensive discussion and adaptation of international experience of organization of alternative preschool education and training;

5.3. Education

5.3.1. The key factors in area of education are:

- 1) complete implementation of children rights for guaranteed qualitative education of different levels regardless of place of residence and income level of their families;
- 3) creation of conditions for successful implementation of creative potential of children in institutions of education and adaptation of young generation in society and labor market;
- 4) expansion of possibilities for leisure, rest and health promotion of children and in families as well;
- 5) preservation and promotion of children health within the process of study, forming their healthy life style skills;
- 6) expansion of children participation in solving of problems related to their wellbeing and development.

5.3.2. This calls for:

- 9) increasing of state expenditures for education, specially in rural districts, where accessibility to education is lower. ¹⁵

- 5) implementation of special programs on finding and involving to school non-studying children in the age from 6-8 up to 15 years and taking special action for preventing and reduction of cases of children non-attendance of schools;
- 6) development of programs of targeted aid to certain groups of population in critical moments of their school study;
- 7) development of programs on reforming of education plans with the emphasis on interactive methods of education and new technologies, development of children life skills, non-conflict behavior and tolerance. Implementation and monitoring of program should be carried out with extensive participation of students, families and society;
- 8) introduction of school Concept, “friendly to child” which is aimed to establishment of healthy, safe and supporting school climate, free of physical punishment practice, violence and discrimination;
- 9) increase of teacher’s social status, prestige of teacher’s profession in the eyes of society, providing of adequate material condition;
- 10) reinforcement of psychological-pedagogic and legal preparedness of teachers aimed to knowledge of child personality, respect of his rights and freedoms excluding authoritarian style of pedagogical activity;
- 11) development of social and psychological service in the system of education;
- 12) development of psychological-pedagogic and information-research work with parents of students, rendering of help to them in education of children;
- 13) recovery and development of infrastructure for out-of-school activity and leisure, such as Child-youth-sports school, school of extended day etc, which will promote to general development of child and development of system of institutions for additional education in partnership with social organizations;
- 14) Support of activity of children and youth organizations as one of the most effective forms of socialization of children;

5.4. Socio-economic conditions of children vital activity

5.4.1. The key tasks in the area of improvement of socio-economic conditions of children vital activity are:

- 2) increase of well-being standard and improvement of families and children vital activity quality;
- 3) guaranteed provision of children, youth and families with qualitative conditions and facilities;
- 4) introduction of functional developments and improvements for children and youth in line of key spheres:
 - ✓ more friendly accommodation facilities and regions of residence to children;
 - ✓ less costly and safe public transport;
 - ✓ acceptable conditions for walking and riding on bicycle;
 - ✓ access to places and areas for playing and more safe parks etc.

5.4.2. This calls for:

- 1) carrying out of qualified expertise of all legislative drafts from the standpoint of their consequences for family and child life;
- 2) introduce the practice of obligatory account of all changes in social sphere, including health care, education, social security, employment policy, housing policy from the standpoint of providing their positive influence on family;
- 3) improvement of mechanisms of material support of family during birth and education of children with the purpose of creating of more favorable conditions for family life with children;
- 4) production and general introduction of mechanisms and procedures allowing to provide necessary support to child by parents during divorce of parents or birth of illegitimate child;
- 5) pay more attention to prophylactic work with family which always presupposes research and information activity, i.e. family monitoring with the purpose of :
 - ✓ study of all socially significant indexes of family status and providing of necessary data for annual reports on status of family (children);
 - ✓ forecasting of positive and negative tendencies in development of family;
 - ✓ development of statistical maps, more effectively reflecting condition of family;
 - ✓ creation of information bank data on institutions of all forms of property dealing with family;
 - ✓ scientific study of different aspects of family life;
- 6) based on data of family monitoring, develop strategy on development of system of social service of family including all aspects of social support, rehabilitation, adaptation, protection and activation of potential of its own surviving capabilities in the conditions of public destabilization;
- 7) develop and provide targeted financing of republican and regional programs envisaging development of social servicing of family and children;
- 8) create research scientific-practical institute with the purpose of development of modern, social technologies, newest forms and methods of social work with different categories of family and children;
- 9) universal opening of centers of social aid to family and children, the activity of which will be targeted to:
 - ✓ rendering of assistance in obtaining of allowances, compensations, monetary and natural assistance, credits;
 - ✓ arrangement of selling exhibitions of worn clothes, charity auctions;
 - ✓ accomplishment of social patronage of large family, incomplete, low-income families, social support of graduates of orphanages and boarding schools;
 - ✓ accomplishment of contacts with employment service in resolving of employment issues, requalification;
 - ✓ consulting on issues of living, family-marriage, labor, civil, pension legislation, children, women, invalids rights;
 - ✓ rendering of assistance to pregnant and nursing mothers, children with disabilities;
- 10) development of preventive, friendly to children services which will present to young people services on emotional support, consulting and possibility to talk confidentially on those issues that concern them;
- 11) implementation of programs aimed to improvement of environmental situation, quality of air, decrease of level of city noise;
- 12) development of programs and projects within the frames of activity on development and improvement of areas and public spaces: pavements, streets, planted areas, parks, playgrounds, city areas, yards, land areas directly adjoining to accommodation houses and

other open public spaces that should meet the requirements and desires of children and youth;

- 13) development and implementation of programs on bringing of so-called areas of “Home Zone” in accordance with interests of pedestrians and bikers, than drivers with following key characteristics:
 - ✓ traffic speed reduced down to 40 kilometers per hour, with possible reduction of speed down to 20 kilometers per hour in center of region;
 - ✓ cleaner streets;
 - ✓ more lighted streets;
 - ✓ more lighted crossroads;
 - ✓ more street space for children playing;
 - ✓ reduction of rate of roads use which are not intended for vehicles and used by drivers as bypass routes for driving to main highways;
 - ✓ improvement of streets and pedestrian places in the interest of children and youth with different kinds of afflictions and parents that carry them on wheelchairs;
- 14) development and implementation of city programs on “Safe routes and roads to school” that are aimed to increase safety of children on roads.

