



COMMISSIONER FOR HUMAN RIGHTS  
IN THE REPUBLIC OF KAZAKHSTAN

UNICEF Kazakhstan

Commissioner for Human Rights  
in the Republic of Kazakhstan

# **Formative evaluation of the system for prevention and response to violence against children in Kazakhstan from 2011 to 2020**

## **EVALUATION REPORT**

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[22<sup>nd</sup> of September 2021]

*Commissioned by UNICEF Kazakhstan and the Kazakh Human Rights Commissioner*



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## Abbreviations

COVID-19	Coronavirus disease of 2019
CPCR	Committee of Protection of Children's Rights
CPS	Child Protection System
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organizations
EQ	Evaluation Question
ERB	Ethics Review Board
ERG	Evaluation Reference Group
FGD	Focus group discussion
GoK	Government of Kazakhstan
HBSC	Health Behaviour in school children
IAEG-VAC	Inter-agency Expert Group on VAC: Measurement in the SDGs
IC	Informed Consent
IR	Inception Report
KAP	Knowledge, attitudes, and practices
KII	Key informant interview
MICS	Multiple Indicator Cluster Survey
MoES	Ministry of Education and Science
MoIA	Ministry of Internal Affairs
MoJ	Ministry of Justice
MoLSP	Ministry of Labour and Social Policy
MoPH	Ministry of Public Health
NAPSW	National Alliance of Professional Social Workers
NCPH	National Centre for Public Health of the MoH
NEET	Youth not in employment, education, or training
NGO	Non-governmental organization
NPM	National Preventive Mechanism
NSO	National Statistics Office
SDG	Sustainable Development Goals
SitAn	Situation Analysis
SP	Social Protection
ToC	Theory of Change
TORs	Terms of reference
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAC	Violence against Children
WB	World Bank
WHO	World Health Organisation

### Objective, object, and process of the evaluation

The overall purpose of the evaluation is to assess to what extent the undertaken reforms in Kazakhstan from 2011 to 2020 have contributed to strengthening the system for the prevention and response to violence, abuse, and neglect of children, as well as to examine enabling conditions and bottlenecks that will require further improvement.

The **object** of the evaluation is the Kazakh system for the prevention and response to violence, abuse, and neglect of children. The evaluation used the **definition of violence against children** (VAC) as in Article 19 of the Convention on the Rights of the Child of which Kazakhstan is a State Party: violence against children (VAC) includes physical, emotional, sexual violence as well as negligent treatment. According to UNICEF, the **goal** of a system for the prevention and response to violence, abuse, and neglect of children is that all children, both girls and boys, grow up with greater freedom from all forms of violence and those who do experience violence benefit from greater access to care, support and other services needed to ensure physical, mental, and social well-being. Preventing and responding to VAC is one of the goals of a national **child protection system (CPS)**. A CPS comprises formal and informal structures, functions, and capacities, that cut across ministerial competencies and include both public and societal actors. Thus, a key feature of a CPS is its multisectoral nature that gathers its impact by integrating the competencies and actions of different duty-bearers. The strength of a CPS derives from fostering the interaction of its components, namely (1.) laws and policies, (2.) governance structure, (3.) a continuum of services from primary and secondary prevention to response, (4.) data collection, monitoring and oversight, (5.) human and financial and infrastructure resources, (6.) social participation and norms.

The evaluation is conceived as a formative evaluation. It is meant to inform the future government strategy concerning preventing and responding to VAC, as derived from the obligation of the CRC and to SDG target 16.2 of the Agenda 2030. Specifically, it is meant to identify priorities for short-term and mid-term action by the whole of government as led by the President of the Republic and coordinated by the Prime Minister and by the respective ministries, namely, MoES, MoIA, MoJ, MoLSP, MoPH as well as the Judiciary. It is also meant to inform implementation at subnational level, by oblast administration and municipal governments. Furthermore, the evaluation shall guide the future action of UNICEF in Kazakhstan. Finally, nongovernmental organizations shall benefit from the evidence.

The evaluation's timeframe covers the period from 2011 to 2020. In 2011, the Child Protection System did not exist as such and was based on a pre-1991 Soviet model, relying heavily on institutionalisation and with an under-developed children's services sector. Child Protection was used as a generic term to cover any support and welfare services provided to children as well as the administrative process associated with the arranging, monitoring, funding, and delivering of those services. The main legal basis in 2011 was constituted by the Law on Special Social Services adopted in 2008, which, however, lacked secondary regulation for its implementation. In 2011, the governance structure of child protection was fragmented and



there was limited availability of child protection services, while those available were not meeting international standards.

**Methodology.** The study is based both on an extensive review of secondary sources, a legislative and policy review, as well as primary research tools. A methodological choice was taken to base the primary investigation in this evaluation principally on qualitative tools, such as interviews, focus discussion groups and case studies. A refined set of research questions were defined in an evaluation matrix that is composed of 20 research questions, including indicators and sources for verification. As a key structuring principle, the CPS components have been chosen rather than the standard evaluation criteria (relevance, effectiveness, efficiency, coherence, sustainability, and impact). The report is structured against these 20 research questions.

The research was commissioned by the Kazakh Human Rights Commissioner and UNICEF. These organizations managed the relation to the Evaluation Reference Group (ERG). The ERG is composed of a cross-section of line ministries, representatives from public institutions as well as child rights activists and non-governmental service providers. The ERG had been involved in three strategic moments of the research, namely in the Inception phase when defining the focus and methodology (January 2021), in the definition of the theory of change after presenting the interim findings (June 2021), and the validation of the final report (September 2021).

Children were not interviewed for the research. A comprehensive ethics review was conducted, and approval was obtained by UNICEF's ethical review board. The evaluation team ensured full protection of the participants in the evaluation and has applied the ethical standards in Research, Evaluation and Data Collection and Analysis. No disclosure of ongoing violence or abuse happened during the evaluation. The evaluators declare to have no conflict of interest.

## Key findings

The CPS in Kazakhstan has made remarkable progress in the last 10 years. These are noticeable in the high number of national laws, policies, protocols, and standard operating procedures that have been adopted and/or are under discussion at the time of writing.

It is equally evident that these reforms haven't been driven by a common vision and plan to adequately address violence against children. They have the initiative of individual sectors (health, education, and law enforcement in particular) but without enough cross-sectoral consultation, coordination and learning.

The CPS as a concept was not there in 2011 and 2021 is still little or differently understood by policymakers, officials, and professionals. Secondly, it is still too fragmented to be able to provide to children at risk or victims of violence the multi-sectoral and multi-disciplinary support that they need to avoid or repair the experience of violence.

The evaluation found evidence of delays, bottlenecks, and opportunities for further strengthening each of the six components of the CPS (see individual sections below). But it also confirmed the findings from the inception phase according to which two components require priority investment and attention by the President and the Government: these are (1)

the component of prevention and response services and (2) the component on governance at central and sub-national level.

Strengthening and establishing new services is urgently needed as the ones that exist do provide some bits and pieces of prevention, support and rehabilitation. But they result in a piecemeal approach that does not guarantee full coverage of needs, across age groups, gender, situation of vulnerabilities and access across all territory. Specialised and integrated services for child victims of violence, including sexual violence, do not exist.

Strengthening the governance of the CPS is equally urgent, both at central and sub-national levels. The responsibility for developing, implementing, evaluating policies, programmes, and services on violence against children still sit within each line-ministries and this has not provided for strong enough accountability and execution of policies.

The CPS in Kazakhstan is still too fragmented and built on sectors in a siloed way. Several components of it have been strengthened during the last decade that demonstrates that Kazakhstan is on the right track to bring those pieces under a clearer and unified framework and vision.

### Laws and policies

Since 2011, Kazakhstan has made significant progress in introducing legislation prohibiting violence in schools, childcare and penal institutions.

In terms of prohibition, the Kazakh legislation is quite comprehensive in protecting children from physical and sexual violence. Nevertheless, it presents two main gaps: (1) it still lacks definitions of child abuse, mental violence, abuse, insult, bullying and self-harm; and (2) Corporal punishment is still lawful at home, in pre-school day care centres for older children.

In terms of the legal basis for prevention and response services, besides the development of several sectoral laws that have established services for children, there are still some gaps: (1) the experience of violence, abuse and neglect does not trigger direct eligibility for special social services but only if violence leads to social deprivation and social maladjustment; (2) specialised services for child victims of violence de facto do not exist under the law.

Fighting violence against children has become a national policy priority in the last five years. The second half of the decade has seen the adoption of several sectoral policies (on social development, on public health, on education) that set the agenda to further develop and modernise the country until 2025. Nevertheless, policies have followed sectoral siloes and have left the system fragmented. Fighting domestic violence has received the most attention and a cross-sectoral one; nevertheless, it de-facto focuses on women and not really on women and children. As of 2021, Kazakhstan does not have a centralised and unifying policy on child protection/violence against children.

### Governance

In Kazakhstan, the governance of the CPS has not evolved much from 2011. Although multiple laws and policies were adopted in the last decade, these have been the initiatives by individual sectors in a siloed way. As in 2021, there is no single central government body responsible for setting state policies on child protection /violence against children. This has continued to result in a segmented approach with fragmented sectoral initiatives: multiple

agencies develop and implement programmes without sufficient collaboration and coordination resulting in gaps.

Unlike Child Protection, gender issues and violence against women have been better coordinated at the central level. The Commission on Gender, Family and Demographic Policies has contributed to the adoption of the Concept of Family and Gender Policy till 2030. Many stakeholders used the Commission on Gender as a good example of effective multi-sectoral coordination, while also recognising its limitation in resources and capacities.

The lack of coordination at the national level is transposed at the sub-national level. Although the evaluation found some anecdotal evidence of increased cooperation between health, education, social protection, law enforcement agencies and NGOs, this cooperation is voluntary, depending on the goodwill of professionals and not based on cross-sectoral protocols or memorandum of understanding.

At the local level, the delivery of child protection services is carried out in a fragmented way and follows sectoral lines. There are several bodies responsible for delivering the services to children and their families but none of them has a coordinating function. The only official body with a mandated function for coordination is the multi-sectoral Commissions on Minor's Affairs. Nevertheless, its role is limited to assessing the need for the alternative care of children and out-of-home placement.

Two informants stressed that coordination works a little better at the local level as all sectoral departments work under the executive bodies of Akimats and Oblast administration and therefore the accountability is stronger. This is something that would need further research.

### Prevention and Response Services

The Law on Special Social Services (2008) created the legal basis for the development of social services for children and families. Several specialised social services were created in the last decade and across services, but very few of them with the prevention or response to VAC as the central objective.

In the prevention of violence against children, the notable exceptions are the universal patronage nurses introduced in 2017 and the piloting of the whole-school violence prevention programmes in 2014 (which was discontinued because of lack of funding). This has resulted in a piecemeal approach that presents overlaps (for example between youth health centres and youth resource centres, of between school psychologists and school pedagogues) and overlooked areas such as parenting programmes. At the same time school programmes directed at prevention offer resources to school administration and psychologists to incorporate violence prevention lessons into the existing school curriculum, but their capacity seems to be limited by an approach that is perceived to be stigmatising and punitive and sheding bad reputation on schools. Targeted social assistance has been introduced and strengthened, nevertheless, it is not accompanied by any violence prevention in family or parent support.

When it comes to response services, specialised services for child victims of violence are very rare in Kazakhstan, both in terms of availability and coverage. Support services for child victims of violence (treatment, psycho-social and mental health, recovery, and reintegration)

are mainly residential, are provided both by NGOs and the State. They only provide support to children who are eligible for them but not to their parents or siblings if they would need it. There is a small number of crisis centres – both state and private – available for women victims of violence, that potentially offer service for girls, but they de-facto are primarily targeted at women.

### **Oversight and monitoring, quality of services**

Since 2011, Kazakhstan has taken considerable steps to develop its national surveillance system on violence against children. With the support from UN agencies, it carried out several nationally representative surveys (amongst them MICS, VAW, and HBSC).

Surveillance using criminal and administrative data has nevertheless lagged, and little progress has been made since 2011. As of 2020, Kazakhstan, besides the collection of criminal data, still lacks national standards and indicators for collecting data on VAC and no inter-agency protocols to facilitate the sharing of administrative data across sectors and ministries, agencies, and services providers.

Human Rights Institutions established in Kazakhstan has played a significant role in monitoring and exposing the status of violence against children in Kazakhstan. Although not fully compliant with the Paris Principle, the Office of the Commissioner for Human Rights has been championing the issue of violence against children in state-run institutions, in schools and lately in the family. Under the same office, the National Prevention Mechanism to prevent torture is mandated to visit children's institutions. Finally, a Children's ombudsperson was appointed in 2016, but without the necessary resources to fully exercise its functions.

As of 2015, different line ministries have adopted quality standards and sectoral practices to deal with the identification, referral, and support of child victims of violence. All the standards were developed based on the Law on Special Social Services of 2008 (last amended in 2019). Only a few of them (the most noticeable exception is the SOP on VAC for medical staff) require the services to carry out multi-disciplinary needs assessment, develop an individualised plan and assign a case manager to monitor it and follow it up. None of them requests the services to consult children in the assessment of their needs and in the identification of services that are made available to him/her.

### **Human and financial resources**

Since the adoption of the Law on Specialised Social Services in 2008, Kazakhstan has invested enormously in the planning, development and support of the social service workforce. It has established the necessary legal and regulatory framework, the classifications of cadres and other professionals, certification requirements and practice. Nevertheless, every sector has taken its path without coordinating with other sectors or learning from similar processes. This is particularly problematic for an area of work, such as preventing and responding to violence against children, where the collaboration across sectors and disciplines brings better outcomes for children than what each sector can achieve alone. Kazakhstan has the ambition to strengthen the social sector, by building on what exists and unifying and consolidating standards and regulatory frameworks across ministerial silos.

There is emerging training on VAC by the initiative of different universities, training centres, UN agencies and NGOs, but these are not certified and are not equally provided across all the disciplines and grades.

The number of social workers and their case load is difficult to assess across the sectors, given the different classifications and functions. There is nevertheless anecdotal evidence that half of the social workers are lacking.

Finally, the social workforce across the sectors has low salaries and low status. Incentives, performance management and supervision are unequal across the sectors.

Given the current unclear institutionalization of cross-departmental child protection services and the lack of definition of a single minimum service package for CP, the allocation of financial resources to the CPS cannot yet be measured rigorously. However, the government has made substantive steps in determining the necessary budgets for each new legislative action. In some sectors, namely education and health, Government is capable of determining the level of investment needed. Furthermore, the new State Programme on education (2019) commits to having a consolidated child budget. These are important steps that can be considered as necessary preconditions to track expenditures in a defined, cross-sectorial service package for CP, once established.

### Social Participation

After the 2007-2011 Programme “Children of Kazakhstan”, there hasn’t been any national framework or vision on children and youth participation in Kazakhstan. Although there have been initiatives to consult children and youth at the local level, these have still to be institutionalised and given a formal framework and importance.

In 2011 there was no evidence of the recognition that in Kazakhstan children experienced violence at home, in schools, in state institutions and the community. However, since the mid-2010s thanks to the efforts of UNICEF and the National Human Rights Centre, there is an emerging discussion about the importance of social norms affecting VAC. Knowledge, attitudes, and practices on violence against children in families have been assessed twice (2016 and 2020) and although there are some persisting patterns in support of violence to discipline and control children, there have also been some positive changes in the reduction of the use of physical violence by parents. Nevertheless, in 2020, there is still 33% of child protection professionals who support the use of corporal punishment to discipline and control children.

### Recommendations

The evaluation highlighted that there are two components of the CPS that need substantive and urgent strengthening: these are the component on prevention and response services (component 3) and the component on governance (component 2). These are the components that are lagging behind, relatively to the others, and that would require major reform and investment of capacities and resources to ensure better protection of children from all forms of violence. These are also the components that require strong political will and major incentives to make the CPS truly cross-sectoral and child-centred.

The other 4 components (Laws and policies; monitoring and oversight; human and financial resources; participation and norms) also present weaknesses and bottlenecks that need to be addressed. Many of the required changes are nevertheless supportive, pre-requisites or consequences of the reforms needed in services and governance. This is consistent with a systems approach, in which the collective strength of various system components is important for the functioning of the system as a whole.

The recommendations are organised per CPS components, starting with those on services and governance and following with the others. Each recommendation is accompanied by medium and short-term actions that are detailed at the end of the report.

### **Top priority recommendations**

#### **Prevention and Response Services**

1. Improve the availability, coverage, and access to primary prevention services across the sector
2. Improve the availability, coverage and access of integrated services for the care and support to child victims/survivors of violence and their families

#### **Governance of the CPS**

3. Strengthening cross-ministerial and multi-agency coordination and accountability for policy development, advocacy, and implementation (central level)
4. Strengthen the coordination of Oblast, District and Municipal Akimats to plan and deliver services that prevent and respond to VAC

### **Second priority recommendations**

#### **Laws and policies**

5. Strengthen the legal protection of children from corporal punishment in the home and kindergartens, from mental violence and bullying
6. Strengthen the legal basis for specialised services for child victims of violence
7. Strengthening and consolidating a high-level, unified vision for the next 10 years on violence against children.

#### **Oversight and monitoring**

8. Strengthening the government capacity to use VAC data and indicators to inform and monitor national policies and programmes on VAC
9. Developing common cross-sectoral minimum standards and procedures for all services preventing and responding to VAC

#### **Human and financial resources**

10. Strengthening the Government capacity to allocate the necessary financial resources to services and programmes on VAC and to assess their cost-effectiveness
11. Strengthening the number, capacities and harmonising social workforce across sectors

### Participation and norms

1. Empowering children to exercise and advocate for their rights and a life free of violence; and supporting their consultation in the development of laws, policies and services that concern them
2. Supporting parents and caregivers to build more nurturing relationships with their children and improve non-violent skills and practices in upbringings
3. Supporting professionals and the general public's engagement in protecting the rights of all children to grow up free of violence



## Introduction:

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This evaluation report responds to the assignment commissioned to Fresno to conduct a formative evaluation of the system for prevention and response to violence against children in Kazakhstan.<sup>1</sup> The overall purpose of the evaluation is to assess to what extent the undertaken reforms in Kazakhstan have contributed to strengthening the system for the prevention and response to violence, abuse, and neglect of children, as well as to examine enabling conditions and bottlenecks that will require further improvement.<sup>2</sup> This chapter lays out the object of the evaluation and its purpose.

As per the TORs, the specific evaluation objectives of the evaluation are the following:

- To examine relevance, coherence, effectiveness, efficiency, impact and sustainability of the state interventions aimed at prevention and response to VAC; state interventions include laws, policies, regulatory frameworks and programmes implementing them; all together they constitute the child protection system.
- To assess the changes and advancements in the national child protection system for prevention and response to violence against children compared to the situation mapped in the 2011 study (UNICEF Kazakhstan, 2011): such as regulatory framework, infrastructure, governance and coordination, procedures, services, workforce, gaps, weaknesses, accomplishments;
- To assess the sustainability of the strategies applied and interventions conducted to strengthen the national CPS for prevention and response to violence against children.
- To draw lessons learnt and inform policy formulation to create a foundation for an integrated national CPS in support of family and child well-being, response to violence and harmful practices against children.
- To assess the extent to which the relevant interventions were implemented with equity and gender lenses.

It is expected that the evaluation establishes a new baseline against which the Government can assess the progress towards the prevention of and response to all forms of violence against children in a regular way and through a better inter-connected system that has a common vision but shared responsibilities across multiple sectors and agencies.

In particular, the evaluation will inform the implementation of the relevant national policies related to violence against children, including the 2030 National Concept of Social Development, the 2030 Family and Gender Policy Concept, the implementation of the SDGs and especially those under SGD 16 as well as the next State Report of the Government of Kazakhstan to the UN Committee on the Rights of the Child. The evaluation will also inform the new UNICEF and Government of Kazakhstan country programme 2021-2025.

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<sup>1</sup> Assignment RFP-KAZA-2020-006 - Contract number: 43311301

<sup>2</sup> As per the terms of reference (TOR); see annex.



## Background of the evaluation

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This chapter describes the background of the evaluation, including the object and scope of the evaluation, the baseline, and the evaluation governance structure with the evaluation reference group (ERG).

### The object of the evaluation

The object of the evaluation is the Kazakh system for the prevention and response to violence, abuse, and neglect of children. The evaluation's timeframe covers the period from 2011 to 2020.

The evaluation used the **definition of violence against children** as in Article 19 of the Convention on the Rights of the Child of which Kazakhstan is a State Party: violence against children includes physical, emotional, sexual violence as well as negligent treatment (UN CRC, 1989, 2011).<sup>3</sup>

The **goal of a system for the prevention and response to violence, abuse, and neglect of children** is that

*“All girls and boys, including adolescents and those living in situations of vulnerability, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from greater access to care, support and other services needed to ensure physical, mental and social well-being”. (UNICEF, 2017a, p. 20)*

As **definition of the child protection system (CPS)**, the evaluation used the widely shared UNICEF's definition.

*“Certain formal and informal structures functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children. A child protection system is generally agreed to be comprised of the following components: human resources, finance, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities – those working at sub-national or national level and those working internationally. Most important are the relationships and interactions between and amongst these components and these actors within the system. It is the outcomes of these interactions that comprise the system” (UNICEF, 2018b)*

Hence, within the field of violence prevention and response, there is rarely a narrow, vertical chain of results linking a single strategy to a single output, outcome and impact/goal. This

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<sup>3</sup> Examples of physical violence include homicide of children, assault against children and corporal punishment of children. Examples of emotional violence include humiliating and rejecting a child, psychological or emotional neglect, psychological bullying, witnessing domestic violence or being exposed to violent experiences. Examples of sexual violence include sexual abuse of a child (including rape, sexual touching of a child and non-physical sexual acts against a child) and sexual exploitation of a child (for prostitution, for child sexual abuse material, sexual grooming). Examples of neglect include physical neglect (failure to provide food, shelter, clothing), neglect of a child physical and mental health, educational neglect and abandonment (UN CRC, 2011).

approach recognises the importance of strengthening child protection *as a system*, supported by multi-sectoral coordination and broader social change (UNICEF, 2017a).

A CPS has two specific foci: one on prevention and one on response.

The child protection system is understood to be made up of six components.

**Table 1: Components of a Child Protection System**

CPS Component	Dimensions
1. <b>Laws and policies</b>	the legal and regulatory framework, as well as specific policies related to child protection
2. <b>Governance structure</b>	effective governance structures, including coordination across government departments, between levels of decentralization and between formal and informal actors
3. <b>A continuum of services</b>	spanning prevention and response
4. <b>Monitoring and oversight</b>	minimum standards and oversight; information, monitoring and accountability mechanisms
5. <b>Human and financial and infrastructure resources</b>	Skilled social workforce across sectors Budgeting, investment, financial reporting
6. <b>Social participation and norms</b>	Including respect for children's views, and an aware and supportive public

### Baseline in 2011

In order to reconstruct a baseline, the 2011 UNICEF report has been analysed as suggested in the TORs. The review of the report according to the six components of the Child Protection System, as defined by UNICEF and included in the TORs, reveals the following:

**Concept of Child Protection:** In 2011, the Child Protection System was still based on a pre-1991 Soviet model, relying heavily on institutionalisation and with an under-developed children's services sector. Child Protection was used as a generic term to cover any support and welfare services provided to children as well as the administrative process associated with the arranging, monitoring, funding and delivering of those services. This was assessed as not being in line with article 19 of the Convention on the Rights of the Child (UNICEF Kazakhstan, 2011).

**Legislation and policy:** In terms of legislation, the main legal basis in 2011 was constituted by the Law on Special Social Services adopted in 2008. The law nevertheless had not been fully implemented, it needed secondary legislation to go beyond the two pilot projects (Carolyn Hamilton;Awaz Raoof, 2014; Commissioner for Human Rights RoK et al., 2013) that were put in place and a proper coordination framework to overcome the fragmentation of services at the local level. When it comes to national level policies, the report also points to the lack of a central policy on child protection setting the basis for child protection services targeted at children at risk of abuse. (UNICEF Kazakhstan, 2011).

**Governance and intersectoral coordination:** In 2011, the governance structure of child protection was fragmented and fragile, both at the national and local levels. At the national

level, the responsibility for child protection was diffused across several ministries without a single central government body responsible for setting policies of child protection, standards for the delivery of child protection services or for monitoring or inspecting them. This fragmentation was also reflected at the local level with mandates of various bodies overlapping and lacking clarity. This was particularly the case for the Guardianship Authority within the Akimat and the Oblast level Department of Child Protection Reporting to the central Government Committee for Child Protection (UNICEF Kazakhstan, 2011).

**Child protection services:** In 2011, there was limited availability of child protection services and those available were not meeting international standards. The main form of services to provide child protection were institutions (baby homes, children's homes and internats). Foster care in the communities had only recently started and there were very few family-support services. There was a lack of any referral system in most local areas across the existing services. (UNICEF Kazakhstan, 2011).

**Oversight and Monitoring:** Very little data on the scale and nature of violence against children was collected and available in 2011 and there was no central database in 2011 (UNICEF Kazakhstan, 2011).

**Human resources:** Finally, the report also mentioned insufficient numbers of staff across the various child protection bodies who were trained social workers. In 2011, there was an over-reliance on the Police Department of Minors as well as no viable social work course across the different universities assessed (UNICEF Kazakhstan, 2011).

### Key stakeholders and evaluation uptake

The evaluation is conceived as a *formative evaluation* of Kazakhstan's CPS and its response to and the prevention of violence against children (VAC). The formative character was ensured by a participatory mechanism – the evaluation reference group (ERG) – that involved a range of stakeholders, both governmental and non-governmental. The members of the ERG were identified by the commissioning parties of the evaluation, namely the Human Rights Commissioner and UNICEF, based on the set of competencies ascribed to them, in the case of government, and according to their track record in action on child protection in the case of NGOs.<sup>4</sup>

The ERG was involved at three strategic points of the evaluation, namely

- (1) **Discussion of the framing of concept and the device of methodology by reviewing the Inception report:** The Inception Report underwent a three-phased process of feedback by UNICEF, both country and regional office, the ERG and the ethical review facility of UNICEF. A presentation of the methodology and the conceptual framework was given to the ERG on the 2<sup>nd</sup> of February 2021. The presentation and the list of participants are annexed.
- (2) **A participatory formulation of a forward-looking 'theory of change':** After closing the field research and a preliminary analysis of data, the evaluation team conducted a participatory workshop in online mode over the days of the 22<sup>nd</sup> and 23<sup>rd</sup> of June. The workshop schedule, presentations and outcomes are documented in the Annex.

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<sup>4</sup> A comprehensive list of the members of the ERG is reproduced in the Annex.

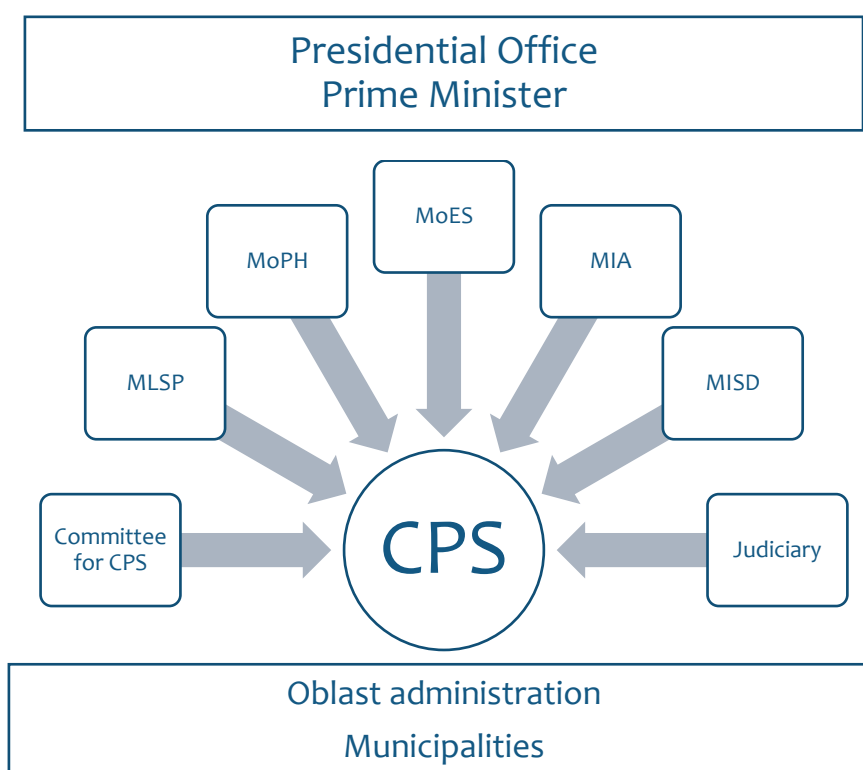
- (3) **Revision and validation of the Draft Evaluation Report (DER)** – the evaluation report underwent a four-phased process of quality assurance and participatory review, composed of an internal revision by UNICEF, both country and regional office (2<sup>nd</sup> Draft), a revision and validation by the ERG which is supported by a presentation on 02/09/2021 (3<sup>rd</sup> Draft), and a final quality assurance by the UNICEF QA facility.

The evaluation is particularly timely as it took stock of the multiple legal and policy reforms that the Government of Kazakhstan has undertaken in the last 10 years, identifies how the Government can further strengthen and integrate the CPS, in all its components and administrative levels, through the identification of priority areas for further reform and action for 2021-2030.

The evaluation is meant to inform the future government strategy to preventing and responding to VAC, as derived from the obligation of the CRC and to SDG target 16.2 of the Agenda 2030. The CRC enacts specific rights for children, both girls and boys, amongst which article 19 defines the obligations of states to protect children from violence (UN CRC, 2011). States assume obligations and duties under international law to respect, to protect and to fulfil these child rights. The need for protection is particularly relevant for vulnerable children, amongst which are girls, children with disabilities, children from ethnic minorities and refugee children, as well as children in difficult socio-economic conditions such as social exclusion and poverty. Therefore, the state as a duty bearer needs to pay specific attention to these vulnerable groups.

Thus, the evaluation is meant to guide the duty bearers of child rights and specifically identify priorities for short-term and mid-term action by the whole of government as led by the President of the Republic and coordinated by the Prime Minister and by the respective ministries, namely, MoES, MoIA, MoJ, MoLSP, MoPH as well as the Judiciary. It is also meant to inform implementation at subnational level, by oblast administration and municipal governments. This relation is depicted in Figure 1.

Figure 1: Stakeholder Map of duty bearer for Child Protection in Kazakhstan



Furthermore, the evaluation shall guide the future action of UNICEF in Kazakhstan to advocate for child rights and systematically build capacities of government and civil society to foster and protect child rights, and childhood and adolescence free of violence in particular. Finally, nongovernmental organizations shall benefit from the evidence exposed in the evaluation to better conduct their roles as child rights advocates, the implementor of services and social innovators.

The evaluation is entirely financed from funds managed by UNICEF.

## Methodology

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This chapter discusses the methodological design, the scope and limitations of the evaluation and presents the redefined research questions. It also addresses ethical concerns. All methodological choices, research tools and ethical provisions, including approval from the Ethics Review Board (ERB) are given in more detail in the Annexes.

### Methodological design

As mentioned in the background chapter, the object of the evaluation is the CPS. A methodological choice was taken to design the evaluation approach principally based on literature review, qualitative research with duty-bearers and case studies on services and biographical reconstructions of victims of child abuse. The methodological design is discussed at length in Annex A: Methodology.

As required by the TOR, the baseline for the evaluation is defined by the report “Modelling for Integrated CPS in Kazakhstan” produced by UNICEF in 2011 (UNICEF Kazakhstan, 2011). This report does not represent a government policy and plan. Likewise, it does not define what a national CPS is, how it is structured, which components it entails, and how they relate to each other. Furthermore, the report does not provide any prevalence data on VAC, nor does it formulate an intervention logic, a results framework, and the goals set and targets that would link public action with better protection impact. Nevertheless, it takes stock on the status of the development of those elements in 2011 that were considered relevant to develop a *model* of a CPS at the delivery level, at that time. In a scoping review during the inception phase, the evaluation team was unable to identify in the existing governmental policy documents a conclusive definition of the CPS in Kazakhstan *as a system* and a clear vision and pathways to strengthen it to better prevent and respond to violence against children. Such a vision would have provided for the theoretical framework upon which the evaluation could build. Given the lack of a systematic definition of the object of the evaluation in legislation and policy – the Kazakhstan CPS in its dealing with violence against children – the evaluation team had proposed to use as a definition of the object of the evaluation the global definition as provided for in the ‘Theory of Change to Prevent and Respond to Violence against Children’, as developed by UNICEF in 2017 (UNICEF, 2017a). This had been accepted in the inception phase by UNICEF and the ERG.

A methodological choice was taken to base the primary research in this evaluation principally on qualitative tools. Recent research had either provided specific data which could be readily used (UNICEF Kazakhstan & Haarr, 2021) or revealed the fragility of certain data sets (Haarr, 2020).

A detailed discussion of the methodology, a comprehensive list of KII and FDG by location and sector, and a listing of tools are provided in the Annex.<sup>5</sup> There, the **evaluation matrix** is presented. It follows the standard logic of evaluation criteria, evaluation question (EQ), indicator, and source. It is broken down according to the respective components of the CPS.

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<sup>5</sup> The evaluation matrix has not been reproduced in the main body of the report in order to save space. However, in the report – at the beginning of each of the sections on the CPS components – the EQ and the respective indicator is reproduced. In order to see which tools (sources of data collection) are used to answer which question it is still necessary to refer to the annexed Matrix.

It also specifies which evaluation criteria, as per the OECD DAC framework (OECD, 2019), is covered by each of the evaluation questions. Each of the evaluation questions is tackled with specific research tools and indicators. These sources of information, as per the respective method applied, are detailed as well in the evaluation matrix.

Seven types of tools were used in the evaluation. Table 2 lists the different methods. For systematic data collection, specific tools – such as interview guidelines or case study templates – were developed for each of them. These are accessible in the Annex.<sup>6</sup>

**Table 2: List of research tools and codes**

No.	tool	Code
1	Legislative review	LegRev
2	Literature review	LitRev
3.1	KII at central level (List of questions) – to government (KII-G) and other actors Civ Soc, development partners etc) KII-C	KII-G; KII-C
3.2	KII regional and local level (List of questions)	KII-L and KII-S
4.1	FGD at central level on Quality Standards and Professional Capacities (List of questions)	FG-Q
4.2	FGD at regional level for directors, coordinators, and managers of services (List of questions)	FG-L
4.3	FGD with front-line professionals on secondary prevention: Identification, early detection, and referral of children at risks and Case Management (guiding questions)	FG-S and FG-C
5	FGD with parents (guiding questions) on (a) bullying and cyber-bullying in schools, and (b) on the need for parental support for non-violent upbringing	FG-B FG-P
6	Local Service Provision - Case Study Design <ul style="list-style-type: none"> <li>- Questions for the directors/managers</li> <li>- Questions for the front-line professionals</li> </ul>	CS-S
7	Biographical Reconstruction - Case Study Design	CS-C

The research was undertaken at central level and regional level in the Oblasts of Mangistau, East-Kazakhstan and Turkestan, as well as in the city of Nursultan.

**Table 3** lists the respective methodologies and details the number of actions undertaken. The sampling method for both KII and FGD was purposive sampling, based on an identification of profiles and a request to the administration channelled via UNICEF and the ERG. In the case

<sup>6</sup> Each tool was given a code. Each interaction with a counterpart is given a unique identifier code, composed of the code of the tool and a running number, as well as the regional code in the case of the research in East-Kazakhstan (EK), Turkestan (T), Mangistau (M) or the City of Nursultan (N). The report refers to these codes. Example: KII-G-3, is a key informant interview at central level with government or FG-S-M-015 is a focus group with frontline service providers in Mangistau.



of duty-bearers, the request for interviews with authorities with the respective competencies was channelled via the Human Rights Commissioner (HRC). The respective ministries identified the specific persons to be interviewed. In the case of civil society groups, UNICEF in cooperation with the HRC indicated the organizations and networks that are most active and have nationwide coverage. A comprehensive list of profiles is given in Annex D: “List of Key informants and focus group participants” and Annex G: “Participant profiles”. As documented in the Annex, the response rate was sometimes challenging.

**Table 3: Study methodologies applied**

Method	Action undertaken	No.
<i>Legislative review</i>	More than 100 pieces of legislation and regulations were listed and analysed.	-
<i>Literature review</i>	More than 150 publications related to child rights in Kazakhstan were listed and analysed. Further literature was consulted on general standards and international practice, methodology, and the impact of COVID on VAC.	-
<i>Key Informant Interviews (KII)</i>	KII with policy makers and managers at the central level	8
	Civil Society, UN Agencies & academia at the central level	15
	Regional level, such as officials from local authorities, coordinators, and managers of services, and NGO providers	41
<i>Focus groups discussions (FGD)</i>	With experts on issues of service quality	3
	With managers and service providers at the regional level	8
	Front-line service providers from different sectors	17
<i>Case studies on services</i>	Specific services were studied at the regional level: (a) home visitations by patronage nurses, (b) psycho-social support, and (c) preventing bullying in schools	3
<i>FG with parents</i>	Focus groups with parents were held on the issues of (a) Bullying in schools, incl. cyber-bullying and the response mechanisms and (b) the needs for parental support in furthering non-violent upbringing	4
<i>Case studies on children</i>	In-depth biographical reconstruction of cases	4

### Scope of the evaluation and limitations

During the inception phase, the scope of the evaluation was delimited. Priority was given to some components of the CPS over others. The following components and sub-components have received particular attention.

- Legislation and policies (legal and policy frameworks)
- Governance structure (at the central and local level)
- A continuum of services at the local level
- Human resources at the central and local levels.



Two evaluation criteria have not been fully evaluated as originally expected in the TORs. The first one is the criterion of efficiency: as there is no available data on the investment of public resources in the CPS, neither in 2011 nor in the following years, it is not possible to measure whether the CPS has been efficient in using the invested resources. The second criterion concerns the impact of the CPS on children and their protection. As agreed during the inception phase, these two criteria have been assessed in terms of readiness of the CPS.<sup>7</sup>

During the evaluation, the team encountered a series of limitations amongst which are:

- Confusion of terminology amongst some interlocutors between the protection of children's rights and the protection from violence. These were mitigated by introducing every a general explanation of the understanding of violence against children used in the evaluation.
- An enormous number of laws, policies, regulations, and standard operation procedures (SOPs). They were all reviewed but there is an unequal level of detail between them. Lately, there has been a very intense period of law-making and regulation.<sup>8</sup> The most recent legislative projects, in the making, could not fully be covered and potentially some were missed.
- A lack of clarity amongst some interlocutors on the difference between public policies, programmes, projects, and the difficulty in keeping those categories distinct during the interviews besides the researchers attempts to keep the distinctions clear as needed.
- A long tradition of piloting projects and uneven coverage and upscaling across the territory. Some of the services/programmes were available for a certain number of years in certain regions and when funding run out, they were closed, handed over without securing capacity and sustainability. This added to the fragmentation of the system, but also to the complexity of the evaluation.
- Public officials, particularly at local level, tended to provide a more positive assessment of the services and coordination across them. When limitations were identified they were very often attributed to external factors: limited mandates, lack of responsibilities from other sectors, lack of resources etc. These potential biases were mitigated by triangulating the information with other sources, such as representatives of NGOs and parents as service users.
- The very broad scope and remit of the evaluation: The level of analysis could have been much deeper on every single CPS component. But due to the limitations in time and resources, as well as to keep with a manageable length and uptake of the report, the evaluation team addressed all system components in equal depth and from a strategic point of view. As explained amongst the lessons learnt in chapter 7 below,

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<sup>7</sup> "Readiness" is understood as the extent to which the child protection system is ready to set up: (a) a baseline on the scale and prevalence of different forms of violence against children against which to measure impact of policies and programmes in 2030. (b) a baseline measurement of actual expenditure by the State on child protection as to be able to compare progress over time.

<sup>8</sup> For a full list of the registered initiatives see the annex. Not all of them have entered into the legislative review (Chap 1)

an evaluability phase would have helped reducing the scope of the evaluation further.

- The data collection was done remotely only. Some obstacles were derived from technological challenges, but they were overcome by using mobile devices as broadly as possible instead of computer-based communication. The main limitation was the lack of face-to-face communication, which impeded seeing and observing services sites and places.
- The response rate to requests for participation in KII and FDG was limited and this was mitigated by constant follow-up calls by local researchers.

### Evaluation questions

During the inception phase, the evaluation questions were redefined to a more manageable, yet still broad scope. The annexe documents the methodological choices for the framing of the questions and their relation to the (standard) evaluation criteria, that were undertaken during the inception phase. Table 4 documents the specific questions. The report is structured along with these questions.

Table 4: Refined evaluation questions

CPS Component & Evaluation dimension	Evaluation question
<b>1. Legal, policies and regulatory frameworks</b>	
Relevance	<b>1.1 Legislation:</b> To what extent does the civil, penal and/or family law prohibit physical, emotional, sexual violence against children and neglect in all settings? To what extent do existing laws prevent/minimise risks factors of VAC and are supportive of parents as primary caregivers? Are these provisions compliant with the international norms and in particular with the CRC? What have been the main changes in the last 10 years? (from INSPIRE) – EQ1.1-(1)
Relevance	<b>1.2 Policy:</b> To what extent is ending VAC a national priority? In which national policy/policies has this been reflected in the last ten years? – EQ1.2-(2)
Relevance	<b>1.3 Equity (strategic):</b> How relevant are the laws and policies on VAC to the needs of the most vulnerable children and their families including the most vulnerable and at-risk groups? How much has this changed in the last ten years? (from TORs) – EQ1.3-(3)
Effectiveness	<b>1.4 Comprehensive implementation:</b> To what extent are relevant laws and child protection/VAC policies implemented comprehensively? What have been the enabling factors and barriers over the past ten years? (from TORs) – EQ1.4-(4)
Coherence	<b>1.5 Interlinkages:</b> What has been the progress – if any – in the adoption and use of frameworks that regulate synergies and interlinkages between the interventions undertaken by various stakeholders involved in the identification, reporting, referral and following up of VAC cases? (from TORs) – EQ1.5-(5)
<b>2. Governance</b>	

Effectiveness	<b>2.1 Coordination and accountability (central and across levels):</b> What are the coordination and accountability mechanisms put in place between allied sectors (health, education, social protection, and law enforcement) and across administrative levels, if any? Have these improved in the last ten years? (from TORs) – EQ2.1-(6)
Effectiveness	<b>2.2 Coordination (Local)</b> How has the system been strengthened at the local level in addressing VAC? What are the changes in the collaboration between health, education, social protection, and law enforcement services? What are the coordination and accountability mechanisms at local level? (from TORs) – EQ2.2-(7)
Coherence/Integration	<b>2.3 Complementarity:</b> To what extent interventions related to VAC undertaken by different stakeholders (parliament, line-ministries, national human rights institutions, law enforcement, judiciary and civil society) have supported each other? (from TORs) – EQ2.3-(8)
Sustainability	<b>2.4 Commitment:</b> To what extent the Government is committed, motivated and resourced to continue reforms for prevention and addressing VAC? Has this changed in the last ten years? – EQ2.4-(9)
<b>3. Prevention and response services</b>	
Relevance	<b>3.1 Availability:</b> What kind of services have been made available to prevent and respond to violence against children in the last 10 years? Which forms of violence do they address? – EQ3.1-(10)
Relevance	<b>3.2 Appropriateness:</b> Are the child protection/ VAC prevention and response services evidence and needs-based for achieving the intended results and outcomes? Has this improved in the last ten years? (from TORs) – EQ3.2-(11)
Relevance	<b>3.3 Equity (operational):</b> Have services been designed to take into account the age and gender dimensions, rural/urban disparities, other variables on disadvantaged groups? Has this improved in the last ten years? (from TORs) – EQ3.3-(12)
Relevance	<b>3.4 Covid response:</b> How relevant were the government interventions in relation to VAC during the 2020 COVID-19 outbreak? Was the child protection system response to violence against children considered essential and continued to operate? (from TORs) – EQ3.4-(13)
Sustainability	<b>3.5 Scalability and innovation:</b> Is there any potential to expand the existing services or introduce new ones? (from TORs) – EQ3.5-(14)
<b>4. Oversight and monitoring</b>	
Impact*	<b>4.1 Measurement:</b> How ready is the CPS to measure whether the reforms of child protection and VAC policies contribute to eliminating all forms of violence, harmful practices, significantly reducing violence and related death rates (SDG Goals 5, 17)? (from TORs) – EQ4.1-(15)
Sustainability	<b>4.2 Quality:</b> Have conditions been established to ensure the quality of the child protection services (practice standards, multi-disciplinary team working, case management, information

	management system)? When and by whom? (from TORs) – EQ4.2-(16)
<b>5. Financial and human resources</b>	
<i>Efficiency*</i>	<b>5.1 Financial resources:</b> How ready is the CPS to measure whether allocations of financial resources for the child protection /VAC strategies and programmes can be done in the most cost-efficient manner? – EQ5.1-(17)
<i>Effectiveness</i>	<b>5.2 Human resources:</b> To what extent has the existing system for planning, developing and supporting the social services workforce been adequate and equity-focused? (qualifications, training, workload, supervision, etc.) – EQ5.2-(18)
<b>6. Social participation and norms</b>	
<i>Relevance</i>	<b>6.1 Participation:</b> To what extent have national reforms and pilots corresponded to the needs and expectations of children and families including the most vulnerable and at-risk groups? Has this changed in the last ten years– EQ6.1-(19)
<i>Relevance</i>	<b>6.2 Social norms:</b> Has there been enough evidence on social norms affecting VAC? Have communication campaigns being conducted? Who did they target? What has been the government role? – EQ6.2-(20)

Note: item marked with a star\* have limited access for evaluability

## Research ethics

Although children were not part of the research, given the sensitivity of the topic under evaluation, a comprehensive ethics review was conducted (see annexe ZZZ). The evaluation team ensured full protection of the participants in the evaluation and has applied the Ethical Standards in Research, Evaluation and Data Collection and Analysis (UNICEF, 2015). No disclosure of ongoing violence or abuse happened during the evaluation. The evaluators declare to have no conflict of interest.