5.5. Children and young people with disabilities

5.5.1. The key tasks in area of support of children and young people with disabilities are:

- 1) real ensuring of right of children with disabilities for special care of state, creation for them of normal life conditions, development of individual possibilities, successful social integration;
- 2) displacement of attention accent from medical model “inadequacy” to social model “inadequate environment” which means that the policy should be aimed not to the emphasis of person with disabilities but to elimination of obstacles on the way to his full participation in life of society;

5.5.2. This calls for:

- 2) carry out urgent, deep analysis of status of children and young people with disabilities given the standpoint of children themselves and their families;
- 3) identify the difference between functional deteriorations, diseases and disability;
- 4) introduction of building codes promoting to creation of “universal projects”, reducing obstacles for access to premise and its use by people with disabilities;
- 5) providing accessibility of qualitative study within the frames of free state program of education;
- 6) introduction of system of education, allowing in a greater degree to integrate in it children with disabilities;
- 7) development of services for children with disabilities;
- 8) providing of adequate level of aids;
- 9) providing of stimulus for young people with disabilities to get higher education and professional training and stimulus for employers to present to such people of significant for them work;
- 10) actualization of issues associated with disability in public conscience – within the frames of human rights, in mass media, in sphere of professional training and among those people identifying the policy;
- 11) development and implementation of strategies of deinstitutionalization or returning of children with disabilities from specialized children institutions and boarding schools to families:

- ✓ introduction of institute of adopted families for children with disabilities acting both on permanent and temporary basis;
- ✓ introduction of daily type institute of children institutions, capable to effectively render services to children with functional limitations and members of their families;
- ✓ creation of mechanisms and processes preventing putting children into state boarding institutions;
- ✓ reorganization of children and family oriented state services from the standpoint of their accessibility on cost, location and closeness to consumer's home.

12) rendering of support to organizations of civil society, connected with protection of rights of children with disabilities and special needs.

5.6. Children-orphans and children left without parents' custody

5.6.1. The key tasks in supporting of children-orphans and children left without parent custody are:

- 1) strengthening of family, increase of parents responsibility for education of children and their abilities to fulfill parental duties;
- 2) introduction of mechanisms of preventive measures of family ill-being and child neglect, decrease of level of social orphanacy;
- 3) development and state support of different forms of family life system of orphaned children, providing of education of maximum amount of such children in family environment;

5.6.2. This call for:

- 1) introduction of strategy of early definition of family ill-being on the basis of criteria' and indexes of ill-being. Preservation of child in kinship family should become the priority;
 - 2) development and implementation of actions on reinforcement of parents responsibility for the education of the child;
 - 3) providing social support to the most vulnerable family groups, as well as general increase of quality and families living standard, with the emphasis not on direct material support of families in crisis situation but on social work with family on individual basis so that it could be brought to the level of self-sufficiency. For this it is necessary to create and develop centers of help to family and children, develop institute of social teachers and social employees;
 - 4) development of market of different social services given the provision of their accessibility for vulnerable groups of children families and creation of equal competitive possibilities for their providers;
 - 5) development of system of prophylactic measures on prevention of getting of disabled children into boarding schools; rendering not only social but psychological-pedagogic assistance to families having disabled children;
 - 6) development and implementation of state program of de-institutionalization of orphan children and children left without custody of parents, the result of which should become the substantial decrease of number of children being in institutions of boarding school type, up to closing of institutions:
- ✓ development of mechanisms, allowing to save socially vulnerable children from first entering into the system of state children institutions;
 - ✓ development of alternative family forms of children organization left without custody of parents;

- ✓ creation and development of professional support service for development of family forms, the main functions of which are searching and working with adopted (foster) parents, their preparation to education of this category of children, preparation of children to life in family, rendering of service to substitute family.
 - ✓ planned reprofiling of orphanages and boarding schools, in particular, in services, or centers of help and support of families with advanced retraining of personnel;
 - ✓ creation of adequate living conditions, education, training for children that due to different reasons cannot be given for education to families, and providing them with substitute care of high level given the individual needs.
- 7) Reforming bodies of custody and patronage, introduction of new form of specialists staff, creation of conditions for their professional growth.

5.7. Youth policy

5.7.1. The key tasks in area of youth policy are:

- 1) forming of socially active type of personality capable for creative self-realization in professional activity, area of leisure, family relationships;
- 2) change of policy, oriented on “youth of risk group”, on policy the emphasis in which is made on “services, friendly to youth” rendered with more adequate way, without offence, given the needs of youngest people;
- 3) introduction and development of system of juvenile justice in accordance with best practice and international standards;
- 4) involving of youth into socially useful and responsible activity and local self-management;

5.7.2. This calls for:

- 1) recovery and development of social infrastructure system for youth;
 - ✓ operation, leisure, volunteer etc;
 - ✓ practice of young people – social organizations, clubs, youth actions, creative bureau, conferences etc;
 - ✓ reinforcement of existing and creation of new youth organizations, and stimulation of them to new ones, innovative and different forms of expressions;
- 2) with the purpose of providing of youth employment in area of socially useful labor:
 - ✓ intensify work on creation for youth of new work places;
 - ✓ design new forms of employment within the system of uninterrupted education and leisure;
 - ✓ creation of opportunities for development of interests, hobbies, system of self-realization through professional and educational producing, management etc;
 - ✓ development of programs on improvement of life experiences, increase of “goodwill” employers towards youth, young officers both in private and state sector.
- 3) development of address social assistance system for those categories of youth that happened to be
 - in extreme life situations;
- 4) with the purpose of decrease of stress conditions, depressions and suicide among youth develop preventive, friendly to children services, which will provide services to young people on emotional
 - support, consulting, and possibility to speak confidentially about those matters that concern them;

- 5) with the purpose to effectively introduce and develop the system of juvenile justice:
- ✓ carry out work on establishment of legal status of juvenile justice system and bodies and institutions being part of this system, and, first of all Commission on juvenile affairs and protection of their rights;
 - ✓ displace accents in work with juvenile offenders from punitive and repressive to educational and rehabilitative;
 - ✓ change of law-enforcement practice of all bodies and services on work with juvenile both in issues of prevention of neglect and delinquencies of juveniles and in issues of protection of their rights including judicial remedy of juveniles;
 - ✓ commonly implement pilot projects on introduction of juvenile technologies into work of bodies and institutions of state system of prophylactics of neglect and juvenile delinquencies and work out the models of specialized justice on juvenile cases considering international standards in this sphere;
 - ✓ train society, social employees, judges, employees of law enforcement bodies to juvenile technologies;
 - ✓ work with population on prevention of juvenile crime, on change of social attitude to juvenile offenders;

VI. System of priority measures for successful implementation of Concept

6.1. Organization-institutional

- 1) creation under the President of the Republic of Kazakhstan of Social Board on problems of childhood and family and regional (oblast and city) social boards on problems of childhood and family with following main functions:
 - ✓ expertise of legislation drafts, state target social programs, expertise of social initiatives and programs aimed to solution of problems of protection of rights and legal interests of children;
 - ✓ initiating and development of legal and normative offers on accomplishment of effective policy in sphere of protection of child and family interests;
 - ✓ assistance in development of target and integrated programs in area of childhood and family and control over their execution;
 - ✓ conducting of monitoring of childhood and family situation in country;
 - ✓ forming of social opinion and information space on actual issues from power to society and vice versa, from society to regulatory bodies.
- 2) constitution of Authorized institute on rights of child with regional representations with the purpose of providing of guarantees of state protection of rights, freedoms and legal interests of child, accepting them by bodies of state authority, officials and organizations;
- 3) creation of Interagency work group with participation of NGO, state bodies and international organizations and involvement of scientific-theoretical potential on coordination of work on introduction of system of juvenile justice;
- 4) increase society's level of information on problem of children with disabilities, worst forms of children labor, on alternative forms of children education, on issues of de-institutionalization (including seminars for journalists);
- 5) creation of hotline and trust lines for children and youth;

6.2. Normative-legal

- 1) assistance in implementation of norms of national legislation (in particular RoK Law on “Rights of child”, including almost all norms of Convention on rights of child);
- 2) development and adoption of normative-regulatory act and provision on “Child rights commissioner in the Republic of Kazakhstan”;
- 3) development and adoption of juvenile justice Concept and package of three draft laws:
 - ✓ on “Amendments in judicial system of the Republic of Kazakhstan” in terms of introduction of juvenile courts;
 - ✓ on “Juvenile courts in the Republic of Kazakhstan”;
 - ✓ on “Principles of juvenile justice system”;
- 4) improvement of normative-legal documents in respect of work of Commission on protection of juvenile rights with reconsideration and reinforcement of their role;
- 5) development and adoption of RoK Law on “State support of large families”;
- 6) development and adoption of RoK Law on “Minimal standards of social service” and RoK Law on “Social services”, containing, also, legal regulation of standards of families and children social service;
- 7) improvement of acting legislation with the purpose of prohibition of all forms of violence against children in any situation;
- 8) improvement of state policy and legislation in area of child labor (accurate definition and development of list of worst forms of child labor for RoK);
- 9) development of single normative-regulatory base and standards of social services;

6.3. Program-design

- 1) development of prophylactic work with families with the purpose of reduction of risk of placing children for state custody and education:
 - ✓ development and introduction of mechanisms on early identification of family ill-being on the basis of criteria and indexes of ill-being;
 - ✓ organization and development of integrated network of intermediary services, consulting centers, family centers, centers on rendering assistance to parents in education of children;
 - ✓ support and funding of nongovernmental organizations acting as initiators of new approaches and technologies in this area;
- 2) development and implementation of interagency program on prevention of violence in family and child institutions, including conducting of educational work and wide distribution among population of international and national base documents on protection of rights and legal interests of children, teaching textbooks explaining factors and forms of child abuse and neglect;
- 3) development of market of different public services with the account of providing their accessibility for vulnerable groups of children families and creation of equal competitive possibilities for their providers, extensively involve NGO;

- 4) development of state program on rendering of assistance to vulnerable children and children left without parents custody, using family forms of education;
- 5) development of network of regional state and non-governmental specialized centers for rendering of emergency aid to children facing crisis situation, having experienced the violence;
- 6) development of information policy Concept where significance of positive social role of mass media should be represented including issues related to protection of interests of childhood and family institute.