## Findings

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## 1. Legislation and policies

Strong legal and policy frameworks are an essential component of a CPS that prevents, prohibits, and responds to all forms of violence against children. In addition to protecting children from harm and providing justice for the victims of violence, laws and policies may also contribute to attitude and behaviour change in society by influencing norms about the acceptable treatment of children (UNICEF, 2017a). Laws and policies also establish the basis for preventing and response services across the different sectors. Finally, laws and policies are also useful in reducing exposure to key risk factors for violence against children, by reducing alcohol misuse and limiting youth access to firearms and weapons (WHO, 2016) and addressing socio-economic vulnerabilities of children and their caregivers.

Since 2011, Kazakhstan has made significant progress in introducing legislation prohibiting violence in certain settings such as in schools, childcare institutions and penal institutions, reducing risks for children being subjected to violence and improving the system of social protection for children in vulnerable situations and their families. Kazakhstan has also committed to bring its legal and policy frameworks into accord with international human rights agreements that it ratified, such as the UN Convention on the Rights of the Child (UN CRC, 1989), the Convention on the Rights of Persons with Disabilities (UN CRPD, 2006) and the Convention on the Elimination on All Forms of Discrimination against Women (UN CEDAW, 1979).

The Kazakh legislation is quite comprehensive in protecting children from physical and sexual violence. Nevertheless, it still lacks definitions of child abuse, violence, mental violence, abuse, insult, bullying and self-harm. (Kanatov et al., 2017; Union of Crisis Centers of Kazakhstan, 2013).

Another gap has also been raised by the UN Committee on the Rights of the Child in 2007 and 2015 (UN CRC, 2007, 2015). Although there is a prohibition of corporal punishment in schools, penal institutions and residential care institutions, corporal punishment is still lawful at home, in early childhood care centres and in day care for older children (GIEACPC, 2020).

Finally, besides the development of several sectoral laws that have established services for children, there are still some gaps: for example, under the current law, ill-treatment, neglect, and domestic violence are not recognized as difficult life circumstances. Only if such neglect or abuse leads to social deprivation and social maladjustment, then this situation is recognized as difficult life circumstances and thus qualifies the victim for special social services (Kanatov et al., 2017).

Secondly, and linked to the point above, specialised services for child victims of violence de facto do not exist under the law.

### 1.1. Legislation

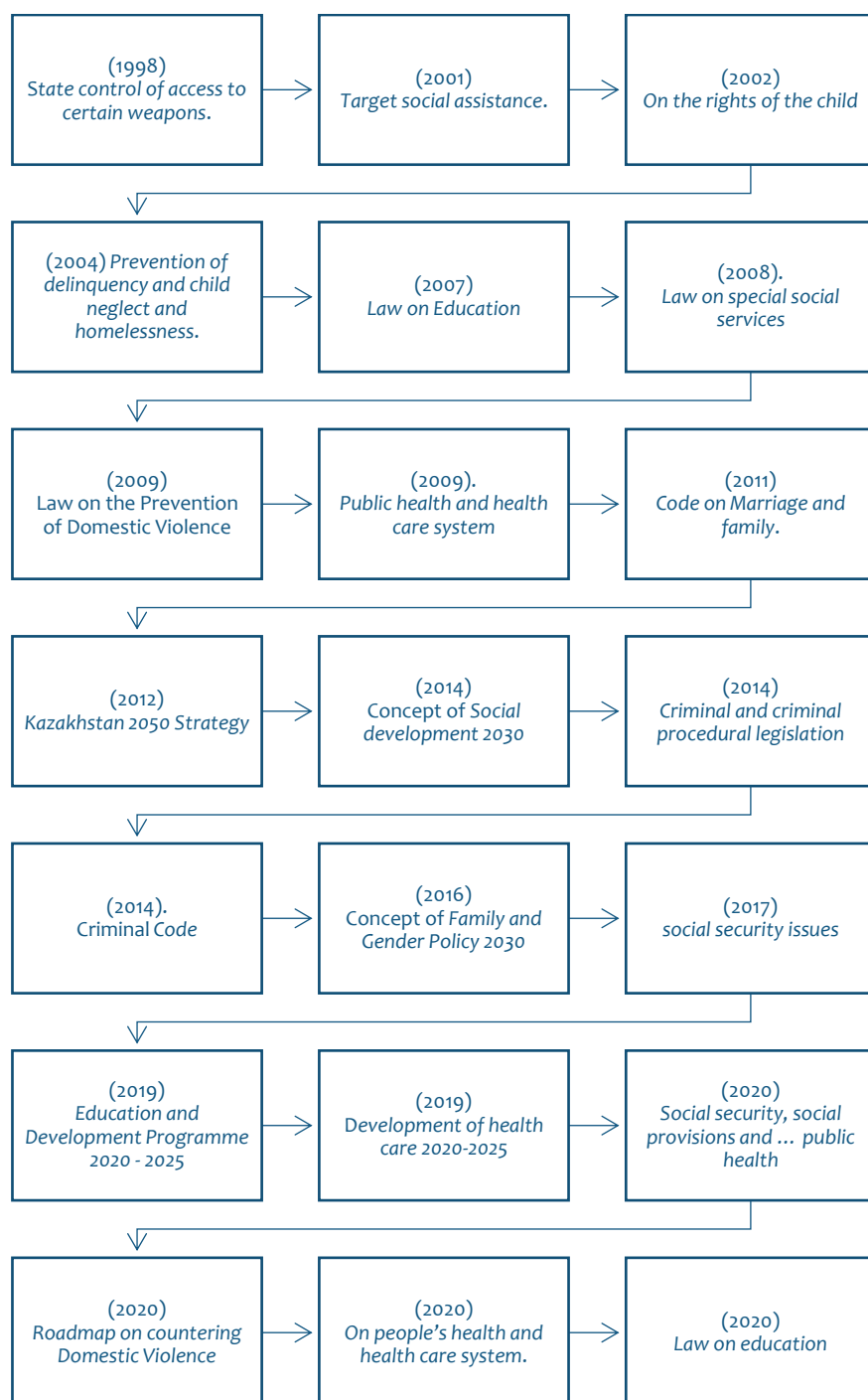
Table 5: Evaluation question 1.1: Legislation

Evaluation criteria, evaluation question	Indicator
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<p><b>1.1 Legislation:</b> To what extent does the civil, penal and/or family law prohibit physical, emotional, sexual violence against children and neglect in all settings? To what extent do existing laws prevent/minimise risks factors of VAC and are supportive of parents as primary caregivers? Are these provisions compliant with the international norms and in particular with the CRC? What have been the main changes in the last 10 years? (from INSPIRE) – EQ1.1-(1)</p> <p><b>Evaluation criteria - Relevance</b></p>	<p>Existence of legislation prohibiting all forms of violence against children – including corporal punishment, by setting (home, schools, alternative care settings and day care (adapted from UNICEF)</p> <p>Alignment of the national legal framework with key international standards regarding the prohibition of VAC and protection of child victims. (adapted from UNICEF)</p> <p>Existence of laws, policies or regulations that protect children from key risk factors (INSPIRE)</p>
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A series of legal acts that protect children from different forms of violence were adopted before 2011, the baseline for the current evaluation. Nevertheless, almost all of them were amended during the decade that followed (starting from 2015 with a peak of amendments during 2019) and is therefore within the scope of the current evaluation. The chronology of the legal acts is illustrated in Figure 2. Their analysis is organised in four blocks: (1) prohibition of different forms of violence; (2) Gaps and compliance with international standards (3) Legal basis for support services.

Figure 2: Timeline of Selected Kazakh Legislation and Policies relevant for Child Protection



### 1.1.1. Prohibition of violence against children

According to the **Constitution of the Republic of Kazakhstan** (1995, last amended in 2017), no one should be subjected to torture, violence, other cruel or degrading treatment or punishment (Art 17.2).

In Kazakhstan, two main mechanisms are used to protect the rights and legitimate interests of children: civil and criminal. The civil norms (such as family law, child rights law, the law on



education, etc.) are applied in cases where the actions of the parents or other adults do not contain signs of facts and circumstances constituting a crime (Union of Crisis Centers of Kazakhstan, 2013).

The **Law on the Rights of the Child** (adopted in 2002 and amended in 2020) sets the responsibility of the State to protect children from *physical* and (or) *mental* violence, *cruel, gross or degrading treatment* of human dignity, and *sexual actions* (article 10). The law nevertheless does not give definitions of these forms of violence. The law also protects children from child prostitution (art. 40) and child pornography (art. 40.1). (GoK, 2002).

The **Law on Prevention of infractions amongst the Minors and prevention of Child neglect and homelessness** (adopted in 2004 and amended several times from 2009-2019) establishes a system of legal and pedagogical measures to prevent infractions and anti-social behaviours by children. The law covers *neglect*, but it does not protect children from it, as it aims at rehabilitating the child if s/he adopts antisocial behaviour as a consequence of neglect. The law defines neglect as “a social phenomenon, characterized by the lack of reasonable control over the behaviour and way of life of minors, contributing to their commission of infractions” (art. 7). Parents, guardians, teachers and other education personnel can be held responsible for not exercising control over children’s behaviour (art. 6). (RoK, 2004b).

The **Law on Education** (adopted in 2007 and amended in 2020) protect students and pupils from *physical, moral and mental* violence in the context of their education (article 28.4) (RoK, 2020b).

The **Law on the prevention of domestic violence** (adopted in 2009 and amended several times from 2014-2020) is the most explicit legislative act about the protection of victims of violence taking place in home settings. Although the law has a broader scope than the protection of children from violence, it covers all potential victims of domestic violence, including women, girls, and boys. Article 4 of the law defines 4 types of domestic violence and namely: *physical violence, psychological violence, sexual violence and economic violence*<sup>9</sup>. (RoK, 2020a). On 23 September 2020, the plenary session of the Mazhilis of the Parliament of the Republic of Kazakhstan adopted in the first reading with relevant amendments the draft Law on Combating Domestic Violence. According to a key informant, these amendments were meant to follow-up on the 2019 recommendations by the UN Committee on the Elimination of Discrimination against Women (UN CEDAW, 2019) and to bring closer alignment between national legislation and international standards (KII-C-7). The draft law expanded on the definitions of some forms of violence: deliberate acts are intended as both actions and omissions; sexual misconduct without violence amounts to sexual violence. Nevertheless, the intended amendments did not seem to bring any direct expansion of the protection of children from violence (RoK, 2021). The draft law (or what was understood to

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<sup>9</sup> *Physical violence* - deliberate harm to health through the use of physical force and physical pain; *Psychological violence* - deliberate impact on the human psyche, humiliation of honour and dignity through threats, insults, blackmail, or coercion (compulsion) to commit offenses or acts that pose a threat to life or health, as well as leading to a violation of mental, physical, and personal development.

*Sexual violence* is a deliberate unlawful act that infringes on the sexual integrity or sexual freedom of a person, as well as acts of a sexual nature in relation to minors. *Economic violence* - the deliberate deprivation of a person's home, food, clothing, property, funds to which he has the right provided by law (article 4) (RoK, 2020a)

be included in it) raised a lot of concerns and resistance in the population and civil society organizations. The opposition to the new bill reached a point at which the President of Kazakhstan – who had pledged for a broad consultation on the draft law – decided to recall it.<sup>10</sup> According to a key informant, an alternative to approving the law would be to introduce amendments to the 2009 Law on the Prevention of Domestic Violence rather than an entirely new law (KII-C-7).

According to the **Marriage and Family Code** (adopted in 2011 and amended in 2020) parents (including adoptive parents) as well as guardians and foster parents can be deprived of their parental authority over his/her child if they abuse a child, including carrying out of a *physical or mental act* of outrage against him/her, entrench upon his/her *sexual immunity* (article 75.4 and 106.4) (GoK, 2011); (KII-G-2).

Kazakhstani **Criminal Code** (adopted in 2014, last amended in 2019) contains a separate chapter "Crimes against family and minors", which includes 10 corpus delicti that can be committed against children<sup>11</sup>. The criminal code provides for liability for almost all types of physical and sexual abuse of children. Nevertheless, of the possible forms of mental violence, only the threat of murder or grievous bodily harm, or driving to suicide is punished (Union of Crisis Centers of Kazakhstan, 2013). In 2015 and 2019, several amendments were brought to the **Criminal Code** (art. 120 and 121) and to the **Code of Administrative Offences** (adopted in 2014 and amended in 2017 and 2019) to increase liability for the *sexual and economic exploitation of children* (UN CRC, 2015) (KII-G-2) as well as for *domestic violence* (art. 43.2 and 57). Nevertheless, the aggravating factors for domestic violence do not consider the fact that the victim is underage (KII-G-2). Currently, the Senate discusses a draft law to introduce new amendments to improve the criminal procedures and prosecution of sexual violence against children. According to the draft law, the minimum prison term for rape, sexual abuse, corruption of minors and child pornography should be increased to 20 years (RoK, 2019a).

Finally, a group of parliamentarians started working in January 2021 on **draft legislation on changes and additions to the legislation concerning child protection** (Senate Kaz, 2020). This legislation intends to bring changes to the Penal Code, the Labour Code, the Law on Child Rights from 2002, and the Law on prevention of crimes by minors and prevention of child neglect and homelessness from 2004. The expected changes would concern adding new typologies of crimes committed by minors ("suicide attempt by a minor", "violation of safety of minors") and protecting children from sexual violence. According to two key informants, this draft law could constitute an opportunity to advance the protection of children from violence (KII-G-2 and KII-G-3).

### 1.1.2. Gaps and compliance with international norms

Kazakhstan, being a member of the UN, builds up the national legislation of the Republic of Kazakhstan based on international legislation and the obligations assumed to fulfil them. In 1994, the Republic of Kazakhstan ratified the Convention "On the Rights of the Child" (UN CRC, 1989) which served as a serious claim for the state to ensure the protection of children's

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<sup>10</sup> See chapter 5 for further details

<sup>11</sup> Art. 122 - sexual intercourse and other actions of a sexual nature with a person under the age of sixteen; Art. 124 - corruption of minors; Art. 134 – Involvement of a in prostitution ; Art. 135 - trafficking in minors (*Penal Code of the Republic of Kazakhstan*, 2014)

rights. (Union of Crisis Centers of Kazakhstan, 2013). Kazakhstan has regularly reported to the Committee on the Rights of the Child on its compliance with the Convention. The latest time was in 2015 (UN CRC, 2015).

The Kazakh legislation is quite comprehensive in protecting children from physical and sexual violence. Nevertheless, it still lacks definitions of child abuse, violence, abuse, insult, bullying and self-harm. Legislative norms are sometimes declarative and do not have an implementation mechanism. (Kanatov et al., 2017; Union of Crisis Centers of Kazakhstan, 2013).

Another gap has also been raised by the UN Committee on the Rights of the Child in 2007 and 2015 (UN CRC, 2007, 2015). Although there is a prohibition of violence on all levels, at home, at school, in the institutions, corporal punishment is not explicitly prohibited (GIEACPC, 2017).

It would seem that the draft law on child protection as well as the amendments to the law on the prevention of domestic violence could constitute good opportunities for Kazakhstan to further the protection of children from all forms of violence, and in particular from corporal punishment in the home settings, kindergartens, or orphanages as well as psychological abuse and bullying.

### **1.1.3. Legal basis for support services**

This section describes and analyses the laws and regulations that established response services for child victims of violence. The laws are organised along the continuum of protection, looking at prevention and response services. A thorough description of the type of services and their functioning is found in chapter 3.

In the area of prevention, the Ministry of Health adopted 2017 **The standard for the organization of paediatric care** (2017). It governs the implementation of the universal progressive patronage nursing of pregnant women and young children at the primary health care level. The standard introduced a new model of integrated management of childhood illness aimed at primary prevention of diseases, injuries, accidents, abuse and violence, early detection of risks disrupting child's physical, psychosocial, and emotional development pathway (Babayeva et al., 2018; MoH Kaz, 2017c).

Secondly, the **new Code on Health and Public Health System** adopted Parliament in 2020 introduced two new services: (1) it introduced the possibility for children aged 10-18 and young people to directly access confidential comprehensive assistance on reproductive and mental health services through a network of youth health centres (art. 92); and (2) it established the use of technologies in schools and secondary schools to protect reproductive health (art. 91). The code also lowered the age of sexual consent to 16 years of age (GoK, 2020a). These were considered major achievements by two key informants (KII-C-1) (KII-C-5).

Thirdly, schools throughout Kazakhstan have school-based social pedagogues. They are supposed to perform prevention and primary assistance. They are attached to the training unit of the school. They work with children at risk, identify and advise the class teacher what to pay attention to amongst the children in his/her classes. They report children to child protection or police services in cases of abuse, neglect or violence (UNICEF Kazakhstan et al., 2016). In 2015, in response to the high number of suicide attempts amongst adolescents (15-

18 years old) the government has decided to introduce a program on suicide prevention. The basis was a **common order on gradual introduction of the project on prevention of suicide among minors signed by the Ministry of Education, Ministry of Public Health and Ministry of internal affairs** (GoK, 2019b). This program justified information provision for teenagers, the introduction of additional sessions and psychological support for school students, training for school personnel on identifying the group of risk from the position of suicide prevention, and identification of such students.

In 2020, the government also introduced the **Roadmap on strengthening the protection of child rights, prevention of domestic violence and suicide among teenagers in 2020-2023**. This Roadmap (art. 11) is supposed to revise the Qualification characteristic of types of pedagogues and persons equal to them in status during the second half of 2021. They were supposed to reconsider the responsibilities of pedagogues-psychologists. (GoK, 2020c)

In the area of response, three main laws are relevant to the scope of this evaluation.

The **Law on Special Social Services** (2008 amended in 2019) establishes the general framework for developing services to protect vulnerable populations including children. Services are split across education, health, justice, social protection and security sectors. The law establishes eligibility criteria for a person or a family in a difficult life situation<sup>12</sup>; these include situations such as orphanhood; lack of parental care; neglect, including deviant behaviour; institutionalization of minors, including educational institutions with a special detention regime; children with special needs; adults with illness or disability; cruel treatment leading to social maladjustment and social deprivation; homelessness (persons without a fixed address); release from places of confinement; registration with a probation officer. The eligibility criteria are assessed by the agencies working in the area of social protection, health care and education (art 6) (GoK, 2008b).

The law established access to free medical, social, legal and socio-psychological support. Special services are aimed at creating additional opportunities for the citizens to be integrated into society. The services are provided by the individuals and (or) legal entities employed in the state and non-state sectors.

The **Law “On Education”** (2007) established the adaptation centres for minors as well as support centres for children in difficult life situations. Children in difficult life situations due to abuse, leading to social inadaptation and social deprivation are placed and receive services in the Centre of Adaptation of Children (CAC). CACs support children to reside for up to three months while a durable solution to their solution is sought. Child Support Centres provide more holistic support to children in difficult life situations. The centres are managed by bodies of education. (GoK, 2007b)

The **Law on the prevention of domestic violence** (2009, amended in 2014 and 2020) created special structures to protect women from violence (the post of women and children officer instituted in the regional interior departments); as well as crisis centres (some of them with shelters). Victims of violence are provided with free medical and social, social and legal, social

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<sup>12</sup> The concept of “a child in a difficult life situation” indicates a child who cannot overcome those difficulties independently or with the help of the family. The concept was introduced in 2019 via multiple amendments in the Health Code (2009), Criminal Code (2014), Administrative Code (2014), the Law on Child Rights (2002). (GoK, 2017)

and psychological services as well as temporary shelter services (RoK, 2020a). Although the Crisis Centres were not established to be adapted to child victims, they were referenced by several informants as possible examples or models to learn lessons and establish/strengthen support centres for child victims of violence (KII-C-5; KII-C-7).

Finally, in 2019 the Government of Kazakhstan adopted legislation that puts administrative responsibilities on health, education, social protection specialist for non-reporting of suspected cases of violations of child rights to the local police (RoK, 2019b).

The literature reviewed pointed to some gaps in the laws and regulations establishing services. For example, under the current law, ill-treatment, neglect, and domestic violence are not recognized as difficult life circumstances. Only if such neglect or abuse leads to social deprivation and social maladjustment, then this situation is recognized as difficult life circumstances and thus qualifies the victim for special social services (Kanatov et al., 2017).

Secondly, and linked to the point above, specialised services for child victims of violence de facto do not exist under the law. No law or regulation describes and sets the legal basis for what types of services children who have experienced violence should receive (psychosocial support, counselling, mental health care, legal support), by which sector; how they should be adapted according to the age, gender and other personal conditions of the child or by type of violence (i.e. sexual vs physical, or neglect). The only support services that have a legal basis are the adaptation centres for minors as well as support centres for children in difficult life situations who mainly provide temporary shelters for children and other basic services. The report provides more details on these services in chapter 3.

#### Box 1: Case study on sexual violence – abuse by the stepfather

Adel moved into her stepfather's house when she was three. He sexually abused her since she was six. She, and her mother, lived in an environment of control, violence, and silence. Adel started thinking something is wrong with her. The abuse got ever more severe. Adel never encountered support in public services. The trial was a heavy burden on her. Only now, she recovers with support from a child rights activist organization.

Source: Own elaboration based on interviews, See case-study methodology in the Annex; Find the full case study in the Annex

## 1.2. Policies

Table 6: Evaluation question 1.2: Policy

Evaluation criteria, evaluation question	Indicator
<b>1.2 Policy:</b> To what extent is ending VAC a national priority? In which national policy/policies has this been reflected in the last ten years? – EQ1.2-(2)	Existence of a national, multisectoral plan(s) or strategy(ies) for coordinated action to prevent and respond to violence against children that is costed and funded (Adapted from UNICEF)
<b>Evaluation criteria -Relevance</b>	



The evaluation has found evidence demonstrating that fighting violence against children has become a national policy priority in the last five years. The second half of the decade has seen the adoption of several sectoral policies (on social development, on public health, on education) that set the agenda to further develop and modernise the country until 2025. Nevertheless, as for the development of the legal framework, policies have followed sectoral siloes and have left the system fragmented. Fighting domestic violence has received the most attention and is a cross-sectoral one. And although the respective policies potentially cover the protection of children from domestic violence, de facto the real focus remains predominantly on women. As of 2021, Kazakhstan does not have a centralised and unifying policy on child protection/violence against children. What follows is an analysis of relevant sectoral policies listed in chronological order.

The **National Strategy “Kazakhstan-2050: New political course of an established state”**(2012) sets a course for accelerated modernization and industrialisation of Kazakhstan. The national strategy sets the protection of children's rights as one of the important directions of the state policy (GoK, 2012). It is based on this strategy that many state policies were developed in the last decade (see below), many of which are central to the protection of children from violence.

The **National Concept of Social Development of the Republic of Kazakhstan** until 2030 was adopted in 2014. Its priority number three includes the need to establish inter-sectoral mechanisms for children in difficult life situations; the need to establish functional mechanisms for the protection of children victims of violence, abuse and trafficking; special focus on the social vulnerability of children, prevention of violence against children and protection of children's rights (GoK, 2014). One informant mentioned this policy has having contributed to elevating VAC amongst the national priorities of Kazakhstan (KII-C-8).

The policy with the largest potential for the protection of children from violence is the **Concept of Family and Gender Policy in the Republic of Kazakhstan until 2030** which was adopted in 2016 (KII-C-8; KII-C-7). (GoK, 2016b). It established the principle of Zero tolerance against any form of domestic violence. Amongst its objectives, it included (a) the reduction of incidents of violence against all family members (with the ambition to reduce incidents of child abuse by 50% by 2030); and (b) improving the quality of state social services provided to the families.

Amongst its implementation strategies, the concept includes some that are particularly noteworthy: the consideration (i.e. not the decision) to introduce the services of mediation and social-psychological support for the family; the development of programmes to increase the knowledge of families and professionals working with children about various types of violence; the development of a unified algorithm to enable officials of prevention facilities (health, education and social services institutions) to take prompt actions when victims of violence apply for their support; improving the system for early identification of victims of domestic violence and referral to the crisis centres; the development of a system of psycho-social assistance to perpetrators of domestic violence. The report will delve into the effectiveness of the crisis centres for child victims of violence in chapter 3.

The **State Program of the development of health care of the Republic of Kazakhstan for 2020 – 2025** was adopted in 2019. It is relevant for both preventing and responding to violence against children. It includes plans to capacitate parents on the prevention of

violence through parenting committees and chat rooms on supporting children under stress, on providing a safe environment and identifying psychological distress and suicidal thoughts in children.

The State Programme also aims at improving the health of adolescents and youth by improving the activities of youth health centres in the PHC network. These are expected to provide to adolescents and young people, as well as victims of violence and bullying with counselling for depression, thoughts of suicide. If necessary, narrow specialists and other services will be involved. (GoK, 2019d)

The **2020-2025 Education Development Programme** was also adopted in 2019. It includes an entire section called “Provide a safe and comfortable learning environment”<sup>13</sup>. There is a general indication that programmes to prevent and respond to violence against children will be implemented, including life skills and suicide prevention programs. Secondly, the programme states that the activities of the psychological services of educational organizations and school reconciliation services will be strengthened to identify children belonging to the “group at risks” early and provide them with timely assistance and to prevent bullying. Finally, the programme also mentions that “The development of a network (transformation of orphanages) of centres and psychological services will continue to provide social, legal and psychological and pedagogical support to families with children in difficult life situations”. (GoK, 2019c).

Most recently, the national government has enhanced its focus on the prevention of domestic violence, and this is reflected in a proposed roadmap **“To strengthen the protection of the rights of the child, counter domestic violence and address suicide issues among adolescents in 2020-22”**. Two informants mentioned this Roadmap as having contributed to elevating the agenda on violence against children at the Government level (KII-C-9; KII-G-3). The roadmap was adopted by the Government of the Republic of Kazakhstan in 2020, the body responsible for the implementation of the roadmap is the Ministry of Education and Science of the Republic of Kazakhstan<sup>14</sup>. The roadmap is aimed at ensuring the rights of children to safe living conditions and includes the introduction of measures to prevent violence, suicidal behaviour, bullying, injury through moral and spiritual education.

In terms of the programme and methodological support, it is noteworthy that the Roadmap introduced the development of instructions for interagency interaction to identify and work with cases of abuse against children, a program to protect the rights of children, a set of rehabilitation activities (measures) to work with children who are victims/witnesses of

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<sup>13</sup> The section in reality covers much more than prevention of violence and includes matters such as child budgeting, the introduction of a child wellbeing index, inclusive education for children with disabilities and support to foster parents. (GoK, 2019c)

<sup>14</sup> The roadmap consists of 4 blocks - 1) improvement of the legislative and regulatory framework, 2) programme and methodological support, 3) coordination and interagency cooperation, 3) activities and events, 4) organization of awareness-raising activities. Some of the tasks: - Elaboration of proposals for amendments and additions to the legislation in terms of: - children's independent appeal to law enforcement agencies with a petition; - lowering the age of a child to be heard in any court proceedings, expanding the functions of support centers for children in difficult life situations (GoK, 2020d).

violence or self-destructive influence. The Roadmap also foresees the undertaking to study international experience on the prohibition of corporal punishment in families (amongst other subjects). Finally, it also sets the objective to improve the collection of statistical reports on all forms of violence against children (GoK, 2020d).

Finally, **Kazakhstan without domestic violence (May 2020)** is a project to implement the action plan for phase 2 (2020-2022) of the implementation of the Concept of Family and Gender Policy until 2030 (MoIA Kaz, 2020a). The project aims at preventing domestic violence through improved legislation and police response, awareness-raising in schools, timely medical help to victims of domestic violence, combating drug and alcohol addictions and strengthening the institutions of the family. It is implemented in the cities of Nur-Sultan, Shymkent and Almaty, Mangystau, East Kazakhstan regions. The project was initiated in 2007 by the National Commission on Women's Affairs and Family and Demographic Policy under the President of Kazakhstan<sup>15</sup>. The project covers violence against women mostly. Violence against children is addressed in relation to domestic violence.

It involves coordinated actions by a variety of ministries: Ministry of Education and Science, Ministry of Health, Ministry of Labour and Social Protection of the Population, Ministry of Internal Affairs, Ministry of Finance, Ministry of Justice, Ministry of Information and Social Development, Ministry of National Economy, Ministry of Culture and Sport.

From the literature review as well as from the interviews of key informants at the national level, it is evident that fighting violence against children has become a national policy priority in the last five years (KII-C-1; KII-C-5). The second half of the decade has seen the adoption of several sectoral policies (on social development, on public health, on education) that set the agenda to further develop and modernise the country until 2025. All of them have given attention to preventing violence against children and reinforcing services and coordination mechanisms to assist children at risk or victims of violence. Two informants added that the expansion of social media in Kazakhstan contributed to a great deal to elevate the issue in the political agenda, as it exposed local cases of violence against children to the national level and raised awareness in the population and amongst the politicians (KII-C-3; KII-C-5). Another informant pointed to the role that the President of Kazakhstan has played in keeping the attention high on violence against children. She nevertheless also added that the initiatives are still very sector-based, taken by individual ministries rather than in a collegial way by the whole Government (KII-C-1).

A point of analysis is that undoubtedly noteworthy is that the political attention given to the Prevention of Domestic Violence has been very high. It started with the adoption of the “Concept of Family and Gender Policy in the Republic of Kazakhstan until 2030” in 2016, continued with the adoption of the “Roadmap to strengthen the protection of the rights of the child, counter domestic violence and address suicide issues among adolescents in 2020-22” adopted in 2020 and the implementation of the project “Kazakhstan without Domestic Violence” in 2020. Two informants pointed out that the target group who is in the focus of the different initiatives to prevent domestic violence are the facto women, rather than women and children (KII-C-7; KII-C-4). According to one informant, the agenda for the

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<sup>15</sup> The General Prosecutor's Office of the Republic of Kazakhstan and the Commission developed a similar project for the Abay district of Shymkent city and Saryagash district of South Kazakhstan region.



protection of women from violence is more advanced than the agenda for the protection of children from violence. She added that: “The central role that the 2016 Concept of Family and Gender Policy in the Republic of Kazakhstan till 2030 shows the potential that such a policy – if existing for child protection – could bring to the protection of children from violence” (KII-C-7).

However, as of 2020, Kazakhstan does not have a national child protection policy that would (1) help set out a unified and intersectoral vision and plan for the prevention and response to violence against children; (2) establish responsibilities and roles for state actors and agencies across sectors and levels; (3) be accompanied by coordination and accountability mechanisms as well as necessary financial resources and indicators and data management system to ensure implementation (KII-G-1). For the last decade, sectors have continued to take important but independent initiatives that have maintained a set of separated and complex sectoral systems. This fragmentation was already identified as a barrier to the protection of children in 2011 (UNICEF Kazakhstan, 2011) and it appears to be a persisting feature still in 2020 (Haarr, 2020). The report analyses coordination and governance in chapter 2.

### 1.3. Equity (strategic)

Table 7: Evaluation question 1.3 Equity (strategic)

Evaluation criteria, evaluation question	Indicator
<b>1.3 Equity (strategic):</b> How relevant are the laws and policies on VAC to the needs of the most vulnerable children and their families including the most vulnerable and at-risk groups? How much has this changed in the last 10 years? (from TORs) – EQ1.3-(3) <b>Evaluation criteria -Relevance</b>	The extent to which existing laws and policies on VAC give attention to children in particularly vulnerable situations (age, gender, disability, poverty, migration)

In general, the evaluation has found no evidence in the laws and policies identified as relevant to violence against children of any proactive approach to identify specific characteristics of children (such as gender, age, disability, income-level, migration status) to guide the implementing agencies to adapt interventions accordingly.

Nevertheless, some policies established interventions that are targeted at particular groups of children: patronage nurses pay a visit to (mothers and) children from 0-5 years old; targeted social assistance is for families and children below a certain level of income; youth centres are meant to provide sexual and reproductive health care to adolescents; residential centres exist to provide support to children with disabilities.

Finally, the existing response services – the Centres for Adaptation and the Centres for Children in difficult life circumstances – are accessible for children belonging to “risk-groups”: these are (a) children left without parental care, (b) neglected children; (c) children in difficult life situations, and (d) children referred to special educational institutions or facilities (GoK, 2007b). There is no evidence that the services that should be provided to the children belonging to these different groups should receive services adapted to their age, gender, disability, or other characteristics.

## 1.4. Comprehensive implementation

Table 8: Evaluation question 1.4 Comprehensive implementation

<p><b>1.4 Comprehensive implementation:</b> To what extent are relevant laws and child protection/VAC policies implemented comprehensively? What have been the enabling factors and barriers over the past ten years? (from TORs) – EQ1.4-(4)</p> <p><b>Evaluation criteria -Effectiveness</b></p>	<p>The extent to which the Government/its line ministries have the ability to formulate, cost and fund policies and regulations on/related to VAC</p>
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All the policies that have been analysed for the present evaluation are accompanied by an action plan detailing the actors responsible for the implementation of each specific action and by when (Concept of Social Development (GoK, 2014)); they nominate the line-ministry responsible for its implementation (2020-2025 Education Development Programme (GoK, 2019c); State Program of development of health care of the Republic of Kazakhstan for 2020 (GoK, 2019d)); **the person in the Government responsible to oversee the implementation** (Concept of Social Development); they determine the necessary budget and the respective funding sources (2020-2025 Education Development Programme; State Program of development of health care of the Republic of Kazakhstan for 2020).

Nominally, these would be all relevant indications and enabling factors of an existing ability of the government and its line-ministries to secure the implementation of national policies.

Nevertheless, during the interviews, it became evident that the implementation of national policies is generally lagging behind (KII-C-2). This has been identified as one major barrier and is fully analysed in Chapter 2 on Governance. One informant pointed out the fact that as implementation happens at local level, it is dependent on the budget made available to governors, their personality and goodwill (KII-C-1).<sup>16</sup> When it comes to the implementation of child protection policies, one informant particularly pointed to the lack of coordination at local level. According to her, the decision to dismantle the territorial departments of Child Protection in 2013 has left a coordination gap that hasn't been filled since (KII-C-1).<sup>17</sup> The lack of coordination at sub-national level has been identified as a major barrier and is addressed in detail in Chapter 2.

Violence against children as an issue was identified as presenting in itself an implementation challenge. Violence is very often accompanied by stigma and shame and programmes and policies that tackle violence should take that into account by communicating their purpose, supporting acceptance and knowledge of the issue (KII-C-2). The experience with the parliamentary debate on the new draft law on the prevention of domestic violence demonstrated that national ministries have still to acquire the communication skills to avoid resistance in the public and the parents (KII-C-1).

According to the literature reviewed, one of the barriers, found in some child protection laws and policies, is that their text is at times declaratory in nature and it is not accompanied by

<sup>16</sup> The report provides an analysis of the financial resources of the child protection system in chapter 5.

<sup>17</sup> The report analyses the coordination at local level in chapter 2.

precise mechanisms for actions or implementation (Kanatov et al., 2017; Union of Crisis Centers of Kazakhstan, 2013).

## 1.5. Interlinkages

Table 9: Evaluation question 1.5 Interlinkages

<p><b>1.5 Interlinkages:</b> What has been the progress – if any – in the adoption and use of frameworks that regulate synergies and interlinkages between the interventions undertaken by various stakeholders involved in the identification, reporting, referral and following up of VAC cases? (from TORs) – EQ1.5-(5)</p> <p><b>Evaluation criteria -Coherence</b></p>	<p>Existence and use of multi-sectoral protocols/procedures that establish sectoral responsibilities for identification, reporting, referral and follow-up of cases on VAC</p>
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According to two key informants as well as the literature reviewed, there are no cross-sectoral protocols to identify, report, refer and follow-up child victims of violence (KII-C-1; KII-C-3); (UNICEF Kazakhstan et al., 2018). Every sector has developed its algorithm, standards operating procedures and protocols. (KII-C-1; FGD-Q-2). Sectoral protocols are examined in section 4.2. What follows represents emerging protocols that have been recently adopted and that provide for some elements of procedures and standards that apply to more than one sector.

In 2019, a new legislative act introduced the **medical-social registry** as an entry point for integrated social service provisions to children in difficult-life situations (medical, psychological and social assistance). The evaluation was not able to find any evidence on it and how this medical-social registry has been operationalised. (RoK, 2019b)

In 2020, a **joint regulatory act** [Guidelines for interagency cooperation in identifying and dealing with the facts of violence and cruel treatment against minors - Order No. 569] **was adopted by the Ministry of Education together with the Ministry of Internal Affairs and the Ministry of Health** (MoES Kaz, 2020a). The regulatory act is meant to help officials – including the juvenile police – to identify cruel acts against children. The act establishes measures, competencies, and an algorithm of actions when violence against children is identified (FGD-Q-2).

Although the protection of children from human trafficking is beyond the scope of this evaluation, the recommendation to develop a national identification and referral mechanism for victims of trafficking might constitute a good example of cross-sectoral procedures. In June 2021, the Kazakhstan Commission on Human Rights under the President of the Republic of Kazakhstan presented a special report on social and economic, labour, civic and cultural rights of citizens and other persons in the prevention of trafficking in the Republic of Kazakhstan (MLSP Kaz, 2021). This report recommends developing and launch effective **national identification and referral mechanism for victims of trafficking** (potentially also covering child victims of human trafficking) that would bring together law enforcement agencies, NGOs, health care, education, social services, and other government agencies. This referral mechanism would allow defining the responsibilities and the role of each agency and organisation in the area of identification of victims of human trafficking, their referral and provision of protection and assistance, along with coordination between different

organisations and agencies. OSCE supported the development of the national referral mechanism which is currently being piloted in Karaganda (KII-C-4)

## 2. Governance

### 2.1. Coordination at the central level

Effective governance structures including coordination across government ministries and departments, between levels of administration and between formal and informal actors is a fundamental component of any CPS (UNICEF, 2018b). Addressing the underlying risk and protective factors that increase or decrease the likelihood of violence are the responsibility of multiple sectors. Therefore, engaging multiple sectors to contribute towards strengthening violence prevention and outcomes for children no one sector can achieve alone (GPEVAC, 2020).

In Kazakhstan, the governance of the CPS has not evolved much from 2011. Although there have been multiple reforms in the laws and in the policies as seen in chapter 1, these have been taken by individual sectors in a siloed way. As in 2021, there is no single central government body responsible for setting state policies on child protection /violence against children. This has continued to result in a segmented approach with fragmented sectoral initiatives: multiple agencies develop and implement programmes without sufficient collaboration and coordination resulting in gaps.

Unlike Child Protection, gender issues and violence against women have been better coordinated at central level. The Commission on Gender, Family and Demographic Policies has contributed to the adoption of the Concept of Family and Gender Policy till 2030.

Table 10: Evaluation question 2.1 Coordination and accountability (central & across levels)

Evaluation criteria, evaluation question	Indicator
<b>2.1 Coordination and accountability (central and across levels):</b> What are the coordination and accountability mechanisms put in place between allied sectors (health, education, social protection, and law enforcement) and across administrative levels, if any? Have these improved in the last ten years? (from TORs) – EQ2.1-(6)	Existence of a functioning national, multisectoral coordination mechanism, tasked with overseeing national plans or strategies to prevent and respond to violence against children at central and across administrative levels (adapted from UNICEF)
<b>Evaluation criteria -Effectiveness</b>	

At the central level, there is no mandated body for the development of state policies on child protection or violence against children. This responsibility is shared across different line-ministries and agencies and in particular the Ministry of Education and Science (and Committee of the Protection of Children's Rights (CPCR) under the auspices of the Ministry), Ministry of Interior, Ministry of Labour and Social Protection, Ministry of Public Health, the Inter-Agency Commission on Issues of Minors and Protection of Children's Rights, the Commission on Gender, Families and Demographic Affairs under the President and the Committee on Families and Youth under the Ministry of Information and Social Development. Lack of coordination was constantly highlighted by many key informants at the central level, including as a characteristic of the administration and not only concerning children's rights, child protection or violence against children. Working in silos and within ministries and

sectors has been the prevalent norm for the last 20 years (KII-C-1; KII-C-4; KII-C-7; KII-C-8; KII-C-9; KII-C-11; KII-G-4; KII-G-6).

Some informants mentioned the **Commission on Gender, Families and Demographic Policy** as an example of how gender and women's issues are kept high on the political agenda (KII-C-7; KII-C-9; KII-G-6). The Commission was formed in 2006 and it operates under the President of Kazakhstan (GoK, 2006). It is composed of 28 people including 4 men.<sup>18</sup> These are experts on different subject matters and sitting in the Commission voluntarily. The President appoints the members upon recommendations of the Commission. The Commission convenes every quarter and has also contact persons at the Akimat level. The Commission has a strong political weight, it can speak with authority to the different line ministries and propose policies, actions, recommendations. One noteworthy result of the Commission was the adoption of the Concept on Family and Gender Policy till 2030 adopted in 2016 (KII-C-7).<sup>19</sup> Other informants added that the Commission has nevertheless low resources and capacities (3-persons secretariat) and that has impacted on their work (KII-C-7; KII-C-9). For the same informants if the Commission was provided with more resources, it could also take up the responsibility for advocating for the protection of children from violence (KII-C-7; KII-C-9); while others were more cautious about that, arguing that stronger coordination is needed but it has to be ensured by a ministry with the mandate and capacity to reach the sub-national level (KII-C-8).

When it comes to the implementation of State Policies on the Protection of Children's Rights, the main authorised body in Kazakhstan is the **Committee on Protection of Children's Rights** (CPCR) under the Ministry of Education and Science. The CPCR was created in 2006 with the mandate to implement state policy on child rights protection and establish an effective system to guarantee the rights of all children (GoK, 2007c). Amongst its functions, the Committee has responsibility for the coordination and direction of other interested authorised bodies in the field of protection of children's rights as well as for exercising control and supervisory functions over the activities of central and local executive bodies. (MoES Kaz, 2016).

Theoretically, the CPCR has coordinating functions, however, it has no authority over the other ministries such as the Ministry of Public Health (MoPH), Ministry of Justice (MOJ). The CRC Committee has recommended (UN CRC, 2007, 2015) to enhance the status and the authority of the CPCR by moving it out of the Ministry of Education and Science. That has not happened as of 2020. The 2020 roadmap directed at strengthening the protection of child rights, violence prevention (GoK, 2020d) mentions providing MoES with additional control over other agencies working in the area of child protection. However, during this evaluation, it was too early to find evidence on how this control has started being implemented.

When it comes to coordination of the implementation of laws and policies across administrative levels, the responsibilities rest with the respective line ministries. The only noticeable exception is the **Inter-Agency Commission on Issues of Minors and Protection of**

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<sup>18</sup> The last composition of the Commission has been confirmed on March 19th, 2021 through introducing changes into the Order of the President from February 2006 (<https://adilet.zan.kz/rus/docs/U2100000536#22>) (GoK, 2021)

<sup>19</sup> See chapter 1 for further details on the policy.