6.4. Personnel-educational

- 1) development and implementation of integrated program on preparation of staff in the area of work with family and children, in particular, to open at social work chairs the specialty “Children, youth and family”, that will cover all spheres of work with children:
 - ✓ social work in school;
 - ✓ social work in system of tutorship and curatorship and their authorized services, other state institutions;
 - ✓ street social work;
 - ✓ social work with family;
 - ✓ social work in courts;
 - ✓ social work in different rehabilitation programs.
- 2) development and implementation of integrated program on preparation of pedagogical, psychological-pedagogical personnel and personnel for work in:
 - ✓ families, schools, on streets;
 - ✓ in bodies of tutorship and curatorship and their services;
 - ✓ in departments of juvenile cases of the Republic of Kazakhstan Ministry of Internal Affairs, in commissions on juvenile cases and protection of their rights, ЦВИАРН;
 - ✓ in juvenile courts;
 - ✓ in state and non-governmental rehabilitation programs;
- 3) development of system of training-educational courses for all system of state bodies both on local and republican levels acting in the interests of children as a program of raising of qualification on thematic trends:
 - ✓ “Basis of juvenility and social work with children and youth”;
 - ✓ “Basis of juvenile justice. Juvenile technologies”;
- 4) development and implementation of integrated program on preparation and issue, on a competitive basis, books and training aids, information materials for specialists working with children and youth for use in education activity in higher and average special educational institutions.
- 5) development of system of retraining of staff of all types of institutions for orphans and children left without parents custody with the purpose of their qualified work on placing of

children for education in family, accomplishment of complex professional support of families that took children for education and for conducting of social patronage of risk group families.

- 6) development and implementation into practice of education activity of model of socially active school, as social technology, providing:
 - ✓ integration of earliest forms of prophylactics into activity of general educational institutions;
 - ✓ development of social responsibility of children for organization of personal life within walls of school, interest in process of personal education and forming of socially positive aspiration in life;
 - ✓ increase of child's capability to successful adaptation to life and activity in "adult" world;
- 7) development and implementation of program on preparation of specialists for expert activity in terms of state and public expertise of target programs and initiatives of organizations of civil society in area of protection of family and childhood interests.

Notes:

¹ Among such programs we could name:

- National Education Development Program in the Republic of Kazakhstan for 2005 - 2010;
- National Public Health Reformation and Development Program in the Republic of Kazakhstan for 2005 - 2020;
- Strengthening Tuberculosis Control Program in the Republic of Kazakhstan for 2004 - 2006;
- Fighting AIDS Epidemic Program in the Republic of Kazakhstan for 2001 - 2005;
- Disabled Persons Rehabilitation Program for 2002-2005;
- Disabled Persons Rehabilitation Program for 2006-2008;
- Republic of Kazakhstan Population Employment Program for 2005-2007;
- Poverty Reduction Program in the Republic of Kazakhstan for 2003 - 2005;
- Program of Further Development of Social Reforms in the Republic of Kazakhstan for 2005-2007;
- Auyt Mektebi (Rural School) Program for 2003-2005;

² The project is to be implemented together with the Government of Kazakhstan as parts of co-operation program for 2005 – 2009. 90 representatives of the Ministry of Education and Science, Ombudsman Office, local authorities, NGOs and mass media and 3 thousand children aged 10 to 17 years will be the key partners in this project (Source: Second and Third Summary Periodical Report On Republic of Kazakhstan Implementation of the Convention on the Rights of the Child, - Astana, 2006).

The UN children' fund (UNICEF) has started to implement at regional level the pilot project on development of structure of commissioner on child rights under the Kazakhstan Ombudsmen institute. The office of Commissioner on human rights in Kazakhstan jointly with its Spanish colleagues accomplishes implementation of project "Reinforcement of Kazakhstan Ombudsmen institute", the purpose of which is improvement of work and choice of Ombudsmen in Kazakhstan model as well as development of special structures of Ombudsmen on child rights both at republican and regional level.

³ A number of researches identified lack of access to quality basic services, especially among poor families in the rural areas. According to a recent study, families' awareness and practice in the area of children rearing remain low. Most families lack early development aids and parents, as a rule, don't have a habit to play with children or read to them. Fathers participation in child-care is minimal. Whereas 86% of families reported that the main source of children-rearing information are public health employees, only 5% received counselling on the children's need for development. Access to basic services becomes more and more difficult because of their cost, lack of services convenient to customers, especially youth, and lack of relevant infrastructure, as well as distance to nearest polyclinic or school. Policy for children protection and wellbeing is not always integrated enough. (Source: Country Program Action Plan 2005-2009, - Republic of Kazakhstan Government and UNICEF).

⁴ The percentage of individuals in Kazakhstan in 2002-2003, living with income below the poverty line of 2,15 US Dollars on PPP (purchasing power parity) made 21%, and children at the age of 0-15 years – 28%. This data is estimated on the basis of survey data of family budgets and surveys on determination of living standards. (Source: “Analysis of child poverty in South-East Europe and Commonwealth of Independent States”, - Social monitoring “Innochenti”, UNICEF, 2006).

Percentage of poor in rural areas is much higher than in the cities and regional centres. Besides poverty scale differentiation between rural area and city has grown from double difference in 2001 (38.5% and 20%) to almost triple in 2004 (24.8% and 9.2%).

This situation is especially worsened in remote areas where material infrastructure deteriorated, free professional medical aid, education and clean safe drinking water became hard to access and opportunities to get land and loans are limited. According to the UN Country-Level Evaluation, currently there are more women living in the conditions of poverty (45%) than men (33%). (Source: “Development objectives at turn of millennium in Kazakhstan, 2005)

Children in rural districts, as a rule, live worse than children in city regions as evidenced by indexes of incomes and majority of other indexes. It is especially affects the access to water and environmentally clean heat source and access to education and standards of schools, improvement of health state and standards of medical institute.

Probability of being affected by different kinds of deprivation is much higher among children in large families which are also more frequently distributed in rural districts. (“Analysis of child poverty in South-East Europe and Commonwealth of Independent States”, - Social monitoring “Innochenti”, UNICEF, 2006).

⁵ **5/1** Infant mortality rate is estimated to be 33.5 cases per one thousand of newborn, while death probability of children aged under five - as 38.3 cases per thousand. Boys mortality is significantly higher than girls mortality, being 37.7 and 28.7 cases per thousand correspondingly, while for children under 5 – 43.2 and 33 cases per thousand correspondingly. In rural area infant mortality rates and under five children mortality is more than 1.4 times higher than in the cities. Moreover, there are significant differences in mortality rates depending on the education level, well-being and ethnic identity of population groups. In particular, in the richest families mortality rates of infants and children under five are almost two times less than the country’s average. (Multi-Indicator Cluster Study, Kazakhstan, 2006).

Official statistics shows constant decline of infant mortality rate from the high level, 28 infants per 1,000 born alive in 1993 to 14.5 per 1,000 in 2004. Children mortality study shows the following:

- ❑ 62% of all infant deaths happen during neonatal period;
- ❑ Infections are the main reason of death in late neonatal and postneonatal periods;
- ❑ Late admission and recommendation to a hospital in the rural area in particular raises an issue of medical services affordability.

The study also showed incomplete registration of infant deaths, difficulty to access quality perinatal care, high level of infections accompanying pregnancy, which leads to problems during childbirth and neonatal period and general low quality of labour management. It was indicated that somewhat 50% of infant deaths could have been prevented.

5/2 Maternal mortality remains a serious problem for Kazakhstan. According to the RK Public Health Ministry statistics, maternal mortality rate in 1990 was 75.8 per 100,000 live-born infants and 36.9 in 2004.

Expert analysis of died women medical documentation showed that rural women predominated among those who died, accounting to 51.6% in average for the republic, prevailing in 11 out of 14 regions. Two-thirds (72.3%) of cases of maternal mortality apply to the most active reproductive age – 19 to 34 years. Besides, the majority of lethal outcomes (66%) happen in lying-in period, mostly in the first 10 days.

According to Multi-Indicator Cluster Study, Kazakhstan, 2006, in Kazakhstan in the first half of the nineties maternal mortality was 80 cases per 100,000 live-births, while cumulative birth rate was 2.72.

⁶ **6/1** According to information of Committee on State Sanitary-Epidemiologic Supervision of the Ministry of Health of the Republic of Kazakhstan there are 6942 HIV positive persons registered in Kazakhstan as of 1 October 2006, from them 426 persons having AIDS. 369 persons died. For the number of HIV infections Karaganda oblast is at first place with 1722 registered cases, then Almaty city – 1337 cases, Pavlodar oblast – 1055 cases and South-Kazakhstan oblast – 847 cases. In 2006 as compared to last year the number of HIV infected in this oblast increased to 2,3 times and made 186 cases.

The most affected age group – is individuals at the age of 20-29 years, specific gravity of which makes 50,7%. Unemployed ones per social composition fall at 72,3%, 74,8% of HIV infected make injecting drug users, 16,4% of infections occurred by sexual intercourse. As a whole on Republic in 2006 as compared with 2005 the number of detected HIV/AIDS cases has increased to 1,9 times and made 1286 cases. Per HIV/AIDS diseases Kazakhstan is on fifth place among CIS countries, after Russia (362 202), Ukraine (103 572), Uzbekistan (7801) and Belorussia (7309) cases.

According to World Health Organization data the Republic of Kazakhstan is on concentrated phase of epidemics and enters into the group of countries with low rate of HIV/AIDS incidence, which makes 0,2% with worldwide average index of 1,1 % and 0,8% in the region of Eastern Europe and Central Asia. (Source: Official site of RoK Ministry of Health).

Kazakhstan is a country with quite low HIV/AIDS incidence, it is estimated that 0.2% of 15-49 years old live with HIV/AIDS. However the country has conditions for the fast expansion of HIV infection, including widely spread usage of injection drugs and risky sexual behaviour.

The highest HIV/AIDS incidence is registered in Pavlodar and Karaganda oblasts and in Almaty City. The lowest number of HIV infection per 100,000 of population is registered in Kyzylorda, Atyrau and Mangistau oblasts. The highest number of HIV-positive people in Kazakhstan is registered in Temirtau of Karaganda oblast (689 per 100,000 people, 1,167 cases in total).