**their Rights.** It was established in 2004 and it is mandated to ensure the coordination of activities of State bodies and institutions in the field of preventing infractions, neglect, and homelessness amongst minors. A Commission is formed under the Government and at the regional (oblast), city, district (rayon) and city of regional significance levels. The composition of the Commission at the oblast, city of republican significance and Capital level is proposed by the local executive body (Akimats) to the corresponding local representative bodies (Maslikhats) for approval (RoK, 2004b).<sup>20</sup>

The Commission consists of representatives of all interested ministries, departments, local executive bodies, and non-governmental organisations. The 2019 law “On amendments to Some Legislative Acts on Issues related to the Activities of the organisations on Protection of Child Rights” extended the competencies of the Commission to include the protection from violence and abuse, the coordination of state authorities on the matter, including through the establishment of a medical-social registry and the introduction of standards for the special social services on the protection of children’s rights (RoK, 2019b).

## 2.2. Coordination at local level

Table 11: Evaluation question 2.2 Coordination (Local)

Evaluation criteria, evaluation question	Indicator
<b>2.2 Coordination (Local)</b> How has the system been strengthened at the local level in addressing VAC? What are the changes in the collaboration between health, education, social protection, and law enforcement services? What are the coordination and accountability mechanisms at the local level? (from TORs) – EQ2.2-(7) <b>Evaluation criteria -Effectiveness</b>	Existence of a functioning body at the local level with responsibility for coordinating multi-sectoral service delivery to prevent and respond to VAC

The lack of coordination at the national level is transposed at the sub-national level. At the local level, the delivery of child protection services is carried out in a fragmented way and follows sectoral lines. There are several bodies responsible for delivering the services to children and their families<sup>21</sup> but none of them has a coordinating function (KII-C-10; KII-G-1). Two informants stressed that coordination works a little better at the local level as all sectoral departments work under the executive bodies of Akimats and Oblasts and therefore the accountability is stronger (KII-C-2; KII-C-10).

All these structures work within their sector which leads to fragmentation, a significant amount of duplication and limited awareness as to which professionals are working and/or are involved with specific families and what services are being provided to children and their families. Figure 3: Competencies and roles in Child Protection per sector give a general idea

<sup>20</sup> The composition and functions of the Commission at subnational level are described in the next paragraph.

<sup>21</sup> Prevention and response services are described and analysed in chapter 3.

of the distribution of state organizations and specialists across the CPS in the country. This system is complex, hierarchical, and fragmented.

There was an attempt during the early 2010s to improve the coordination of child protection at the sub-national level via the establishment of territorial Departments of Child Protection (local branches of the CPCPR) that were responsible for providing assistance to children in difficult circumstances. Nevertheless, they were abolished in mid-2013. The coordinating functions were taken over by the *akimats* (regional and local public authorities), on a much lower scale, through the newly set up Children's Rights Protection Units (Gheorghe & Mussagaliyeva, 2014). Following a Government Decree in January 2014, these units were also abolished, with staff transferred to the Guardianship and Care Unit and the new Moral and Spiritual Development Unit (within the Education Department of the regional *akimats*).

The only multi-sectoral body that exists at the sub-national level is the (local) **Commissions on Issues of Minors and Protection of their Rights**.<sup>22</sup> A Commission must include 'Deputies' from 'relevant *Maslikhats*' and representatives from the following bodies: bodies of internal affairs; education; culture; health care service; justice; authorised body on issues of employment; Guardianship and Trusteeship Authority; and public and other organisations relating to the prevention of infractions, neglect and homelessness amongst minors (Haarr, 2020). Their main function is to decide on the need for a child to be placed in alternative care and to refer them to the centres for adaptation or child support centres. (KII-L-N-005).

In 2020, all regions of the country have introduced positions of Deputy Directors of Departments for Ensuring the Quality Education to take prompt measures to eliminate violations of children's rights. They have become members of the Regional Commissions for Minors Affairs (UNICEF Kazakhstan, 2020).

It will be important to see how the recently decided expansion of their work to assess cases of violence against children will impact their work and will create the necessary coordination mechanisms that are so much needed.

It is noteworthy that some informants at the sub-national level pointed out increased cooperation between health, education, social protection, law enforcement agencies and NGOs. But they pointed to the fact that this cooperation has a voluntary basis, is not based on cross-sectoral protocols or memorandum of understanding. Every state body functions according to its sectoral protocol and is accountable to it (KII-L-T-003; FG-S-T-006; KII-L-T-001; KII-S-EK; FGD-L-EK).

According to other key informants, NGOs have played an important role in furthering the coordination of services on violence against children across state bodies and private service providers. For example, a single database was created in Turkestan under the Besterek Programme (see chapter 3 for details) for school psychologists to identify children at risk and the assistance been provided to them. The same participants in the focus group also talked about the improvement of coordination in the last 3 years when representatives of NGOs and

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<sup>22</sup> Their composition at the rayon or city of regional significance levels is proposed by the Akimat of that level to the corresponding *Maslikhats* for approval. The Law permits the establishment of a Commission under the Mayor (Akim) of rural settlements, villages or rural districts which are located a 'considerable distance' from the centre of the district (Haarr, 2020).

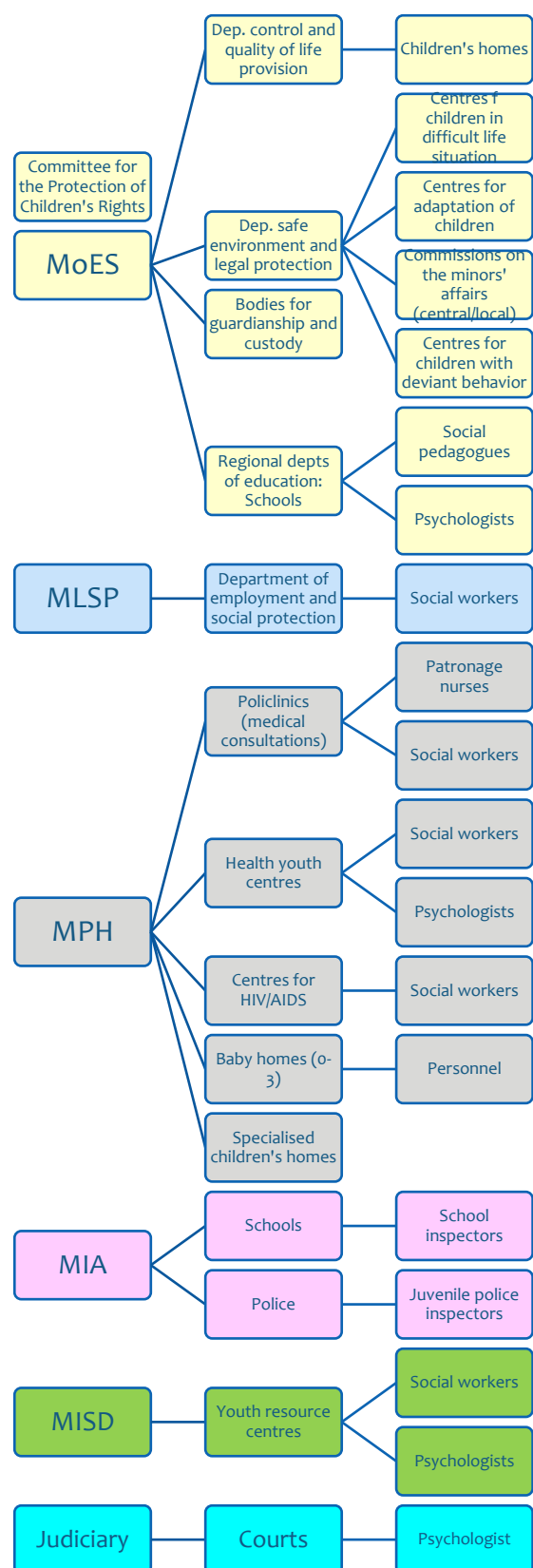


from “Reframe” – a psychological assistance centre – were admitted to the Commission on Issues of Minors and Protection of their Rights (FG-L-T-007).

Regardless of these sporadic and voluntary improvements in the collaboration across bodies delivering services, several informants mentioned that because of the lack of universal quality standards, services are not planned together, they can either duplicate existing services or missing out on those which are needed. (KII-S-EK; FDG-I-EK).

Finally, and potentially very detrimental for the protection of children from violence, this lack of cross-sectoral coordination and accountability has induced some services to simply refer child victims to other services and discharge themselves from the responsibility to protect them. As a result, services are not creating a protective environment for child victims of violence (FGD-L-M)

Figure 3: Competencies and roles in Child Protection per sector



## 2.3. Complementarity

Table 12: Evaluation question 2.3 Complementarity

Evaluation criteria, evaluation question	Indicator
<b>2.3 Complementarity:</b> To what extent interventions related to VAC undertaken by different stakeholders (parliament, line ministries, national human rights institutions, law enforcement, judiciary and civil society) have supported each other? (from TORs) – EQ2.3-(8)	Number and types of collaborations on VAC by the initiative of different actors (parliament, line-ministries, national human rights institutions, law enforcement, judiciary, and civil society) in the last 10 years, by type of violence and settings
<b>Evaluation criteria -Coherence</b>	

Besides the reforms in laws and policies that were analysed in chapter 1, in the last 10 years, there have been multiple initiatives on violence against children undertaken by other actors. The evaluation could not find evidence indicating that there was coordination amongst the different actors or that the different initiatives were triggered by the same objective and a consequent division of labour. What appeared to be clear is that the Commissioner on Human Rights has played a fundamental role in advancing the reforms on violence against children, moving from school settings to childcare and detention institutions and, more recently, thanks to the support from UNICEF to violence against children in home settings.

Amongst them, the reports by the **Commissioner on Human Rights** are noteworthy. These include the 2011 Report assessing the prevalence of violence against children in institutions (Commissioner for Human Rights RoK et al., 2011), the 2013 Report on assessing the prevalence of violence against children in schools (Commissioner for Human Rights RoK et al., 2013). The studies triggered a Pilot Project on the Prevention of VAC in Schools that was implemented in 10 schools in East Kazakhstan (UNICEF Kazakhstan & Haarr, 2014). Very importantly, these studies informed the Law on introducing changes and additions into some legislative acts related to child protection organizations from April 1, 2019 (RoK, 2019b). This law allowed for the expansions of the mandate of the National Preventive Mechanism (NPM)(see chapter 4) and resulted in the inclusion of several types of children's institutions (centres for the adaptation of minors, special education institutions and educational institutions with special detention regime) within the NPM's monitoring process (Gheorghe & Mussagaliyeva, 2014; RoK, 2019b). Furthermore, the 2019 Law related to organisations on child rights protection expanded the NPM mandate to all types of residential care institutions for children, they include orphanages, institutions for children with disabilities

The **Prosecutor General Office of Kazakhstan**<sup>23</sup> also undertook some initiatives in the field of domestic violence. “Kazakhstan without domestic violence (2020)” was developed based on a pilot project developed in 2017 by the General Prosecutor Office and the Commission on Gender, Family and Demographic Policy for the Abay district of Shymkent city and Saryagash

<sup>23</sup> The Prosecutor General Office is a state body accountable to the President of Kazakhstan, exercising supreme supervision over the precise and uniform application of laws, decrees of the President of the Republic of Kazakhstan and other regulatory legal acts on the territory of the Republic, over the legality of operational-search activities, inquiry and investigation, administrative and enforcement proceedings (<https://www.gov.kz/memleket/entities/prokuror?lang=en> accessed on 2 July 2021)

district of South Kazakhstan region (Turkestan)<sup>24</sup>. The evaluation was not able to assess whether there were more specific results on VAC out of the initiatives by the General Prosecution Office.

The **Law chamber of the Parliament** has been involved in the debates on several draft laws that might have a direct impact on violence against children. These include the draft law on child protection. A group of parliamentarians started working on it in May 2020 and January 2021. The group involves 65 people (including lawyers, psychologists, members of public administration). The draft law is supposed to make 35 amendments into 3 codes and 6 laws of the Republic of Kazakhstan. These norms are related to housing provisions for orphans, families raising children with disabilities, rehabilitation for such children, the introduction of the concept of bullying into the Law on Education and the Law on the Rights of Children laws<sup>25</sup>.

Finally, the lower chamber has been discussing the draft law on domestic violence for quite a while. As noted in chapters 1 and 6, the law was withheld by the President because of the resistance that is created in the general public and families. A draft social code that is inclusive of the code on the social worker status, as well as a draft law on child protection, are also under discussion (see chapter 1),

As analysed in chapter 4, **the National Statistics Office** (NSO) has also been an active actor in carrying out various national representative surveys on women, children and families that revealed the prevalence of some forms of violence against children in Kazakhstan. As of 2011, Multiple Indicator Cluster Surveys (MICS) were carried out in Kazakhstan in 2010/2011 (MICS4) (The Agency of Statistics et al., 2012) and 2015 (MICS5) (The Statistics Committee of the Ministry of National Economy of the Republic of Kazakhstan et al., 2016). MICS6 are in the design phase and are expected to be carried out in 2021<sup>26</sup>. In 2017 the National Statistical Office<sup>26</sup> carried out a national survey on violence against women<sup>27</sup>; a new survey is under development, and it will contain also questions on violence against girls (KII-C-5).

As described further in chapter 6, **UNICEF Kazakhstan** has been particularly active in studying and exposing the social norms that are underpinning the understanding and acceptance of some forms of violence against children in the families. UNICEF carried out a survey on Knowledge, Attitudes and Practice (KAP) on violence against children in families in 2016 (Haarr, 2017) and repeated it in 2020 (Preliminary results, UNICEF Kazakhstan & Haarr, 2021). Based on the results of the first survey UNICEF developed and carried out a communication campaign in 2018 (Action Global Communications Kazakhstan, 2018).

Finally, it is worth noting the coordination amongst NGOs. **The working group of NGOs "On the Protection of Children's Rights" is a coalition of non-governmental organizations**

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<sup>24</sup> <https://www.gov.kz/memleket/entities/prokuratura-atyrau/press/news/details/kazahstan-bez-nasiliya-v-seme?lang=ru> (accessed on 2 July 2021)

<sup>25</sup> <https://24.kz/ru/tv-projects/brifing/item/458839-zakonoproekt-po-zashchite-prav-detej> (accessed on 2 July 2021)

<sup>26</sup> At that time the office was called the Statistical Committee of the Ministry of National Economy of the Republic of Kazakhstan

<sup>27</sup> [https://kazakhstan.unfpa.org/sites/default/files/pub-pdf/Kazakhstan%20VAW%20report\\_final%2031-10-2017.pdf](https://kazakhstan.unfpa.org/sites/default/files/pub-pdf/Kazakhstan%20VAW%20report_final%2031-10-2017.pdf) (accessed on 2 July 2021)

**working in various areas devoted to interests and protection of child rights.** The Working Group has been active in promoting the principles of the UN Convention on the Rights of the Child in the Republic of Kazakhstan, monitoring the implementation of child rights since 2001 through receiving appeals from children, parents, and their legal representatives through the Public Reception. It is composed of a group of individuals representing seven NGO members<sup>28</sup>, and it has a coordinator.

The working group's main objective is to produce alternative NGOs reports for the UN Committee on the Rights of the Child. Those reports also include information on violence against children in Kazakhstan.

The working group regularly makes official statements regarding VAC, especially residing in the state institutions, drawing attention to inaction or incomplete implementation of the rights of the child in a particular case.

Its members have also produced tools and studies on violence against children. For example, in 2013, the Union of Crisis Centres together with others prepared a textbook "Childhood without cruelty and violence", which summarizes the best practices of working with children subjected to sexual violence and abuse. It is intended for educational organizations to improve the skills of pedagogical workers, including psychologists, social workers for the prevention of violence and abuse against children (Baysakova & Mukhamedsadykova, 2013)

## 2.4. Commitment

Table 13: Evaluation question 2.4 Commitment

Evaluation criteria, evaluation question	Indicator
<b>2.4 Commitment:</b> To What Extent the Government is committed, motivated, and resourced to continue Reforms for Prevention and addressing VAC? Has This Changed in The Last 10 Years? – EQ2.4-(9)	Perception of political commitment of the central Government by policymakers and other key informants involved in the evaluation. Perception will be based on a combination of criteria such as public statements, the existence of policies and allocation of funding
<b>Evaluation Criteria -Sustainability</b>	

The evaluation found evidence of emerging political commitment at the highest level of the Republic of Kazakhstan, as the President used some official occasions during 2020 and 2021 to address sexual violence against children as well as bullying. Secondly, the number of laws and policies with relevance to VAC that have been adopted especially since 2018 is also a clear indication of a stronger commitment to tackling violence against children. Nevertheless, the evaluation also revealed that the political will still translate too often in more punitive measures and punishment and not enough on support to victims. This is also corroborated by the findings in chapter 3 (services) and chapter 6 (social norms).

Some key informants mentioned that the most eloquent sign of political commitment to VAC comes from the statements by the President of the Republic (KII-C-1; KII-G-7; FGD-Q-2). For

<sup>28</sup> "Protection of Children's Rights" Association, Children's Fund of Kazakhstan, Kazakhstan International Bureau for Human Rights and Rule of Law, League of Women of the Creative Initiative "Information Program: The Right of the Child to Grow in the Family", NGO "Peacemaking", Republican Children's Library named after Begalin; Feminist League.

example, in September 2020, during his address to the nation, the President mentions the increased liability for sexual abuses against minors but acknowledged that the problem remains acute. He also called for more severe punishment for those criminals, without the right to pardon and early release (RoK, 2020d). In January 2021, the President announced at the opening of a new session of parliament, that measures should be taken to protect the rights of children, including protecting them from bullying. Earlier, in his September 2020 Presidential Address, the President emphasized the importance of taking measures to protect children against cyberbullying.<sup>29</sup>

Undoubtedly, the number of new laws and national policies that have been adopted, especially in the past 5 years (see chapter 1) are a clear sign that there is a growing commitment to tackle violence against children.

Some other informants mentioned nevertheless, violence against children becomes high in the political arena also in reaction to cases of violence against children who are rendered public and discussed in social media (KII-C-1; KII-C-3; KII-C-5).

Finally, some informants shared that there is a tendency in governmental institutions to understand and communicate on violence against children primarily from a punitive perspective. Very often the discourse is about further criminalising and punishing perpetrators, controlling children's behaviours, putting pressure on parents, teachers, social workers and punishing them if they don't comply with their duties (KII-C-3; KII-G-3; FDG-Q-2).

Furthermore, some other informants stressed the need for the government to focus more and more on the prevention of violence against children and work on the causes of violence against children, via reinforcing psychological education at school, support professionals to identify early signs of violence and supporting children to speak out (KII-C-9; KII-G-3). Two informants also mentioned the need to develop special programmes for abusers involving the Union of Crisis Centres and the Courts and being carried out by psychologists and social workers to understand the root causes of violence in the abuser and work with him/her to overcome them (FGD-Q-1; KII-C-9).

#### Box 2: Case study on violence and bullying in a rural area

Arkhat moved with his family to a small rural town when he was 10. One way of integrating into the new environment was to embark on Kazakh wrestling. The trainer was abusive and extremely violent to him. Arkhat always felt that he did something wrong and thought the trainer's behaviour was normal. It took him years to reveal the abuse. Nobody in school, the health system or the sports club would detect the abuse. Only later, Arkhat realized what harm had been inflicted on him. Today, he argues that referring to culture and traditional norms in child-raising should not be taken as an excuse for justifying violent actions towards children.

Source: Own elaboration based on interviews, See case-study methodology in Annex; Find the full case study in the Annex

<sup>29</sup> President of Kazakhstan (2020), President of Kazakhstan Kassym-Jomart Tokayev's State of the Nation Address "Kazakhstan in a new reality: time for action" from September 1, 2020. Accessed on July 2, 2021 at [https://www.akorda.kz/en/addresses/addresses\\_of\\_president-of-kazakhstan-kassym-jomart-tokayevs-state-of-the-nation-address-september-1-2020](https://www.akorda.kz/en/addresses/addresses_of_president-of-kazakhstan-kassym-jomart-tokayevs-state-of-the-nation-address-september-1-2020)



### 3. Services

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Obligations derive from the CRC, for states to provide public services to prevent and respond to violence against children. These can be structured (US DHHS, 2018) around primary prevention (for the general population), secondary prevention (for children perceived to be at risk), tertiary prevention and intervention/response (for children that have been exposed to VAC). These services have to be provided along the life cycle of the child, starting from pregnancy up to adolescence and early adulthood. As described in the definition of the CPS in the introduction, these services need to be provided from different sectors (GPEVAC, 2020). These services, most of them hosted in provision functions of line ministries – such as education, health, social services, or law enforcement need to collaborate and integrate into a system. Ideally, these services offer support to children – and their immediate environment (parents and schools) – for them to live a life without violence (primary and secondary prevention). Beyond prevention, at the response end if VAC occurs, these services aim to stop the abuse, mitigate its impact and prevent sequels (tertiary prevention and response).

The Law on Special Social Services (2008) created the legal basis for the development of social services for children and families (see chapter 1).

Except for the universal patronage nurses and the piloting of the whole-school violence prevention programmes in 2014 (which was discontinued because of lack of funding) none of the other prevention programmes was introduced with violence prevention as one of the objectives. This has resulted in a piecemeal approach with overlaps (for example between youth health centres and youth resource centres) and overlooked areas such as parenting programmes. At the same time school programmes directed at prevention offer resources to school administration and psychologists to incorporate violence prevention lessons into the existing school curriculum, but their capacity seems to be limited by an approach that is perceived by parents and children to be stigmatising and punitive and sheding bad reputations on schools. Targeted social assistance has been introduced and strengthened, nevertheless, it is not accompanied by any violence prevention in family or parent support.

When it comes to response services, specialised services for child victims of violence are very rare in Kazakhstan, both in terms of availability and coverage. Support services for child victims of violence (treatment, psycho-social and mental health, recovery, and reintegration) are mainly residential, are provided both by NGOs and the State. They only provide support to children who are eligible for them but not to their parents or siblings if they would need it. There is a small number of crisis centres – both state and private – available for women victims of violence, that potentially offer service for girls, but they de-facto are primarily targeted at women.

The planning at the state and oblast level for prevention and response services does not have adequate mechanisms to ensure the appropriateness of services neither at the population nor individual level. Structured consultations with experts, service-user and providers/advocates could help to define better-adapted services. Likewise, certain most vulnerable groups – defined by gender, disability, migrant, or ethnic status and particularly on their intersections – often face barriers to entering services and sometimes mistreatment by public agents. In the COVID lockdown, the response of services has been interrupted. However, while the situation of vulnerability of children has increased in general and services had to close down or go online, some innovative responses have surged that might even

indicate breakthroughs to better attention when building back to normal after COVID. In that respect, the landscape of service innovation is suffering a proliferation of pilot projects that seldom get scaled up to transition to being integrated into full public service coverage.

### 3.1. Availability

Table 14: Evaluation question 3.1: Availability

Evaluation criteria, evaluation question	Indicator
<b>3.1 Availability:</b> What kind of services have been made available to prevent and respond to violence against children in the last 10 years? Which forms of violence do they address? – EQ3.1-(10)	Existence of prevention and response services per type of violence and per sector – both integrated into other services or standing alone – in the regions covered by the evaluation.
<b>Evaluation criteria - Relevance</b>	

#### 3.1.1. Prevention services for the general population

There are limited prevention services provided to children and their families. Universal prevention services considered here include the health sector (children 0-5 covered with the patronage services, and children aged 12-18 who have access to the youth health centres), education (children 7 to 18 attending schools); and general information provision (for teenagers 14 to 18 in youth resource centres). The services described in the section are not exclusive to the evaluated regions, instead, they are available across all Kazakhstan. The universal progressive model of patronage visitations directed at future mothers and young children allow developing trust between women and a team of professionals, who focus on health, development and the well-being of a whole family and community. Youth health and youth resource centres engage, educate and empower youth to build lives free from violence by offering safety tools on reproductive and mental health, along with re-direction to other social services. At the same time school programmes directed at prevention offer resources to school administration and psychologists to incorporate violence prevention lessons into the existing school curriculum.

#### Medical consultation in the earliest life: paediatric care and the universal patronage model

In terms of the child life-cycle, prevention of child neglect and abuse potentially starts during pregnancy, especially in cases of an existing relationship of abuse in the households. **Medical consultations are available for pregnant women**, including girls (from the 11-12th week of pregnancy) at the public health organizations (Standard of obstetric and gynaecological health provision, 2018; Code on the health of the nation and public health system, 2020). According to the Standard (2018), medical consultations (cabinets) in public or private policlinics support women in family planning and reproductive health, along with prevention, diagnostics and treatment of gynaecological diseases of the reproductive system during pregnancy and after birth. This is executed via at least six medical consultations during the pregnancy (MoH Kaz, 2003).



When it comes to preventing VAC and neglect, the Standard of obstetric and gynaecological health provision (2018) mentions that in cases of signs of violence, the doctor must inform representatives of internal affairs agency and provide medical assistance to the victim (MoH Kaz, 2018). There are Evaluation criteria of abuse that leads to social maladjustment and social deprivation, adopted by the MoH in 2014 (along with MoIA, MOES), that provides a scale allowing to assess the level of degree of physical, psychological or sexual violence (from 5 to 25 points) (MoIA Kaz, MoES Kaz, & MoH Kaz, 2014). Identified signs of violence in a mother automatically put a woman in the high-risk group and requires the involvement of a psychologist, social worker. However, it is nevertheless unclear the extent to which such information is used by the visiting nurses to follow-up on the wellbeing of the newborn after the birth of a child unless the woman makes an official appeal to the Department of Internal Affairs (MoIA Kaz et al., 2021).

Furthermore, according to the official data, there is a deficit in medical doctors, gynaecologists and medical nurses and this has resulted in a high increase in workload<sup>30</sup>. In Nur Sultan, for example, the number of medical consultations decreased almost twice from 48 consultations in 2016 to 26 consultations in 2019 which increased the load on the system (NSO Kaz, 2017b). With this workload, a doctor in Nur Sultan can spare about 15 minutes per consultation.<sup>31</sup> It is highly doubtful that a woman would be able to discuss anything related to violence in the given amount of time.

From birth and up to the age of 5, **patronage nurses provide home visitation to mothers and children**. The service was introduced in 2017 via Paediatric Care Standard approved by the Ministry of Public Health (MoH Kaz, 2017e). summarised as the ‘patronage model’.

Table 15: Patronage models for children younger than 5 (home visitation model)

Type of service	Targeted population	Time	Who provides home visitation
Universal patronage	All pregnant women	<ul style="list-style-type: none"> <li>Before the 12<sup>th</sup> week or when a woman registers with a medical consultation;</li> <li>During the 32<sup>nd</sup> week</li> </ul>	Medical nurse, providing patronage
	All new-born and children <3	<ul style="list-style-type: none"> <li>First 3 days after birth</li> <li>First 7 days</li> <li>1-2 months</li> <li>7 times btw 3-36 months</li> </ul>	Medical nurse, providing patronage

<sup>30</sup> According to official data, there is a deficit of about 4 000 medical doctors in Kazakhstan, including 219 gynecologists as in Forbes (2021), Каких врачей больше всего не хватает в Казахстане, February 17<sup>th</sup> 2021, accessed on June 18<sup>th</sup> 2021 at [https://forbes.kz/news/2021/02/17/newsid\\_244143](https://forbes.kz/news/2021/02/17/newsid_244143). According to the information of the Republican centre on public health (2020), there is also 8 583 medical nurses missing in Kazakhstan. В Казахстане не хватает 12 тысяч медработников, October 20, 2020, accessed on July 18<sup>th</sup> 2021 at <http://www.rcrz.kz/index.php/ru/2017-03-12-10-50-44/smi-o-nas/2028-v-kazakhstane-ne-khvataet-12-tysyach-medrabotnikov-v-chjom-prichina-defitsita-kadrov>

<sup>31</sup> According to the official statistics, the number of medical consultations in Nur Sultan decreased almost twice from 48 consultations in 2016 to 26 consultations in 2019 which increased the load on the system (NSO Kaz, 2017b).

Progressive patronage	Pregnant women from a risk group	In accordance with the individual plan	Medical nurse, providing patronage, social worker, and psychologist (if needed)
	New-born and children <5 from a risk group	In accordance with the individual plan	Medical nurse, providing patronage, social worker, general practitioner/paediatrician, psychologist if needed – depending on individual needs

Source: Based on the Standard of obstetric and gynaecological health provision, 2018

According to the Standard (2018), progressive home visitation by the medical personnel allows dividing patients into different groups depending on the assigned risk (as shown in Table 15). Women experiencing violence, abuse, women with disabilities are considered as a high-risk group, that require social assistance: in such cases, information about the family is shared with a social worker, psychologist, and representatives of other bodies (including education, social protection, internal affairs, Akimat, NGOs, etc) (Standard 2018, Chapter 3, Art. 26).

Gesaworld S.A. (2019) mentions this as access of the patronage team to the inter-sectoral commission under the Akim. This commission, consisting of representatives from other sectors and services and local NGOs, considers each presented case and allocates resources to reduce the family's vulnerability. Additionally, home visitation nurses may also ask neighbours or the community where the family lives, to support the caregiver and the family (Gesaworld, 2019).

According to the literature, patronage nurses demonstrated efficiency in identifying early signs of VAC (Babayeva et al., 2018; GoK, 2020b; MoH Kaz, 2018). The progressive patronage model provides opportunities for prevention of VAC, by promoting positive parent-child interactions, prevention and treatment of parental depression (however, the quality of this service depends on the experience of the team's psychologist), maternal education and education about child's development (Gesaworld, 2019)<sup>32</sup>.

Unfortunately, it was impossible to determine how many women and children in the evaluated regions received access to the progressive patronage service. According to an informant in Nur Sultan, the updated patronage service has been available for women with children 0 to 4 years of age. The patronage nurse who was interviewed was aware of the importance of re-directing information about acts of violence to the police. However, the informant was not familiar with the existence of the document that describes the response to VAC (KII-L-N-26), developed by the Ministry of Public Health (National Center for Public Health of the MoH RK, 2020)

Patronage nurses, interviewed during the evaluation, mentioned that they report any VAC cases they witnessed to the head of the department and the police. However, there was

<sup>32</sup> The model has not been evaluated after its expansion, however, the pilot evaluation showed a decrease of child mortality from controlled causes and household injuries, increase in immunization coverage, increase in exclusive breastfeeding (Babayeva et al., 2018). According to the authors, this change was correlated with improved parental knowledge and skills, awareness of infectious diseases, importance of attachment, safe home environment, etc (Gesaworld, 2019).

rarely any follow up from the police on the cases (KII-L-N-026). Similar claims came from a different region (see the Case study on services): the representative of the healthcare sector mentions that medical workers are disincentivized from reporting cases of violence:

*“If there is no statement, ..., there is no problem”. [Nurses] are afraid of losing their jobs.” (CS-S-001, p. 4).*

The representatives of the department of public health, however, dismissed this claim, quoting Order no. 1027, and saying that intersectoral cooperation between health and police works well (FG-L-N-023).

### Programmes to foster parenting skills

Based on our evaluation, there is a small number of **parenting programmes** in Kazakhstan directed at improving positive parenting skills and reducing harsh and abusive parenting. Some of the efforts are directed at the provision of information, as mentioned in Chapter 6. Some information on parenting skills and practice is provided through the state programmes for future mothers at the level of policlinics (medical consultations) and focused mostly on health care for children 0-6 years old (Standard for the Organization of the Provision of Pediatric Care, 2017, Art. 12). The evaluation learned about psychological assistance provided to parents through the psychological support service at the Department of public health in the Turkestan region (KII-L-T-055). Patronage nurses do not organise training for the parents, but they support families in developing positive parent-child interactions (Babayeva et al., 2018; Gesaworld, 2019; UNICEF Kazakhstan, Núñez-Sabarís, Satorras, Nurmagambetova, Shevshenko, & Gesaworld, 2019). There are parenting courses provided free of charge for people interested in adoption, guardianship or foster parenting (GoK, 2008a).<sup>33</sup> Three-month courses touch upon various topics, including child rights aspects, child needs depending on the age of the child, conflict resolution along with the development of communication skills when dealing with children (Vox Populi, 2021). The courses took place even during the lockdown when they have been offered remotely: the potential parents had an opportunity to interact with psychologists and lawyers for three hours every week. But parenting courses for biological parents do not exist.

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<sup>33</sup> The courses are organised in small groups with involvement of social workers, psychologists, medical personnel and lawyers, and parents who have experience of adoption (EGov (2020), Школа приемных родителей, accessed on July 18, 2021 at [https://egov.kz/cms/ru/articles/guardianship/2Ffoster\\_parents](https://egov.kz/cms/ru/articles/guardianship/2Ffoster_parents)). The “school of adopted parents” exists on the basis of residential institutions for children in every region of Kazakhstan. The first schools have been launched in 2016, when a public foundation “Ana yui” (Mother’s House) established a National Adoption Agency, devoted to developing adoption in Kazakhstan society and professional support of families with adopted children (FGD-L-M, Cabar IWRP (2020), (Kopzhassarova, 2020). From 2016, 1 700 families participated in such courses, and 800 of those families adopted children (Cabar IWRP (2020), ibid.). This “school” was formalized after introduction of changes into the Code On Marriage and Family in 2020, therefore, now application for adoption of children requires a certificate of completion of psychological assistance courses for future parents: Chapter 13, Art 85, (GoK, 2011)., Школа, где готовят «профессиональных» родителей, May 14, 2021, accessed on July 18, 2021 at <https://voxpathuli.kz/shkola-gde-gotovyat-professionalnyh-roditelej/>).

<sup>33</sup> The new initiative of the Ministry of Labour and Social Protection directed at providing social services to persons with disability also targets parents of children with disability, conducting information courses for the parents on the rights of persons with disability.

## Violence prevention programmes in schools

There were plans in 2014 to introduce universal violence and whole-school prevention programme for children attending schools (aged 7 to 18) (Commissioner for Human Rights RoK et al., 2013; UNICEF Kazakhstan & Haarr, 2014). Unfortunately, the service was discontinued due to a lack of funding. In comparison to the existing prevention programmes that are discussed at some length below, the discontinued program aimed at **preventing violence through the development of social and emotional skills of students, and response to violence**<sup>34</sup>. The primary prevention curriculum for school children was looking at a general school-wide environment, instead of labelling children as children at risk as practised in the current system. The developed curriculum was targeting students between the 3<sup>rd</sup> and 7<sup>th</sup> grades (for children 9 to 14 years of age) and presented as seven lessons taking up to 20-30 minutes to teach. The original idea was to provide training to students in one week.

The program involved 7 state schools and 3 boarding schools to develop a system for detecting, responding, and preventing violence in schools, creating School Safety Teams, a mechanism for redirecting cases of violence, etc. (IAC, 2016).

The curriculum focused on creating a school-wide system of change, including (a) defining, teaching and reinforcing the school's ethical rules (b) Promoting positive character and positive individual behaviours; (c) Enhancing student's skills at problem-solving and conflict resolution (d) Preventing the occurrence of problem behaviours and school violence. (UNICEF Kazakhstan & Haarr, 2014)

The primary prevention curriculum was supposed to be scaled to the school programs across the country after 2018, however, due to the lack of funding, it has been left up to schools to carry on with the programme.<sup>35</sup> According to the informant, certain ideas on safe schools from the primary prevention curriculum have been introduced in the new educational standard for 12-year schools that will be launched in 2023-2024.

The new State programme on the development of education and science for 2020-2025 contains information about the development of prevention curriculum for school children with implementation planned for 2021-2025 (GoK, 2019c). It is not clear if the prevention curriculum in the State programme reproduces ideas of the UNICEF program piloted in 2014.

In the evaluated regions, there are programmes on the prevention of bullying and peer violence available at schools and run by school psychologists and representatives of school administration. A more detailed analysis is provided in the case studies on services in the Annex. The programme allows raising general awareness about bullying among the school population, while school psychologists work with children victims of bullying and children who initiated bullying, as well as their parents. The existing programmes are age-specific (7<sup>th</sup> to 11<sup>th</sup> grade in Turkestan; and 5<sup>th</sup> to 11<sup>th</sup> grade in East Kazakhstan) and are not provided for primary school children. According to the informants in the Turkestan region, the service was developed as a response to the high number of suicides, and presumably, this programme

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<sup>34</sup> This program has been implemented within the framework of cooperation between the Commissioner on Human Rights, UNICEF, and Norwegian Ministry of Foreign Affairs along with regional education department in East Kazakhstan at Information and Analytical Centre (IAC, 2016)

<sup>35</sup> Phone interview conducted on July 24<sup>th</sup> 2021 with the representative of the National Academy named after Altynsarin

through training provision to school personnel and working with children and the parental community has allowed decreasing cases of bullying. It is unclear if the programme in East Kazakhstan has brought any significant results.

### Prevention for adolescents: youth health centres

In terms of prevention services targeted at children and young people (12 to 29 years old), **youth health centres** are good examples. Legally, the centres have been established by the MPH order “On introduction of services friendly to young people” (MoH Kaz, 2006) with further clarification of their activities in the Statute on public health organizations, directed at the promotion of healthy lifestyles (MoH Kaz, 2011).

In 2019, there were 128 youth health centres across the country, with 115 situated in the regional hospitals or other public health organizations, 1 placed in the higher education institution, a dozen located in the oblast and districts centres of healthy lifestyles (National Center for Public Health of the MoH RK, 2019b). Table 16: Number of youth health centres provides the geographical distribution of the youth health centres.

Table 16: Number of youth health centres

Kazakhstan	East Kazakhstan region	Mangystau region	Turkestan oblast	Nur Sultan city
128	6 including 3 in the capital of the oblast 3 in the districts	6, including 1 in the oblast capital 4 in the districts 1 in the regional city	1 in the oblast capital	11

Source: National Centre for Public Health, November 2017 (National Center for Public Health of the MoH RK, 2019a)

These centres allow young people to address questions regarding sexual health and education by accessing specialists, including gynaecologists, urologists and psychologists, lawyers, social workers (National centre of public health of MPH, 2019). The legislative act under consideration specifies that young people can approach the centre independently, or they can be re-directed through the local policlinic (MoH Kaz, 2019b).

In terms of response to violence, these centres provide consultations, medical and psychological assistance, especially to youth in crises related to reproductive health (i.e., sexual violence, unwanted pregnancy, STIs, etc.) (MoH Kaz, 2006). According to our informants, the idea of creating such centres was logical, because quite often a child would hesitate to approach school specialists, including psychologists, due to the stigma of being branded as “weird” or “not normal” (KII-C-3). Therefore, in theory, a separate youth health centre provides better opportunities for a teenager due to privacy (UNFPA Kazakhstan, 2020).

However, the effectiveness and efficiency of the youth health centre in many cases depend on the director (KII-C-3). Our informants shared their concern, that even the centres were functioning on paper, the personnel have not been qualified to work with young people. There was no monitoring of service provision in the three existing centres in one of the



regions of Kazakhstan, with only one being fully accessible for consultations for young people (KII-C-3).

According to the informants in Nur Sultan, the centres did not see themselves as places for violence prevention or violence response. However, when confronted with VAC cases, the centres' personnel re-directed it to the polyclinic level (FG-L-N-41).

### Youth resource centres

**Youth resource centres** also direct their efforts at providing consultations to youth. According to the Law on state youth policy, youth is defined as citizens of the Republic of Kazakhstan from 14 to 29 years of age (GoK, 2015a).

In 2015, they were formalized by the Law on state youth policy (GoK, 2015b) as organizations providing services (consultations and information provision) to support and develop youth and youth organizations. Their general direction is the provision of information regarding state and social programmes for young people. Accordingly, the focus of youth resource centres is vulnerable young people, including young people with special needs, in conflict with the law, young families, young repatriates<sup>36</sup> (14 to 29 years of age), orphans and children and young people left without parental care (14 to 29 years of age), rural youth, unemployed youth, and Youth not in employment, education or training (NEET) (Youth Research Centre Kazakhstan, 2017a).

The Statute on youth resource centres (2019) mentions provision of psychological support on personal and emotional issues along with legal support to young people, and support to the young families and young people, preparing them for family life (consultations to young families on family and marriage affairs, development of projects and programs directed at strengthening family values in the society) (MoJ Kaz, 2019). The Statute raises the importance of cooperation of the centre with volunteer organizations, educational, cultural and social organisations, but only to support volunteer activities of young people. It does not clarify the mechanisms of cooperation, or information-sharing regarding complex cases when the staff of the youth centre does not feel qualified to address them.

In 2019, there were 208 resource centres across Kazakhstan at the oblast, city and district levels working with young people.<sup>37</sup> Table 17 provides more information regarding the geographical distribution of resources centres and the population they can potentially serve.<sup>38</sup>

**Table 17: Number of youth resource centres**

	Kazakhstan	East Kazakh. region	Mangystau region	Turkestan region	Nur Sultan city

<sup>36</sup> The Standard on evaluation of Youth Resource Centres (Youth Research Centre Kazakhstan, 2017b)) mentions *oralmans* or *qandas*, ethnic Kazakhs who returned to the country with their families.

<sup>37</sup> Qorgau (2020), the list of youth resource centres accessed on July 16<sup>th</sup> at <https://qorgau.kz/mrts/>

<sup>38</sup> Strategy 2050 (2020), Kazakhstan's strategic resource is youth (Стратегический ресурс Казахстана – молодежь), accessed on July 21, 2021 at: <https://strategy2050.kz/ru/news/strategicheskii-resurs-kazakhstana-molodezh/>

Number of youth resource centres	208	20, including 1 regional 15 district 4 city level	6, including 1 regional 5 district 1 city level	17, including 1 regional, 14 district, 2 city level	1
Youth population (14-28 years of age) in 2020	3 765 383	244 005	147 462	465 699	222 334

Source: Strategy 2050 information portal; Qorgau information portal

According to the informants in the Turkestan region, a youth resource centre has been operating there since 2016 (KII-L-T-021). This centre provides psychological assistance for young people and their parents, free music and robotics classes, computer skills and entrepreneurial courses. The state allocates grants from 500,000 tenge for up to 5 million tenge for young people in a difficult life situation to start up their own business (KII-L-T-022/023).

During the evaluation, we interviewed the representatives of the “Youth resource centre of Mangystau region” under the Department of Internal policy of Mangystau region. One of the tasks of the resource centre is counselling adolescents and their parents, providing them with medical, information and educational assistance and psychosocial support on issues in the field of reproductive health, increasing interaction with organizations of the educational system in matters of sex and gender education, psychological support to the target group, strengthening partnerships with organizations providing medical and psychosocial assistance to adolescents and youth (FGD-L-M). In this sense, youth health centres and youth resource centres have the same functionality.

### 3.1.2. Prevention services targeting families and children at risk

There are limited prevention services targeting families and children at risk, including targeted social assistance and social payments to the families along with services provided by school psychologists and social pedagogues working with children attending schools (7 to 18 years of age). In contrast to the previous group of prevention services, this section looks at services available for children coming from a family with certain vulnerability, and these services are designed to mitigate risk factors like low income or unemployment of the parents, or being from a family with many children. Psychological and social services provided at school, target children who have been identified by a test or flagged by Commission on Minors’ Affairs or Akimat. The state deserves recognition for the development of such a complex approach to services provision with detailed eligibility criteria, however, none of the existing services allows a child (or a family) to decide which types or combinations of services they would prefer to receive.

#### Targeted social assistance (TSA)

Targeted social assistance (TSA) is a payment in cash provided by the state to individuals (families). Per the Law “On state targeted social assistance”, TSA could be received by

citizens, repatriates<sup>39</sup>, persons with refugee status, foreigners, stateless persons with a residence permit and permanently residing in Kazakhstan (MoH Kaz, 2001).

There are two types of social assistance (Unconditional and conditional) as well as social payments for households in particular situations: one-time allowance for any newborn, monthly allowances to mother of several children, households with children with disabilities, amongst others (Temirbayeva, 2019).

There is only one connection between social assistance and the prevention of violence against children is found in the Standard or the provision of special social services in the field of social protection of the population in the context of the provision of services at home. It specifies that in the event of physical and mental violence committed in the family against the child who receives services, the social worker should assist in bringing the perpetrators to criminal responsibility (MoH Kaz, 2015). The standard is nevertheless silent about the need for the social worker to provide support to families with more comprehensive programmes, such as parenting support or other awareness-raising programmes with parents on violence prevention or providing assistance to child victims of violence, besides helping to bring perpetrators to justice.