During later years registered incidence of HIV infection has been increasing at least 20% compared to the previous year.

HIV/AIDS educational programs in schools are imperfect; training programs among risk groups are insufficient.

One of the major factors used to evaluate HIV epidemic response measures, is a percentage of young people 15-24 years old who are aware of two ways of HIV prevention, who don't share two wrong beliefs on HIV and who are aware that a person looking healthy outwardly could be infected by HIV. Less than 40% of women have right and complete awareness of HIV. HIV awareness largely depends on the level of education and place of residence. Women with elementary education are much less aware of HIV than more educated women. In urban areas HIV awareness is more profound than in the rural areas. According to Children and Women Status Monitoring (Multi-Indicator Cluster Study, Kazakhstan, 2006)

6/2 According to research data conducted by RoK Ministry of Health jointly with “Center on control and prophylactics of diseases of USA Department of Health” (CDC) due to mass infection with HIV of South-Kazakhstan oblast (SKO) infants the origin of HIV attack among SKO infants is stipulated by several factors: “unsafe overuse of blood and its preparations, violation of safety when carrying out of medical manipulations, use of medical instrumentation of multiple use”.

Blood transfusion was made to majority of infected children (90%), whilst these facts have not been registered for six infants in medical institutions. Frequency of blood transfusion of one child varies from 2 to 24 times. Research has proved that in some cases the blood of one donor has been used for transfusion to several children, though medical standards prohibit this.

According to AIDS-center, the number of HIV infected children in SKO as of end of November 2006 made 81, eight of them died, one has been adopted in USA. (Source: Official site of RoK Ministry of Health).

6/3 According to the National Centre of Tuberculosis Problems under RK Ministry of Health, in 2005 Kazakhstan has some reduction of tuberculosis: 15,930 people were registered with tuberculosis nationwide during eight months of 2005. During the similar period of the previous year 16,956 of diseased people were identified in the country. For the whole year of 2004 in Kazakhstan were registered 23,163 new cases of tuberculosis. 309 thousand Kazakhstani people are among the sick and those who had a contact with them, including 70,746 consumptives with active form of tuberculosis, 35,054 persons with inactive tuberculosis and 90,259 related persons.

Full capacity of the Republic's antituberculous medical facilities is 14,169 beds. 5,749 sick are treated there now, including 1,206 of newly identified.

Since 1999 tuberculous mortality started to decline in the Republic. However, tuberculous mortality increased 6.7% in 2005. 55.7% of those who died were the sick with chronic tuberculosis, 8.9% first exposed, 16.5% were cases of setback, 16.5% - people released from imprisonment and 1.3% - prisoners.

Tuberculosis mortality rate in the western regions of Kazakhstan is higher than national, especially in Aktobe oblast, amounting to 242.6 persons per 100,000 people, while average national rate is 154.3 per 100,000 people. (Source: "Development objectives at turn of Millennium in Kazakhstan", Kazakhstan, 2005)

⁷ 7/1 Unfortunately, year after year the number of children in our country who are left without parents care is not decreasing. 47 thousand of such children were identified as of 1 January 2006. Out of identified and accounted children left without parents care, somewhat 30 thousand were submitted to custody, trusteeship and patronage, while somewhat 17 thousand children were distributed among public education, health and social security institutions. Mainly these were orphans, foundlings, denied children and children whose parents were deprived of their parental rights or were imprisoned or underwent long-term medical treatment.

| | |
|---|----------------|
| Total orphans | 3,254 (19.4%) |
| Those outside of parents care: | 13,589 (80.6%) |
| Including: denied children, | 1,922 (14.1%) |
| foundlings, | 1,019 (7.4%) |
| children whose parents were deprived of their parental rights, | 5,857 (43.2%) |
| children whose parents are imprisoned, | 1,146 (8.4%) |
| children whose parents are wanted by police, | 2,726 (20.1%) |
| children whose parents are going through long-term medical treatment. | 919 (6.7%) |

Today 110 educational institutions operate in the national education system in order to provide to these children proper conditions for training and rearing:

- 75 orphanages and boarding schools,
- 29 family type children's homes,
- 6 family type villages.

In addition to that 18 private children's homes, three SOS – Kazakhstan Children's Villages and 23 youth boarding schools were opened. (Source: Second and Third Summary Periodical Report On Republic of Kazakhstan Implementation of the Convention on the Rights of the Child, - Astana, 2006).

7/2 The analysis shows that social orphanhood has various reasons:

1. waning of family prestige, material and housing difficulties, children and parents level of health, growth of illegitimate fertility, increase in number of families leading asocial way of life and lack of effective measures to hold such parents liable, as well as intensive migration processes;
2. childhood protection management structure developed in the Republic of Kazakhstan is characterized by fragmentation and departmental disunity, lack of effective coordination of their work, managing organizations and not results, poor monitoring and individual work with children;
3. Lack of complete system of teens neglect and delinquency prevention and rehabilitation of socially challenged children led to constant increase of children who end up in the institutionalization system;
4. A number of reasons involving legal, organizational, methodological and personnel aspects causes growth of institutionalization of children left without parents custody;
5. The law supports mixed system of care for the child left without custody of parents, which opens opportunities for relaxed compliance with the law and leads to a violation of the child's fundamental right to live and be reared in the family;
6. Small number of specialists and level of their professional skills prevent guardianship agencies to provide individual counselling to children who are in a difficult reality situation (As of March 2006 nation wide there are only 178 specialists for 5 million children, at average of one per 28 thousand children). For example, in Astana there is one specialist for 60 thousand children from birth to legal age, while in South-Kazakhstan oblast one guardianship specialist is responsible for the life of 90 thousand children and in Almaty more than 40);
7. Lack of minimal public standards of guardianship leads to discrimination, as children are unequally protected by the government.
8. Financing of childhood social protection system is multisectoral and comes at different levels. There is virtually no consolidated financial statistics on the national level and it is hard to access it for the public and NGOs. (Source: G.V. Sem'ya, Concept of De-institutionalization of Orphans and Children Left Outside of Parents Custody in the Republic of Kazakhstan)

⁸ According to the official data, 52,137 drug-addicted persons were registered in Kazakhstan narcological dispensaries by the end of 2005, which is 9.5% more than in 2004. At the same time number of drug-addicted children aged up to fourteen increased from 221 in 2004 to 1,055 in the current year. A number of drug-addicted from

15 to 17 years old increased throughout the year from 1,068 to 3,201. The youngest drug-addict using injection drugs is seven years old.

According to the Millennium Development Goals (MDG) Report, 2005, sponsored by the UN System in Kazakhstan and RK Government, the number of people in Kazakhstan stably inclined to addictive behaviour is estimated to be 254,000 people, or 1.7% of population. The total number of regular drug-users in the country is defined as 200,000 people and 70% of them inject drugs. The highest percentage of injection drug users among people aged 15-49 is identified in Almaty city, Zhambyl and Mangystau oblasts and the lowest percentage is registered in Akmola, Almaty and Atyrau oblasts.

⁹ There are more than 12 thousand dysfunctional families in Kazakhstan, according to the Ministry of Internal Affairs. Half of such families have deviation environment, every fourth has a conflict environment. In such families children are in fact 'pushed out' to the street, to a community of the same contemporaries alienated from the family, while sometimes to deviant groups.

More than 70 thousand children were received into the Centres of Minors Temporal Isolation, Adaptation and Rehabilitation during the last 8 years. For the year 2005 along teens committed somewhat 6 thousand crimes, including approximately 500 under the influence of liquor. In Almaty, despite of 13% decline of youthful crime, burglaries and fraud increased 19% and 17% correspondingly.

¹⁰ One could trace decline of local budget per capita expenses within the social assistance and social security program (the maximum decline occurred in 2005) in many regions except for Astana and Almaty cities and North-Kazakhstan, Kostanay and West-Kazakhstan oblasts. The sharpest decline of expenses occurred in such regions as Kyzylorda (5.08%), South-Kazakhstan (5.21%), Almaty (3.85%), Zhambyl (3.31%) and Mangystau (2.74%). At the same time average decline of local budgets expenses for the social security and assistance totalled 2.32%.

Analyzing data received one could state that less funds are allocated from the local budgets for social assistance and social security in all regions except for the nation's capital. The reason for such situation is that social tax, which purpose is to let people use their rights for public pension benefits, social security and medical aid, is retained in the local budget. While the main part of expenses for these purposes, social security and social assistance payments comes from the republican budget. The social tax intended for the population social needs according to the RK Budget Code is not used for the social sphere itself. This tax is meant for the social programs; however, local authorities use it to finance all budget programs.

Results of the analysis show sharp increase of the national budget expenditure and at the same time low growth rates of the local budgets expenditure for the social sphere. In the framework of two stage decentralization carried out in the country, when many functions of public administration central authorities are handed over to the local levels, it is necessary to review intergovernmental fiscal relations and to redistribute sources of revenues among the republican and local budgets. (Source: Dynamics of the Republican and Local Budgets Expenditure Changes in 2003-2005, - International Institute of Modern Policy, March 2006).

¹¹ Children' wellbeing depends not only from availability of big volume of resources connected with incomes, but from making by parents and governments decisions with respect to distribution of resources. Even in cases when parents want to invest in development of children, lack of effectively functioning services of healthcare or education or infrastructure of housing service may indicate on lack of possibility for investing. "Analysis of child poverty in South-East Europe and Commonwealth of Independent States", - Social monitoring "Innochenti", UNICEF, 2006).

¹² In all former Soviet Union countries in transition period the share of state expenses for family and support of children in one form or another have strongly decreased. Having faced with difficulty of limited resources, countries made wrong compromise both from the standpoint of balance of social expenses and balance between social and other expenses, especially expenses for defense, legality, legal order and internal safety.

Social consequences of reforms turned out catastrophic and especially strongly affected children and families. Number of children living in poverty has increased. Without reinforcement of system of social protection and strengthening of priority of social rights, negative consequences of all these will be felt within many upcoming decades. It is necessary to develop new social policy which would unite renewed obligations with regard to general state social provision and innovative programs of mobilization of local communities and new areas of social sector.

Currently considerable part of resources allocated for defense and protection of legality and legal order should be delivered for social provision.