### Services in Schools: School psychologists and social pedagogues

**Psychological service in schools** has existed since the end of the 1980s, is based on the Constitution of the Republic of Kazakhstan, Law on Education (2007), and region-specific Rules on psychological service in public schools (USSR State Committee on Public Education, 1989). From 2014, per the Law on self-governance, every region independently introduced rules on the organization of psychological service valid on the territory of the region (Nursultan City Akimat, 2015; Pavlodar oblast, 2015).<sup>40</sup>

The service is tasked with supporting the personal and intellectual growth of young people, assisting in successful socialization, etc. In terms of VAC prevention, this service is not provided to children who might need counselling, help, find themselves in distress or experiencing violence at home or by a peer unless they would be noticed through routine testing or decide to address the psychologist (or any other school representative) directly. Conversely, the service performs every quarter a psychological diagnostic of students to identify those prone to self-destructive behaviour (suicide) or those who attempted suicide; students inclined to use or using psychoactive substances, alcoholic beverages, drugs; students prone to committing offences, as well as being registered with the internal affairs bodies; students from socially disadvantaged families; students from single-parent families, etc (Akimat of the Kostanay Region, 2015).

The service then holds consultations to the parents or guardians and teachers in solving psychological and pedagogical issues, suicide prevention and asocial inclinations (crime prevention, alcohol abuse, drug abuse).

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<sup>39</sup> *Qandas*, former *oralmans*, are ethnic Kazakh people who migrated to Kazakhstan from other countries

<sup>40</sup> Until 2014, the school psychological service has been defined by the Rules on psychological service in the organizations of secondary education based on (MoES Kaz, 2011)



The Ministry of Education and Science of the Republic of Kazakhstan supports the work of school psychologists by providing recommendations and manuals for the prevention of deviant and self-destructive behaviour of students, determination of the level of aggressiveness of children and the manifestation of acts of cruelty and violence, increase of stress resistance of students, etc (IAC, 2016)

There are currently 7,652 school psychologists working across Kazakhstan<sup>41</sup> in 7,440 secondary schools providing assistance to 3.4 million students (6 to 18 years of age).<sup>42</sup>

The evaluation was not able to find how many psychologists work in each school in the four geographical territories covered by the evaluation. Nevertheless, according, to the informants in Turkestan, each school has two psychologists who work with students from different age groups (KII-L-T-011). According to the Ministry of Education and Science (2018), there are about 300 students per 1 psychologist. However, due to the higher number of students in Nur Sultan, Almaty and Shymkent, one psychologist is required to work with up to 1,000 students.<sup>43</sup> Moreover, according to our informants, school psychologists spend a lot of time on administrative and other unrelated issues, due to unclear job descriptions, almost anybody can require school psychologists to do things unrelated to their direct responsibilities (KII-C-3).

When it comes to violence, the psychologist is supposed to file a report and involve a social pedagogue who will work with the family of a child trying to assess the situation in the family or re-direct it to the attention of school administration, school medical nurses, social services, police, etc. According to our informants both school psychologists and social pedagogues sabotage this work and avoid reporting cases and working with the family:

*“When a child is in trouble, the school does not consider it as a signal to work with a child. School is concerned about how to avoid punishment. The Director is not interested to initiate certain cases, because they [the administration] will get more pressure on the school, the school would lose funding, get a worse position in the ratings. Schools face huge risk if they decide to address issues of violence and want to work with the family and child” (KII-C-3).*

As practice shows, in cases of violence, especially the ones that receive publicity, the school administration is usually the ones who lose their jobs.<sup>44</sup>

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<sup>41</sup> NewTimes (2021), 1.4 млрд тенге потратят на системы видеонаблюдения в школах, June 29, 2021 accessed on July 18, 2021, at <https://newtimes.kz/obshchestvo/132066-1-4-mlrd-tenge-potratyat-na-sistemy-videonabliudeniia-v-shkolakh>

<sup>42</sup> KazInform (2021), Сколько новых школ построено за годы независимости в Казахстане, April 19, 2021, accessed on July 18, 2021 at [https://www.inform.kz/ru/skol-ko-novyh-shkol-postroeno-za-gody-nezavisimosti-v-kazahstane\\_a3777952](https://www.inform.kz/ru/skol-ko-novyh-shkol-postroeno-za-gody-nezavisimosti-v-kazahstane_a3777952)

<sup>43</sup> KazTag (2018), 1 тысяча учеников приходится на одного психолога в школах Астаны, Алматы и Шымкента, accessed on July 21, 2021, at <https://kaztag.info/ru/news/1-tys-uchenikov-prikhoditsya-na-odnogo-psikhologa-v-shkolakh-astany-almaty-i-shymkenta>

<sup>44</sup> Sputnik (2021), Изнасилование 7-летнего мальчика в Актобе: от должностей отравили руководство школы from July 10, 2021, accessed on July 25, 2021 at <https://ru.sputnik.kz/society/20210710/17572163/Iznasilovanie-7-letnego-malchika-v-Aktobe-ot-dolzhnostey-otstranili-rukovodstvo-shkoly.html>

The **school social pedagogues** are another category of school staff working with school children (7 to 18 years of age) from the families that have a right to apply for TSA, children from families with low income (but not receiving TSA), orphans and children left without parental care, children requiring urgent help in emergency situations and other categories of children (Rules for public spending for financial and material assistance to students from socially vulnerable groups and students from low-income families) (GoK, 2008d). The position of the social pedagogue exists since 2009, in accordance with the Qualification characteristics of pedagogues (MoES Kaz, 2009a).

Social pedagogues are tasked with researching psychological, medical and pedagogical characteristics of the individual and their living conditions, identifying their interests and needs, problems, conflict situations, deviations in the behaviour of students and providing them with social assistance and support; acting as an intermediary between students, schools, family, specialists of various social services, departments and administrative bodies (MoES Kaz, 2009b).

The social pedagogue is expected to keep a database with information on every child in the school and helps applicants to benefit from subsidies for food, transportation, free summer camps and vacation activities, etc. The process of working with individual cases includes the assessment and development of the individual work plan. Complicated cases are brought to the attention of the Commission for Minors' Affairs.

According to our informants representing secondary schools, children attending schools can seek help from a psychologist or a social pedagogue through the helpline provided by the school or directly (FG-S-T-006; FG-L-N-41; FG-L-N-008), because psychologists and social pedagogues work to respond to mental, physical, and domestic cases of violence. In theory, social pedagogues work with teachers, parents or guardians of children; exchanging necessary information with administrative and teaching staff of the school.<sup>45</sup> However, our informants from NGOs dealing with cases of domestic and school violence stress that cooperation between psychologists, social pedagogues and other school administration is lacking, due to punitive aspect: any investigation on violence leads to firing school administration:

*“In case of violence, the director gets punished. This is the rule. Even, in theory, the focus should be on assistance (to the child), in reality, it creates an impossible situation. It is important to change the focus from punishment, introduce it in the legislation somehow. Schools rarely involve the police, in the majority of cases we just wait when the child would graduate” (KII-C-3).*

A more effective example of preventing violence at school is the **Besterek program** in the Turkestan region. Since 2019, all schools of the Turkestan region have been working under the Besterek program, which was created and adopted by the Reframe Centre for Psychological Assistance, Department of Education, and Akimat of the Turkestan region. From 2018, Reframe Centre closely interacts with the guardianship authorities, department

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<sup>45</sup> Some of the schools that participated in this evaluation had their own helpline service staffed by the school psychologists (FG-L-N-008). In Turkestan region, the school also provided information about availability of psychological service in mobile chat rooms and channels and mobile rapid response groups on social networks (KII-L-T-034/KII-L-T-019).

of public health, department of internal affairs, social protection bodies, the centre for the adaptation of minors, crisis centres, and a centre for children with deviant behaviour (KII, L-T-003; FG-L-T-007). The centre also created a centralised database of children from the oblast that receives information from school psychologists, social workers, and inspectors working with minors. In cases when a schoolteacher sees or suspects signs of violence, s/he reports the case to the school psychologist, social pedagogue, and headteacher responsible for educational work, and the school director. According to the informants in the Turkestan region, when school psychologists do not feel qualified to address cases of VAC (this concerns cases of attempted suicide, and cases of sexual abuse), they can flag them in the database mentioned earlier, and the school involves psychologists from the NGO (KII-L-T-004, KII-S-T-062). The representatives of the local government expressed their satisfaction with how this referral mechanism has been working over the last three years, since the NGO helped school psychologists in the identification of children in the risk groups, who required consultation, and provided both children and their families with required psychological support (KII-L-T-004).

### 3.1.3. Response services

Specialised services for child victims of violence are very rare in Kazakhstan, both in terms of availability and coverage. This section will touch upon social services and medical services and law enforcement provided for children victims of violence. Support services for child victims of violence (**treatment, psycho-social and mental health, recovery and reintegration**) are mainly residential in nature, are provided both by NGOs and the State. There is a small number of crisis centres – both state and private – available for women victims of violence, that potentially offer services for girls.

#### Centres for children in difficult life situations

**Centres for Support of Children in Difficult Life Situations** are organisations that report to MOES and provide special social services that allow children to reside temporarily at the centres. The centres also share information, arrange consultations and legal services to prevent difficult life situations (MoES Kaz, 2019b). The centres provide 8 types of special social services to several categories of children, including children victims of violence, but also neglected children, orphans, children whose parents have been deprived of parental rights (MoES Kaz, 2019b).<sup>46</sup>

There is a significant difference from the centres for adaption (see below) because children have a right to receive consultation even if they were not directed to the centre by the department of education. No data is available on the number and percentage of children that request the services independently. Usually, the centre accepts children that are directed

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<sup>46</sup> These are 1. orphans; 2. children left without parental care of one or both parents due to limitation or deprivation of their parental rights; 3. neglected and street children placed in the centre to identify parents or other legal representatives; 4. children with deviant behaviour; 5. children sent to special educational organisations; 6. children in a difficult life situation as a result of abuse, which led to social maladjustment and social deprivation; 7. children, whose vital activity has been disrupted as a result of the prevailing circumstances and who cannot overcome these circumstances on their own or with the help of their families.

there by the Department of Education, along with the Commission on minors' affairs (MoES Kaz, 2019b) KII-L-T-001; KII-L-N-006).

The centres try to reproduce family environment, provide social and psychological assistance to children and their parents, work on the identification of the social status of the child; provide for the protection of their rights and interests, provide support to children who will be living in the foster families (MoES Kaz, 2019b). The centre acts as a temporary setting providing services for up to 6 months for a child residing in the centre or allowing them to visit the centre and use the facilities during the daytime. The centres for children in difficult life situations have usually a psychologist and a social worker.

In 2018, there were 19 centres, including 13 situated in regional centres, and 6 are in the cities of Astana, Almaty, Semey, Zhezkazgan, Shymkent and Temirtau. They are regulated by the MoES Order "On Approval of the Standard Rules for Types of Educational Organizations for Orphans and Children Left Without Parental Care" (Appendix 6 "Standard rules for keeping minors in centres for adaptation of minors") (2013). The representative of one of the centres interviewed for this evaluation also mentioned the rules for the provision of public service "Conduct of state scientific and technical expertise" (MoES Kaz, 2020b) as a legal act that supports their functioning (FG-S-M-015).

### **Crisis Centres for Victims of Domestic Violence.**

Another service model mentioned by several informants is the **Crisis Centres for Victims of Domestic Violence**. They provide services to women with children according to the Standard on special social services (FG-L-N-007) and can be run both by the State and NGOs. The first crisis centres were created in 2002, even before the introduction of the Domestic Violence Prevention Law in 2009 (MoH Kaz, 2019a; NSO Kaz, 2017a; UNFPA Kazakhstan, 2017; UNFPA Kazakhstan & NSO Kaz, 2017).

According to NGO representatives, these centres should not be treated as shelters, because they provide multiple services, including shelter, but also psychological, legal, and social assistance<sup>47</sup> (FGD-S-M; KII-S-M). Indeed, crisis centres provide 8 types of special social services per the MPH Standard No. 1079 (from December 21, 2016), in compliance with the Law of the Republic of Kazakhstan "On Special Social Services": medical, legal, psychological, related to employment, economic, etc.

The standard uses the term "victim of domestic violence" as a person that could have been subjected to domestic violence, and who received psychological, physical harm and/or harm to their property. The level of harm is determined based on the Criteria for assessing the presence of cruel treatment leading to social maladjustment and social deprivation, approved by the joint order of the Minister of Internal Affairs of the Republic of Kazakhstan (September 22, 2014, No. 630), the Minister of Education and Science (September 26, 2014, No. 399) and the Minister health care and social development (November 19, 2014, No. 240). Criteria define "abuse leading to social maladjustment and social deprivation" as domestic violence, trafficking of people (including minors), exploitation, kidnapping (MoIA Kaz et al.,

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<sup>47</sup> <https://eca.unwomen.org/ru/news/stories/2016/10/kazakhstans-nonstate-domestic-violence-crisis-centres-look-for-funding>

2021). The criteria allow assigning a grade to abuse, which includes physical violence, mental violence, economic violence, sexual violence.

Victims of violence could be re-directed to the crisis centre (shelter) by departments of employment and social protection; public health departments, department of internal affairs, or following the direct statement from a victim that arrived at the crisis centre or shelter.

Based on the statement from the victim of violence the centre conducts identification following the criteria for assessing the presence of cruel treatment leading to social maladjustment and social deprivation. Identification takes place with the participation of the representative of the department of internal affairs, along with the social worker and psychologist. Based on the identification, the centre fills in the evaluation list. If the identified person is classified as a victim of domestic violence, the crisis centre sends the evaluation list to the departments of social protection regarding the provision of special social services (MoH Kaz, 2017a). In cases when the person cannot be identified as a victim of domestic violence, they cannot be provided with special social services.

According to the informants, enrolment in the centre and service provision becomes possible only after a woman submits a written statement to the police, regarding the case of violence (KII-L-T-001).<sup>48</sup> However, psychological violence does not trigger the opening of the case (FGD-S-EK). Acceptance becomes more complicated when a victim of violence resides in a different town because service provision is location-specific (KII-S-EK-001).

In comparison with the state-run centres, crisis centres ran by NGOs would still accept a woman, even without a written statement submitted to the police.<sup>49</sup> This flexibility of acceptance standards, demonstrated by NGOs, potentially provide for better protection and faster support to the victim.

The existing standard does not specify the age group of service recipients: but it is implied that all victims of violence and service recipients are adults. The standard does not specify if the victim has to be a female: the language in the standard refers to the “victims of domestic violence”, as mentioned earlier (MoH Kaz, 2017a). Therefore, theoretically, the standard provides for acceptance of male victims by crisis centres. Indeed, male victims of violence also request help from the crisis centres. According to the Union of Crisis Centres, the staff provides psychological support and consultations to the male victims, however, they do not direct them to the shelter, since it is occupied by mothers with children.<sup>50</sup>

Both state and NGO-run centres accept a person that arrives with a child, so the child will be accepted by the centre (MoH Kaz, 2017a). In reality, it is the only occasion when the standard mentions children: a victim might arrive at the crisis centre (and shelter) with a child, and that

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<sup>48</sup> In 2019, 8,000 cases were redirected to the crisis centres by representatives of police, which constitute 60 per cent of all number of people who received help at crisis centres. See (UNFPA Kazakhstan, 2019)

<sup>49</sup> <https://eca.unwomen.org/ru/news/stories/2016/10/kazakhstans-nonstate-domestic-violence-crisis-centres-look-for-funding>

<sup>50</sup> Sputnik (2020), Кризисные центры Казахстана укрыли от семейных дебоширов 9000 женщин в этом году, November 26, 2020 at [https://ru.sputnik.kz/press\\_center/20201126/15578518/krizisnye-tsentry.html](https://ru.sputnik.kz/press_center/20201126/15578518/krizisnye-tsentry.html)



children will be considered as separate service recipients (MoH Kaz, 2017a). Our respondents also confirmed that crisis centres for victims of domestic violence regard children as secondary recipients because the primary ones are their mothers (KII-S-EK-001; KII-S-N-001).

According to the Ministry of Internal Affairs, there are 40 crisis centres for victims of domestic violence that provided assistance to 24 000 women who were subjected to domestic violence in 2020 (MoIA Kaz, 2020b). Based on the data from the NSO, there were 33 centres in 2019 and only 27 centres had shelters (NSO Kaz, 2017b). In the case of NGO ran crisis centres, they would still rely on state support, which is usually temporary.<sup>51</sup>

Table 18 shows the regional distribution of crisis centres in evaluated regions, along with the number of calls related to violence these centres processed in 2019. The numbers are not disaggregated by age groups and gender, so it is not possible to determine how many girls or children were amongst the clients of the centres. The crisis centre in the Mangystau region seems to underreport calls related to violence, or victims of violence do not reach out to the crisis centre. The number of people who received assistance from the Mangystau crisis centre is significantly lower, compared to other regions.

**Table 18: Crisis centres supporting persons who experienced violence in 2019**

	Kazakhstan	East Kazakhstan region	Mangystau region	Turkestan region	Nur Sultan city
Number of crisis centres, including those with the shelter	33 27	3 2	1 1	1 1	1 1
Number of phone calls related to violence	7,159	1,949	1	328	278
Number of people who received help	13,333	3,605	56	1,223	278
Including help from a consultant	4,088	157	20	223	304
Psychologist consultation	8,360	3,555	13	675	586
Legal consultation	3,475	110	15	318	139

Source: National Statistics Committee, 2019 based on the information from the Commission on women affairs, family and demographic policy under Akim

### **Children and the law: juvenile justice, interdistrict juvenile courts, and psychologist support**

In 2009-2011, Kazakhstan has introduced a Concept for the development of **juvenile justice**, that allowed creating specialized interdistrict courts on issues of children in large cities and regional centres of the country. This is the culmination of several reform initiatives related to children and justice, that started in 2004 and had a major legislative milestone in 2008 and 2014 (Carolyn Hamilton;Awaz Raoof, 2014; Chistyakov & Naurzalieva, 2020; GoK, 2008c,

<sup>51</sup> Funding depends on participation in the tenders for social state order, and NGOs treat this funding as temporary, since it lasts only for the length of a project that was won during the tender. (Sultan, 2020)

2008a; RoK, 2004a, 2008; Taitorina & Bogatyreva, n.d.; UNICEF Kazakhstan, 2015a).<sup>52</sup> These courts deal with cases where the victims or suspects are underage children 6 to 18 years of age (UNICEF Kazakhstan, 2015a). Each minor is provided with a lawyer and a psychologist at the expense of the state budget, and interrogations can only take place in the presence of a legal representative, a psychologist and a lawyer. Sentences in the courts on issues of children depend on the age of the child - the younger the child, the softer the sentence.

The courts on issues of children had worked on creating a child-friendly atmosphere. There are no bars in any of the rooms, while a court hearing takes place in the form of a dialogue between an adult and a child. Courts on issues of children also introduced rooms for holding hearings and interviews with minor children participating in court proceedings. For example, children who have become witnesses or victims of a crime, as well as those who have broken the law, can be questioned by the court in a separate room. The child, without entering the courtroom, gives evidence and answers questions in the presence of a legal representative and a psychologist, while the video is transmitted from this room to the courtroom (UNICEF Kazakhstan, 2015b)<sup>53</sup>

Courts on issues of children consider criminal, administrative and civil cases (Chistyakov & Naurzalieva, 2020; UNICEF Kazakhstan, 2015a). Civil cases concern determining the child's place of residence; deprivation (restriction) and restoration of parental rights; on the adoption of a child; referral of minors to special educational organizations or organizations with a special regime of detention, disputes related to custody and guardianship over minors.<sup>54</sup> The court on issues of children also considers administrative cases related to the improper performance of parental responsibilities for the upbringing and education of children; selling tobacco products to teenagers; drunken minors in public places, the use of narcotic, psychotropic substances; the presence of minors in entertainment establishments without legal representatives at night, etc.

According to the East Kazakhstan specialized court, the law enforcement practice concerning minors who find themselves in conflict with the law has significantly changed after the introduction of juvenile courts. The punitive practice has noticeably decreased. Imprisonment to minors is imposed only in extreme cases.<sup>55</sup>

Originally, it was planned to create a position of a social worker in the court ((UNICEF Kazakhstan, Hamilton, et al., 2015)). This social worker after receiving information regarding a new case was supposed to be involved in researching the case, living conditions of the minor and upbringing. However, in Kazakhstan, this position was not introduced (Taitorina & Bogatyreva, n.d.), instead all specialized juvenile courts have contracted psychologists. Psychologists also make proposals on measures necessary to prevent juvenile delinquency in the future, suggest ways to adapt and correct his/her behaviour.

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<sup>52</sup> For further information see [www.unicef.org/kazakhstan/en/juvenile-justice](http://www.unicef.org/kazakhstan/en/juvenile-justice)

<sup>53</sup> <https://vlast.kz/obsshestvo/13464-kak-rabotaut-uvenalnye-sudy-v-kazahstane.html>

<sup>54</sup> See (GoK, 2008a) and <https://vko.sud.kz/rus/sub/ns1sm/500>

<sup>55</sup> <https://vko.sud.kz/rus/sub/ns1sm/500>



Thus, psychologists provide the court with consulting assistance in understanding the personality of minors and also participate in the process of his re-education.<sup>56</sup> If in the nineties there were about a thousand convicted minors throughout Kazakhstan, today one educational colony for boys in Almaty contains about 37 convicts. "

However, justice for children is not only courts, but a set of services – including law enforcement agencies, social psychologists, pedagogical services and others. During the hearing proceedings that might last for some months, the children are provided with an option of social adaptation. The juvenile courts involve local NGOs that sign a special agreement, including centres "Pravo", "Chance", Public Foundation "Centre of Social Adaptation of Children". These NGOs place the main emphasis on organizing children's leisure time, including the study of foreign languages, swimming, hiking, music classes, etc.<sup>57</sup>

Courts on issues of children have authority to place minors in a special educational organization, per Chapter 33-1 of the Civil Procedure Code. Per this provision, "the guardianship and adoption authorities" and Departments of internal affairs can apply to the court to place a minor in a special school for children with "deviant" behaviour or an institution with a special containment regime. In practice, the guardianship and adoption authority, police and other government authorities, including schools and orphanages, can use their power to place minors who, as they believe show "deviant behaviour" in places of deprivation of freedom. However, these children may also be at risk of violence, need care and protection, or be at risk of conflict with the law and/or have psychological issues.

The Supreme Court has been taking steps since June 2014 to ensure that each court has an attending psychologist or a psychologist from an external organization that can assist on a part-time basis. Certain NGOs state that they provide psychological services to the juvenile courts, including the «Institute of Equal Rights & Equal Opportunities in Kazakhstan» in Almaty, the «Positive Development» Private Institution in Karaganda, and «Sana Sezim» in Shymkent. As is the case with psychologists, the attendance of social workers varies, although it is particularly low in administrative cases. Kazakhstan's law does not require that a qualified social worker should be involved in cases that are considered in the juvenile court (UNICEF Kazakhstan, 2015b).

### Centre of adaptation (TSAN) for children

As it was mentioned earlier, the Courts on issues of children can make a decision to direct children "in a difficult life situation as a result of abuse, that led to the social maladjustment and social deprivation" into the Centre of adaptation (TSAN) for children. The court's decision provides a legal basis for accepting a child. There are three other categories of children who are directed to these centres: neglected children and street children aged from 3 to 18 years old for the identification of parents or other legal representatives; children left without the care of their parents (guardians), children separated from their parents (guardians) due to the immediate threat to their life or health; children sent to special educational organizations (GoK, 2007b).

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<sup>56</sup> <https://vlast.kz/obsshestvo/13464-kak-rabotaut-juvenalnye-sudy-v-kazahstane.html>

<sup>57</sup> Ibid.

The centre is tasked with the prevention of neglect and social adaptation of children (FGD-S-EK, FGD-L-EK). Children of 4 to 18 years old could reside at the centre for up to three months (KII-S-M-001). After the end of three month period, the child will be sent either back to the family, or to a different residential institution, based on the decision of the Commission on affairs of minors (KII-S-M-001).

When children are accepted into the centre, they are going through a medical check, and a person filling in the form on accepting a child into the centre has to make a note of any traces of physical violence. While at the Centre, children receive social and psychological assistance (their parents also can have access to this assistance). Centres have psychologists, social pedagogues, paediatricians, and nurses (Gok, 2008). According to our informants, specialists develop an individual care plan for each child, however, the staff does not have standardized referral protocols, and in their absence, they use existing legislation and the charter of the centre (FG-S-EK-034).

In 2019, 6,953 children were accepted by these centres: from 2015 the number of children has been decreasing by about 7 per cent annually. According to the National Statistical Office, about 85 per cent of the children accepted by the centres are considered neglected or homeless, while children in difficult life situations constitute about 1 per cent of the total number of children.<sup>58</sup> According to the Committee on child rights, 67 parents were brought to administrative responsibility for improper performance of their duties under Article 127, paragraph 3 of Article 409 of the Code of the Republic of Kazakhstan "On Administrative Offenses".<sup>59</sup> According to our informants, children that were accepted to the centre of adaptation due to violence constitute a very small number (FG-S-M-015).

### 3.2. Appropriateness

Table 19: Evaluation question 3.2 Appropriateness

Evaluation criteria, evaluation question	Indicator
<b>3.2 Appropriateness:</b> Are the child protection/ VAC prevention and response services evidence and needs-based for achieving the intended results and outcomes? Has this improved in the last 10 years? (from TORs) – EQ3.2-(11)	The extent to which available services in the regions covered by the evaluation are based on the assessed needs of children and families and have been evaluated for their results.
<b>Evaluation criteria -Relevance</b>	

The criterion of appropriateness has two dimensions. For one, whether the offered services are appropriate to the *population*. Therefore, policies and practices need to be based on evidence., most generated from routine data collection or specific evaluations of services. Their design also requires to be consulted with service users, general civil society, child rights

<sup>58</sup> Агентство по стратегическому планированию и реформам Республики Казахстан, Бюро Национальной Статистики (2020), Дети Казахстана 2015-2019. Статистический сборник, р. 52

<sup>59</sup> <https://balanews.kz/balastatistics-zhiznennye-situacii/>

activists and expert groups, such as academics and professional organizations. On the other hand, services need to be adapted to the specific need of the *individual*. To that end, mechanisms of needs assessment and case management need to be applied.

According to the legislation, social workers providing special social services to children and their families (at the place of residence or in a centre where the services are provided) rely on needs assessment. The 2008 Law on Special Social Services (Art. 14-1) has provided an opportunity for social workers to assess population needs in specialized social services based on the information received from local executive bodies (GoK, 2008). At the local level, this assessment is undertaken by a social worker, after receiving the information from local executive organs. However, service provision is based on appeals made by beneficiaries themselves. Therefore, certain groups, including persons with disabilities, migrants, and others who might not be aware of this opportunity, have no access to service provision. Moreover, in some cases, the needs assessment provided by the social worker is a mere formality.

However, in some cases the needs assessment procedures are difficult to access by users, are too standard and often neither adequate nor adapted. This has been reported in the case of children with disabilities - regulated by an application procedure (GoK, 2008b, sec. three)- where limited responsiveness and limitation of dedication is detected (Parliament Kaz, 2016). Likewise, social pedagogues and psychologists working with school children use the testing of school children every quarter as a method of identifying the most vulnerable ones (usually, the ones prone to suicidal behaviour, which can be considered as a practice of child labelling, instead of helping them). Similarly, social pedagogues attending to families in difficult life situations tend to focus their efforts on providing the basic goods and amenities (as one of the social pedagogues started describing what she does: “I provide children from vulnerable families with a free meal at school” (FG-S-M\_007)).

According to our informants, Turkestan oblast provides an example, when declared principles are being implemented due to the willingness of the akimat (and Department of Human Development) to involve NGOs and parental community and introduce psychological needs assessment in their work with the parents and children (KII-L-T-002).

### Box 3: Case study on sexual violence – abused by her employer

Dana has lived as an undocumented migrant in Kazakhstan with her grandmother. She was dependent on a man who was her landlord and employer. As of 12 years of age, she was abused and raped. The court procedure was highly traumatizing and cruel for her. Now, the perpetrator is in prison and is being trailed. With the support of an NGO, she has managed to recover some of her self-esteem.

Source: Own elaboration based on interviews, See case-study methodology in Annex; Find the full case study in the Annex

### 3.3. Equity (operational)

Table 20: Evaluation question 3.3 Equity (operational)

Evaluation criteria, evaluation question	Indicator
<b>3.3 Equity (operational):</b> Have services been designed to take into account the age and gender dimensions, rural/urban disparities, other variables on disadvantaged groups? Has this improved in the last 10 years? (from TORs) – EQ3.3-(12)  <b>Evaluation criteria - Relevance</b>	The extent to which Standard Operating Procedures of available services takes into account specific vulnerabilities of children (age, gender, disability, poverty).

Existing Standard Operation Procedures do not take into account the specific vulnerability of children victims of violence, including the gender of children-victims of violence, or their age, or disability, urban or rural background or other characteristics, like migration status or ethnic origin (KII-S-EK). Existing services do not have unified codes of conduct or clear operating procedures when it comes to different forms of VAC. Response services are similar for children of any age, girls and boys, children with disabilities, or children from rural or urban settings (KII-S-EK). However, there are few exceptions, where services do take into account specific vulnerabilities of children.

The universal progressive model of home visits model, described above, is focused on pregnant women and the risks they face, including nutrition, depression, medical risks, bad habits and social risks – everything that affects the provision of the needs of women and young children (Gesaworld, 2019). Due to the existence of progressive patronage aspect, that service significantly improves service availability for children from vulnerable and socially excluded families, because the patronage worker is required to work with families who face barriers to accessing health and social services (migrant families, families with cultural or religious beliefs, families in difficult life situations, any other socially excluded families) (Babayeva et al., 2018). Therefore, the universal progressive model of home visitation makes detection of and response to VAC cases (especially in vulnerable groups of the population) more likely.

In the Turkestan region, due to the established cooperation between the NGOs and schools, and their specific focus on the psychological wellbeing of children, according to informants, all schools have two psychologists who work with children from different age groups (9 to 13, and 14 to 17) (KII-L-T-011). School psychologists in Turkestan do not provide assistance to children with disabilities, as they are not sufficiently qualified. Such children are sent to special rooms of pedagogical and psychological correction (KII-L-T-028/030).

In 2019, Human Rights Watch conducted series of interviews with adult survivors of domestic violence in Kazakhstan. Police response to violence was mentioned as one of the serious shortcomings, including a refusal to accept a victim complaint, failure to ensure that women are informed of their right to a protection order, and attempts to dissuade victims to make an official appeal. According to some survivors, police insistently asked them to reconcile with the abuser (HRW, 2019). In interviews with HRW, staff from both state and non-

governmental crisis centres also noted that police did not take domestic violence seriously or considered it a crime.

Our informants have mentioned that representatives of law enforcement agencies do not take into consideration the age of children and specifics of children's psychological condition during the investigation (KII-C-10, KII-S-T-062). Representatives of law enforcement bodies do not treat children as a vulnerable category of victims, acting rudely and aggressively towards children. One NGO representative who works with children-survivors of violence said:

*"Children receive another emotional trauma during the investigation because investigators are not taught to talk to children. We had a case when a 13-year old girl jumped from the building because the investigator did not believe her statement that she was sexually abused. Another girl had an emotional breakdown during the investigation because the investigator put the pants of the violator in front of her on the table."* (KII-C-10).

### 3.4. Covid response

Table 21: Evaluation question 3.4 Covid response

Evaluation criteria, evaluation question	Indicator
<b>3.4 Covid response:</b> How relevant were the government interventions in relation to VAC during the 2020 COVID-19 outbreak? Was the child protection system response to violence against children considered essential and did it continue to operate? (from TORs) – EQ3.4-(13)	The extent to which decisions made by the Government/service providers during the COVID-19 outbreak have ensured the continuing functioning of VAC services at the local level (modification of SOPs, increased capacities/funding, online services, etc.)
<b>Evaluation criteria -Relevance</b>	

Government and service providers decisions did not ensure the continuing functioning of VAC services at local levels. During Covid-19 pandemics, many government agencies closed their offices and worked online. Schools have switched to remote education. Some crisis centres have been turned into provisional hospitals.

Most of the measures directed at prevention at the level of schools have been cancelled (FGD-L-EK): school psychologists switched to remote work with children, which introduced an additional challenge, since it was impossible to identify whether children experience violence at home (KII-S-M) (in contrast to state kindergartens that continued to function but had limited number of children – 15 that were later on increased to 25 in April 2021 - who were able to attend them (KII-S-M).

To support school psychologists, MoES and the Centre of mental health of the Ministry of Public Health have developed a website that provided materials for school psychologists in working with children and their families (MoH Kaz, n.d.). According to NGO representatives who work with school psychologists across Kazakhstan, the low level of internet literacy did not allow psychologists and social pedagogues to use the tool, with only 30 per cent of them

being able to access it. The informants mentioned the complaints they heard from the psychologists:

*“We do not understand online. We don’t know-how. We don’t want to learn... The ministry has reported: we created the website, and the rest was delegated to the specialists. It was up to them (psychologists) to use it. As a result, we got a huge hole (dyrka) when it came to practice.” (KII-C-3).*

An informant in one of the evaluated regions reports a significant drop in the quality of the provided psychological service, due to the lack of privacy: parents were present during the sessions with the psychologists, and children felt uncomfortable sharing information (FG-S-M-007).

There was a lack of initiative and direction provided at the school level when it concerned working with children, especially children in the risk group. Informants report that in many cases it depended on the class principal: therefore,

*“in cases when a principal was focused on children, children had an opportunity to reach out to teachers and administration” (KII-C-3).*

However, many of the teachers felt overwhelmed and burned out during the first months of lockdown. According to the survey on changes to teaching that occurred during the pandemic, teachers’ working hours have lengthened to 13-15 hours per day, teachers mentioned impossibility to teach from their houses due to the level of noise and lack of privacy. 66 per cent of teachers who participated in the survey, had 4 or more people residing in the same apartment with them during the lockdown.<sup>60</sup> Informants mention that as a result “children fell out of the (education) system”: many children did not attend online classes for weeks, and teachers had no idea what was happening with those children (KII-C-3).

According to some reports, the situation with violence has significantly worsened, and the number of cases of domestic violence has increased: (KII-S-M-006).<sup>61</sup> One of the informants makes a connection between the cases of violence and children being left in the closed apartments: the school and school attendance “was a restraining factor” for the abusers (KII-C-10).

An informant in Nur Sultan mentions that some children filed applications for deprivation of parental rights due to the fact of domestic violence. These official appeals were considered by the Commission on minors’ affairs, and in some cases, children were granted separation from their parents. However, there is an additional complication in cases when children were 17 to 18 years old. Authorities are reluctant to grant these rights to children, because the process takes several months, including submission of the statement to the Commission on Minors’ affairs (1 month), followed by the process when the guardianship authorities together with the juvenile police prepare materials for the court (2 months), followed by the court hearing and court decision coming into legal force (another month). In cases like this, the parent is threatened by the Commission on Minors Affairs, which dismisses the case (KII-S-N-001).

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<sup>60</sup> Birge oqý (2020), Проффессионализм и лидерство педагога - основа образования, online seminar at <https://elumiti.fnn.kz/en/news/389>

<sup>61</sup> [https://ru.sputnik.kz/press\\_center/20201126/15578518/krizisnye-tsentry.html](https://ru.sputnik.kz/press_center/20201126/15578518/krizisnye-tsentry.html)



In one of the regions, the centre for victims of domestic violence experienced an increase in the number of applications from survivors, but due to a small number of places, the staff was unable to accommodate them (FG-M-017). In another region, a crisis centre for women victims of violence has been transformed into the COVID hospital, so the staff of the crisis centre did not accept any women for three summer months in 2020, while there was no availability to provide services online (KII-S-EK-001).

In the evaluated regions, the crisis centres, and the centres for children in difficult life situations did not accept children without a negative PCR test.<sup>62</sup> Children who required help were not re-directed to the centre of adaptation, because it was closed for quarantine. Therefore, an NGO, that has been involved in this case, covered the costs of the PCR tests and temporarily kept children and women with children in their premises or homes of the staff while victims of violence (FG-S-N-018). NGO expenses on the PCR tests have not been compensated by the state, due to the lack of funding.

### 3.5. Scalability and innovation

Table 22: Evaluation question 3.5 Scalability and innovation

Evaluation criteria, evaluation question	Indicator
<b>3.5 Scalability and innovation:</b> Is there any potential to expand the existing services or introduce new ones? (from TORs) – RQ3.5- (14)	The extent to which specific existing VAC services meet conditions for scaling up (including evaluated effectiveness, government interest, funding)
<b>Evaluation criteria -Sustainability</b>	

Social innovation connects public services with private initiatives to generate new responses to emerging challenges (Mulgan, 2019). The challenge in Kazakhstan does not seem so much related to generating new ideas, but to transition programmes, that have proven successful, to public policies that guarantee the rights of the citizens to access them. There seems to be an immense landscape of pilot projects, but the uptake towards a systematic public policy, is often blocked by lack of rigorous evidence, rapid retreat of funding without considerations for handing over, and in general a rigid and bureaucratic attitude towards the much-needed co-production of services between state and society (Osborne, 2018).

Two services meet conditions for scaling up. Piloting of patronage home visitation programme and UNICEF programme on violence through the development of social and emotional skills of students have proved to be effective. The Turkestan programme requires a separate evaluation that would allow to interview teachers and administration across all regions and visit school sites. Already existing **patronage home visitation programmes** proved to be successful in decreasing the cases of child mortality and household injuries among children. However, the pilot also demonstrated the importance of coordination between patronage nurses, healthcare managers, representatives of akimats, along with the

<sup>62</sup> Ibid.



importance of training for PHC staff (Babayeva et al., 2018). This recommendation remains relevant even now.

The 2014 UNICEF Kazakhstan **programme on violence prevention through the development of social and emotional skills of students, and response to violence**. The program has involved 7 state schools and 3 boarding schools to develop a system for detecting, responding, and preventing violence in schools, creating School Safety Teams, a mechanism for redirecting cases of violence, etc (IAC, 2016). A primary prevention curriculum for school children (UNICEF & Haarr, 2014) developed within the frameworks of this focuses on creating a school-wide system of change teaching ethical rules, positive behaviour, enhancing students' communication, problem student and conflict resolution skills. The programme has been planned for scaling up but due to the lack of funding certain elements of the programme should be introduced only 2023-2024.

Turkestan region demonstrated a good experience of **cooperation between an NGO Reframe and Department of Human Development** under the Akimat in implementation of the Besterek program, with the involvement of school psychologists and social pedagogues and parental community. The cooperation and coordination between the NGO and state agencies led to the decrease in the statistics of suicide attempts among adolescents within a year after the introduction of this program. The Turkestan region akimat plans to extend this program to 2025 to train more psychologists to work with parents on domestic and psychological violence (KII –L-T-001).

## 4. Oversight and monitoring

### 4.1. Measurement

Table 23: Evaluation question 4.1 Measurement

Evaluation criteria, evaluation question	Indicator
<b>4.1 Measurement:</b> How ready is the CPS to measure whether the reforms of child protection and VAC policies contribute to eliminating all forms of violence, harmful practices, significantly reducing violence and related death rates (SDG Goals 5, 17)? (from TORs) – EQ4.1-(15)	The extent to which administrative data system/s and surveys track and report data related to violence against children (adapted from INSPIRE)
<b>Evaluation criteria -Impact*</b>	

An essential starting point for any State action to combat VAC is robust and regular measurement of violence indicators, which in turn can help to track progress over time. Ideally, such measurement should cover children across different age groups and record all forms of violence across different settings. The requirement of countries to report on progress towards the SDGs provides an excellent opportunity for governments to start strengthening their data gathering systems on violence<sup>63</sup> (Know Violence in Childhood, 2017).

Since 2011, Kazakhstan has taken considerable steps to develop its national surveillance system on violence against children. With the support from UN agencies, it carried out several nationally representative surveys (amongst them MICS, VAW, and HBSC) (Abdrakhmanova et al., 2019; UNFPA Kazakhstan, 2014; UNFPA Kazakhstan & NSO Kaz, 2017). The new survey on violence against women is currently under development and the survey will include indicators on violence against girls. Kazakhstan has the capacity at the national level to produce national reports on children and families drawing from existing criminal administrative data (NSO, 2017) and newly generated data from surveys (KISD, 2020). These surveys track and report on some forms of violence against children, especially violent discipline against children by parents and caregivers and peer-violence in schools. MICS reports allow to see trends and progression since they were carried out twice, moreover, it will produce a new set of data in the near future.

Surveillance through the use of criminal and administrative data has nevertheless lagged, and little progress has been made since 2011. As of 2020, Kazakhstan still lacks national standards and indicators for collective data on VAC and no inter-agency protocols to facilitate the

<sup>63</sup> In 2015, with the launch of the Sustainable Development Goals (SDGs), the global community made a commitment to end all forms of violence against children by 2030. The SDGs include specific targets for measuring progress towards ending violence against children. In particular, Goal 16 on promoting just, peaceful and inclusive societies, includes two targets that explicitly relate to violence: Target 16.1, “Significantly reduce all forms of violence and related death rates everywhere”; and Target 16.2, “End abuse, exploitation, trafficking and all forms of violence and torture of children” (<https://sdgs.un.org/goals/goal16>, accessed on 12 July 2021)

sharing of administrative data across sectors and ministries, agencies and service providers (Haarr, 2020).

The only institution with the mandate to manage, analyse and disseminate data on VAC is the Committee for Legal Statistics and Special Accounts of the Office of the General Prosecutor of the Republic of Kazakhstan. The Committee's data on VAC, however, comes only from data on crimes against children that are registered/recorded by the police under the aegis of the MoIA and processed through the judicial system.

Without the regular collection of data across sectors and systems, it is hard for Kazakhstan to develop, plan, execute public policies on VAC that are based on baselines and monitor their effectiveness in reducing the prevalence of VAC across the country, per age group, sex or any other criteria.

#### 4.1.1. National surveillance system

As of 2011, MICS were carried out in Kazakhstan in 2010/2011 (MICS4) (NSO Kaz et al., 2012) and 2015 (MICS5) (NSO Kaz et al., 2017; UNICEF Kazakhstan, 2017b). MICS6 is in the design phase and is expected to be carried out in 2021-22.

UNICEF supported the national government to carry out the surveys: in 2010/11 MICS were officially carried out by the **National Statistical Office**; UNICEF provided technical and financial support and UNFPA co-financed them (NSO Kaz et al., 2012). In 2015, MICS were carried out by the **National Statistical Office** of the Ministry of National Economy of the Republic of Kazakhstan, which also financed a significant part of the survey activities and made an in-kind contribution. The majority of the funding came from UNICEF and UNFPA (NSO Kaz et al., 2016). However, the national government has increased its financial and in-kind contributions between 2010/11 and 2015.

Both MICS collected three indicators that are relevant to understanding the level of some forms of violence in the families: these are inappropriate care of children under 5; the discipline of children 0-14 years old, including psychological and physical aggression, and attitudes towards physical punishment; women's attitudes (15-49 years old) towards domestic violence. Indicators are disaggregated by sex, residence, age, wealth index quintiles, ethnicity of the household head.

From 2015, the **National Statistical Office** produces an annual edition of the Children of Kazakhstan Statistical Yearbook, that presents a general analysis of the main indicators, characterizing the situation of children in the Republic of Kazakhstan: the latest edition covers four years from 2015 to 2019 (NSO Kaz, 2020). This edition provides data on demographic characteristics, health and healthy lifestyle, education, leisure, **social protection of children**, children in conflict with the law, children's well-being and social inequality, employment of youth, and international comparisons. Provided data was disaggregated by gender and age group, based on the availability of relevant information from the **National Statistical Office**, as well as from other ministries and agencies involved in the collection of data.

The yearbook provides data on the number of orphans, children left without parental care and children with disabilities, along with the number of different residential institutions for children. In particular, the yearbook mentions centres for adaptation, that are available for

child victims of abuse and violence. According to this document, in 2011, there were no children victims of violence at the centres of adaptation, while in 2015, the centres accepted 102 such children, which corresponds to 1.3 per cent out of the total number of 7.648 children at the centres countrywide (NSO, 2017).

The yearbook provides statistics on registered criminal offences of adults against children, which is directly linked to VAC. The highest numbers are related to sexual violence (738 cases in 2015, which is significantly higher, when compared to 79 cases in 2000, or 377 cases in 2019). The publication reports several minors affected by criminal assault (2 223 in 2019). It is unclear, how this is different from the criminal offences of adults, but the numbers specify assaults resulting in death and serious health damage.

VAC indicators in the statistical yearbook seem to be ill-defined since definitions of forms of violence are missing. Their main sources seem to come from criminal court proceedings and their number is low, with the highest numbers related to sexual violence. The types of violence covered in the yearbook include the murder of newborns by mothers; sexual intercourse and other acts of a sexual nature with a person under the age of sixteen years; deprivation of children. None of the indicators above is broken down by age group/gender or any other dimension. Moreover, the yearbook does not specify how much these data inform public policies and programmes.

The yearbook also demonstrates existing capacity at the national level to publish annual reports on VAC based upon administrative data from across sectors and ministries, agencies and service providers. The Government, however, does not produce such annual reports on VAC.

Kazakhstan Institute for Social Development has produced a report devoted to Kazakhstan families in 2020. This was a study that looked at the state of Kazakhstan families to develop recommendations to improve family policy in the country. In chapter 4, the report notes that currently in the Republic of Kazakhstan there is no unified system for monitoring and collecting information on cases of domestic violence and there is no official statistics on that issue. The problem of domestic violence is latent: many victims of violence do not seek help and support from law enforcement agencies due to their helplessness: age (for minors), psychological characteristics of the individual (for example, already formed psychological syndromes and addiction), fear of repetition and aggravation of the fact of violence, and a virtual lack of faith in the provision of assistance by law enforcement authorities. There is also no statistical record of fatalities due to moderate and severe harm to health, torture and rape. According to the authors of the report, if these data would be taken into account, the real statistics of deaths due to domestic violence would exceed the official figures (KISD, 2020).

In 2017- 2018, the National Centre of Public Health, with the support of the MoPH and the MoES conducted the first national survey on Health Behaviour in schoolchildren (HBSC) aged 11, 13 and 15. The study was based on HBSC methodology, a WHO collaborative cross-national survey that provides information about the health, well-being, social conditions and health behaviours of boys and girls (Abdrakhmanova et al., 2019), and the staff of the National Centre participated in the development of the survey protocol and questionnaire and conducting the focus group discussions. The full report follows two pilot studies in Aktobe

(2014), Kyzylorda and Mangystau regions (2015).<sup>64</sup> The evaluation was not able to find evidence on whether the Kazakhstan government (NSO) has contributed to the funding of the survey. The next report should be produced in four years.

The survey had as an explicit objective to establish the basis to monitor and influence policies, programmes and measures promoting the health and wellbeing of young people in a school setting. The results of the HBSC are supposed to be used to inform the policy at the national and regional level to develop medical service provision at Kazakhstan schools. According to the authors, the data was needed to start promoting healthy lifestyles among school students, and in particular, this survey has informed the European Network of Health Promoting Schools project that started in Kazakhstan and currently involves 806 schools (it was piloted in 2017 in Almaty, Nur Sultan, Mangystau and Kyzylorda regions).<sup>65</sup>

In terms of relevant VAC indicators that the survey collected, the report mainly covers peer-to-peer violence (amongst young adolescents) of physical and psychological nature, including via the use of ITC: physical fighting (percentage of boys and girls involved in physical fighting three or more times), bullying and cyberbullying both as victims and perpetrators. There is data on relationships with the parents, peers, and teachers, along with the level of support children receive from these groups.

As this was the first survey carried out, it is not possible to compare prevalence and trends over the years. The report mostly focuses on statements without any attempt to find correlations between the indicators or generalize the results. This study was based on the self-report questionnaires, that allow the collection of a large amount of quantitative data, however, this method is known for social desirability bias, when respondents provide socially acceptable answers. There are certain inconsistencies in the results of the survey (i.e., 90 per cent of respondents state their satisfaction with life, while 20% of participants report signs of depression, and 25% state problems with their health), that are not addressed by the authors (Abrakhmanova et al., 2019).

In 2020, UNICEF Kazakhstan has requested an assessment of administrative data on VAC, which was conducted by an international consultant. According to the report, the Government of Kazakhstan has taken **very few steps to develop or improve administrative data on VAC across each of the sectors**, even though the Government has spent the past decade researching the prevalence of VAC across settings in the country, has created a discourse on VAC, has banned the use of corporal punishment in schools, and has taken steps to improve responses to VAC. These are very important steps to improving understanding of and responses to VAC, however, they need to be coupled with the development of administrative data management systems on VAC across sectors and ministries/agencies/organizations (Haarr, 2020).

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<sup>64</sup> Закон КЗ (2016), Казахстан вошел в международную сеть исследователей здоровья подростков, accessed 12 July 2021, at <https://www.zakon.kz/4820267-kazakhstan-voshel-v-mezhdunarodnuju-set.html>

<sup>65</sup> Informburo (2020), 2% казахстанских подростков пробовали курить марихуану. Что показало исследование ВОЗ from 3 July 2020, accessed on 9 July 2021, at <https://informburo.kz/stati/4-kazahstanskih-podrostkov-regulyarno-kuryat-marihuanu-cto-pokazalo-issledovanie-voz.html>

There are no national standards or protocols for collective administrative data on VAC and no inter-agency agreements or protocols to facilitate the sharing of admin data on VAC across sectors and ministries, agencies and service providers (Haarr, 2020).

The only **institution with the mandate to manage, analyse and disseminate data on VAC is the Committee for Legal Statistics and Special Accounts of the Office of the General Prosecutor of the Republic of Kazakhstan**. The Committee's data on VAC, however, comes only from data on crimes against children that are registered/recorded by the police under the aegis of the MoIA and processed through the judicial system. Police and courts have a computer-based data management system to manage their data and an agreement to share this data with the Committee on Legal Statistics and Special Accounts of the General Prosecutor. Nevertheless, this data is limited to that collected by the police and courts and it does not include data on VAC from the education, health or child protection sectors, or NGO service providers (Haarr, 2020).

Given the lack of a national action plan on VAC, **there are no national indicators related to VAC that serve to measure the performance of ministries and agencies, and service providers to protect children from violence and provide child victims with support services**. There are **no national standards or protocols for collecting administrative data on VAC** (i.e., that serve to guide ministries and agencies across sectors and service providers) and no inter-agency agreements or protocols to facilitate the sharing of administrative on VAC across sectors and ministries, agencies and service provider (Haarr, 2020). **Indicators that exist relate to registered criminal offences committed against children, with a particular focus on sexual offences, child homicides and child suicides** (even child suicides are not necessarily criminal offences). These data are collected by MoIA and the courts and compiled, analysed and disseminated by the Committee on Legal Statistics and Special Accounts.

According to the assessment, schools are currently not mandated to collect incidents on VAC on school property. However, health workers (doctors, nurses) are mandated/legally required to record/register incidents of child maltreatment, abuse and violence, but are not required to record/register incidents of sexual assault/rape. Currently, the MoH has no system for collecting data on domestic violence and they do not have records of sexual abuse against children. However, in keeping with the Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, commonly known as the Istanbul Protocol, the MoH is trying to create a proper database at the MoH that will collect administrative data on violence and improve their system to report crimes of violence to the police (Haarr, 2020).

In terms of disaggregation, the assessment found that at the national level and across each of the sectors, **ministries and agencies did not have some good practices for disaggregating VAC administrative data** (Haarr, 2020).

**In Kazakhstan, VAC administrative data that are collected are under-analysed and under-utilized.** Limited VAC administrative data are compiled, analysed, reported on or disseminated. It is not clear from this assessment in what ways VAC administrative data are analysed and utilized by ministries, agencies and service providers. It was noted, however, that MoIA generates special reports on children under 18 years of age. The desk review did



not reveal these reports, so it appears that these reports may be produced only for internal purposes. Administrative data on VAC that is collected is not used to its fullest potential.

In 2019, the **National Statistical Office (NSO) joined the Inter-Agency Expert Group on VAC Measurement (IAEG-VAC) led by UNICEF**, but there is still no agency/institution or technical/expert working group responsible for monitoring the quality of administrative data on VAC, and there is no dedicated budget for monitoring and evaluation of the relevance, accuracy and timeliness of administrative data on VAC. There is, however, a technical/expert working group on data related to violence against women (VAW).

Overall, in Kazakhstan, indicators related to VAC are limited at the national level and lacking at the sectoral level. The few indicators that are regularly collected, analysed and disseminated by the government, are the ones related to criminal offences committed against children, with a particular focus on sexual offences, child homicide and child suicides (although these last examples are not necessarily criminal offences (Haarr, 2020)).

#### **4.1.2. Monitoring and complaint mechanisms**

Human Rights Institutions established in Kazakhstan has played a significant role in monitoring and exposing the status of violence against children in Kazakhstan. Although not fully compliant with the Paris Principles, the Office of the Commissioner for Human Rights has been championing the issue of violence against children in state-run institutions, in schools and lately in the family. Under the same office, the National Prevention Mechanism to prevent torture is mandated to visit children's institutions. An Ombudsperson for children was appointed in 2016, but without the necessary resources to exercise its functions. Finally, in 2020, during his annual address to the nation, the President mentioned the importance of ratifying the Third Optional Protocol to the CRC on communication procedure. The project of the presidential decree that would ratify the Third Optional Protocol has been published in June 2021, and caused a negative reaction from the population: certain representatives has mixed the document with required vaccination for children.<sup>66</sup>

The Commissioner for Human Rights was established in 2002 to independently monitor the implementation of human rights, including those of children. It is accredited with status B, not fully compliant with the Paris Principles, as the body is appointed by a Presidential Decree. Although children were considered as not having the legal capacity to submit complaints, the Commissioner for Human Rights was ready to receive them (Gheorghe & Mussagaliyeva, 2014).

The Commissioner for Human Rights, with support from UNICEF and donors, carried out two landmark studies on VAC in state-run institutions (Commissioner for Human Rights RoK et al., 2011) and on violence against children in schools (Commissioner for Human Rights RoK et al., 2013). These provided independent assessments and disaggregated data on children's vulnerability to abuse, exploitation and trafficking, violence against children in schools and institutions (Gheorghe & Mussagaliyeva, 2014). The studies triggered a Pilot Project on the

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<sup>66</sup> On the project of Presidential Decree on signing the Third Optional Protocol to the CRC on communication procedure (2021), retrieved from <https://legalacts.egov.kz/npa/view?id=9741190>

Prevention of VAC in Schools that was implemented in 10 schools in East Kazakhstan (UNICEF Kazakhstan & Haarr, 2014).

Very importantly, these studies informed the new Law on the National Preventive Mechanism (NPM), which was established in 2013 for the prevention of torture and other cruel inhuman treatment of people in closed Institutions (GoK, 2013). The mechanism operates under the office of the Commissioner for Human Rights (GoK, 2013). The establishment of the NPM resulted in the inclusion of several types of children's institutions (centres for the adaptation of minors, special education institutions and educational institutions with special detention regimes) within the NPM's monitoring process and in the opening of access to independent experts and CSOs to closed-access institutions to conduct monitoring (RoK, 2019b).

The new law on Commissioner for Human Rights is currently under discussion. This law is supposed to define the status of the office of the Commissioner and its activities, strengthen the apparatus of the Commissioner, establish regional representation that would allow responding to the situations when human rights are violated. The draft law has been recently presented to the Parliament<sup>67</sup>. Potentially, the office of the Commissioner might broaden the mandate in case of access to adequate powers and resources, and cooperative methods, that will bring it international recognition.

Kazakhstan has introduced a Decree on the creation of the Office of Ombudsperson for Children's Rights on 10 February 2016. The position is also a political appointment by a Presidential Decree. It can receive complaints directly from children (RoK, 2002). Unfortunately, the office of the Ombudsperson lacks both human and financial resources, which significantly hampers its capacity and effectiveness to carry out its functions, including considering "appeals and complaints concerning violation of the rights, freedoms and legitimate interests of the child," "assisting in the implementation and restoration of violated rights," "develop and submit recommendations for legislation improvement," monitor "organizations of education, health care and social protection of the population, defence, culture and sports, as well as institutions of the penal system where minors are kept," provide analysis of the "documents of state and public institutions", or perform other functions (Law On the Rights of the Child in the Republic of Kazakhstan, 2002, Art. 7-2).

There are two child helplines: the 111 Helpline, which was launched in 2017 by the Ombudsperson for Children's Rights and re-established again in 2020 as a helpline addressing issues of domestic violence; and the helpline 150 which is run by the NGO "Union of Crisis Centres". These should ensure immediate counselling assistance and psychological support for children in difficult life situations. The helplines serve as re-direction points in cases when the child requires help. There are no official statistics, that could be gathered regarding the number of calls received by any of the helplines. The "Union of Crisis Centres" claims that they receive up to 16 to 29 000 calls, and 40 per cent of these calls come from children and teenagers.<sup>68</sup> Both helplines redirect information to other services that work directly with

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<sup>67</sup> Inform Kz (2021), Аналитический доклад: Политические инициативы Касым-Жомарта Токаева – особенности 3 пакетов, 29 June 2021, accessed on 9 July 2021, at [https://www.inform.kz/ru/kak-realizuyutsya-initsiativy-prezidenta-rk-v-sovremennyh-usloviyah-razvitiya-kazahstana\\_a3806419](https://www.inform.kz/ru/kak-realizuyutsya-initsiativy-prezidenta-rk-v-sovremennyh-usloviyah-razvitiya-kazahstana_a3806419)

<sup>68</sup> Baigenews (2020), Почему в Казахстане существует несколько телефонов доверия для детей и подростков, 27 August 2020, accessed on August 20, 2021 at

children, and first of all, it implies police. that the work performed by the helplines is not captured in the administrative data on VAC.

## 4.2. Quality

Table 24: Evaluation Question 4.2 Quality

Evaluation criteria, evaluation question	Indicator
<b>4.2 Quality:</b> Have conditions been established to ensure the quality of the child protection services (practice standards, multi-disciplinary team working, case management, information management system)? When and by whom? (from TORs) – EQ4.2-(16)	Existence of sectoral practices standards on VAC in social protection, education, health, and justice Existence of sectoral and cross-sectoral minimum quality standards for services providers
<b>Evaluation criteria -Sustainability</b>	

As of 2015, different line ministries have adopted quality standards and sectoral practices to deal with the identification, referral, and support of child victims of violence. All the standards were developed based on the Law on Special Social Services of 2008 (last amended in 2019). The section below analyses the relevant ones which are listed in chronological order. Only a few of them (the most noticeable exception is the SOPs on VAC for medical staff) require the services to carry out multi-disciplinary needs assessment, develop an individualised plan and assign a case manager to monitor it and follow it up. None of them requests the services to consult children in the assessment of their needs and in the identification of services that are made available to him/her.

- 1) **Criteria for assessing the degree of risk and checklists in the field of protecting the rights of the child**” of the Minister of Education and Science of the Republic of Kazakhstan (2015). The order establishes the criteria and checklist to assess the risks of children in need of social protection, recipients of state targeted social assistance or living with per capita income below the subsistence level and for children living with foster parents. (GoK, 2016a).
- 2) In 2016, the Ministry of Health and Social Development adopted **Rules for assessing and determining the need for special social services** as covered by the Law on Special Social Services in the field of Social Protection, Health Care and Education. Based on the rules, the need for special social services shall be determined by the social worker based on an assessment and determination of the needs for special social services. The establishment of a multidisciplinary commission is only foreseen in the case the social worker needs to consult with specialists in education, healthcare, or other disciplines. The local executive bodies decide on the provision of special social services. In the forms included in the appendixes, there is one to be used to assess the social environment of the family. It includes questions on “abusive treatment” and “Parenting style (overprotectiveness, overly control, neglect, lack of care etc.)” which are relevant for supporting child victims of violence. Nevertheless, as noted in chapter 1, the experience of violence, abuse, exploitation, and neglect,

[https://baigenews.kz/news/pochemu\\_v\\_kazakhstane\\_sushchestvuet\\_neskolko\\_telefonov\\_doveriya\\_dlya\\_detey\\_i\\_podrostkov/](https://baigenews.kz/news/pochemu_v_kazakhstane_sushchestvuet_neskolko_telefonov_doveriya_dlya_detey_i_podrostkov/)

does not trigger access to special social services. It does so only if it results in “social maladaptation” (reduced capability of the individual to social interact) or “Social deprivation” (reduced capability of the individual to be independent) (MoHSD Kaz, 2016c). In a subsequent rule, adopted in 2018, by the Ministry of Labour and Social Protection, a person (family) who is in a difficult life situation should apply for the provision of special social services by submitting a written application to the local executive bodies of districts. The application is reviewed by the social worker within ten days. It is not clear whether the assessment is done on the basis of the application or if it does foresee a meeting with the person or family members applying (MLSP Kaz, 2018b).

- 3) In 2016, the Ministry of Health adopted the **Standard for the provision of special social services to victims of domestic violence**. The order provides minimum standards for the Crisis Centres. It is noteworthy that the order establishes the obligation for the services to provide protection and assistance through the provision of services following an individual plan and the interaction with Local Executive Authorities, Authorities of Education, Healthcare, Social Protection, Internal Affairs, Justice, Non-governmental Organizations. The assessment of needs should be done by the social workers together with other specialists at the centre. The social worker is also responsible for monitoring the implementation of the plan (MoHSD Kaz, 2016b).
- 4) Ministry of Interior Kazakhstan. **Child-Friendly Justice – Guidelines: Interviewing Victims and Witnesses**. (2017). This guideline describes best practices in interviewing children to minimize harm for children and ensure accuracy. It elaborates on the types of questions the interviewer should ask, age-appropriate interview practices, use of video and audio recordings, setting up the interview room, allowing parents and other participants in the room during the interview. (MoIA Kaz, 2017). The Guidelines were nevertheless not formalised via any decree by the Ministry of Internal Affairs.
- 5) **Order of the Minister of Public Health** from December 29<sup>th</sup>, 2017, **on approval of Standard of organization of paediatric help** in the Republic of Kazakhstan. The document describes the functions of patronage nurses and doctors working with pregnant women and young children. In case of violence, according to Chapter 2 (art 14), the victim should receive medical help, medical rehabilitation. The same article states that the departments of internal affairs should be informed in cases of violence. Chapter 3 (art 43) states, that the nurse should define a level of risk of abuse or violence for a child. In case of medium risk (issues with feeding, hygienic standards, games, communication, etc), the patronage nurse might work with the mother independently or with a doctor assigned to the precinct. In cases of high risk (child abuse, violence, neglect, disability of the child, etc), the family might require social assistance. The information regarding the family is provided to the social worker, psychologist or other representatives (including departments of education, social protection, internal affairs, akimats, NGOs, etc) (MoH Kaz, 2017b).
- 6) **Appendix 2 to the Standard for the provision of special social services in education and child protection, provided by education organizations** from January 19<sup>th</sup>, 2015, amended in 2019 (MoES Kaz, 2015). Appendix 2 has a reference to service provision to children who experienced violence, including sexual violence and lists the

organizations covered by the Standard that include the centres of adaptation of minors, centres of child support in difficult life situations, other organizations providing special social assistance to minors in difficult life situation. Services that could be received by children include a multitude of them ranging from residence to social and medical support, social and psychological support, pedagogical support).

The standards do not foresee any multi-disciplinary assessment nor the development of an individualized care plan with delegated responsibility for its monitoring. Children are not asked for their opinions on services.

- 7) In 2019, MoPH introduced a **clinical protocol on Gender violence** to be used by health care providers, in cases of violence against women, against children, and against elderly people (MoH Kaz, 2019a). The protocol mostly focuses on sexual violence. The protocol contains a schematic representation of what should be done in cases when urgent help is required to the victim of sexual violence (i.e., call emergency, hospital, police, crisis centre) and inform the department of internal affairs. In cases when violence is confirmed, the diagram suggests informing the social worker who will provide the primary case assessment, followed by case management. It establishes that if health care providers see signs of violence, they should contact the social workers within their health care services. (FGD-Q-3). There wasn't any direct consultation with WHO in developing it but the protocol is based on WHO recommendations. The protocol does not establish any algorithm on how to work across services. (KII-C-1).
- 8) In November 2020, the National Centre on Public Health introduced a **Standard Operating Procedure on identification and response to violence against children for medical staff**. According to the SOP, in cases when violence is suspected, the information regarding the child should be referred to the head of the medical organization, where the child is located, or the social worker. The head of the medical organization refers this information to the department of internal affairs (102), guardianship and adoption authorities, commission on the affairs of minors and protection of their rights; social protection bodies, head of (pre)school attended by the child, polyclinics, or any other medical institution when violence has been identified by emergency. Within 1 day, the head of the medical organization sends written information about the case to all the aforementioned bodies. Within one hour after the identification of the child victim of violence, the head of the medical organization conducts a medical evaluation of the child's condition. The evaluation of the child's condition is conducted by a multi-disciplinary team whose composition depends on the setting (medical organisations of education settings) and the presence of staff. Normally, teams are composed of the following professionals: social worker, psychologist, medical worker, representatives of the department of internal affairs, adoption and guardianship authorities, nurses. When violence is confirmed, the team responsible for this case is formed. The social worker is assigned as responsible for this case (National Center for Public Health of the MoH RK, 2020). According to a participant in an FGD about 200 workers of primary healthcare school nurses, social workers and psychologists were trained on the SOPs between 2020-21 (FGD-Q-2).



## 5. Human and financial resources

### 5.1. Human Resources

A well-planned, developed, and supported social service workforce can be a life-changing and powerful force for children, adults, families and communities and for facilitating social inclusion and delivering a wide range of goals in the fight against poverty and violence against women and children (UNICEF Kazakhstan et al., 2017).

Table 25: Evaluation question 5.2 Human resources

Evaluation criteria, evaluation question	Indicator
<b>5.2 Human resources:</b> To what extent has the existing system for planning, developing, and supporting the social services workforce been adequate and equity-focused? (qualifications, training, workload, supervision, etc.) – EQ5.2-(18)	The extent to which resources (training, workload management, supervision, etc.) are sufficient to meet the capacity strengthening needs across different sectors (social service workforce, police, magistrates, educators, and health providers)
<b>Evaluation criteria -Effectiveness</b>	

Since the adoption of the Law on Specialised Social Services in 2008, Kazakhstan has invested enormously in the planning, development and support of the social service workforce. It has established the necessary legal and regulatory framework, the classifications of cadres and other professionals, certification requirements and practice. Nevertheless, every sector has taken its path without coordinating with other sectors or learning from similar processes. This is particularly problematic for an area of work, such as preventing and responding to violence against children, where the collaboration across sectors and disciplines brings better outcomes for children than what each sector can achieve alone (GPEVAC, 2020). Kazakhstan has the ambition to strengthen the social sector, by building on what exists and unifying and consolidating standards and regulatory frameworks across ministerial silos. It is nevertheless unclear whether the Ministry of Labour and Social Protection has the necessary governmental support to carry out this concept of a unified system and strengthened workforce.

Needs assessment, the drawing of a personalized assistance plan and the follow up make up the core of a case-management system which relies on proper training of the frontline staff, whether social workers, nurses, psychologist, social-pedagogues and so on. Still today, services that provide an in-depth assessment of the needs of the child are limited. The model of Progressive home visitations is one of these examples (see chapter 3 for the details). The first contact with the family starts with a comprehensive assessment of the family's health, psycho-social and economic situation. Nurses are supposed to reach out to every child in the attachment area, assess the risks – socio-economic, poverty, environment, etc – and then develop an individual plan of action, not limited to the health sector (Gesaworld, 2019). In cases of maternal depression or anxiety, food insecurity, unsafe home environments, or the risk for violence, abuse or neglect, the home visitor develops an eco-map of the child's relevant relationships (Gesaworld, 2019). In cases of VAC, this pilot demonstrated a reduction of child abuse, neglect and institutionalization of children under three. Likewise, the



coverage of monitoring in contexts of vulnerability due to violence and abuse of children has increased by more than 10% from 2015 to 2018 (from 61 to 71%) (Gesaworld, 2019).

There is emerging training on VAC by the initiative of different universities, training centres; UN agencies and NGOs, but these are not certified and are not equally provided across all the disciplines and grades.

The number of social workers and their caseload is difficult to assess across the sectors, given the different classifications and functions. There is nevertheless anecdotal evidence that half of the social workers are lacking.

Finally, the social workforce across the sectors has low salaries and low status. Incentives, performance management and supervision are unequal across the sectors.

The **planning** of the social workforce predates 2011, the baseline for this evaluation. In Kazakhstan, the Law on Special Social Services (2008) mandated the Ministries of Health, Education and Social Protection and local authorities to implement specialised social services. (GoK, 2008b). As a result, the development of social services, since 2008, has taken place across services sectors at the same time. Each sector (social protection, health, education and law enforcement) has developed its own social services in parallel without necessarily taking into account similar processes in other sectors (OPM et al., 2018).

Between 2009-2011 each ministry introduced its own description of the work of social workers, other service workforce cadres and the standards for their employment and the services in which they are employed<sup>69</sup>. Each ministry further developed its own system of case management and service standards<sup>70</sup> (UNICEF Kazakhstan et al., 2018).

The national government and line ministries have since invested in building up a professional social workforce (generalists and specialists) across the four sectors (MoLSP, MoES, MoPH, MoIA). However, the profession of social work remains fragmented across sectors and services, reduced to a limited and compartmentalised set of functions and tasks mainly involved with assessment, referral, coordination, provision of home care services and provision of information (UNICEF Kazakhstan et al., 2018).

Each ministry has its own nomenclature for social work functions, qualification requirements and rules of certification. Table 26 reproduces the summary of the different types of social service cadres who are deployed in each sector and at each level of response that was produced for a UNICEF regional conference on Social Work/Social Workforce in 2018.

**Table 26: Social service and other professionals with social work functions by sector and level of response**

Performance levels	Social protection sector	Healthcare sector	Education sector	Law enforcement sector
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<sup>69</sup> Ministry of Health Order 630 of 30 October 2009 “On approval of standards for provision of social services in the field of health”; Ministry of Education Order 526 of 18 November 2009 “On approval of standards for provision of social services in the field of education”; Government Decision 1222 of 28 October 2013 “On approval of standards for social services in the field of social protection” (Cited in (UNICEF Kazakhstan et al., 2018)

<sup>70</sup> See chapter 3 for more details

<b>Prevention and primary assistance (promotive and preventive)</b>	Assistants and consultants in Offices of Employment and Social Programmes (1 assistant per 5 communities) Home care social workers	The universal model of patronage for pregnant women and children under 5 (1 home visiting nurse per 2000 population) Home care social workers	School-based social pedagogues	Inspector employed in the school
<b>Specialised assistance (preventive and direct)</b>	Home care social workers Employment assistance and social programmes NGO Services	The social work specialist in the health clinic conducts an in-depth needs assessment, draws up a care plan, connects resources from other sectors, NGOs (1 social worker per 10,000 population) Social workers in youth-friendly services, social workers in HIV/AIDs centres	Guardianship authority (child protection, foster care, adoption, kinship care, guardianship of adults and children) Pedagogues, psychologists and medical personnel employed in the pedagogical medical psychological commissions that assess special education needs.	Probation officer
<b>Highly specialised assistance (direct and rehabilitative)</b>	Staff in social service centres for adults and children with disabilities and elderly including residential and semi-residential medical-social institutions Staff in crisis centres and shelters for victims of domestic violence	Staff in infant homes Staff in rehabilitation programmes for persons with disabilities	Staff in children's homes and boarding schools Staff in centres for the Adaptation of Minors Staff in-service supporting school inclusion (under development)	Staff in centres for rehabilitation of children in contact with the law. <i>A social worker in penitentiary institutions (envisaged as a representative of law enforcement structure)</i>

Source (UNICEF Kazakhstan et al., 2018)

The Government is committed to strengthening the existing system, as demonstrated by the adoption in 2014 of the Concept of Social Development till 2030 (GoK, 2014) (KII-C-8), the holding of the first Social Worker Forum in 2017 and the opening of a Social Work Reference Centre (UNICEF Kazakhstan et al., 2018). When it comes to **workforce strengthening**, the concept aims to build on the existing systems by unifying and consolidating standards and regulatory frameworks across ministerial silos. It is nevertheless unclear whether the Ministry of Labour and Social Protection has the necessary governmental support to carry

out this concept of a unified system and strengthened workforce (UNICEF Kazakhstan et al., 2018) (KII-C8; KII-C9).

Social work first began to be taught in the Republic of Kazakhstan in 1991 and, by 2017, 18 universities were offering social work degrees in Kazakhstan through an accreditation system (UNICEF Kazakhstan et al., 2018). Few universities offering courses in social work which are also inclusive of modules/programmes on prevention of violence and abuse were mentioned during the focus group discussion at the central level: these included the Eurasian National University named after Gumilyov (ENU) (both at BA and Master levels), the Al Farabi State University (Violence prevention is not taught within the curricula of Social Work but included in other curricula) (FGD-Q-3).

Some participants in the focus group mentioned two national centres responsible for the development of the capacities of the social service workforce on topics related to violence against children:

- 1) The National Centre for Advanced Training which will be training social pedagogues and psychologist working in the school system. It is based on the Roadmap on strengthening children's rights and for the prevention of domestic violence that strengthening the professional workforce has become the priority of the Ministry of Education (GoK, 2020c) (FGD-Q-2); and
- 2) the National Centre for Public Health was established in 2018 and trained during 2019 health workers (including visiting nurses, social workers, district doctors and school nurses) the standard operating procedures that were adopted for detecting signs of violence against children<sup>71</sup> (FGD-Q-3).

Some participants in the focus groups further mentioned that NGOs also conduct specialised training on violence against children. Some examples included training for social workers employed by Crisis Centres on subjects such as detection of sexual violence and working with parents of victims of sexual abuse. The development and delivery of these training depend on the grant made available to them. And funding is not always secured (FGD-Q-3; FGD-Q-2). International organisations and donors have also supported training on domestic violence and human trafficking (FGD-Q-3).

According to a recent literature review (OPM et al., 2018), an analysis of the educational qualifications of 61 managers and staff of employment and social programme offices in two regions of Kazakhstan found that only one person had a social work education, three had educational backgrounds in psychology, sociology or teaching and the rest had qualifications in finance, economics, administration, book-keeping and other professions unrelated to social work. This situation reflects the considerable challenges facing the government, with many of the staff tasked with social work functions lacking social work qualifications, and a specific focus on knowledge and practice of VAC.

Gathering data on the **number and caseload of social workers** and other professionals is challenging given the differences in classification of the professions across the different sectors.

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<sup>71</sup> For the description of the patronage nurses service see chapter 3 and for the description of the Standards operating procedures see chapter 1.

Recent estimates reported by a UNICEF report (UNICEF Kazakhstan et al., 2018) indicate:

- 9,731 people are employed in the social protection system of whom 1742 have social work degrees;
- 4,842 social workers work in the health care sector – it is not clear whether these are qualified social workers or uncertified social workers; According to standard, there shall be one social worker for 10,000 persons (UNICEF Kazakhstan, 2019b).
- 3,515 social pedagogues and specialists work for the regional and local authority Guardianship and Trusteeship agencies.

In total, the social service workforce can be considered to comprise around 18,088 personnel across health, education, and social protection. With a population of 18 million people, this gives a ratio of one social service worker per 1,011 population, or more social workers and other social service personnel per population than most of the countries in the ECA region (UNICEF Kazakhstan et al., 2018).<sup>72</sup> However, it is believed, that Kazakhstan is still lacking half of the needed social workers (MLSP Kaz, 2020).

**Incentives, performance management and supervision** for social workers vary a great deal across the sectors. Only the health sector, with the support of UNICEF, developed a professional supervision mechanism. In the other sectors, there is no supervision mechanism (Joanna Rogers and Svetlana Rijicova, 2018). This has been confirmed by the participants in focus groups discussions at the central level (FGD-Q-1; FGD-Q-2; FGD-Q-3).

Informants and participants in FGDs also spoke about the low status, low recognition and low salaries of many of the professionals working in state agencies (in education, public health and social protection). They also pointed out the fact that many of these professionals have to spend a lot of time on the administrative issue, they spend their salaries on transportation costs because these are not covered by the service budget. One informant called this treatment of civil servants “degrading” (KII-G-1; FGD-Q-1; FGD-Q-2; FGD-Q-3).

A recently published report identified similar challenges faced by professionals working in social work: lack of official recognition and status, insufficient salaries, training, staff capacity and competence, and deployment of the right profile and calibre of staff in the right places, combined with an overall lack of professional resources, the burdens of administrative work and, for some, high caseloads. (OPM & Salmon, 2019). Informants for this evaluation also pointed out high turnover and burnout amongst social workers (FGD-Q-1; FGD-Q-2; FGD-Q-3).

OPM report also pointed out that availability of funding for services and personnel were not considered by respondents to be a barrier in itself, as they are of the view that sufficiently funded and relevant social programmes are in place. The quality of management and implementation needs to be improved and more efficient targeting is required to ensure that they reach those most in need. Mistrust is also highlighted as needing to address - between local community members, in particular parents, and local authorities, including schools, social assistance administrators, and members of Commissions of Minors and guardianship bodies (OPM & Salmon, 2019).

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<sup>72</sup> In South Asia, the number of governmental social service workers with responsibility for child protection (per 100,000 children) varies from 0.62 (in Afghanistan) to 527.41 (in Sri Lanka) (UNICEF ROSA, 2018)

## 5.2. Financial resources

Assessing the adequacy of the financial resources available for CPSs, and the cost of reform of these systems is a necessary step to make a difference in effectively protecting children, as defined by article 19 of the CRC.<sup>73</sup> Kazakhstan, like many other countries, has advanced significantly in enacting legislation for the protection of children and adolescents. However, legislation, policies and programmes of child protection cannot be implemented without sufficient financial resources. In the budgeting process, these need to be mobilized, allocated and spent. To put the hand to where the mouth is, fiscal policies and public financial management need to be exercised in an accountable, effective, efficient, equitable, participatory, transparent and sustainable manner (OHCHR, 2016).

Given the current unclear institutionalization of cross-departmental child protection services and the lack of definition of a single minimum service package for CP, the allocation of financial resources to the CPS cannot yet be measured rigorously. However, the government has made substantive steps in determining the necessary budgets for each new legislative action. In some sectors, namely education and health, the government is capable of determining the level of investment needed. Furthermore, the new law on education (2019) commits to having a consolidated child budget. These are important steps that can be considered as necessary preconditions to track expenditures in a defined, cross-sectorial service package for CP, once established.

Table 27 reflects the evaluation question 5.1 on financial resources.

Table 27: Evaluation question 5.1: Financial resources

<b>5.1 Financial resources:</b> How ready is the CPS to measure whether allocations of financial resources for the child protection /VAC strategies and programmes can be done in the most cost-efficient manner? – EQ5.1-(17)	Existence of a mechanism for tracking national expenditures on child protection (UNICEF)
<b>Evaluation criteria -Efficiency*</b>	

This section approaches the question in three dimensions.<sup>74</sup> First, it asks which measures need to be put in place to be able to trace the specific spending on preventing and responding to violence. Second, it asks whether the general social protection system allows

<sup>73</sup> Article 19 of the CRC obliges states to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

<sup>74</sup> As no conclusive data on the spending on the CPS is available, the evaluation dimension of efficiency cannot be answered. Therefore, this report rather than responding to the efficiency dimension of the evaluation as such, aims to establish what criteria need to be fulfilled in order to do so. As per Inception Report, “given the lack of financial data on public funding allocation and expenditures on coordination and programmes on preventing and responding to VAC, it was agreed that the evaluation dimension of ‘efficiency’ should be treated by enumerating necessary conditions and identifying bottlenecks that would allow identifying criteria for the future measurability of such dimension.” (p.10) and “the criteria of efficiency: as there is no available data on the investment of public resources in the child protection system, neither in 2011 nor in the following years, it will not be possible to measure whether the child protection system has been efficient in using the invested resources” (p. 20)



for adequate coverage of minimum income, which is considered as a reducing factor of vulnerability towards VAC. Thirdly, it dwells on deinstitutionalization, including its cost implications, which had been a prominent goal in 2011 (UNICEF Kazakhstan, 2011).

#### **5.2.1. Budget allocation and spending for VAC programmes, both prevention and response**

It is challenging to establish actual spending on the CPS in Kazakhstan. UNICEF's 2019 Situation Analysis (SitAn) states that "Budget allocations for children's rights are not presented separately within the national budget but are included within sectoral budget-lines such as education and health care" (UNICEF Kazakhstan, 2019, p. 15). However, the 2019 State Programme on Education commits to the development of a methodology for the formation of a consolidated child budget and provide for its annual growth (GoK, 2019c).

*"Children's budget" is a measurement of the consolidated budget, which includes republican and local budgets for supporting children and evaluating the effectiveness of public spending in the interests of children. The introduction of the "Children's Budget" will allow determining the level of budget expenditures in the interests of children, focused on ensuring their well-being and rights, and will also increase the attention of state and local authorities to considering the interests and needs of children in all areas. Having a "Children's Budget", state bodies receive a tool for determining priorities in budgetary policy, its compliance with the social obligations of the authorities. The development of a methodology for calculating the "Children's budget" will allow introducing monitoring of the total amount of the state budget allocated to children.*

Such Children's Budget, however, would measure *all* spending on children. Although this would include spending on the CPS, or specifically on response and prevention of VAC, it would likely not be disaggregated to visualize the spending of the CPS.<sup>75</sup> The current public finance system does not allow for determining how much is spent on the CPS or even on child-related social services.<sup>76</sup> Besides the genuine challenge due to the cross-sectoral character of the CPS as in any other country, there are specific challenges in Kazakhstan. As seen above, these are high fragmentation, unclear identification and definitions of CP services from prevention to response, both within general services (such as education and health), as well as specialised services for child victims of violence, which generally lack. This institutional configuration makes it currently impossible to establish how much is invested in CP/VAC.

However, Order No. 371 of the MoLSP on 'methodological recommendations in the provision of special social services' gives detailed orientation on how to calculate both human resources and investment in or maintenance of infrastructure (MLSP Kaz, 2018a). This represents an important step towards calculating the cost of service coverage. It also gives orientation to subnational entities for budgeting. While cost structures – namely in human resources – are different in each sector, these recommendations provide a point of departure

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<sup>75</sup> A Child Protection System can be charged with several tasks, amongst which is the prevention and response to VAC. Usually, to these the mandates on children without parental care and children in conflict with the law are added (UNICEF, 2018b, 2019a; UNICEF ECA, 2020).

<sup>76</sup> The CPS is a cross-departmental response structure. Therefore, there is no single budget line, as in specific line-ministries.



to calculate the cost of the CPS as an interdepartmental exercise. In any case, the definition of 'special social services' – as regulated in the 2008 law on special social services and updated successively (GoK, 2008b; MLSP Kaz, 2018a, 2018b; MoES Kaz, 2019c, 2019a, 2019d; MoH Kaz, 2016a, 2016b, 2017a; MoHSD Kaz, 2016a, 2016b, 2015) – while it entails a great number of services that are supposed to be delivered by the CPS, it also entails others and is therefore not fully the same.

UNICEF's work on Public Finance for Children (PF4C) at the global level has not only revealed that investment in children is low, but also that rigorous data is scarce: child-friendliness of national budgets requires both more transparency and better allocation (UNICEF, 2017b; UNICEF et al., 2020). Responding to this challenge, UNICEF engaged in an exercise at the global level to make spending on the CPS traceable and visible (UNICEF, 2020).

In Kazakhstan, the government currently does not seem to have the capacity to determine the necessary budget allocation and spending for VAC programmes at the central and local level [KII-C-8; KII-C-2]. In 2015, the CRC highlighted the "lack of information about any targeted and transparent budget allocations for children, in particular for those in marginalized and disadvantaged situations" (UN CRC, 2015, para. 12). Few cost-effective analyses of pilot services have been carried out, most of them limited to a specific service and often in pilot projects (see for example (UNICEF Kazakhstan et al., 2016; UNICEF Kazakhstan, Núñez-Sabarís, Satorras, Nurmagambetova, Shevshenko, & Gesaworld, 2019; UNICEF Kazakhstan & ITAD, 2018)).

Furthermore, in Kazakhstan, the administrative fragmentation of competencies between state, regional and municipal level poses additional challenges in establishing spending levels [KKI-C-2]. For example, in the health care sector, provision and financing have been largely devolved to the regional administrations (oblasts) and their health departments (Katsaga et al., 2012).

The above mentioned UNICEF CP Financial Benchmark looks at per-child expenditure on CP and compares that to the per-person public expenditure (UNICEF, 2020). To that end, CP measures and services are identified across the state budget that responds to a list of CP harms and risks (GPEVAC, 2020).<sup>77</sup> In Kazakhstan, this kind of exercise has not yet been undertaken, neither by state actors for accountability purposes nor by civil society for oversight. Given the current provisions of public finance and disaggregation of the state budget as well as the institutional configuration of the CPS, undertaking such spending estimates would be technically challenging, at this point in time.

However, with the latest legislative action, amongst them on the social services code, as well as the definition of staffing profiles and SOPs (as described in section 3.1), these budgeted measures and services could be identified and potentially tagged in the state budget.

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<sup>77</sup> The child protection risks and harms, and the services that are needed are defined according to UNICEF as these: "Children not registered at birth; Children in labour and other work that is harmful; Children subjected to harmful cultural practices (such as child marriage, female genital mutilation/circumcision (FGM/C) or gender discrimination); Abused children (physical, sexual, emotional); Neglected children; Children without adequate family care; Children on the move due to migration, kidnapping and trafficking; Children who are sexually exploited commercially; Children in contact with the law; Children affected by emergencies; Children in trans-national crime; Children affected by armed conflict and; violence" (UNICEF, 2020).

Establishing a CPS spending benchmark could be informed by recent efforts to establish a gender budget, such as the gender-responsive budgeting integration plan (2020–2025), adopted in 2019 (Association of Business Women of Kazakhstan, 2017; Uzkembaeva & Rezvushina, 2016). Gender budgeting follows similar technical operations as CPS tracking would.

The government of Kazakhstan has not yet defined a *minimum service package for CP*. The variety of services in prevention and response – across the sectors of health, education, social protection, and security/justice, as described in chapter 3 – could be reassembled in a description of essential public services that each and any child can count on, all over Kazakhstan. These services can be provided directly by state agents or out-contracted to providers, such as NGOs or private suppliers. One key concern is the dimension of coverage, which is especially challenging in rural areas, as reconfirmed by the majority of interviewees listened to in the study. This classification of essential CP services across government departments and the identification of allocations and execution in the budget, both Republican and regional, is a precondition for establishing spending levels, and therefore for measuring whether financial resources for the CP strategies and programmes are implemented in the most cost-efficient manner.

### 5.2.2. Minimum income and economic strengthening of families

According to the WHO INSPIRE framework, minimum income levels and improved economic security and stability of families reduce child maltreatment and therefore protect against VAC (WHO, 2016, p. 54). CRC-GC13 on violence names poverty as a risk factor for VAC (UN CRC, 2011, para. 72(f)). In this understanding, the Kazakh social protection system works as an *implicit* safeguard against VAC. This association between poverty or economic shocks with VAC had not been addressed explicitly in the 2011 baseline report (UNICEF Kazakhstan, 2011). However, given the prominence of the issue, it will be mentioned here.

Over the last decade, Kazakhstan has achieved significant progress in poverty reduction: The poverty gap at \$5.50 a day (in 2011 PPP) fell from over 25 per cent at the beginning of the century to under 1 per cent in 2018.<sup>78</sup> Social protection systems have been reinforced and rolled out (GoK, 2020e; Spanova et al., 2019; Temirbayeva, 2019).

However, the social policy design has been criticised to be heavily tilted towards social insurance, mainly pensions, as well as exclusively towards activation to work (Maltseva, 2021). Furthermore, social assistance represents a low level of adequacy and serious access barriers, which create targeting errors and generate stigmatization (Scott et al., 2017; UNICEF Kazakhstan, 2017a; UNICEF Kazakhstan, Babajanian, et al., 2015). Investing in children is addressed with several targeted social transfers, as well as some universal schemes, such as birth grants (GoK, 2020e; Temirbayeva, 2019).