(Source: "Region created for children: vision of movement in interests of children by organizations of civil society of region of CEE/CIS and Baltic countries", Final document of regional work group of organizations of civil society,

developed within the frames of training for Special Session of UN in the interests of children (2001): (<http://www.7ya.ru/partners/pamfilova/baby.asp>)

Research conducted by USA Center of political researches, where interrelations between social expenditures and status of children and juveniles have been surveyed using wide range of indicators, including indexes of child mortality, control indexes of primary schools and behavioral exponents of juveniles, showed, that social expenditures for children are directly connected with improvement of children' status. Results of research have showed also, that expenses for education have very strong positive effect on status of children, especially on control indexes and behavior of juveniles.

(Source: "Do social expenditures improve status of children in USA?" Comparison between 50 states", Center of Political Researches, New York, March 2003).

¹³ The fact that the index of maternal morbidity in Kazakhstan remains high, given that currently almost 100% of childbirths occur in presence and under the care of medical employee, first of all means, that the main problem lies in quality of provided medical assistance during obstetrics. Causes of more than half of mortalities are bleeding, abortions and other complications of pregnancy and childbirths. Overall growth of women disease at their childbearing age in many ways defined by increase of number of complications during pregnancy and childbirths. As a result of this the percentage of normal childbirths – total 22% which is, certainly reflected on health condition of newborn children. Every 2nd newborn child has deviations in health condition, high percentage of premature birth and immature children is being noted, high level of child mortality remains.

First medical-sanitary aid (FMSA) – main link of healthcare in achieving of satisfactory health condition of people and providing of accessibility. However within the period from 1991 to 2002 number of FMSA institutions has been decreased almost twice (from 1805 to 1005). Multifunctional, full women consultations in Kazakhstan in 1990 amounted to 641 and in 2003 where they have remained only in Almaty. Number of hospital beds for pregnant women decreased to 53,4 (1991) to 37,0 (2003) for 1000 of newborn.

Similar situation is observed with number of physicians and average medical personnel. Due insufficient labor payment the qualified medical employees have left to private structure or completely changed profession. Those, working in healthcare get low salary that makes them to work for 2 rates with very heavy workload, which is certainly reflected on quality of medical service both in women consultations and maternity homes. (Millennium Development Goals (MDG) Report, 2005, sponsored by the UN System in Kazakhstan and RK Government).

¹⁴ Today in conditions of transition to market, collapse of unique systems of social infrastructure of childhood occurs, first of all, due to decrease of possibility of their financing. Commercialization makes these institutions accessible for the majority of children. Part of them not coping with financial difficulties is closed. Others are reorganizing and become elite. Highly qualified staff potential formed in decades is lost. Every year progressively smaller amount of children are attending preschool institutions due to payment increase and reduction of number of places. For the same reason the number of children studying in paid sports sections and arts studios is being decreased.

The conducted in 1995-1998 years notorious "optimization" of education organization network led to closing of many schools and preschool institutions, especially in rural district and promoted to the fact that education became inaccessible for certain part of children and quality of rendered educational services significantly decreased.

As of beginning of year 2005 the scope of preschool education for children at the age of 1 and up to 7 years made 9,8% and in rural districts – 2,4%, while in developed countries such as USA and Japan this index makes 60,8% and 96,8% accordingly. In Russia the scope of preschool education and study reaches 87,2%.

¹⁵ In 2006 the increase of expenses for education as compared to 2005 showed 60,16%. Share of expenses on administrator the Ministry of education in general expenses for education increased to 3,3% and makes 83,16%, in sum value - 84 907 222 thousand tenge.

The basic sum of expenses falls on two categories: program 020 Training of specialists with higher and postgraduate professional education – 48,54% and programs 011, 012, 048, 031 for construction and reconstruction of education facilities and seismic reinforcement of education facilities in Almaty city – in total 26,4%.

Slightly, from 3 to 17% - averagely 7% in comparison with 2005 the expenses have increased to:

- providing of study process: development, issue and delivery of books and education literature;
- training and education of gifted children;
- conducting of school olympiads, contests etc;
- training of specialist with average professional education;

-
- applied scientific researches;
 - for payment of compensations for trip of students studying in average professional educational institutions;
 - purchasing and delivery of books and educational literature for upgrading of library stocks;
 - providing of uninterrupted study in culture area;
 - for retraining and upgrade of qualification of pedagogical employees in regional (city) institutions for upgrade of qualification of pedagogical staff;
 - creation of single national testing system. Increase of expenses mainly connected with increase of salary and opening of new testing centers.

Expenses on providing with Internet and expenses for strengthening of material and technical base of state institutions of elementary professional education, regional (cities) institutions for upgrade of qualification of pedagogical staff have remained at same level. However as compared to 2005 the share of each listed expenses in general expenses for education has decreased.

Significantly decreased as compared to 2005 the expenses for programs: upgrade of qualification and retraining of staff of state organizations of education, methodological provision of education system and analysis of quality of educational services, for creation of language and multimedia laboratories for state institutions of general secondary education, for struggle against drugs and drug business.

The expenses taking place in 2005 for informatization of education system and organization of state crediting for training of specialists with higher professional education have not been foreseen at all. (The report “ Comparative analysis of Republic of Kazakhstan budget expenses for healthcare; education; social welfare and social assistance; housing and utilities infrastructure; rural, water, forest, fish industry, specially protected natural areas, environment and wildlife protection, land relations (2005 \ 2006 years). (Public organization “Organization of tax culture”, Kazakhstan Revenue Watch Program of “Soros Kazakhstan” foundation; Program on human rights and management of Institute of Open Society, Almaty city, January, 2006.).