In September 2019, the President of Kazakhstan K. Tokayev presented an address to the people of the Republic of Kazakhstan "Constructive public dialogue is the basis of stability and prosperity in Kazakhstan" (GoK, 2019a). In his address, he instructed to adjust the mechanisms for assigning targeted social assistance. In this regard, in 2020, a new law was

<sup>78</sup> World Bank data  
<https://data.worldbank.org/indicator/SI.POV.UMIC.GP?end=2018&locations=KZ&start=1996>

adopted on **changes and additions into some legislative acts on social security, social provisions and private-state partnership in the sphere of public health**. The law amends the 2001 Law on State Targeted Social Assistance, by including the provision of a guaranteed social package - assistance to families with low income, that have children aged 1 to 18. This addition suggests the creation of precinct commissions at the local level that will provide conclusions regarding the application for targeted social assistance. They also provide information regarding the size of the social assistance. (RoK, 2020c). The novelty that this law introduced is the consideration of each case.<sup>79</sup>

It is difficult to establish how social assistance transfers affect – whether as increase or decrease – the incidence of VAC. Hence, a statement on the (cost-)effectiveness of social benefits to prevent VAC cannot be made.<sup>80</sup> However, recent international research demonstrates that the design features of social protection have a gender-related impact, and thus strengthen or weaken the exposure to violence (World Bank et al., 2021). Child-friendly social policy needs to consider the ‘collateral effects’ of social benefit schemes on domestic relations and the options to mitigate any disempowering side-effects of social protection. To that end, it is necessary to assess the consequences of social welfare programmes on relations of power, control, and participation in the households and the community. This has not yet been done in Kazakhstan.

### **5.2.3. The cost of (de)institutionalization**

The 2011 UNICEF report, which serves as a baseline for this evaluation, identified that the CPS “is still largely based on the pre-1991 Soviet model [and] relies heavily on institutionalisation” and recommended to put “the foundations for community-based service delivery and family support rather than the institutionalisation of children in need of protection” (UNICEF Kazakhstan, 2011, pp. 6; 32). In that respect, it has been in line with the International standard (UN, 2009). It also follows scientific evidence, which establishes strong negative associations between institutional care and children’s development as well as a higher risk of severe physical or sexual abuse (van IJzendoorn et al., 2020). Retrieving reliable budgetary data on the institutionalization process is relevant because, when estimating the overall cost of a CPS, a significant amount might be absorbed by certain types of services, such as large-scale institutions, that are meant to be phased out. To determine CP budget allocation and cost-effectiveness, the system needs to be able to distinguish between the respective expenditures. Kazakhstan, while having invested during the past decade on deinstitutionalization, is not yet able to determine how much it spends in public resources on the type of services that shall be phased out – and it does not know whether those

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<sup>80</sup> In any country, linking the decline of VAC to specific social protection measures – as claimed by the INSPIRE framework - would run into methodological attribution problems. However, making the case via situational evidence increases to ground any public action in better probability of the truthfulness of a policy proposition. For a technical account on SP and CP, see Sheahan, F. (2011). A Focus on Child Protection within Social Protection Systems: Transforming Children’s lives. <https://resourcecentre.savethechildren.net/library/focus-child-protection-within-social-protection-systems-transforming-childrens-lives> (Sheahan, 2011)

investments have been cost-effective (NGO Coalition Kazakhstan & Soros Foundation KZ, 2020).

In Kazakhstan, violence in institutions has been documented and recommendations are given on how to reform institutions and prevent institutionalization (Commissioner for Human Rights RoK et al., 2011; UN OHCHR, 2017). Again in 2015, the CRC expressed concern about the high institutionalization rate of children without parental care and denounced exposure to abuse, neglect, degrading treatment, and corporal punishment, while it acknowledged efforts by public authorities to transition to family-type care settings (UN CRC, 2015).

Deinstitutionalization has budget implications. An attempt to assess these for Kazakhstan has been undertaken yet in 2009 (UNICEF Kazakhstan, 2009). The report recommended reforming the “entire system of social protection of children, changing its orientation from residential care to prevention and support of blood and substitute families.” It also warned about the related cost but claimed that “these investments can bring significant social and economic returns through reduced expenditures on residential care and increased productivity of labour of the graduates of child care system” (UNICEF Kazakhstan, 2009).

Pilot programmes have been run and evaluated to establish family support practices, that would prevent residential care (UNICEF Kazakhstan et al., 2016). However, elevating these pilots to regional or national public policy, including cost-estimate for universal coverage with these services, could not be provided. In general, no specific study on the cost effects of deinstitutionalization has been conducted since the initial 2009 statement. In the international arena, a useful set of guidelines are available to budget care reforms (CTWWC et al., 2021). However, beyond financial calculations, it seems necessary that child care reforms are embedded in the specific national context, which is very specific in Kazakhstan (An & Kulmala, 2021; Schmidt, 2017).

In any case, calculating the cost for deinstitutionalizations needs to include the resources required to transition away from residential care facilities and towards family- and community-based care. These costs can be significant. They include a range of expenditures such as reconverting the physical facilities to new purposes as well as staff retraining and redeployment.

#### Box 4: Case study on violence in care institutions

Ainur was sent to an orphanage after a violent situation of family breakdown. In the institution, she suffered severe abuse from the interneers. The social workers were aware of the violent conditions but did not stop the abuse. They interpreted Ainur’s withdrawal as a sign of retardation. Later, Ainur worked on these experiences to recover and regain her self-esteem. Today, Ainur is actively advocating for the rights of children.

Source: Own elaboration based on interviews, See case-study methodology in Annex; Find the full case study in the Annex.

## 6. Social participation

### 6.1. Children's participation

Table 28: Evaluation question 6.1: Social participation

Evaluation criteria, evaluation question	Indicator
<b>6.1 Participation:</b> To what extent have national reforms and pilots corresponded to the needs and expectations of children and families including the most vulnerable and at-risk groups? Has this changed in the last 10 years–EQ6.1-(19)	Existence and use of national/local mechanisms to consult children and families on draft laws, policies and programmes that concern them, including on VAC
<b>Evaluation criteria -Relevance</b>	

Providing children with the opportunity to be engaged in decision-making processes and to voice their opinions is an important aspect of children's development. However, the discussion of childhood in society is often reduced to the fact that children are in the process of growing up to become adults, to contribute to the economic or political development of the country in the future. 'Children (or youth) are the future' is one of the favourite slogans of the Soviet times that continues to exist in contemporary Kazakhstan (GoK, 2012; Kelly, 2009; Kirschenbaum, 2013). It is often mentioned in the speeches of the officials and state programs concerning education, healthcare, or social care of children. Nevertheless, UNICEF applies the Human Rights-Based Approach and therefore the international agency always tried to focus the government's efforts on the present (UNICEF Kazakhstan, 2019a).

After the 2007-2011 Programme "Children of Kazakhstan," there was no national framework or vision on children and youth participation in Kazakhstan (GoK, 2007a). The UN Committee on the Rights of the Child (UNCRC) called on the government to start public national consultations with children on issues that affect them (UN CRC, 2007, 2015). According to a survey on civic participation that UNICEF carried out in 2017, young people would like to be more engaged in social life (UNICEF, Key findings of the 2017 online consultation cited in (UNICEF Kazakhstan, 2019a).

As there is no national strategy on violence against children in Kazakhstan, and since different components of the CPS have been developed in a somehow separate way, there has not been any real attempt to create a space or channels for systematic consultation with children on violence.

There are nevertheless some examples of initiatives to consult with children at the local level, especially in-school organisations, various community activities and national campaigns. The Child-Friendly City initiative that involves 25 cities across the country is one example of safe spaces for adolescents to raise their voices and concerns and to enhance local accountability (UNICEF Kazakhstan, 2019a). UNFPA piloted sexuality education in schools in East Kazakhstan, Mangystau, Kyzylorda and Turkestan regions (KII-C-5). Moreover, the programme supported courses for 15–16-year-old teenagers attending colleges on family values, family relations and family and children relations, including issues of responsible parenthood, also providing information to young people regarding existing youth health centres (more on this service in Chapter 3).



Nevertheless, the evaluation has found no evidence as to whether these campaigns also include information on violence against children.

Parents who have been interviewed during this evaluation, have expressed different attitudes concerning the question of the importance of their children's views. During the interviews and focus group discussion, the Interviewers asked if children had an opportunity to provide feedback to the psychologist or school administration regarding the quality of their service and if this feedback would make any difference, from the point of view of the parents.

Our sample was too small to be considered representative of the parental community in Kazakhstan, however, it seems important to mention the outcome of the interviews here. One of the participants of the focus group in East Kazakhstan dismissed the interviewer, stating that young children could not possibly understand the complexity of the psychologist's job, and therefore, it did not make sense to ask the child about the service and what they felt during the session (FG-B-EK-015). At the same time, the other parent participant of the same focus group mentioned that the children might not have an opinion, because they have never been explained the purpose of the session or its importance. During another interview, the parent said it was important to distinguish between ages of children: the feedback of the child could improve the quality of the service, however, the age matters (the older children can provide better feedback compared to the young ones) (KII-B).

The parents in the Mangystau region felt similar to the last parent in East Kazakhstan, even defining the minimal age (12-13 years) when children could be asked for their opinion. From the viewpoint of one parent, children's feedback could improve the psychological service at school and motivate them to use new methods. However, another parent in this focus group stayed unconvinced, referring to children's lack of experience and knowledge and therefore, inability to judge a grownup (FG-B-M).

The evaluation enquired into whether children are consulted on policies and programmes that concern them at the central level. A government representative expressed surprise that such an approach might be practised when legislation or programs concerning children are being discussed by the government (KII-C-11). The representative of a community organization stated that historically children in Kazakhstan were never asked about their opinion, which is explained by the Soviet Union policy towards children as a passive group, that should be cared for, but not questioned regarding their views (KII-G-6).

According to this interviewee, *"people working in schools ... [treat]... all children as idiots. Children are not asked because it does not make sense. The state writes textbooks, the state provides training to teachers, and no one pays attention to how different children are these days. The Soviet Union saw them as all the same"* (KII-G-6). Children and young people are often regarded by the state agencies as dependent and not yet mature enough to exercise their participation rights, and not only in Kazakhstan (Gadda, 2008).

The disregard for children's voices is something that children themselves are aware of. Almost two out of three children (58.5%) who participated in the 2012-2013 consultations with UNICEF Kazakhstan stated that their opinion was not taken into consideration during the decision-making process (UNICEF Kazakhstan, 2014a). Most of the participants believed this was due to the traditional approach that *"adults know better"* and that youth should *"respect older people"*. A common opinion expressed by respondents was that the voice of children



and young people was not heard due to an established paternalistic system that does not support or encourage youth to take responsibility for their actions and choices. Indeed, Roose and Bouverne-de Bie (2007) mentioned that this perception of children was typical for the countries where children were not considered as equal to adults in the situations that concern children's lives and well-being (Roose & Bouverne-de Bie, 2007). However, Lowden (2002) stresses, there is a different perspective, that assumes that all people are equal, irrespective of their age, and therefore, children as subjects are entitled to civil rights and the autonomous exercise of those rights (Lowden, 2002). This approach might be shared by the Kazakhstan children since about 30% of young people believed that their opinions and their participation in the life of the community would make a significant contribution to solving social issues, build their confidence and skills, and support them in making all sorts of decisions (UNICEF Kazakhstan, 2014b).

## 6.2. Research and campaigns on social norms

Table 29: Evaluation question 6.2: Social norms

Evaluation criteria, evaluation question	Indicator
<b>6.2 Social norms:</b> Has there been enough evidence on social norms affecting VAC? Have communication campaigns being conducted? Who did they target? What has been the government role? – EQ6.2-(20) <b>Evaluation criteria -Relevance</b>	The extent to which the national government has committed to challenging social norms that condone specific forms of VAC

In 2011 there was no evidence of the recognition that in Kazakhstan children experienced violence at home, in schools, in state institutions and the community. However, since the mid-2010s thanks to the efforts of UNICEF and the National Human Rights Centre, there was an emerging discussion about the importance of social norms affecting VAC.

Currently, there is a recognition that negative social norms such as tolerance towards violence against children are strong (UNICEF Kazakhstan, 2015). These negative norms seem to be well-rooted and confirmed again in 2019 (UNICEF Kazakhstan, 2019a).

In 2016-2017, UNICEF Kazakhstan with the National Human Rights Centre conducted a Knowledge Attitude and Practices (KAP) Survey around issues of violence against children in families (Haarr, 2017). The study demonstrated that violence against children, both physical and mental, is widely practised in Kazakhstan: 67.0% of general public adults reported that they used mental and/or physical violence against children. Among them, 65.0% of adults used mental violence and 39.5% used physical violence to discipline and control children in the family (Haarr, 2017).

As a result of this study, UNICEF jointly with the Ombudsperson for Human Rights and MoES initiated a national campaign on changing social norms and behavioural patterns for the prevention of VAC (UNICEF Kazakhstan, 2019b). The communication campaign aimed at obtaining positive behaviour change with respect to VAC, building awareness on the forms of VAC, increasing knowledge of its negative effect, connecting and engaging people to address it. The campaign targeted the government, NGOs, companies, media and social

media, and involved parents between 20-35 years of age (Cecchetti, 2018). In 2019, this campaign reached more than 1.5 million persons in Kazakhstan. Social media influencers became key supporters of the campaign and rolled an online positive parenting marathon throughout the year. While achieving social norms change is a long-term process, the campaign has contributed to a more open dialogue on VAC in Kazakhstan in national media and among the public, including the private sector. Addressing VAC became a priority in the newly adopted state health and education programmes 2020-2025 (UNICEF Kazakhstan, 2019b).

In 2021, to measure a change from the 2016 baseline survey and to begin to monitor certain VAC indicators, UNICEF has conducted a follow-up survey in the Almaty, East Kazakhstan, Kyzylorda, Mangystau, Turkestan regions and the city of Shymkent. The survey has involved participants from the general population (18-65) and child protection professionals (including representatives of guardianship authorities, social workers, psychologists, health specialists, staff of child institutions) (UNICEF Kazakhstan & Haarr, 2021).

Compared to 2016, there was some decrease in the frequency of use of violent discipline (more than two different types in the previous two years) from 76% to 74% per cent of participants. Parents reported a significant drop in the use of physical VAC (from 45 % in 2016 to 21 in 2021), and fewer parents were using threats about hitting the child. Compared to 2016, parents were relying more often on non-violent forms of disciplining their children, including providing an explanation to the child or taking privileges from the child (UNICEF Kazakhstan & Haarr, 2021).

However, certain trends have remained unchanged: for example, the support of corporal punishment of children among the grown-up population remains high (46% in 2021, compared to 53% in 2016). It is quite concerning that every third child protection professional supports corporal punishment to discipline and control children (compared to 43% in 2016). According to the KAP research, women were more likely to use physical and mental violence to discipline children, compared to males, even there were fewer women (45%) who supported the use of corporal punishment. This shows that males are more likely to support corporal punishment, but females are more likely to use it. One possible explanation that the researcher provided was that females felt pressured by males to use physical violence against children. This could be a window of opportunity for women to use non-violent means of upbringing if supported in doing so (UNICEF Kazakhstan & Haarr, 2021).

During the interviews, some respondents indicated that physical abuse was an accepted way of management of children in the family (KII-C-6; KII-C-12). One informant said, that physical punishment was well justified because according to the common believes, it did not cause any harm, it was not exercised often, or it was used only when needed, and it did not show that parents do not love their children (KII-C-6). Another argument referred to the history of violent upbringing in the family: according to some parents the informant was counselling, violence still allowed the parents to grow into “normal persons” (KII-C-6).

Another informant mentioned that violence in Kazakhstan families was treated as something mundane, even banal, that it could be considered as part of the family culture (KII-C-12). While discussing brides kidnapping, as a form of violence prevalent even today, the informant stated that people often justify this violence as a tradition (KII-C-12). In the interview, this NGO representative said

*“People tend to forget that the tradition was related to something else: young men and women were not able to get married due to the absence of financial resources, and they would elope. What is happening today is a crime, not a tradition, and it is prohibited by the Art 125 of the Penal Code. The parents often say this is a tradition, and raise their children with this notion. It is important to understand that it should not be like that.”*

Another informant (KII-C-11), a government representative, stated that neither religion nor culture in Kazakhstan tolerates violence against children. According to the informant, historically, children of any gender held a special honourable place in the family. Therefore, when violence against children takes place, it cannot be justified by religious practices or historical roots.

The 2021 KAP results showed there was less understanding of physical violence as a notion both among the general population (the indicator decreased from 60% to 55% of the population from 2016 to 2021) and CPS professionals (from 58% to 50% respectively). According to Robin Haarr, the potential explanation is the new knowledge that certain types of physical violence are not appropriate to be exercised against children, and therefore, some representatives of the public are no longer sure what forms of physical violence exist (UNICEF Kazakhstan & Haarr, 2021).

Another trend mentioned during the presentation of KAP survey results relates to attitudes to VAC reporting both among the general public and child protection professionals. Every fifth representative of the general public felt it was not important to report witnessed acts of VAC to the state bodies (this share of the population has increased from 7% in 2016 to 19% in 2021). There was more support among the general public for no reporting of VAC in the situations when the violence was witnessed by school teachers (18% in 2016 compared to 22% in 2021), and medical personnel (14% in 2016 compared to 16% in 2021) (UNICEF Kazakhstan & Haarr, 2021).

The second KAP survey (2021), also showed that child protection professionals did not see the importance of reporting VAC, however, the share of no reporting supporters was smaller (3% in 2016 compared to 10% in 2021 in cases when teachers witnessed an act of VAC, 4% in 2016 compared to 11% in 2021 when medical personnel were involved).

To understand the causes for non-reporting both among the general public and child rights specialists, we used the South Korean study that provides a ground for possible comparison with Kazakhstan KAP findings. However, it is difficult to directly compare these two studies, because KAP 2021 addresses attitudes, while the Korean study looks at existing practices. A study conducted in South Korea in 2015, showed that most medical professionals did not report cases when they suspected abuse and violence, because they were not confident or did not have sufficient evidence of abuse, or lacked awareness about the reporting procedure (Cho et al., 2015). For domestic violence cases, the second biggest reason for not reporting the incident was that the Korean medical personnel did “not want to be involved in a personal or family matter”. In one of the interviews conducted for this evaluation, when responding to the question of referral of children at risk or in need of protection to other services, a medical worker stated that medical workers are disincentivized from reporting cases of violence:

*“If there is no statement, ..., there is no problem”. [Nurses] are afraid of losing their jobs.” (CS-S-001).*

The participants of another interview mentioned several times that schools were not prepared to address and report the issue of VAC at schools or in the family because the school administration was not keen to lose the funding or their place in the school ratings. Moreover, according to the same respondents, the school psychologists and social pedagogues were underreporting the cases because they felt disappointed in the existing system that would not investigate the cases (KII-C-3). It is impossible to make any general conclusion based on the provided statements.

The KAP 2021 survey showed a significant drop in the support of an investigation of VAC cases: the percentage of the general population who believed it was “very important” that state agencies investigated cases of VAC has dropped by half from 45% in 2016 to 22% in 2021 (UNICEF Kazakhstan & Haarr, 2021).

Several interviewees acknowledge the importance of changing knowledge, attitudes and behaviours that condone VAC of parents, social workers, police, judges and society at large. Several respondents (KII-C-6, KII-G-6, FGD-Q-1) stated it was important to work with families, including single mothers, through parenting and relationship courses to provide psychological relief.

Several organizations directed their efforts to put together programmes for parents, including the United Nations Population Fund (UNFPA) that initiated the development of a package of information and educational materials on **"Conscious Parenting"** and relationships between men and women on the principles of non-violence; effectively discuss issues of a fulfilling and safe sex life, and make joint decisions regarding the care and upbringing of children. The Ministry of Education and Science of the Republic of Kazakhstan developed a **methodological manual "General recommendations for parents on preparing a child for schooling"** that while it focuses on preparing a child for school, also provides practical advice to young parents. The Ministry of Information and Social Development launched a project supporting institution of paternity that developed the Methodological Guide **"Secrets of Successful Parenting: School of Fathers and Mothers."** The manual examines in detail the factors contributing to the development and strengthening of the family, along with them, the risk factors are analysed, and possible ways to overcome them are proposed (UNICEF Kazakhstan & Haarr, 2021).

A representative of a think tank (KII-G-7) mentioned that not only parents require work and training, but journalists as well, especially when they cover cases of violence. The informant expressed her concern that Kazakhstan media was not familiar with ethical ways of covering violence, providing an example of an evening TV show when a victim of sexual violence was invited in the same room with a perpetrator, where both the host of the show and parents of the perpetrator were putting pressure on the victim to forgive the act of violence. According to the respondent, “this young woman has been raped twice – once psychically, and another time - on TV. People in the audience condemned the victim – she was asked to forgive the rapist.”

There are significant positive social changes taking place in Kazakhstan during the last decade, however, it seems that to decrease VAC, society still needs to gain a full understanding of this issue to form a negative stance.

## 7. Lessons Learnt

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several lessons were learnt during the evaluation. Considering these would be useful for similar future evaluations.

First, the evaluation scope was too wide besides its reduction that was agreed upon during the inception phase. A Child Protection System is a relatively new concept and a framework that captures and exemplifies a very complex reality. A thorough evaluation of the evolution and reforms of its six components over 10 years appeared to be an overambitious task. An in-depth evaluability assessment of the objectives against what was possible to evaluate would have been helpful before developing the methodology. It would have set a more focused scope and possibly indicated the need for a deeper analysis of some components over others or their interdependences.

Secondly, the evaluation had to use an exogenous definition of the Child Protection System, given that such definition did not exist in any public policy or programme in Kazakhstan. It would have been helpful to start the evaluation by agreeing on a working definition of the Child Protection System with the members of the Evaluation Reference Group, the main stakeholders of the evaluation. This would have eased the development of the methodology, and helped the process, ownership and uptake of the evaluation and its findings.

The third lesson learnt concerns the definition of the child protection system that was used in the evaluation. The evaluation used UNICEF's definition that distinguishes components and actors and indicates that it is interlinkages and interactions amongst these components and actors that make the system (see the background of the evaluation above). Nevertheless, those interactions and linkages are not spelt out in the definition; the definition does not provide indications as to whether all components and actors are expected to relate to each other; or whether those linkages are supposed to be of equal importance for a system to exist or if some are pre-requisites to others; or whether there are linear, circular, bidirectional relationships between components and actors. Future evaluations of child protection systems may wish to explore the interdependencies between different components first. It may be useful for identifying bottlenecks and prioritise interventions that may be the most effective in improving the system overall.

Finally, the governance of the evaluation would have benefitted from a stronger political leadership. The involvement of the Office of the Human Rights Commissioner was essential and highly appreciated. Nevertheless, it was not matched by the same level of commitment and engagement by relevant line ministries. This appears to be both the cause and effect of a fragmented child protection system that has not been sufficiently supported by strong enough political gravitas. Greater involvement of relevant ministries would be essential to the adoption and implementation of the evaluation's recommendations.

## 8. Theory of change: A vision up to 2030

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This section presents an overarching, multi-sectoral theory of change, to start a conversation with the Government of Kazakhstan on strengthening the CPS to prevent and respond to violence against children for the next 10 years until 2030.

The purpose is to provide a strategic vision, that is based on the outcomes of this formative evaluation. The theory of change describes pathways of change, propose a course of actions, outputs, and outcomes, and articulates a chain of results.

The Theory of Change is built on the six components of the CPS which were used as the analytical framework for the present evaluation. The definitions of the different forms of violence that the Theory of Change covers as well as of the remit of each component are found in the introduction of this report.

This section includes two components that together comprise the Theory of Change:

- (1) A schematic representation of the results chain that shows proposed results at the Impact/Goal, Outcome, and Output levels; Activities that need to be put in place to achieve the identified changes; Barriers, Bottlenecks and Drivers identified by the evaluation; and Assumptions, the conditions upon which the barriers can be overcome, Activities undertaken, and Outputs/Outcomes achieved;
- (2) A narrative summary of the Theory of Change provides the rationale of the proposed results and describes the links between the different levels of the results.

The Theory of Change has been informed by a two-day online workshop that was organised with the members of the Evaluation Reference Group on 22-23 June 2021. The detailed programme of the workshop as well as the list of participants are found in Annex.

### 8.1. Graphic representation of the Theory of Change



*[to be included in the final graphic editing]*

## 8.2. Narrative summary of the Theory of Change

The following section provides the rationale of the proposed results and describes the links between the different levels of the results.

**2030 Vision:** Kazakhstan free of violence against girls, boys, and adolescents

**Impact:** All girls, boys and adolescents in Kazakhstan grow up with greater freedom from all forms of violence; and those who do experience violence benefit from greater access to care, support, justice, and other services needed to ensure physical, mental, and social well-being.

**Cross-cutting outcome:** A multi-sectoral CPS that multiplies the existing capacities of its individual components and actors to achieve better protection of children from violence

The vision 2030 aligns with the Sustainable Development Goal (and especially 16.2) which sets for every country of the world, including Kazakhstan, the objective to eliminate all forms of violence against children (UN, 2016).

The impact statement is made of two parts: the first one focuses on preventing violence against children and avoid its occurrence; the second one focuses on supporting children who experience violence to restore their physical, mental, and social well-being. These parts are in line with Article 19 of the Convention on the Rights of the Child to which Kazakhstan is a State Party (UN CRC, 1989, 2006, 2011).

The cross-cutting outcome is about strengthening the CPS, not as an end in itself but to achieve greater protection of children from violence. A stronger system recognises existing capacities, components and sectors, links them more strongly together and multiplies their outcomes for children.

Within the field of violence prevention and response, there are no narrow vertical chains of results linking an activity, to an output, outcome, and impact (WHO & End Violence Against Children Global Partnership et al., 2020). One activity (i.e., the reform of law; the implementation of new services) may influence multiple outcomes and be most effective at preventing violence when used in combination with others. As a result, this Theory of Change assumes that outcomes will produce changes across the results chain, both horizontally and vertically (UNICEF, 2017a). This vision also aligns with the definition of the CPS, whereby it is the interlinkages with sectors, actors and components which make up the system (UNICEF, 2019b).<sup>81</sup>

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<sup>81</sup> For the full definition of the Child Protection System as used for the present evaluation see the introduction chapter above.

### 8.2.1. Laws and policies

OUTCOME 1.1 (Laws)	
Kazakhstan has strengthened the legal protection of children from corporal punishment in the home, kindergartens and orphanages and mental violence and bullying.	
OUTPUTS	ACTIVITIES
The Parliament has adopted/amended the civil law to explicitly prohibit corporal punishment in the home, kindergartens and orphanages and mental violence and bullying	The Parliament amends the necessary law to introduce a clear ban on corporal punishment of children in home settings as well as mental violence and bullying. The law does not criminalise parents, provide support to them on parenting and is accompanied by a communication campaign to diffuse knowledge and behaviour change campaigns at the local level. The law establishes the necessary budget for its implementation
OUTCOME 1.2 (Law)	
Kazakhstan has a stronger legal basis for specialised services for child victims of violence	
OUTPUTS	ACTIVITIES
<p>The Parliament has adopted a law that establishes a minimum package of specialised services, both prevention and response, in different sectors (Health, Education, Social Protection, Law Enforcement) for all child victims of violence (beyond those in difficult life situations)</p> <p>In particular, an integrated service model – one-stop-centres – for child victims of violence and their families is developed as a child-friendly, multidisciplinary and interagency model for responding to child victims and witnesses of violence. The purpose of a one-stop centre is to offer each child coordinated and effective child protection and criminal justice response and to prevent traumatisation and re-traumatisation during an investigation and court proceedings. The centre provides specialised services to child victims of sexual violence and their families. The centre is not residential and can be either established anew or graduate from the centres in difficult life circumstances.</p>	<p>The Multi-ministerial and multi-agency commission together with the multi-sectoral agency for CP compiles and assesses all the existing services to prevent and respond to violence against children, identifies gaps and proposes to the Parliament a minimum package of services involving the delivery of basic, integrated services in health, education, and social/child protection in communities, with a special focus on the most vulnerable children and their families.</p> <p>The Parliament adopts/amends existing laws to introduce missing services and the concept of a minimum package to integrate their delivery with existing ones. The law provides the necessary budget and sources for establishing and running new and existing services.</p>
OUTCOME 1.3 (Policy)	
Kazakhstan has a unified, high-level, cross-sectoral, and cross-agency vision to prevent and respond to violence against children	
OUTPUTS	ACTIVITIES
The central Govt has strengthened its role to convene multiple sectors and actors to align their existing objectives and programmes to end VAC, identify gaps and develop a common	The new multi-ministerial and multi-agency commission on CP develops a new multi-year policy on CP, that is based on the existing sectoral ones and integrates them. It involves and consults NGOs, parents and children in its

multi-year plan and indicators to monitor its implementation.	development. Provides VAC indicators and establishes the responsibility for the collection of data and its analysis. The new Commission annually reports on progress made to the President and the Parliament.
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### The rationale for outcomes, outputs, and activities in CPS Component 1 ‘Laws and policies’

The CPS component on laws and policies should be strengthened in three ways:

1. **ensuring full legal protection of children from corporal punishment and mental violence against children;** this will close the gap and bring the national law in full alignment with the obligations derived from the Convention on the Rights of the Child as recommended by the UN Committee on the Rights of the Child (UN CRC, 2015). The Parliament will be the responsible body to amend the existing law. Given the recent experience of the drafting of the bill on countering domestic violence, the resistance and fear that it induced, it is recommended that the new provisions are civil law provisions, that do not criminalise parents but support them. It is recommended that the law is widely disseminated within the citizenship and accompanied by a budget for its implementation.
2. **Introducing a law establishing a minimum package of child protection services** - ranging from prevention to response across sectors that would ensure primary prevention of violence, and assistance and support to child victims of violence; this outcome is linked to the outcome on services; it will be important that the package of minimum services builds on existing services that are already established, identifies existing gaps and proposes new services to fill those gaps.<sup>82</sup> It is important that the establishment of the package of minimum services is done in a consultative way and jointly led by the new proposed Multi-Ministerial and Multi-Sectoral Commission on Child Protection/VAC and the new proposed Standing Multi-Sector Agency for the implementation of CP policies (these new proposed structures are explained under the governance component below).

Within the proposed new package of minimum services, a model is developed for an integrated service – one-stop-centres – for child victims of violence and their families. This should be a child-friendly, multidisciplinary, and interagency model for responding to child violence and witnesses of violence. The purpose of a one-stop centre is to offer each child coordinated and effective child protection and criminal justice response and to prevent traumatisation and re-traumatisation during an investigation and court proceedings. The centre provides specialised services to child victims of sexual violence and their families. The centre is not residential and can be either established anew or graduate from the centres in difficult life circumstances.<sup>83</sup>

<sup>82</sup> The Child Protection Section in UNICEF Headquarters is developing guidance on a Minimum Package of Child Protection Services that will be useful to implement this change

<sup>83</sup> The *Barnahus* or Children’s House has been developed in Scandinavian countries and replicated across Europe and in Some Eastern European Countries. Multiple resources, standards and guidance can be found on the following website <https://www.barnahus.eu/en/> (visited on 26 July 2021)

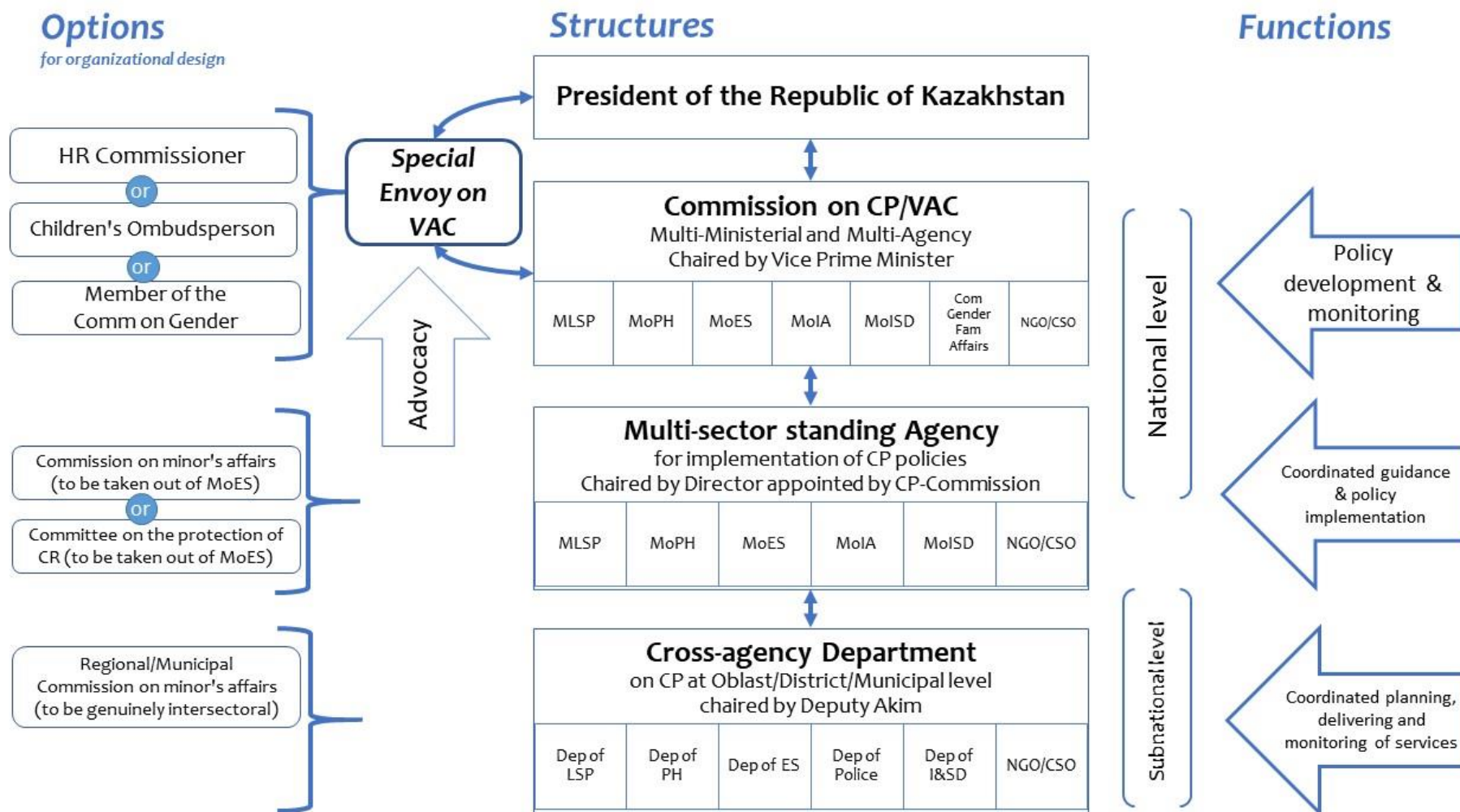
3. **Strengthening and consolidating a high-level, unified vision for the next 10 years on violence against children.** Kazakhstan has expanded enormously the number of sectoral policies (on social protection, health, education, law enforcement) that establishes roles and responsibilities of different sectors to prevent and respond to violence against children. But none of these sectors has the full vision of what the sum of those sectoral results will mean for the protection of children from violence. The gender agenda appears to be much more advanced and united than the protection of children from violence. It is therefore proposed that the central government – under the leadership of the new proposed Multi-Ministerial and Multi-Sectoral Commission on Child Protection/VAC (see governance below) lead the development of a new multi-year policy on CP, that is based on the existing sectoral ones and integrates them. During its development, the CP Commission involves and consults NGOs, parents, and children. to it, It also attaches VAC indicators and establishes the responsibility and necessary budget for the collection of data and its analysis. This change is linked to the outcomes of oversight and monitoring.

### 8.2.2. Governance

OUTCOME 2.1 (Central level governance)	
<p>Kaz Govt has strengthened cross-ministerial and multi-agency coordination and accountability for:</p> <ol style="list-style-type: none"> <li>1) Policy development</li> <li>2) Advocacy</li> <li>3) Implementation</li> </ol>	
OUTPUTS	ACTIVITIES
<p>The central Govt has established the mandate and responsibility for:</p> <ol style="list-style-type: none"> <li>1) a central high-level multi-ministerial and multi-agency body to develop and monitor the implementation of state policies on VAC</li> <li>2) a high-level Special Envoy on ending VAC to keep the topic high on the Govt agenda</li> <li>3) A standing multi-sector agency under the multi-ministerial commission on CP with clear accountability lines towards Health, Education, Social Protection, Law enforcement to coordinate the implementation of the state policies on VAC</li> </ol>	<p>The President mandates the establishment of a multi-ministerial and multi-agency Commission on Child Protection under his/her direct responsibility with the mandate to develop state policies on VAC</p> <p>The President adopts a presidential decree to establish the post of a Special Envoy on VAC and appoints his/her based on recommendations from the Commission on Child Protection.</p> <p>The Commission on Child Protection proposes whether an existing body (CPRC, Commission on minor's affairs) or a newly created one will be responsible to ensure the implementation of state policies on VAC and proposes its mandate, composition and reporting line.</p> <p>The Parliament adopts a law that establishes the multi-ministerial and multi-agency Commission for policy development, its composition, mandate, accountability lines; and of the multi-sectoral state Agency for the implementation of state policies on VAC. The law establishes the necessary budget and resources for their functioning</p>
OUTCOME 2.1 (Sub-national governance)	
<p>2.2 Oblast/District/Municipal akimats have strengthened the coordination to plan and deliver services to prevent and respond to VAC</p>	
OUTPUTS	ACTIVITIES
<p>At Oblast/District/Municipal levels there is a government body with the mandate to coordinate the services delivery for child victims of violence</p>	<p>The law is amended to ensure that the sub-national Commissions on minors' affairs report to the Multi-Sectoral Agency on the implementation of VAC policies, coordinate the planning, the delivery and the monitoring of all prevention and response services on VAC. NGOs should be formally part of the Commissions at the sub-national level. The Commissions are provided with the necessary budget and human capacity to be able to exercise the extra mandate.</p>



Figure 4: New proposed governance structure of the CPS in Kazakhstan



## The rationale for outcomes, outputs, and activities in CPS Component 2 ‘Governance’

The governance of the CPS in Kazakhstan has been the component with the least progress in the last 10 years. Effective governance has to guarantee multi-ministerial and multi-agency coordination at the central level for policy setting, across administrative levels for policy implementation and at the sub-national level for planning and coordination of service delivery. The new proposed governance structure across levels is illustrated in Figure 4: New proposed governance structure of the CPS in Kazakhstan.

- 1) At the central level, Child Protection and Violence against children need to be elevated above any existing minister to recognise the cross-sectoral nature of programmes and services to prevent and respond to violence against children. A similar approach to what the Government has taken to prioritise gender issues and violence against women. It is therefore proposed to set up a new **Multi-Ministerial and Multi-Agency Commission on Child Protection/Violence against Children**, to be chaired by the Vice Prime Minister and reporting directly to the President of the Republic of Kazakhstan. The new CP Commission would be in charge of policy development on Child Protection and Violence against Children. All the relevant ministries would be part of it, as well as representatives from the Commission on Gender, Family and Demographic Policies, as well as from NGOs.
- 2) Secondly, and likewise, at the central level, the President should appoint a **Special Envoy on Violence against children**. The Special Envoy is an independent expert who could speak up on emerging issues related to Violence against Children and make sure that they remain high on the political agenda. The Special Envoy should advise both the President and the new CP Commission. The Special Envoy could be selected amongst representatives of the existing bodies such as the Commissioner for Human Rights, the Ombudsperson for Children or amongst the members of the Commission on Gender, Family and Demographic Policies.
- 3) Thirdly, and again at the central level, a stronger CPS should be equipped with a **Standing Multi-Sectoral Agency**, headed by a director and reporting to the new Child Protection Commission. This agency would not be a convening platform with civil servants from different ministries representing their sectors. It should be constituted of appointed officials with sectoral expertise and linked to the respective ministerial departments that are mandated to ensure coordinated implementation of the cross-sectoral policies, production of guidance, protocols and guidance that are multi-sectoral. As existing standing agencies with some responsibility for the implementation of child protection policies do already exist (Commission on Minors’ Affairs and Committee for the Protection of Children’s Rights), it is advisable that the new CP Commission decides, upon agreed criteria, if any of the existing agency can be adapted and equipped to take up the new role. The bottom line is that the accountability and reporting lines of the multi-sector agency should be taken out of the Ministry of Education and Science to ensure equal oversight authority over all the sectors and ministries.
- 4) It would be important that the new CP-Commission and Multi-sector Agency are established by law and are provided, like the Special Envoy on VAC, with the necessary financial resources to effectively exercise their functions.
- 5) As sectoral fragmentation of service provisions is also a feature of the CPS at the local level, Oblast, District and Municipal level, it is recommended to strengthen cross-

sectoral coordination and accountability at the local level too. It is proposed that a **Cross-agency Department** is established at Oblast, District and Municipal level and chaired by the Deputy Akim. Representatives from the different sectoral departments as well as from NGOs active on CP on the territory would be the members of the Department. Their main function would be to assess Child Protection needs, identify the necessary services to respond to them, coordinate their delivery and support them in using the multi-sectoral guidance, standards and procedures developed by the Multi-Sector Agency on CP. Given that at regional, district and municipal levels Multi-sectoral Commissions on Minors' Affairs exist already, it would be important for the Multi-Sector Agency to assess whether they would be suitable to change their role in coordinating planning and implementation of services and report to the Multi-Sector Agency at the central level. The cross-agency departments must be provided with the necessary budget and human capacity to be able to exercise the extra mandate. The outcomes on governance at sub-national levels are linked to those on prevention and response services.

### 8.2.3. Prevention and response services

OUTCOME 3.1 (Prevention)	
Kazakhstan has improved the availability, coverage, and access to primary prevention services across sectors	
OUTPUT	ACTIVITIES
<p>At Oblast/District/Municipal level existing primary prevention services are strengthened and those missing established and resourced. In particular:</p> <p>1) Children have greater access to:</p> <p>a) Education, life skills, livelihood, and violence prevention programmes in schools</p> <p>b) Age-appropriate information about sexuality and healthy relationship in schools, medical facilities, and youth centres</p> <p>c) Knowledge about rights and where to seek help for violence (on social media, in schools, in youth centres, in sports clubs, worship places, etc.)</p> <p>2) Parents and caregivers have greater:</p> <p>access to quality parenting advice and support (Universal patronage nurses, school psychologists and one-stop centres for children)</p> <p>3) Households in vulnerable socio-economic situations have greater access to economic support programmes that integrate attention to gender equity and family violence prevention (targeted social assistance)</p>	<p>The sub-national Commissions on minors' affairs assess the CP needs on the territory under their jurisdiction, identify the necessary services (existing and new ones from the essential package), determine the budget needed for their establishment and implementation.</p> <p>Each sectoral department supports the needs assessment and service planning and implements the plan will all the necessary human and financial resources. They report annually on the status of implementation to the sub-commission on minor's affairs.</p>
OUTCOME 3.2 (Response)	
Kazakhstan has improved the availability, coverage, and access to integrated services for the care and support to child victims of violence and their families	
OUTPUTS	ACTIVITIES
<p>At the selected Oblast/District/Municipal level the integrated service model for child victims of violence and their families- one-stop-centres - are piloted and evaluated with the view of scaling them up to the entire territory by 2030. These could be either newly established centres or existing centres transformed and graduated to one-stop centres for families and children.</p>	<p>The sub-national commissions on minor's affairs, in connection with the national multisector agency, establish a plan for the piloting, graduation, evaluation and scaling up of the one-stop centres. The plan is adequately funded, monitored and followed up.</p>

### The rationale for outcomes, outputs, and activities in CPS Component 3 ‘Prevention and response services’

- 1) Services represent the component that needs further strengthening to ensure better coverage, availability and access to primary prevention and response services. These outcomes and outputs are linked to those under Laws (establishment of a minimum package of services); Governance at the local level (strengthening planning and coordination of service delivery); Oversight and Monitoring (quality of services) and financial resources.
- 2) On the prevention side, it would be important that the **primary prevention is strengthened with universal services that reach the entire child population (0-18 years old) and their parents**. New services are needed to reduce the risks of violence and its occurrence and reach children via schools, medical facilities, youth centres, social media, sports clubs and worship places. Parents should also have better access to quality parenting advice and support via visiting nurses, school psychologists, psychologists, and the established one-stop centres. Finally, families receiving targeted social assistance should also be able to access programmes that support gender equity and the prevention of family violence.
- 3) On the response side, the CPS at the sub-national level should **establish and pilot the model on integrated services (one stop-centres) for children and families** as foreseen under the component on Laws and Policies. It is proposed that the sub-national Commissions on minors’ affairs lead the pilot in connection with the multi-sectoral Agency on CP. The pilot should consider whether existing centres for children in difficult life circumstances could graduate to become one-stop centres for children and families. The process of graduation is a substantive one, accompanied by benchmarks and indicators as currently the centres for adaptation are closed residential centres, do not provide assistance to families and the eligibility criteria need revising.
- 4) It is important that the establishment, adaptation, and piloting of new/existing services are supported by the necessary financial resources needed.

#### 8.2.4. Oversight and monitoring

OUTCOME 4.1 (Administrative Data)	
Kazakhstan has strengthened its capacity to use VAC data and indicators to inform and monitor national policies and programmes on VAC	
OUTPUTS	ACTIVITIES
<p>All sectors, ministries and agencies and service providers:</p> <ol style="list-style-type: none"> <li>1) are legally mandated to collect administrative data on VAC</li> <li>2) have improved their VAC administrative data collection system</li> <li>3) have agreed on cross-sectoral definitions, minimum sets of data, and data disaggregation on VAC</li> <li>4) adopt a clear set of VAC indicators based upon national legislation and policies that are aligned with relevant global indicators</li> </ol>	<p>The Parliament adopts/amends the law to legally mandate all relevant sectors to systematically collect data on VAC, to use a standard set of indicators as included in the national CP policy and gives mandate to the new multi-ministerial commission on CP together with the National Statistical Office convene a technical working group to:</p> <ol style="list-style-type: none"> <li>1) establish cross-sectoral definitions, minimum sets of data, and data disaggregation on VAC</li> <li>2) adopt a clear set of VAC indicators based upon national legislation and policies that are aligned with relevant global indicators</li> <li>3) Develop a digitalised and centralised Child Protection Management System (CPMS)</li> </ol> <p>The law establishes the necessary budget and resources for the setting up and implementation of the CPMS</p>
OUTCOME 4.2 (Quality of services)	
Kazakhstan has unified cross-sectoral minimum standards and procedures for all services preventing and responding to VAC	
OUTPUTS	ACTIVITIES
<p>All existing services and newly established ones to prevent and respond to VAC have reviewed/introduced coherent standards across sectors, including on multi-disciplinary assessments, development of individualised care plans, referrals templates, case management to ensure monitoring and follow-up, consultation with children and their families on the development and monitoring of the individualised plan</p>	<p>The multi-sectoral agency on implementation:</p> <ul style="list-style-type: none"> <li>- reviews all existing standards, identifies commonalities, and gaps and develops common standard practice.</li> <li>- develops an implementation plan that is budgeted and resourced.</li> <li>- oversees the implementation plan and instruct different sectors and services to implement them.</li> </ul>



#### The rationale for outcomes, outputs, and activities in CPS Component 4 'Oversight and monitoring'

- 1) Kazakhstan Government should strengthen its capacity to **routinely collect and analyse administrative data and indicators on VAC from across the sectors** beyond the data on crimes against children which is currently collected. All sectors should be mandated to collect administrative data on violence against children according to agreed definitions, disaggregation, and indicators. The systematic collection and analysis of such data will improve the capacity to inform and monitor national policies and services on VAC. The work must be led by the national statistical office together with the new CP Commission on CP. The indicators on VAC should also be part of the new national policy on CP/VAC to ensure consistency (link with the outcomes on policies). Finally, it is important that the Parliament mandate the agencies and ministries to develop and implement the data information management system and provide the necessary funds to roll it out.
- 2) The CPS should have **common minimum standards and procedures for sectoral services that prevent and respond to VAC**. Multiple standards exist but have not been developed in a cross-sectoral fashion and that create obstacles to the coordination of service provisions. In particular, standards would be needed for multi-disciplinary assessments, development of individualised care plans, referrals templates, case management to ensure monitoring and follow-up, consultation with children and their families on the development and monitoring of the individualised plan. It is important that these cross-sectoral common standards are based on existing ones and that the process of reviewing them, identify gaps and develop new common standards and practices is led by the Multi-Sector Agency. The Multi-Sector Agency should also be responsible for developing the implementation plan, that is fully budgeted and funded, and for supporting and overseeing its implementation.

### 8.2.5. Human and Financial Resources

OUTCOME 5.1 (Financial Resources)	
Central Government allocates the necessary financial resources to services and programmes to prevent and respond to VAC and has strengthened its capacity to assess their effectiveness	
OUTPUTS	ACTIVITIES
<p>The government has developed:</p> <ol style="list-style-type: none"> <li>1) a methodology to calculate the financial benchmark for CP that is based on the minimum package of services and to determine the annual public expenditure on CP and the costs of coverage at the regional and local level, both in budget planning and execution.</li> <li>2) a methodology to conduct a cost-benefit analysis on selected child-protection services</li> </ol>	<p>The Ministry of Finance together with all relevant line ministries develops:</p> <ol style="list-style-type: none"> <li>1) the benchmarking methodology via: <ul style="list-style-type: none"> <li>- Mapping child protection services against the minimum package</li> <li>- Track down how they are financed in each ministerial budget lines</li> <li>- Calculate the cost of coverage at the regional and local level, including rural areas</li> <li>- carry out the analysis on a bi-annual basis</li> </ul> </li> <li>2) The cost-effectiveness methodology by: <ul style="list-style-type: none"> <li>- Identifying the services on which the analysis is needed</li> <li>- The expected outcome/s of those services</li> <li>- The interventions to achieve those outcomes and their costs</li> <li>- getting ready to carry out cost-effective analysis as of 2030 on selected services</li> </ul> </li> </ol>
OUTCOME 5.2 (Human Resources)	
Kaz has strengthened the number and capacity of the social workforce and has harmonised their functions and profiles across sectors.	
OUTPUTS	ACTIVITIES
<p>The government has harmonised the nomenclature, functions, qualifications and rules of certification and training of the social workforce across sectors</p> <p>Govt has increased the number and capacity of the social workforce across sectors to identify, refer and support children at risk and victims of violence</p> <p>MoES certifies multi-disciplinary training modules at BA level on VAC to be integrated into accredited training on social work, primary health care, social pedagogy, police investigation.</p>	<p>The new multi-sectoral implementation Agency reviews all the nomenclature, functions and qualification rules for all professionals with the responsibility to prevent and respond to VAC and makes a proposal for their harmonisation. The new Multi-ministerial Commission approves it and gives a mandate to the implementation agency to enforce it.</p> <p>The new multi-sectoral implementation agency reviews all existing assessments of number, salary levels and technical capacities of professionals across sectors with the responsibility to prevent and respond to VAC with the view of harmonise them and adapt them to the needs. It develops an implementation plan and work with different sectors and enforce it. The reform is accompanied by the necessary financial resources to implement it.</p>

	<p>The new CP Commission convenes a working group of universities, professional associations across sectors and NGOs to review existing curricula and training on VAC at BA and Master level to harmonise them and produce common multi-disciplinary learning modules on identification, early response and support to child victims of violence. MoES certifies the module.</p>
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### The rationale for outcomes, outputs, and activities in CPS Component 5 ‘Human and Financial Resources

- 1) To be able to **allocate adequate public resources to prevention and response services**, the Government has to develop a benchmark methodology by which it identifies the relevant services (as per the minimum package under law’s outcomes) and calculates the costs of providing them while ensuring full territorial coverage. It then tracks how they are allocated and executed in each ministerial budget line. As a subsequent step, the Government should develop a methodology to measure the cost-effectiveness of some of those services, by comparing the investment needed versus their outcomes. The two methodologies must be developed under the leadership of the Ministry of Finance, together with the relevant ministries.
- 2) The CPS will be **strengthened by harmonising nomenclature, functions, and qualifications of the social workforce across the sectors; by strengthening their capacity in identifying, referring and support child victims of violence**; and by developing **joint common training modules on VAC** which is officially accredited and included in existing training across sectors. It will be important that the Multi-Sector Agency: lead the work of (a) reviewing existing nomenclature, functions and qualification across sectors and propose how to harmonise them; and (b) reviewing all existing assessments of numbers, levels and technical capacities of professionals across sectors with the responsibility to prevent and respond to VAC with the view of harmonise them and adapt them to the needs. It develops an implementation plan and work with different sectors and enforce it. (c) Convenes a working group with universities and training institutes to review existing models on VAC, develop common ones and ensure certification of them by MoES.
- 3) It will be important that the reform to strengthen the social workforce is accompanied by the necessary financial resources to implement it.

### 8.2.6. Participation and norms

OUTCOME 6.1 (Children)	
Children are more empowered to exercise and advocate for their rights, for a life free of violence; consulted in the development of laws, policies and services that concern them	
OUTPUTS	ACTIVITIES
The Ombudsperson for children has developed a framework for Municipal Akimats to consult children on draft laws, policies and services that concern them	The Ombudsperson for children convenes a group of Municipal-based commissions on juvenile affairs (with an expanded mandate on VAC) to consult them on the establishment of a permanent consultation framework of children and adolescents on policies, practices, and services on VAC. The Ombudsperson adopts the framework and works with the municipal-based commissions to implement it. The framework is accompanied by the necessary financial resources to be implemented.
OUTCOME 6.2 (Parents)	
Parents and caregivers have built more nurturing parent/children relationships and have improved non-violent skills and practices	
OUTPUTS	ACTIVITIES
Parents and caregivers increase their support to and use of non-violent discipline with their children	The Ministry of Information and Social Development develops and implements communication campaigns for parents which involve influencers, personalities, and social media actors to multiply the reach and outputs.
The government has conducted KAP surveys related to VAC in families every five years (2026; 2031)	The <b>National Statistical Office</b> regularly repeats the KAP Survey on VAC in families and keeps track of trends and informs the Ministry of Information and Social Development and the new CP Multi-Ministerial Commission on progress/setbacks on social norms on violence against children.
OUTCOME 6.3 (professional and general public)	
Professionals and the general public are more engaged in protecting the rights of all children to grow up free of violence	
OUTPUTS	ACTIVITIES
Child Protection Professionals and the general public have a greater understanding of the different forms of violence and their detrimental effects on children's wellbeing	The Ministry of Information and Social Development involves professionals from across the social workforce services in the development of behavioural change campaigns at the local level.
The government has developed a framework for behaviour change campaigns to be carried out at the municipal level by multiple actors	Local authorities and NGOs implement behavioural change campaigns together with local leaders, professionals, influencers, teachers, parents, and children

## The rationale for outcomes, outputs, and activities in CPS Component 6 ‘Participation and norms’

- 1) The CPS should be strengthened by ensuring that **children are more empowered to exercise and advocate for their rights**, for a life free of violence; and consulted in the development of laws, policies and services that concern them. It is recommended that their participation and consultation take place at the municipal level, including via online platforms and social media and as close as possible to where they live. The Ombudsperson for children should develop a participation framework to be developed and implemented with selected municipal-based Commission on Minors’ affairs to develop a permanent consultation structure. The development and roll-out of the participation structure should be accompanied by the necessary financial resources.
- 2) **Parents and caregivers should be supported to build more nurturing parent/children relationships and to improve their non-violent skills and practice in upbringing.** This should be done by the development of communication campaigns for parents developed by the Ministry of Information and Social Development that involve influencers and social leaders. The **National Statistical Office** should regularly repeat that KAP Survey that was carried out in 2016 and 2020 to measure trends in violence against children in the family at regular intervals.
- 3) **Child Protection Professionals and the general public should also be supported to strengthen their understanding of the different forms of violence** and support for non-violent behaviours. This should be led by the Ministry of Information and Social Development via the development of behavioural change campaigns that involve the social workforce in their development. The campaigns are implemented by different actors at the local level together with local leaders, professionals, influencers, teachers, parents and children.

## 9. Conclusions and Recommendations

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This chapter presents the conclusions and the recommendations.

### 9.1. Conclusions

The CPS in Kazakhstan has made remarkable progress in the last 10 years. These are noticeable in the high number of national laws, policies, protocols, and standard operating procedures that have been adopted and/or are under discussion at the time of writing. This represents an important enabler to further strengthen the child protection system.

It is equally evident that these reforms haven't been driven by a common vision and plan to adequately address violence against children. Individual sectors (health, education and law enforcement in particular) have taken remarkable steps but without enough cross-sectoral consultation, coordination and learning.

The CPS as a concept was not there in 2011 and 2021 is still little or differently understood by policymakers, officials and professionals. Secondly, it is still too fragmented to be able to provide to children at risk or victims of violence the multi-sectoral and multi-disciplinary support that they need to avoid or repair the experience of violence.

The evaluation found evidence of delays, bottlenecks and opportunities for further strengthening each of the six components of the CPS (see individual sections below). But it also confirmed the findings from the inception phase according to which two components require priority investment and attention by the President and the Government: these are (1) the component of prevention and response services and (2) the component on governance at central and sub-national level.

Strengthening and establishing new services is urgently needed as the ones that exist do provide some bits and pieces of prevention, support and rehabilitation. But they result in a piecemeal approach that does not guarantee full coverage of needs. Existing services do not differentiate their support according to different age groups (for example young children versus adolescents), gender (boy and girl victims of violence), a situation of vulnerabilities (disability, belonging to an ethnic minority or being from a foreign country) and access across all territory. Specialised and integrated services for child victims of violence, including sexual violence, do not exist.

Strengthening the governance of the CPS is an equally high-level priority, both at central and sub-national levels. The responsibility for developing, implementing, evaluating policies, programmes and services on violence against children still sit within each line-ministries and this has not provided for strong enough accountability and execution of policies.

The CPS in Kazakhstan is still too fragmented and built on sectors. Several components of it have been strengthened during the last decade that would demonstrate that Kazakhstan is on the right track to bring those pieces under a clearer and unified framework and vision.

### Laws and policies

Since 2011, Kazakhstan has made significant progress in introducing legislation prohibiting violence in certain settings, reducing risks for children being subjected to violence and



improving the system of social protection for children in vulnerable situations and their families.

In terms of prohibition, the Kazakh legislation is quite comprehensive in protecting children from physical and sexual violence. Nevertheless, it presents two main gaps: (1) it still lacks definitions of child abuse, violence, abuse, insult, bullying and self-harm; and (2) Although there is a prohibition of violence on all levels, at home, in the institutions, corporal punishment is not explicitly prohibited.

In terms of the legal basis for prevention and response services, Kazakhstan has developed several sectoral laws that have established services for children. Nevertheless, there are still some gaps that need to be addressed: (1) the experience of violence, abuse and neglect does not trigger direct eligibility for special social services but only if violence leads to social deprivation and social maladjustment; (2) specialised services for child victims of violence de facto do not exist under the law.

Fighting violence against children has become a national policy priority in the last five years. The second half of the decade has seen the adoption of several sectoral policies (on social development, on public health, on education) that set the agenda to further develop and modernise the country until 2025. These are important steps and key enablers for further reforms. Nevertheless, policies have followed sectoral siloes and have left the system fragmented. Fighting domestic violence has received the most attention and a cross-sectoral one; nevertheless, it de-facto focuses on women and not really on women and children. As of 2021, Kazakhstan does not have a centralised and unifying policy on child protection/violence against children.

## Governance

In Kazakhstan, the governance of the CPS has not evolved much from 2011. This appears to be one of the main bottlenecks to further strengthen the child protection system. Although multiple laws and policies were adopted in the last decade, these have been the initiatives by individual sectors in a siloed way. As in 2021, there is no single central government body responsible for setting state policies on child protection /violence against children. This has continued to result in a segmented approach with fragmented sectoral initiatives: multiple agencies develop and implement programmes without sufficient collaboration and coordination resulting in gaps.

Unlike Child Protection, gender issues and violence against women have been better coordinated at central level. The Commission on Gender, Family and Demographic Policies has contributed to the adoption of the Concept of Family and Gender Policy till 2030. Many stakeholders used the Commission on Gender as a good example of effective multi-sectoral coordination, while also recognising its limitation in resources and capacities.

The lack of coordination at the national level is transposed at the sub-national level. Although the evaluation found some anecdotal evidence of increased cooperation between health, education, social protection, law enforcement agencies and NGOs, this cooperation is voluntary, depending on the goodwill of professionals and not based on cross-sectoral protocols or memorandum of understanding.

At the local level, the delivery of child protection services is carried out in a fragmented way and follows sectoral lines. There are several bodies responsible for delivering the services to children and their families but none of them has a coordinating function. The only official body with a mandated function for coordination is the multi-sectoral Commissions on Minor's Affairs. Nevertheless, its role is limited to assessing the need for the alternative care of children and out-of-home placement. If provided with more resources and with an expanded mandate the Commission on Minor's Affairs could potentially become the coordinating platform to plan, delivery and coordinate child protection services at local level.

Two informants stressed that coordination works a little better at the local level as all sectoral departments work under the executive bodies of Akimats and Oblast administration and therefore the accountability is stronger. This is something that would need further research.

### Prevention and Response Services

The Law on Special Social Services (2008) created the legal basis for the development of social services for children and families. The Law has therefore been the greatest enabler as well as bottlenecks for the creation of cross-sectoral services for child victims of violence. Several specialised social services were created in the last decade and across services, but very few of them with the prevention or response to VAC as the central objective.

In prevention, some noticeable signs of progress have been made through the introduction of the universal patronage nurses in 2017 and the piloting of the whole-school violence prevention programmes in 2014 (which was discontinued because of lack of funding). Nevertheless, prevention services are still the result of a piecemeal approach that presents either overlap (for example between youth health centres and youth resource centres, or between school psychologists and school pedagogues) or overlooked areas such as parenting programmes. At the same time school programmes directed at prevention offer resources to school administration and psychologists to incorporate violence prevention lessons into the existing school curriculum, but their capacity seems to be limited by an approach that is perceived to be stigmatising and punitive and sheading bad reputation on schools. Targeted social assistance has been introduced and strengthened and this is an important step to reduce the vulnerabilities of fragile households, nevertheless, it has not been accompanied by any violence prevention in family or parent support.

When it comes to response services, specialised services for child victims of violence are very rare in Kazakhstan, both in terms of availability and coverage. Support services for child victims of violence (treatment, psycho-social and mental health, recovery and reintegration) are mainly residential in nature, are provided both by NGOs and the State. They only provide support to children who are eligible for them but not to their parents or siblings if they would need it. There is a small number of crisis centres – both state and private – available for women victims of violence, that potentially offer service for girls, but they de-facto are primarily targeted at women. Therefore, it would be important to ensure that existing and new services for child victims of violence consider the gender of the victims and adapt the assessment of needs and the support to be provided accordingly.

## Oversight and monitoring, quality of services

Since 2011, Kazakhstan has taken considerable steps to develop its national surveillance system on violence against children. With the support from UN agencies, it carried out several nationally representative surveys (amongst them MICS, VAW, and HBSC). It is also noticeable that the National Statistical Office joined in 2019 the Inter-Agency Expert Group on VAC measurement led by UNICEF at global level.

Surveillance using criminal and administrative data has nevertheless lagged, and little progress has been made since 2011. As of 2020, Kazakhstan, besides the collection of criminal data, still lacks national standards and indicators for collecting data on VAC and no inter-agency protocols to facilitate the sharing of administrative data across sectors and ministries, agencies, and services providers.

Human Rights Institutions established in Kazakhstan has played a significant role in monitoring and exposing the status of violence against children in Kazakhstan. Although not fully compliant with the Paris Principle, the Office of the Commissioner for Human Rights has been championing the issue of violence against children in state-run institutions, in schools and lately in the family. Under the same office, the National Prevention Mechanism to prevent torture is mandated to visit children's institutions. Finally, a Children's ombudsperson was appointed in 2016, but without the necessary resources to fully exercise its functions.

As of 2015, different line ministries have adopted quality standards and sectoral practices to deal with the identification, referral, and support of child victims of violence. All the standards were developed based on the Law on Special Social Services of 2008 (last amended in 2019). Only a few of them (the most noticeable exception is the SOP on VAC for medical staff) require the services to carry out multi-disciplinary needs assessment, develop an individualised plan and assign a case manager to monitor it and follow it up. None of them requests the services to consult children in the assessment of their needs and in the identification of services that are made available to him/her. The existing ones do nevertheless represent a strong basis from which to develop new cross-sectoral ones on VAC.

## Human and financial resources

Since the adoption of the Law on Specialised Social Services in 2008, Kazakhstan has invested enormously in the planning, development and support of the social service workforce. It has established the necessary legal and regulatory framework, the classifications of cadres and other professionals, certification requirements and practice. Nevertheless, every sector has taken its path without coordinating with other sectors or learning from similar processes. This is particularly problematic for an area of work, such as preventing and responding to violence against children, where the collaboration across sectors and disciplines brings better outcomes for children than what each sector can achieve alone. Kazakhstan has the ambition to strengthen the social sector, by building on what exists and unifying and consolidating standards and regulatory frameworks across ministerial silos.

There is emerging training on VAC by the initiative of different universities, training centres, UN agencies and NGOs, but these are not certified and are not equally provided across all the disciplines and grades.

The number of social workers and their caseload is difficult to assess across the sectors, given the different classifications and functions. There is nevertheless anecdotal evidence that half of the social workers are lacking.

Finally, the social workforce across the sectors has low salaries and low status. Incentives, performance management and supervision are unequal across the sectors and these need to be addressed.

Given the current unclear institutionalization of cross-departmental child protection services and the lack of definition of a single minimum service package for CP, the allocation of financial resources to the CPS cannot yet be measured rigorously. However, the government has made substantive steps in determining the necessary budgets for each new legislative action. In some sectors, namely education and health, Government is capable of determining the level of investment needed. Furthermore, the new State Programme on education (2019) commits to having a consolidated child budget. These are important steps that can be considered as necessary preconditions to track expenditures in a defined, cross-sectorial service package for CP, once established.

### Social Participation

After the 2007-2011 Programme “Children of Kazakhstan,” there hasn’t been any national framework or vision on children and youth participation in Kazakhstan. Although there have been initiatives to consult children and youth at the local level, these have still to be institutionalised and given a formal framework and importance.

In 2011 there was no evidence of the recognition that in Kazakhstan children experienced violence at home, in schools, in state institutions and the community. However, since the mid-2010s thanks to the efforts of UNICEF and the National Human Rights Centre, there is an emerging discussion about the importance of social norms affecting VAC. Knowledge, attitudes, and practices on violence against children in families have been assessed twice (2016 and 2020) and although there are some persisting patterns in support of violence to discipline and control children, there have also been some positive changes in the reduction of the use of physical violence by parents. Nevertheless, in 2020, there is still 33% of child protection professionals who support the use of corporal punishment to discipline and control children.

## 9.2. Recommendations

The recommendations were developed emerging from the systematic analysis of the data and a discussion of hypotheses during the stakeholder workshop with the ERG on 22-23 of June 2021. All hypotheses were contrasted with the UNICEF country office. The recommendations were presented to the ERG on the 2nd of September 2021, and ERG was given the opportunity to comment.

The evaluation highlighted that there are two components of the CPS that need substantive and urgent strengthening: these are the component on prevention and response services (component 3) and the component on governance (component 2). These are the components that are lagging behind, relatively to the others, and that would require major reform and investment of capacities and resources to ensure better protection of children

from all forms of violence. These are also the components that require strong political will and major incentives to make the CPS truly cross-sectoral and child-centred.

The other 4 components (laws&policies; monitoring&oversight; human&financial resources; participation&norms) also present weaknesses and bottlenecks that need to be addressed. Many of the required changes are nevertheless supportive, pre-requisites or consequences of the reforms needed in services and governance. This is consistent with a systems approach, in which the collective strength of various system components is important for the functioning of the system as a whole.

The recommendations are organised per CPS components, starting with those on services and governance and following with the others. They are built on the outputs (medium-term recommendations) and activities (short-term recommendations) as identified in the Theory of Change. They identify the primary intended users and uses.

### 9.2.1. Top priority recommendations

#### Recommendations on Prevention and Response Services

**R I. Improve the availability, coverage, and access to primary prevention services across sectors**

*Medium-term action:*

- Action 1) At the most appropriate sub-national administrative level (region, district, municipal), respective sectors should strengthen primary prevention of violence against children via either existing services or the establishment of new ones. The gaps that the evaluation identified included:
- a. For children:
    - i. Education, life skills, livelihood, and whole-school violence prevention programmes
    - ii. Age-appropriate information about sexuality and healthy relationship in secondary schools, medical facilities, and youth centres
    - iii. Knowledge about rights and age-appropriate information on where to seek help for violence (on social media, in schools, in youth centres, in sports clubs, worship places, etc.)
  - b. For parents:
    - i. access to quality parenting advice and support (through universal patronage nurses, school psychologists and in one-stop centres for children and families (see response services)
  - c. For households in vulnerable socio-economic situations: integrate attention to gender equity and family violence prevention in targeted social assistance

*Short term actions*

- Action 2) It is recommended that the **process is driven by the sub-national level in a coordinated fashion**: the Sub-national Commissions on Minor's affairs (with an extended mandate, capacities and resources – see governance) together

with sectoral departments (education, health, social protection, law enforcement) responsible for their services map and assess existing primary prevention services and identify those that need to be strengthened and/or established.

- Action 3) It is recommended that the gaps assessment of primary prevention services is carried out by using the Package of Essential Child Protection Services that is recommended to be established (see laws and policies).
- Action 4) Based on the results of the gaps assessment the Sub-national Commissions on Minor's affairs (with an extended mandate, capacities, and resources – see governance) establishes an **implementation plan that is costed, budgeted and resourced**. They coordinate and oversee its implementation and report on progress (see reporting lines on governance).

<p><b>R II. Improve the availability, coverage, and access of integrated services for the care and support to child victims/survivors of violence and their families</b></p>
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*Medium-term action:*

- Action 5) At the most appropriate sub-national administrative level (region, district, municipal), **a new integrated service model – or one-stop centre - is tested and scaled up**. The integrated service model should provide to each child a child-friendly, multidisciplinary, and interagency response model to child sexual abuse and the provision of services for child victims and witnesses of violence. It should enable effective collaboration between relevant judicial, social, and health care actors in one child-friendly premise, to avoid any secondary victimisation of the child.
- Action 6) It is recommended that the integrated service model is **part of the minimum package of child protection services**, and it is established under the law (see laws and policies).

*Short term actions*

- Action 7) It is recommended that the **pilot and scale-up process is driven by the sub-national level in a coordinated fashion**: the Sub-national Commissions on Minor's affairs (with the extended mandate, capacities, and resources – see governance) together with the new Multi-Sectoral Agency for CP policy implementation (see governance) establishes a plan for the piloting and scaling up of one-stop centres for children and families.
- Action 8) It is recommended that the piloting and scaling up of one-stop centres consider **whether existing centres for children in difficult life circumstances could graduate** to become the one-stop centres for children and families. The process of graduation should nevertheless be a substantive one, accompanied by benchmarks and indicators as currently the centres for adaptation are closed residential centres, do not provide assistance to families and the eligibility criteria need revising.



- Action 9) It is recommended that the establishment, adaptation, and piloting of the new integrated service model for children and families are **supported by the necessary financial resources needed to ensure their sustainability.**

Table 30: Priority Recommendations: Prevention and Response services - overview

R-I. Improving the availability, coverage, and access to primary prevention services across the sector	A1: strengthen primary prevention of violence against children via either existing services or the establishment of new ones.	Medium
	A2: Subnational service coordination structures and providers map and assess existing primary prevention services and identify those that need to be strengthened and/or established	Short
	A3: Carry out gap assessment of primary prevention services oriented by the Minimum Package of Essential Child Protection Services	Short
	A4: Local structures establish an implementation plan that is costed, budgeted, and resourced	Short
R-II. Improving the availability, coverage, and access of integrated services for the care and support to child victims/survivors of violence and their families	A5: A new integrated service model – or one-stop centre – for response to VAC is tested and scaled up.	Medium
	A6: The integrated service model is part of a defined minimum package of child protection services	Medium
	A7: The sub-national level manages the pilot and scale-up process coordinated by National Multi-Sectoral Agency for CP (to be established)	Short
	A8: Consider whether existing centres for children in difficult life circumstances could graduate to become the one-stop centres for children and families.	Short
	A9: Support the establishment, adaptation, and piloting of the new integrated service model for children and families with the necessary financial resources	Short

### Recommendations on Governance of the CPS

#### **R III. Strengthening cross-ministerial and multi-agency coordination and accountability for policy development, advocacy, and implementation (central level)**

Medium-term actions:

- Action 10) The central government should establish the mandate and responsibility for:
- A new central high-level multi-ministerial and multi-agency Commission to develop and monitor the implementation of state policies on VAC.** The Commission should be chaired by the Vice Prime Minister and reporting

directly to the President of the Republic of Kazakhstan. All the relevant ministries would be part of it, as well as representatives from the Commission on Gender, Family and Demographic Policies, as well as from NGOs.

- b. A **high-level special envoy on ending VAC** to keep the topic high on the Government agenda
- c. A **standing multi-sector agency** under the inter-ministerial Commission with clear accountability lines towards Health, Education, Social Protection, Law enforcement **to coordinate the implementation of the state policies on VAC** across administrative levels. The agency should be made by appointed officials with sectoral expertise and linked to the respective ministerial departments. They are mandated to ensure coordinated implementation of the cross-sectoral policies, production of guidance, protocols and guidance that are multi-sectoral.

Action 11) It is recommended that the new CP-Commission and Multi-sector Agency are established by law (defining composition, mandate, accountability lines) and are provided, like the Special Envoy on VAC, with the **necessary financial resources to effectively exercise their functions.**

*Short-term actions:*

- Action 12) It is recommended that the **President:**
- a. **mandates the establishment of the new multi-ministerial and multi-agency Commission** to provide the necessary political weight and leadership.
  - b. adopt a presidential decree to establish the post of **Special Envoy on VAC and appoints him/her.** The new multi-ministerial and multi-agency Commission should advise the President as to who is best poised to assume that role (Human Rights Commissioner, Ombudsperson for Children, a member of the Commission on Gender, family, and demographic policies)

Action 13) Concerning the recommended establishment of the multi-sector standing agency, it is recommended that options are considered as to **whether existing bodies (Committee on the Protection of Children Rights or the Commission on Minors' Affairs)** could be reformed and assume the new mandate, role and be accountable to the new CP Commission. It is recommended that it is the new Commission assessing the feasibility of such options, according to a clear analytical framework.

**R IV. Strengthen the coordination of Oblast, District and Municipal Akimats to plan and deliver services that prevent and respond to VAC**

*Medium-term actions:*

Action 14) It is recommended that a **Cross-agency Department** is established at Oblast, District and Municipal level and chaired by the Deputy Akim. Representatives from the different sectoral departments as well as from NGOs active on CP on the territory should be the members of the Department. Their main function would be to assess Child Protection needs, identify the necessary services to respond to them, coordinate their delivery and support them in

using the multi-sectoral guidance, standards and procedures developed by the Multi-Sector Agency on CP.

- Action 15) It is recommended that the Multi-Sector Agency assesses whether existing **Multi-sectoral Commissions on Minors' Affairs** (at regional, district and municipal levels) would be **suitable to change their role** to coordinating planning and implementation of services and report to the Multi-Sector Agency at the central level.
- Action 16) It is recommended that the Multi-sectoral Commissions (with expanded mandate) are **provided with the necessary budget and human capacity** to be able to exercise the extra mandate.

Table 31: Priority Recommendations: Governance - overview

R-III. Strengthening cross-ministerial and multi-agency coordination and accountability for policy development, advocacy, and implementation (central level)	A-10: The central Government establishes a central inter-ministerial and multi-agency Commission, a high-level special envoy on ending VAC, and a standing multi-sector agency under the inter-ministerial Commission	Medium
	A-11: The CP-Commission, the Multi-sector Agency and the Special Envoy are established by law and necessary financial resources are allocated on an annual basis	Medium
	A-12: The President mandates the establishment of the CP Commission and appoints the Special Envoy on VAC	Short
	A-13: Options are considered for the creation of the CP agency incl. whether existing bodies could be reformed and assume the new mandate	Short
R-IV. Strengthen the coordination of Oblast, District and Municipal Akimats to plan and deliver services that prevent and respond to VAC	A-14: A cross-agency Department is established at Oblast, District and Municipal level	Medium
	A-15: The Multi-Sector CP Agency assess whether existing regional and local Multi-sectoral Commissions on Minors' Affairs are suitable to change their role to coordinating planning and implementation of services and report to the Multi-Sector Agency at the central level.	Medium
	A-16: The Multi-sectoral Commissions (with expanded mandate) are provided with the necessary budget and human capacity	Medium

### 9.2.2. Second priority recommendations

#### Recommendations on laws and policies

<b>R V. Strengthen the legal protection of children from corporal punishment in the home and kindergartens, from mental violence and bullying</b>
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*Medium-term action*

Action 17) The Parliament should **adopt/amend the civil law** to explicitly prohibit corporal punishment in the home, kindergartens, and orphanages as well as mental violence and bullying. It is recommended that the law establishes the necessary budget for its implementation.

*Short-term actions*

Action 18) The appropriate parliament committee should propose the necessary amendments to introduce a clear ban on corporal punishment of children in home settings, kindergartens and orphanages as well as mental violence and bullying. It is recommended that **law does not criminalise parents and is accompanied by a communication campaign** to diffuse knowledge and support behaviour change campaigns at the local level (link with participation and norms)

<b>R VI. Strengthen the legal basis for specialised services for child victims of violence</b>
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*Medium-term action*

Action 19) The Parliament should adopt a **law that establishes a minimum package of child protection services**. It is recommended that the minimum package is organised along the continuum of child protection, from prevention to response and across the sector. It is recommended that the minimum package builds on existing services that are already established and proposes new services to fill existing gaps. (Link with services)

*Short-term actions*

Action 20) It is recommended that the establishment of the package of minimum services is done in a **consultative way and jointly led** by the new proposed Multi-Ministerial and Multi-Sectoral Commission on Child Protection/VAC and the new proposed Standing Multi-Sector Agency for the implementation of CP policies working in coordination with the Parliament.

<b>R VII. Strengthening and consolidating a high-level, unified vision for the next 10 years on violence against children.</b>
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*Medium-term action*

Action 21) **The Central Government** – under the leadership of the new proposed Multi-Ministerial and Multi-Sectoral Commission on Child Protection/VAC (see

governance above) should lead the **development of a new multi-year policy on CP**, that is based on the existing sectoral ones and integrates them.

- Action 22) **Strengthening and consolidating a high-level, unified vision for the next 10 years on violence against children.** It is recommended that the policy also includes **VAC indicators**, establishes the responsibility and necessary budget for the routine collection of data and its analysis, and defines the periodicity of external evaluation (Link to monitoring and oversight)

*Short-term actions*

- Action 23) It is recommended that CP Commission **involves and consults NGOs, parents, and children.**

*Medium-term action*

- Action 24) The central Government should strengthen its capacity to **routinely collect and analyse administrative and criminal data and indicators on VAC from across the sectors** beyond the data on crimes against children which is currently collected. All sectors should be mandated to collect administrative data on violence against children according to agreed definitions, disaggregation, and indicators.

*Short-term actions*

- Action 25) It is recommended that the work is **led by the national statistical office** together with the new CP Commission (see governance above) through a working group that includes all sectors. The indicators must be built upon national legislation and align with relevant global indicators (especially on SDGs indicators). The indicators on VAC (or a sub-set of them) should also be part of the new national policy on CP/VAC to ensure consistency (see policies above). It is recommended that the working group develop a digitalised and centralised Child Protection Information Management System (CPIMS) to collect, safely store and transfer data. Finally, it is recommended that the **Parliament mandate** the agencies and ministries implement the CPIMS and provide the necessary funds to roll it out.

<b>R VIII. Developing common cross-sectoral minimum standards and procedures for all services preventing and responding to VAC</b>
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*Medium-term action*

- Action 26) The new Multi-sector Agency on CP (see governance) should lead the development of **common minimum standards and procedures for sectoral services that prevent and respond to VAC.** The evaluation has found that these are particularly needed for multi-disciplinary assessments, development of individualised care plans, referrals templates, case management to ensure monitoring and follow-up, consultation with children and their families on the development and monitoring of the individualised plan. It is recommended that these cross-sectoral common standards are based on existing ones across sectors.

### Short-term action

- Action 27) It is recommended that the new Multi-sector Agency on CP together with relevant sectors review all existing standards, identifies commonalities, good practices and gaps and develop common ones. The Multi-sector Agency should develop and oversee the implementation of the roll-out plan and support the sectors and services to implement them. It is recommended that the implementation plan is budgeted and financially supported.

Table 32: Recommendations: laws and policy – overview

R-V. Strengthen the legal protection of children from corporal punishment in the home and kindergartens, from mental violence and bullying	A-17: The Parliament adopt/amends the civil law to explicitly prohibit corporal punishment as well as mental violence and bullying.	Medium
	A-18: Parliament proposes a clear ban on corporal punishment of children as well as mental violence and bullying.	Short
R-VI. Strengthen the legal basis for specialised services for child victims of violence	A-19: Parliament adopts a law that establishes a minimum package of child protection services.	Medium
	A-20: Consultations are held on the minimum package of services	Short
R-VII. Strengthen and consolidate a high-level, unified vision for the next 10 years on violence against children.	A-21: A new multi-year policy on CP is developed	Medium
	A-22: With the new CP policy, indicators are established, and the responsibility for routine monitoring and periodicity of evaluation is defined	Medium
	A-23: The CP Commission involves and consults NGOs, parents, and children	Short
	A-24: strengthen the capacity for routinely collect and analyse administrative and criminal data and indicators on VAC from across the sectors	Medium
	A-25: A working group develops routine monitoring mechanisms and sources for VAC and a digitalised and centralised Child Protection Information Management System (CPIMS)	Short

### Recommendations on human and financial resources

**R IX. Strengthening the Government capacity to allocate the necessary financial resources to services and programmes on VAC and to assess their cost-effectiveness**

Medium-term actions:



- Action 28) It is recommended that the Ministry of Finance gives priority to the development of the methodology to calculate the financial benchmark for child protection. It is recommended that it involves relevant line ministries and involve them in the following steps: mapping child protection services, track how they are financed in each ministerial budget line, calculate their running and capital costs and the total cost to ensure full geographical coverage. It is recommended that the analysis is carried out every two years to be able to adjust costs with resources in a swift manner.
- Action 29) It is recommended that the Ministry of Finance develop the **cost-effective methodology after the one to financially benchmark child protection** and with the involvement of the relevant line ministries. It is recommended that the cost-effectiveness of services is developed for a selected type and number of them (most likely response services whose impact might be easier to determine and cost) and carried out as of 2030 onwards.

*Short-term action*

- Action 30) It is recommended that the **Ministry of Finance** consults with the relevant line ministries on the options to track expenditures related to the CPS, and to prevention and response to VAC specifically, in the National Budget, based on the minimum package of child protection services (see laws and services above)

<p><b>R X.</b></p>	<p><b>Strengthening the number, capacities, and harmonising social workforce across sectors</b></p>
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*Medium-term actions*

- Action 31) The Government should harmonise the nomenclature, functions and rules of certification and training of the social workforce with the responsibility to prevent and respond to VAC. It identifies commonalities, good practices, and gaps; as well as proposing harmonisation. It is recommended that the reform is led by the new Multi-sector Agency on CP, by creating an ad-hoc multi-sectoral public service task force together with relevant ministries.
- Action 32) The Government should increase the number and capacity of the social workforce to identify, refer and support children at risk and victims of violence. Necessary steps would include reviewing all existing assessments of number, salary levels and competencies of professionals across sectors; identify discrepancies, alignments, and gaps; make a proposal to harmonise them and adapt numbers and capacities to the needs.
- Action 33) The Ministry of Education and Science should certify a common multi-disciplinary training module at BA level on VAC to be integrated with accredited training on social work, primary health care, social pedagogy, and police investigation.

*Short-term actions:*

- Action 34) It is recommended that the new CP Commission (see governance) convenes a working group of universities, training institutes, professional associations across sectors and NGOs to review existing academic curricula and training on VAC to produce a common multi-disciplinary learning module.

Table 33: Recommendations: human and financial resources – overview

R-IX. Strengthening the Government capacity to allocate the necessary financial resources to services and programmes on VAC and to assess their cost-effectiveness	A-28: Develop a financial benchmark for child protection, based on the minimum package of child protection services	Medium
	A-29: A methodology to conduct a cost-benefit analysis on selected child protection services	Medium
	A-30: The Ministry of Finance consults with the relevant line ministries on the options to track expenditures related to the CPS	Short
R-X. Strengthening the number, capacities and harmonising social workforce across sectors	A-31: Harmonise the nomenclature, functions and rules of certification and training of the social workforce with responsibility for VAC	Medium
	A-32: Increase the number and capacity of the social workforce to identify, refer and support children at risk and victims of violence	Medium
	A-33: Certify a common multi-disciplinary training module at BA level on VAC	Medium
	A-34: Convene a working group of universities, training institutes, professional associations across sectors and NGOs to review existing academic curricula and training on VAC	Short

## Recommendations on participation and norms

**R XI. Empowering children to exercise and advocate for their rights and a life free of violence; and supporting their consultation in the development of laws, policies and services that concern them**

### Medium-term action

- Action 35) It is recommended that **the Ombudsperson for children develops a framework for Municipal Akimats to consult children** on draft laws, policies and services that concern them, including on VAC

### Short-term action

- Action 36) It is recommended that the Ombudsperson for children convenes a group of municipal-based Commission on Minors' Affairs (with an extended mandate – see governance) to consult with them on the development of a permanent consultation framework of children and adolescents. The Ombudsperson

should adopt the framework and work with the Municipal-based commission to implement it.

**R XII. Supporting parents and caregivers to build more nurturing relationships with their children and improve non-violent skills and practices in upbringings**

*Medium-term actions:*

- Action 37) It is recommended that the Ministry of Information and Social Development develops and implements communication campaigns for parents which involve influencers, personalities, and social media actors to multiply the reach and outputs.
- Action 38) It is recommended that the **National Statistical Office** regularly repeats the KAP Survey on VAC in families (carried out in 2016 and 2020) and keeps track of trends and informs the Ministry of Information and Social Development and the new CP Multi-Ministerial Commission (see governance) on progress/setbacks on social norms on violence against children.

**R XIII. Supporting professionals and the general public's engagement in protecting the rights of all children to grow up free of violence**

*Medium-term actions:*

- Action 39) It is recommended that the **Ministry of Information and Social Development** involve professionals from across the social workforce services in the development of **behavioural change campaigns** at the local level.
- Action 40) **Municipal authorities and NGOs implement** the campaigns together with local leaders, professionals, influencers, teachers, parents and children

Table 34: Recommendations: participation and norms – overview

R-XI. Empowering children to exercise and advocate for their rights and a life free of violence; and supporting their consultation in the development of laws, policies and services that concern them	A-35: Develop a framework for Municipal Akimats to consult children	Medium
	A-36: Consult with municipal-based Commission on Minors' Affairs on a permanent participation and consultation framework of children and adolescents.	Short
R-XII. Supporting parents and caregivers to build more nurturing relationships with their children and improve non-violent skills and	A-37: develop and implement communication campaigns for parents	Medium
	A-38: Regularly repeat KAP Survey on VAC	Medium

practices in upbringings		
R-XIII. Supporting professionals and the general public's engagement in protecting the rights of all children to grow up free of violence	A-39: Social Services professionals develop campaigns of behavioural change at the local level. Municipal authorities and NGOs implement the campaigns together with local leaders, professionals, influencers, teachers, parents, and children	Medium
	A-40: Municipal authorities and NGOs implement the campaigns together with local leaders, professionals, influencers, teachers, parents, and children	Medium

### 9.2.3. Possible Assignment of leadership roles in recommendations and actions

Table 35 presents a listing of the above recommendations and their respective actions and assigns lead responsibilities and those additional actors that need to be involved.

Table 35: Lead and subsidiary responsibilities for implementing the recommendations

Recommendation	Action	Lead responsibility	Actors Involved
R-I. Improve the availability, coverage, and access to primary prevention services across sectors	A1: Strengthen prevention	CP Agency	Line-ministries Oblast Administration and Akimats
	A2: Assess subnational prevention services	HR Commissioner Child Ombudsman	Sub-national Commissions on Minor's affairs
	A3: gap assessment of primary prevention	CP Agency	Line-ministries Oblast Administration and Akimats
	A4: Local implementation plans	CP Agency	Line-ministries Oblast Administration and Akimats
II. Improve the availability, coverage, and access of integrated services for the care and support to child victims/survivors of violence and their families	A5: A new integrated service model	CP Agency	Line-ministries Oblast Administration and Akimats
	A6. defined minimum package	Parliament	CP Commission
	A7: Municipal pilot and scale-up process	CP Agency	Oblast Administration and Akimats Commissions on Minor's affairs
	A8: assess existing centres	CP Agency	CP Commission
	A9: financing services	MoF	Line-ministries

III. Strengthening cross-ministerial and multi-agency coordination and accountability for policy development, advocacy, and implementation (central level)	A10: Establish CP Commission, Special Envoy on VAC and CP Agency	Vice-President	Line-ministries Judiciary
	A11: Enact and finance Commission, Envoy and Agency	Parliament MoF	Line-ministries Judiciary
	A12: Appointment of Commissioner, Envoy and Agency Director	President	Vice-President
	A13: New governance design	Vice-President Parliament	Line-ministries Judiciary
IV. Strengthen the coordination of Oblast, District and Municipal Akimats to plan and deliver services that prevent and respond to VAC	A14: Establish regional and/or municipal cross-agency department	CP Agency CP Commissioner Vice-President	Oblast Administration and Akimats Line-ministries and Judiciary
	A15: Assess local multi-sectoral Commissions	CP Agency	Oblast Administration and Akimats Line-ministries and Judiciary
	A16: resource and staff local commissions	CP Agency	Oblast Administration and Akimats Line-ministries and Judiciary
R-V. Strengthen the legal protection of children from corporal punishment in the home and kindergartens, from mental violence and bullying	A17: Civil law to prohibit corporal punishment	Parliament	CP Agency VAC Envoy
	A18: Discuss ban on corporal punishment of children	Parliamentary Commission	VAC Envoy
R-VI. Strengthen the legal basis for specialised services for child victims of violence	A-19: law on a minimum package of child protection services.	Parliament	CP Agency VAC Envoy
	A-20: Consultations on the minimum package of services	Parliamentary Commission	VAC Envoy
	A-21: New CP policy	CP Commission	CP Agency Line-ministries



R-VII. Strengthen and consolidate a high-level, unified vision for the next 10 years on violence against children.	A-22: CP indicators and routine monitoring	CP Agency	NSO
	A-23: CP policy consultations with NGOs, parents, and children	CP Commission	Line-ministries MoISD
	A-24: a collection of administrative and criminal data and indicators on VAC	NSO	Line-ministries CP Agency
	A-25: Child Protection Information Management System (CPIMS)	CP Agency	Line-ministries NSO
R-IX. Strengthening the Government capacity to allocate the necessary financial resources to services and programmes on VAC and to assess their cost-effectiveness	A-28: Financial benchmark for CP	MoF	Line-ministries
	A-29: Methodology for cost-benefit analysis	MoF	Line-ministries
	A-30: consultations with the line ministries on CPS expenditures	MoF	Line-ministries
R-X. Strengthening the number, capacities, and harmonising social workforce across sectors	A-31: Harmonise social workforce profiles with responsibility for VAC	CP Agency	MoH, MoLSD, MoE, Judiciary
	A-32: Increase number and capacity of the social workforce for response	CP Commission	CP Agency Line-ministries
	A-33: Certify training module on VAC	MoES	CP Agency
	A-34: Review existing curricula and training on VAC	MoES	CP Agency
R-XI. Empowering children to exercise and advocate for their rights and a life free of violence; and supporting their consultation in the development of laws, policies and services that concern them	A-35: Local child consultation framework	Child Ombudsperson	CP Commission
	A-36: Consult with municipal- Commission on Minors' Affairs on child participation	Oblast Administration and Akimats	CP Agency

R-XII. Supporting parents and caregivers to build more nurturing relationships with their children and improve non-violent skills and practices in upbringings	A-37: communication campaigns for parents	Ministry of Information and Social Development	NGOs
	A-38: KAP Survey on VAC	NSO	CP Agency Line-ministries
R-XIII. Supporting professionals and the general public's engagement in protecting the rights of all children to grow up free of violence	A-39: campaigns of behavioural change at the local level	Ministry of Information and Social Development	CP Agency
	A-40: Municipal campaigns against VAC	Municipal authorities	NGOs

Note: In some cases, the lead responsibility has been identified to be assumed by the CP Commission or the CP agency, as well as the Special Envoy on VAC. While the CP Commission is assigned a series of policy-related tasks, the CP agency is charged with rather technical tasks of standard developments, assessments, and the development of operational systems. The Special Envoy has a decisive task in the political communication of the institutional efforts to prevent and respond to VAC. These institutions do not yet exist. Their creation is a central recommendation of this evaluation to better ensure a cross-departmental and whole-of-government response to VAC, as well as the deployment of primary and secondary prevention. Whilst these institutions do not exist, the very – multisectoral! - nature of CP does not allow to assign the tasks to a specific line ministry, as argued in the body of this study and the literature (UNICEF, 2018a, 2019a, 2019b, 2021). Therefore, while awaiting the creation of these permanent coordination structures, a properly mandated institution, most likely at the level of a Vice-presidency, will have to assume the identified tasks in a provisional and transitory manner.

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# Annexes

## Annex 1: Case studies on children's journeys through the Child Protection System

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To provide an illustrative narrative of the lived experience of children at risk of violence or who have suffered violence, this section presents case studies that relay the past situation of four persons who have suffered abuse or violence as children or adolescents. The research team recreated their experience by speaking to four young adults and their environment.<sup>84</sup>

The majority of the information and data for these case studies have been gathered through qualitative methods – both interviews with young adults, as well as their relatives, friends and professionals that gave support. In some cases, the social researcher has selected several persons that form part of the social relations and the child protection system, both the care environment and professional guardians, principally NGO service provider staff. The interviews had been guided by the case study methodology, which in detail is replicated in the annexe.

The aim is to provide a biographical reconstruction of their lived experiences as a child, the opportunities and barriers faced, as well as their aspirations, hopes, and dreams for the future. The purpose of the case study is to understand and narrate the journey of one child through the child protection system. In particular, the case studies on young adults respond to the refined research questions on availability, coordination, appropriateness, equity, and participation.

The conclusions of the case studies are informed by the statements of the young adults themselves who reflect on their childhood and upbringing.

### Case study on sexual violence – abuse by the stepfather

In 2001, Adel\* was born as the first child in her family.

In 2004, when Adel was a three-year-old child, her mother married again, and she had a stepfather.

In 2007, her stepfather started to sexually abuse her when she was 6 years old. She was a victim of all types of violence from her stepfather from 6 years old until the age of 18.

In 2014, she was raped by her stepfather when she was 13 years old. When she became elder, she realised that what he was doing was wrong and wanted to tell her mother, but he threatened her into silence and controlled her relations.

In 2019, she told her aunts and mother about her stepfather's sexual, emotional, and psychical abuse which continued over 12 years. They sought care from a trained health provider for symptoms and conditions, including injuries that needed medical attention.

In 2019, a criminal case was opened against the perpetrator, and – contrary to legal provisions – she started participating in court hearings alone.

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<sup>84</sup> All names, places and names of organizations were changed in order to ensure privacy and protection of the persons that have shared their experiences. Where a name was changed it is indicated with a star\*.

*My mother got married the second time when I was three years old, and my stepfather started to assault me and touch my intimate parts. He raped me when I was 13 years old. At that time, I did not know what he was doing, and I thought it is normal, and he loved me like other fathers. When I became elder, I realised that what he was doing was wrong and wanted to tell my mother, but he said that he would kill my mother and my little brothers and sisters if I told someone about it. I was afraid of him because he beat me, emotionally assaulted me, and did not leave me alone with my mother. I even did not have any friends from school. Probably, he was afraid that I would talk to someone. I did not even have a personal cell phone. I changed many schools and wanted to go to the medical college after 9 the grade, but he did not let me. Nowadays, I have only a school certificate and have not attended any university yet. In the future, I would like to become a doctor and help other girls, who survived sexual violence like me.*

### **Availability and access to services**

Most existing services that address sexual violence against girls are embedded in services that address violence against women and domestic violence. This has the disadvantage that sexual violence against girls is often dealt with as a problem for the family unit, rather than as a problem for the individual child. The Children's rights committee works to protect children's rights as well as prevent crime. It disseminates information and works with schools and communities. However, they were not able to identify the victim of sexual violence at school. Effectively, Adel could not access any of the child protection services.

*I did not even know that in my schools should be a psychologist because I never saw them.*

*I just wanted to die in critical moments, and I took several attempts to kill myself, but all of them were unsuccessful. Only later, after several sessions with my psychologist, I realised that I have to live. (Adel).*

*Adults and parents must take the steps needed to prevent child sexual abuse. They are responsible for ensuring that children have safe, stable, nurturing relationships and environments. (Adel's mother).*

### **Appropriateness and equity of available services**

Frontline personnel are often not trained properly to deal sensitively with children. Moreover, the guidelines on how to approach such cases are often unclear. There is a lack of effective approaches to identify and protect the child- and adolescent victims of sexual abuse and exploitation. There are no youth organizations or NGOs which are interested in adopting strategies to prevent child sexual abuse. Hotline services cannot maintain a 24-hour hotline for receiving all reports of sexual violence. NGOs are the main actors involved in providing psychosocial support and working at the community level to reduce the risks of stigmatisation. The local police and the prosecutor's office often re-victimise the victims of sexual violence because of their prejudicial attitudes towards denunciations of sexual violence against girls and because of the lack of training and resources they receive.

*When I was 18 years old, I told my mothers' sister about it and filed a lawsuit against him at the local police. We spent 1.5 years in court proceedings, and we lost this case. Afterwards, he said that he had bribed the judge and even our attorney.*



*It was a jury trial. When they took the witness account, I was shocked at how they were talking to me. All these procedures of proving that he had raped me were hard to handle. I was sitting alone during the court proceeding because they did not let my mother sit with me. Our attorney did not help me, and he said that I probably made it up all these stories, and I lost my memory. However, I do remember everything that he did to me. Sometimes during those 12 years, I intentionally started to gain weight and even stopped to take a shower to disgust him and avoid his sexual abuse, but he did not pay attention to it. However, the attorney did. He said to the jury trial that how 18 years old girl, who gains 120 kg could attract him.*

### **Coordination of services**

Adel faced revictimization risk due to a lack of support from police and other child protection system services. Adel and her mother contacted specialised and confidential telephone lines to report domestic violence against women. These initiatives follow successful initiatives by NGOs such as “Talk-to-me”\*, which helped and consulted her. “Talk-to-me” NGO operates telephone lines that help victims of domestic violence to seek confidential support. They develop and promote accessible, culturally relevant, and trauma-informed responses to domestic violence and other lifetime trauma to include sexual abuse. Effectively addressing victims’ medical needs must be a priority, without which victims may not be able to engage in any judicial proceedings, which is not available at the local level. Courts and other justice system processes usually do not have a victim-centred approach for the child victim of sexual violence. Victims must be prepared with a realistic assessment for court proceedings.

*The system did not work at all I can say that with 100%. I thought they would help me escape that horrible situation where I lived for 12 years, but they demonstrated to me like I was a prostitute who seduced her stepfather. After losing the court case, we contacted “Talk-to-me”, and they told us that we easily could have won this case. I cannot trust anyone. I keep everything inside. Perhaps because of this, I cannot forget my childhood. They provided the services of a psychologist, medical experts, and they supported us financially. They found an attorney for us who would be dealing with our other civil cases with him. (Adel).*

*We did not access any services except the local police. The local police did not provide any services. After losing our case, we found Dina Tansari and her fund NGO who helped us. They explained that we should have applied to the appeal court, but our attorney said we could not go to any further court instances. Our attorney knew that we do not know anything about legislation, and we believed them. (Adel’s mother).*

### **Participation and consultation of the child in key decisions and monitoring progress**

Girls who suffer sexual violence from their stepfathers are exposed to a lack of recognition and legal protection. Adel’s mother, who had four children with her daughter’s abuser, related the abuse and the regime of menace and control exercised by the father. She exposed how everyone knew he was a violent sexual predator, but nobody said or did anything during court hearings. Adel was having depression and posttraumatic stress disorder symptoms. Other negative consequences of sexual violence victimization included decreased self-esteem and disruptions to the daily routine in Adel’s life.

*It was a devastating time for me. I started to hate myself and started to believe that I am evil, not him. (Adel).*

*Before filing a lawsuit at the local court, I went to several attorneys, and they explained that our case is helpless because Adel was 18 years old, and it was almost impossible to prove that he has raped her. None of the attorneys wanted to take our case. Finally, I found an attorney. However, he took almost 3 million tenges from me and received a bribe from my ex-husband. So we lost our case. (Adel's mother).*

### Critical gaps and positive outcomes

Adel made public an event that involved some combination of personal shame, fear, or anticipation of negative consequences like blame, disbelief, and stigmatization. She experienced substantial emotional conflict about making disclosures. Adel and her attorney had weak community support, unprepared evidence against the perpetrator and he was found not guilty at the end of the trial. The perpetrator was in a position of trust and authority, being older than the victim of sexual violence. The child has been criminalised referring to laws on prostitution rather than being protected and supported as a child victim. There is an urgent need to shift the attention to perpetrators and work preventively by regulating the sexual exploitation of children. Cases of sexual violence have not been predominantly addressed from a perspective of criminal liability, in some cases neglecting key aspects of victims' protection, rights and needs.

### Conclusion

Today, looking back, Adel relates the following:

*I still have nightmares. I am currently working on it. Because I have a lot of fear, disgust, bad thoughts towards myself ... A lot of regrets that I did not talk to anyone before. When I reached emotional peaks, when I wanted to scream at how much it hurt internally, I thought that it would be better if my life ended right now. I then begged for something to happen to me. Because for me it was the easiest way out of this situation. In critical moments, I could only rely on NGO "Talk to me". I guess only the NGOs worried about us. State institutions do not care about the victims of violence, it had been proven during our court proceedings.*

*I always imagined that all this did not exist: everything is fine, everybody is like normal people. I repeated this to myself every day. I tried to cross out immediately – press delete! I erased from my memory what happened yesterday. I have learned so well to convince myself that sometimes it was difficult to reconstruct the events of the previous days.*

*We need to be attentive to our relatives and friends. Ask what is happening to them. If there is an opportunity to influence a person for the better, you need to stop and help. But you can't make a deal with your conscience. We live in a kind of society where you cannot escape condemnation ...*

### Case study on violence and bullying in a rural area

In 1998, Arkhat Nugmanov\* was born as a 5th child, after his four sisters.

In 2008, his father passed away and they moved to a small village. Arkhat was 10 years old.

During 2012-2016, Arkhat participated in Kazakh wrestling and took part in regional sports competitions. He was 14-18 years old. During that time, he was bullied and insulted by his coach. His coach was beating him with his leather belt and insulting him emotionally.

Only in 2015, he revealed his coach's violence to his sister Gulden\* when he was 17 years old, however, she could not help him to inform about it. She was bringing pain-relieving drugs to him. They were silent together about it. From their siblings, they hid the fact that Arkhat was abused. Never did they get in contact with any organization in the child protection system.

*I am the only man in our family, I was born after my 5 sisters, and we lost my father when I was ten years old. If you know Kazakh traditions, you know how my parents wanted to have a boy and raised me like a prince. In our auyl (auyl-village), we did not have many activities for children, and I was engaged in Kazakh wrestling since I was ten years old.*

*I changed my school in 5th grade because we moved from Aktau city to our village to live there after my father passed away. I guess I was a target for the village boys because I was a city boy and some of them never saw a city. I decided to engage in Kazakh wrestling because my classmates bullied me and called me "Kyzteke" (A boy like a girl). According to them, I acted like a girl, and I was not masculine enough to study at that school.*

*Firstly, I was emotionally bullied by my classmates, and my Kazakh wrestling coach was also rude because he did not want to take me for his sports section, but I insisted to become one of the members of that section, which existed in our school to avoid all evenings with my neighbours and classmates. From 14 years old until 18 years old, I always participated in regional sports competitions and demonstrated promising results. I had to spend my free time somewhere.*

*After all my unsuccessful sports competitions, my coach started to insult me, and later on, he started to beat me with his leather belt. In the beginning, I thought it was a normal reaction because I deserve it and I was not good enough at a sports competition. Nevertheless, his violent actions did not stop, and I got used to it. According to our tradition, I had to obey the older man and my coach. Also, I assumed that he is 60 years old, and he can be nervous sometimes. I did not know anything about the child protection system. If my mother could not protect me from physical violence, how could I think about other systems or state bodies? I was hopeless and had to face my "own tragedy". I had a dream to win first place in competitions and deserve my coach's respect. However, it did not happen. Probably I was a "weak as a girl or mommy's little boy" like he said to me. [Arkhat]*

### Availability and access to services

Arkhat and his sister did not have access to good-quality health, social welfare, and criminal justice support services for victims of physical, emotional or psychological violence and sexual violence in three specific settings: households, schools and communities in their village.

*I did not know about services which were available in our village. We have only one hospital; we could not go there because all the medical staff knew my mother and could*

*gossip. Our family would be ashamed because our little brother could not protect himself. In our school, we did not have a psychologist, and there was a deficit of even schoolteachers. [Gulden, Arkhat sister]*

### **Appropriateness and equity of available services**

Arkhat did not have access to any service of the child protection system, including prevention and response of VAC at the local level. Because the service providers did not identify, treat, support, and refer children and adolescent survivors of violence at the local level. The children did not know about their rights. He did not even consider informing about his abusive coach.

*After one of the competitions, my coach beat my face and I bled when I took second place. After this situation, my elder sister Gulden\* realised that my coach's actions calmed me down. Before, during all those years, I had become aggressive at home. My mother thought that it was due to my age. After several years, I realised that it was not due to my age. I was having panic attacks and was helpless. I survived those years alone, and those years affected my behaviour and shaped my character, I guess.*

### **Coordination of services**

Arkhat was afraid and ashamed to inform anyone about his coach considering his age and his relationship with his family. He did not know how to access any services, whether justice, health, education, or social services. They were not aware and could not provide specialised rehabilitative response and support services to children affected by violence in a rural area.

*In our village, they do not know about child protection! How would they know about those systems if they do not know about children's rights and cannot distinguish violence from traditions?*

### **Participation and consultation of the child in key decisions and monitoring progress**

Arkhat was never involved in critical decision processes because he did not disclose his VAC case to any child protection system.

*I always respected my coach because he became like a father to me. I closed my eyes to his violence. I thought that was normal and every father beats his boy my age. When he beat me with his leather belt, I thought I deserve it, because I did not win.*

*We did not want to talk about it with our mother because I knew it could break her heart. She was the only breadwinner in our family and it seemed fair to us to keep our secret, instead of worrying about what we cannot control [Gulden, Arkhat sister]*

### **Conclusion**

Arkhat could not think about any positive experience from the system's response. Local services, local communities, NGOs, and civil society did not have any awareness of children's rights to promote positive social norms and grow up free of violence at the local level. As a boy, Arkhat was afraid of public humiliation and had not been empowered by knowledge about his rights, non-violent conflict resolution and non-discrimination. Today, these are his reflections:

*We cannot change our mindset with legislation. I could not disclose my coach's violent actions. I think our society expects us to be strong as a man, and – considering those labels – we are ashamed to say that we were victims of violence. If so, it means you are not strong enough, and you are blackmailed again. Also, we have to know the difference between respect and hiding inappropriate behaviour. I can indeed say that you will never hear from our village about sexual assault cases or cases of violence against children's because, for them, it is much easier to hide it rather than disclose it and become "national shame." Children in our village still are not capable of speaking about bullying in schools because this is a shame and kind of tradition to obey teachers or other elderly people. I read about the Law on Children's rights and Washington Convention when I was in 2-course student at law school. Since that time, I realised that I had to speak about my experience and do something to change this "horrible situation".*

*As a single boy in my family and as a Kazakh boy, who respects our tradition I was not able to differentiate when I was emotionally and physically abused and when I was hiding my abusive coach's methods. I assumed that it had to be that way and even had a doubt to complain about it or seek some help from the competent state bodies. I think this was not only my fault, but my mother, siblings and school teachers also failed to protect my rights. After a while, I started to believe that there was not any help, and it just became easier to stay silent. I think these abuse coaches will always find their way into our society. No state bodies, no policies can stop that because a lot of people won't have records, or they've never been caught. So, all I can hope is we will have the policies and the education in a place that when something does go wrong, it's a swift reaction to it in social media. But that reaction needs to include consequences or actions that prevent future harm.*

### **Case study on violence in care institutions**

In 1993, Ainur Rakhmanova\* was born as a second child in her family.

In 2002, he was sent to an orphanage home after eye witnessing her family's drama. She was 9 years old.

In 2002-2003, when she was 9-10 years old, during the first two at the orphanage home, she was bullied, psychically and emotionally abused by other children. They hit, kicked, and physically hurt her, up to a stage of serious injuries. The staff in the institution did not respond to the violence among the children. Nor did they provide the injured child with medical treatment.

In 2011, Ainur left the orphanage home at the age of 18 years and faced stigmatisation at her university.

In 2016, She moved to Russian Federation when she was 23 years old.

*I was sent to an orphanage home when I was nine years old because my father killed my mother in front of me during their fight. When I came to an orphanage home, I was emotionally hurt after all those procedures and court hearings. Of course, no one welcomed me in the orphanage home. I tried to avoid all the people there, but other elder girls always tried to speak with me and scared me at night. Since my second day at*



the orphanage, the other girls bullied me. We had “dedovshina,” which is when more senior pupils dominate younger pupils. They made little pupils work for them, “go bring this or that.” They said a lot of hurtful words about my parents. They were waking me up in the middle of the night and ordered me to jump from the closet down. I had to jump from the closet down more than a hundred times, and they were having fun of me. I was crying and asking them to stop it, but they did not. I could not walk the next day properly, and our nannies yelled at me because I was slow as a turtle. On cold winter nights, they took my blanket, and I had to sleep without anything, even without my sleepwear. These nightmares continued for more than one year – until we had a new girl, and they started to repeat these inhuman things with her. Then we grew up and it became easier. I have never beat the kids.

### Availability and access to services

Ainur did not know how to report what she suffered. She was afraid of elder children at the orphanage home. Then, she was emotionally bullied by her teachers for being a slow learner. Vulnerable children were punished harshly by staff and victimised again in the name of discipline. The child was normally very secretive about her self-harm behaviours and suicidal thoughts. The systematic violence used by elderly children creates an unsafe and unpredictable environment for children, which instilled a significant level of fear and anxiety in children. She recalled that she often lived in fear of the elderly children.

*Our school physiologist’s door was always closed. I was even scared to say anything to our nanny. The other girls repeated several times that they would kill me like my father killed my mother if I would say any word. How could we know about those services? Of course, we did not know.*

### Appropriateness and equity of available services

The government has not yet taken steps to improve the physical and structural conditions of many state-run residential institutions for children. Furthermore, their efforts to address the care the children receive in institutions and to reduce the occurrence of violence against children in institutions has not been improved. There is a lack of trained social workers, psychologists, teachers and social services that support and help children at child’s institutions, who faces VAC.

*I lived with my memories in my dreams, when my father did not start to drink alcohol and when we were a happy family. One of the school teachers started to call me “Mulkaulyz” (Dumb girl). I did not have any friends until 12 years old. I started to speak with myself, and sometimes, my new habit scared my teachers and nannies. Probably they thought that I am out of my mind. It was the most challenging three years of my life; probably it was the beginning of my adult life.*

### Coordination of services

At her institution, children did not know about the institutions’ psychologist or social pedagogue, who could involve in the VAC cases. She had a difficult time telling someone about the violence she experienced. Moreover, she could not understand that she was being abused, particularly as it was directed to her by other children. She revealed that many staff did not react or respond to acts of violence against children.



The system did not work at all and did not protect children like me, who were scared every night that someone could kill her because she deserved it. The staff also closed their eyes to the fact that older children beat the younger children.

### Participation and consultation of the child in key decisions and monitoring progress

Ainur attempted to avoid conflict still experienced physical violence and injuries from other children at her orphanage home.

*What should the orphanage have done? Ask questions to the child and if they do not answer, try to figure out why they are not speaking. I did not speak at all. If a child is silent, it means something is wrong, and they have to fix it as an adult. How are they adults if they cannot even see or feel what is happening in a child's life?*

### Conclusion

Asked about her journey through the institutions about her suffering, but also the positive experiences, Ainur relates the following:

*Of course, [life in the institution] was not without conflicts. At first, it was very challenging and there was a conflict with elder female pupils. I had to show that I was worth something and show to other children and elder pupils that I could protect myself from others. During the first year, there were cases of physical and emotional violence. I had to fight. I was beaten at night several times. I had bruises. I had to tolerate this because I was afraid of them. Mostly, I was afraid that he could do anything to me at night. Then it became better when they had a new target.*

*From my experience in care institutions, I could say that the personnel who work with children are practically not trained. Most children have experienced something terrible. But the employees do not know how to work with them, they are not prepared for this in any way! They do not have mechanisms and tools to support and rehabilitate children in care institutions. They have to work with each child, based on his or her situation, whether there was violence against him/her or not. Whether the break with his blood family is for him was traumatic. All this work should be carried out by experts. The number of experts in social work and psychologists in care institutions should be ten times more than there is now. Children in care institutions beat each other not because they hate – it is their defensive reaction. It manifests itself due to the lack of an individual approach to each child. Most of us are psychically and emotionally abused at care institutions. We were trying to find help through the social security system or the education system, which are designed to protect us. But the system was also cruel to us. We did try to make a complaint, but we never found support. We harbour all this anger and bring it down on our peers, friends, orphanage staff, teachers and this cycle continue.*

### Case study on sexual violence – abused by her employer

Dana\* was born in Uzbekistan in 2002.

In 2014, she moved to Kazakhstan with her grandmother after losing her parents. They came to Kazakhstan as undocumented migrant workers.

In 2016, when Dana was 14 years old, she was raped and became pregnant. The perpetrator was the owner of the home, where she lived with her grandmother, and her employer. From 2016 until 2020 she was the victim of sexual violence, emotional threats, and psychical abuse by her landlord.

In 2016, Dana gave birth at 14 to a girl when she was almost 15 years old. This year, she reported to local police about sexual violence. However, the local police did not accept her lawsuit blaming her and threatening to deport her from Kazakhstan.

In 2020, Dana moved from Kazakhstan to Uzbekistan when she was 18 years old with 3 years old children. Before moving to Uzbekistan, she contacted the hotline number of the NGO “Talk-to-me”\* and obtained legal support.

In 2020, a criminal case was opened against her perpetrator and is still ongoing.

*My grandmother came to Kazakhstan from Uzbekistan with me, when I was 12 years old, and we did not have a place to live. He offered to lease a home together, and I worked with him and his brother. We sold some products at the local market. My grandmother had to take that offer because she did not have a choice. When we were at home, he started to touch me despite my reactions and raped me. I was afraid to talk about it because he threatened me, broke my nose, and constantly beat me because he was jealous of me. I am 18 years now and I gave birth when I was 14 years old. Giving birth to my child was the most traumatic day of my life.*

### Availability and access to services

Dana’s custodian, her grandmother, who is 70 years old now, could not access any of the child protection system’s services due to her irregular status as an undocumented migrant in Kazakhstan, as well as due to her lack of education.

*Dana’s grandmother did not want to speak to anyone. She knew what was happening was not right. But she was driven by fear. She felt so helpless against the authorities.*  
[support worker, NGO Talk-to-me]

Dana did seek services because she was afraid that the information, she shares about sexual assault will not be kept private and she would be deported to Uzbekistan. Although there are laws, statutes, and regulations that establish legal rights regarding privacy and confidential communication for sexual assault victims, these might not be adhered to. In any case, Dana was not aware that this kind of protection existed.

*We did not access any services because we were afraid, considering that we did to our passports and were living illegally in Kazakhstan. When I gave birth to a child, local police came and threatened me, screamed at me, and was afraid because they told me that they would take my child and send me to an orphanage home. I will be deported to my country, and my child will be living here in Kazakhstan with her father. I knew that I was living in a foreign country without any documents. When I was 18 years old, I told my colleagues. At that time, I was working in a car washing service. A criminal case was opened, and I'm waiting for the next court hearing now because he is in jail. (Dana).*

*It is important for adults to feel confident in their ability to protect children from violence. Children are not responsible for protecting themselves or avoiding sexual abuse. Parents, guardians, educators, and other adults should create safe communities. (NGO representative).*

### Appropriateness and equity of available services

After revealing her situation, the Embassy of Uzbekistan in Kazakhstan helped her to re-establish documents and they issued a passport to her child. There was “Talk-to-me” NGO that helped her. Police and other law enforcement authorities should only question child victims about their experience of sexual abuse in the presence of the appropriate guardian, but in the case of Dana local police did not provide or contact any professional services from the judicial body. Law enforcement authorities should minimise the length and scope of questioning to minimize further trauma or psychological distress to the child victim.

*The “Talk-to-me” public fund helped me a lot. They gave a service of a psychologist and medical services. They crowdfunded money for me. I am grateful for them for everything. They helped me to restore our documents.*

### Coordination of services

Dana received support only from the “Talk-to-me” NGO. Also, they are still providing money for her and providing legal consultations.

*After writing a lawsuit against him, I was threatened several times by his siblings, and even local police acted like I was a criminal, not a victim. They were repeating that I lived in Kazakhstan without any documents, and I could provoke his actions.*

Ministries of Foreign Affairs, Ministries of the Interior and other relevant state authorities shall establish agreements and procedures for collaboration with each other to ensure that a thorough inquiry into the individual and family circumstances of the child victim of sexual violence.

### Participation and consultation of the child in key decisions and monitoring progress

Dana was not involved in any key decisions with any part of the public administration. She was not participating in court proceedings.

*Child protection, if they exist, they did not help my child or me. My little girl also experienced violence, and our psychologist had a session with her too. She eye-witnessed how he was beating me. I am afraid that she will remember everything.*

### Critical gaps and positive outcomes

Giving birth as a survivor of sexual abuse while living in threat put Dana under tremendous stress. Dana only went to primary school in Uzbekistan and did not graduate from school. Since she was twelve years old, she was working as an undocumented migrant worker and was afraid to deal with any state institution. The local government and the Ministry of the Interior or other relevant state authorities and the social service authority did not start the process of obtaining documentation and information from the child’s country of origin from Uzbekistan to conduct a risk and security assessment. In the management of the case, both

from the judiciary and social services, it is necessary to assist the relevant judicial and administrative bodies to acquire information and documentation. The Ministries of the Interior failed to assist those authorities in contact with the corresponding authorities in the child's country of origin. Psychological abuse was used to control and isolate her and intimidating and causing fear in her child.

*Local police screamed at me and say that they could take away my child and deport me from Kazakhstan.*

*Everyone who lived with us knew about it, but they did not do anything. I did not believe that these problems could be solved. I really did not know whom I could tell these facts to, where could I go for help. I was always under total control.*

*After the criminal case opened, his siblings threatened me and asked me to take the statement back from the police.*

## Conclusion

Looking back at her experience, Ainur reflects on the following:

*Our family has never had a close relationship with each other: My mother died when I was young, and I had only my grandmother. Due to the age difference, it was impossible to have a close relation. I have never been close friends with my grandmother. She didn't seem to be very interested in me, even when we moved to Kazakhstan as an illegal migrant.*

*Life with my grandmother and our new owner of the house did not work out right away. At any opportunity, he tried to pinch me, then hug, then slaps on the buttocks and so on. He finally raped me, when I was 13 years old. But where could I go if I was still very young?! It was like being in slavery.*

*I gave birth to my baby very early. Only one NGO and the Embassy of Uzbekistan in Kazakhstan would help me – when it was too late: after 5 years of such unbearable disaster!*

*Now everything revolves around my daughter. I want to be a caring mother. I want to protect her and support her in her life. I wish I had an education. Perhaps it will not open new horizons for me, but still ... I love my job in Uzbekistan now. I love that I'm busy. Time flies by for me. And I would like to continue to grow professionally. Probably, I will decide to do some further education.*

## Annex 2: Case studies on local service provision

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This annex presents case studies on provision of services at local level, both at in prevention and response. It aims to illustrate local service provision and inquire whether these services function as a part of a local child protection system. The research team interviewed medical professionals, school psychologists and school administration, and staff of centre for children in difficult life situations and centre of adaptation that informed the following case studies:

- prevention of neglect and physical abuse through home visitations by patronage nurses;
- prevention of bullying and peer violence through training of children in schools on life and social skills;
- psycho-social support to child victims of violence in centre for children in difficult life situations and centre for adaptation.

All information and data for these case studies has been gathered through qualitative methods – document review of regulations and protocols and key informant interviews with service providers in two regions of East Kazakhstan and Turkestan. The interviews had been guided by the case study methodology, which in detail is replicated in Annex XXX. There were 3 informants, including 2 paediatricians and 1 patronage nurse for the case study on home visitation who worked at the level of the polyclinic. Two social pedagogues informed the case study on training children in schools on live and social skills. For the case study on psycho-social support to children in rehabilitation centres, there were 7 interviews conducted with social pedagogues and psychologists working at the centre for adaptation of children and centre for children and families in difficult life situations.

The aim is to demonstrate how existing child protection services support their respective communities, how they collaborate, apply existing policies and protocols to ensure the safety, permanency, and well-being of children and families. In particular, the case studies on services respond to the refined research questions on implementation, coordination, complementarity, appropriateness, and quality (see evaluation matrix).

### Case study on home visitations by patronage nurses

#### Description of the service

The universal-progressive home visiting system of patronage nurses is described in the evaluation report, Chapter 3 on social services. Order No 1027 (2017) outlines patronage as preventive care and informational services at home for newborns and young children (MoH Kaz, 2017e). During the patronage visit of a newborn the medical professional assesses signs of illnesses, assesses the mood of the mother for signs of postpartum depression, informs the mother (parent) on proper care for the newborn, promotes timely vaccinations, assesses social risks that can threaten a child's life, and identifies children who need special care like children with congenital diseases and children of HIV-positive mothers. In case of identified illnesses, the nurse informs the doctors. In case of threatening social risks, the nurse informs the social worker of the polyclinic (Chapter 3, Art 46, Order No.1027, 2017).

All children below the age of three receive the service according to the universal package of services. Children below the age of five in the risk group receive a progressive package of services where the frequency of patronage visits is determined by the individual plan (Appendix 3, Order No.1027, 2017).

### Legal and policy basis for the service

The service of patronage nurses works on the basis of the Order No. 1027 on the approval of Standard for the organization of the provision of paediatric care in the Republic of Kazakhstan, dated December 29, 2017 (MoH Kaz, 2017b). It has been piloted and evaluated a in several occasions (Babayeva et al., 2018; Gesaworld, 2019; UNICEF Kazakhstan, Núñez-Sabarís, Satorras, Nurmagambetova, Shevshenko, & Núñez-Sabarís, 2019).

### Implementing actors, structures, and protocols

Patronage nurses deliver the progressive patronage home visitation service to pregnant women and their children below the age of five. Social workers from a medical organization (polyclinic) visit the family for an in-depth assessment after a patronage nurse identifies a risk. Social workers evaluate the family, the child, and the family documents and assign a rating to the family, where “red” implies provision of intensive package of services (CS-S-001, p. 3).

Order 1027 on the standards of paediatric care outlines the steps of patronage visits service provision for nurses. However, in the interviews, the medical professionals from East Kazakhstan and Turkestan oblasts admitted that the protocols for cases of violence either did not exist or were not followed:

*“There is no specific protocol of the algorithm for providing assistance to victims of violence”. (FG-L-T-024, p. 3)*

*“We don’t use these SOP, to be honest”. (CS-S-001, p. 4)*

### Coordination

The informants were not able to describe a protocol for coordination with other sectors.

In East Kazakhstan, the informant mentioned an interdepartmental commission comprised of different structures to meet social, medical, legal, educational, and psychological needs of the child. This interdepartmental commission was created together with the deputy akim of Semey (CS-S-001). The reports on the service provision, including any reports on cases of violence are sent to the Ministry of Health. (CS-S-001). However, the medical worker from the East Kazakhstan region, mentions that medical workers are disincentivized from reporting cases of violence:

*“If there is no statement, ..., there is no problem”. [Nurses] are afraid of losing their jobs.” (CS-S-001)*

In Turkestan, the clinics work directly with the social protection agencies, law enforcement agencies, and the department of health. The work of these agencies is controlled both by local akimats and line-ministries. (FG-L-T-24, p.)



## Appropriateness

In Turkestan, informants did not address this aspect during the interview.

In East Kazakhstan, the services provided to the child are adapted according to the identified needs of the child. The Social worker from the medical organization and the case manager work together in accordance to the individual plan where legal, educational, medical, and housing needs of the child are addressed. However, the respondents were not able to describe how the needs of the child are being identified.

## Quality

Based on conducted interviews and a focus group, the quality of service is not ensured. According to one of the informants, all cases of violence when women and children are involved are being addressed (CS-S-001, p. 5). Case management is briefly mentioned as a “very effective” tool to address risks first identified by the patronage nurse (CS-S-001, p. 3).

Medical workers interviewed for the cases study mention the lack of trainings. Due to the pandemic, it became impossible to conduct two-week trainings that are needed, instead they were replaced with two-hour online sessions, which result only in a certificate, while practical sessions that allowed to apply newly acquired knowledge were missing (CS-S-001, p.2). A patronage nurse in Turkestan also underlines the need for trainings:

*“we need training sessions, we don’t even know how to properly help women and children victims of violence” (FG-L-T-024, p. 4).*

## Conclusion

- An interdepartmental commission exists, but it is unclear how it works and whether it is effective in responding to VAC. Effectively, nurses and medical workers are disincentivized from reporting VAC because of fear of losing their jobs. This represents a serious bottleneck for coordination with other services, including social services and law enforcement.
- There is little evidence on collaborations on VAC in either Turkestan or East Kazakhstan oblast. It is mentioned that local departments of health and internal affairs as well as the social protection agencies are involved in responding to VAC. The extent to which this collaboration is effective and complimentary is unclear.
- Reportedly after the needs-assessment, an individual plan is drawn up that addresses different needs of a child (medical, housing, legal, educational). There is insufficient evidence for the success of this approach, or its improvement compared to 10 years ago.
- The quality of patronage nurse visits depends mainly on the professionalism of the nurses. According to the informants, nurses and other medical workers feel the need for additional training with an emphasis on practical skills development.
- There is some evidence of case management being implemented in the East Kazakhstan oblast.

## Case study on psycho-social support

### Description of the service

The centres for children in difficult life situations and centres for adaptation are described in the evaluation report Chapter 3 on services. In East Kazakhstan, the centre providing social and psychological support to children and families in difficult life situations functions under the Akimat and the Department of education since 2019. They work in two directions: the first is prevention, the second is direct assistance. In the line of prevention, together with the schools, the municipal social and psychological service runs programmes for parents and children at school. After identifying topics of interest at the school, the service offers programmes on prevention of crime and delinquency, prevention of suicide, sexual integrity, and prevention of violence. As direct assistance in cases of violence, the social and psychological service accompanies children throughout the case (C-S-S-002, p. 3).

In Turkestan, social and psychological service to children is provided by the Centre for Adaptation and the Centre for children with Deviant Behaviour. The latter provides housing, education, and psychological help to children sent to the Centre by the court order (CS-S-006).

The Centre for adaptation provides temporary stay for homeless children, children left without parental care, children victims of violence and children in difficult life circumstances, and children awaiting a court decision (MoES Kaz, 2013, Chapter 6). The Centre for adaptation works with children ages 3 to 18 and provides legal, material, and psychological assistance (CS-S-T-009).

### Legal and policy basis for the service

In East Kazakhstan, the centre for children in difficult life situation is regulated by the own charter and the decree on the opening of centres (CS-S-002, CS-S-003).

In Turkestan, the Centre for children with deviant behaviour operates under the law “On the rights of the child” (GoK, 2002), law “On education” (GoK, 2007b), and court decisions and the Commission on Minors’ Affairs (CS-S-T-006). The Centre for adaptation works according to the MOES Order No. 229 (Appendix 6) of 2013 (MoES Kaz, 2013) which states that children can be referred to the centre by the court order, order of other state bodies or non-governmental organizations (CS-S-T-009, p. 2).

### Implementing actors, structures, and protocols

The role of social pedagogue at the centre for children in difficult life situations in East Kazakhstan is to visit the families with the head teacher and inspector, make a primary assessment of housing conditions, provide a report on the social portrait of the family, and develop recommendations. The role of a psychologist at the service is to provide consultations for children, communicate with the family, receive initial complaints from the children in person and through the helpline (CS-S-003, p. 3).

At the Centre for children with deviant behaviour, the roles of social pedagogue and psychologist are very similar in terms of the description. For instance, both the social pedagogue and the psychologist should communicate with children, and with the parents, help with welcoming the newcomers, and explain the rules of the centre (CS-S-004, p. 2).

Apart from providing psychological help to children at the Centre for adaptation, it is also psychologist's job to locate child's parents, determine the status of the child, restore their documents (CS-T-010, p. 2).

None of informants mentioned protocols or guidelines that inform the service provision.

### Coordination

The centre for children in difficult life situation in East Kazakhstan is connected with multiple structures and agencies, and – according to the informants – the direction of coordination depends on the needs of the child or family in every case. One of the informants (CS-S-002, p. 5) describes coordination with department of education, the Commission on the minor's affairs, department of internal, healthcare organisations, children's villages, and crisis centres.

There is a joint memorandum, but no specific protocol for re-direction, with the children's villages to work on the cases. If a child requiring help is accepted by one of those structures, then the centre develops an individual working plan for the child. (CS-S-002, p. 3). Children could also be referred to the centre by the Commission on minor's affairs, Department of Internal Affairs, health care and social protection institutions. Whenever there is need for psychological help, the child could be redirected to that service (CS-S-002, p.4).

The informant mentioned high turnover of employees working in the different state agencies that collaborate with centre. This factor limits opportunities for coordination, which weakens the connections and mutual trust (CS-S-003, p. 4).

*“... now people also change often, every 2-3 years, they do not stay any longer... mutual work starts to be built, another person comes in. He will have to learn about us all over again, we will learn about him, a new system of relationship has to be built with this person, it is not quite convenient” (CS-S-003, p. 4)*

The centre has no right to visit families directly, and this was mentioned by the centre representative as a limiting factor for coordination, while the agencies that have this authority are not readily available to intervene to provide assistance to the family.

*“... we face a lot of restrictions; we do not have the authority to go to the family. We had a situation where we received a call, we went to the family, then the parents wrote a statement against us that we allegedly invaded their space... we have the authority to carry out some work, but we do not have the competence to work independently. ... We can't do anything, and the child remains in a dangerous situation.” (CS-S-002, p. 4)*

In Turkestan, the Centre for children with deviant behaviour collaborates with the psychologists from local youth resource centres. The collaboration is complicated by the fact that the centre is a closed-type institution that require granting a special access for visitors. The centre also has connections with the polyclinic, the library, and approved inspectors (CS-S-004, p. 3). They work under the local department of education and report to them (CS-S-006, p. 3).

The Centre for Adaption in Turkestan coordinates with the guardianship authorities and the Department of Education (CS-T-009, p. 3). There is an established collaboration with psychologists and educators from youth resource centres, NGOs like Sana Sezim and the rehabilitation centre for the drug addicts (CS-T-010, p. 3).

*“There are difficulties in communication between the authorities. For example, a child comes to us without documents. Then, we apply to different authorities to help the child faster, but the process is delayed and the child is staying with us longer, which further complicates the process.” (CS-T-009, p. 3)*

### Appropriateness

In the centre for children in difficult life situations in East Kazakhstan, the services are adjusted in accordance to the results of the needs assessment during first contact with the child (CS-S-002, p. 3).

In the Centre for adaptation of minors and the Centre for children with deviant behaviour in Turkestan, housing is provided depending of the gender of the child, while assignment to a various educational classes depends on the age (CS-S-006, p. 4).

### Quality

Centre for children in difficult life situations in East Kazakhstan has a methodology department that conducts seminars and workshops based on the needs of employees. However, they note the shortage of trained professionals, especially the ones qualified to work on suicide cases. The service used to have a program of supervision for young professionals by a more experienced colleagues, but this option is no longer in place.

*“For young professionals, nothing is held or organized, there is such a shortage of everything, they go only with a university education”. (CS-S-003, p.4)*

Before the pandemic, social pedagogues and psychologists from the Centre for children with deviant behaviour used to visit city trainings in Kentau once a year (CS-S-004, p. 3) and participate in trainings from the department of education twice a year (CS-S-005, p. 3).

*“As for quality, each specialist is directly responsible for his/her own sphere.” (CS-S-006, p. 4)*

The department of education and the prosecutor’s office hold yearly inspections of the Centre of Adaptation to ensure quality of services (CS-T-009, p. 3).

### Conclusion

- Coordination between the centres that participated in the set of interviews for this evaluation and their state counterparts working in education, health, etc is not very effective because the process of replacing employees in the collaborating agencies is not streamlined and the mechanisms for coordination between the organisations are not clearly defined.
- All three structures (centre for adaptation, centre for children in difficult life situation and centre for children with deviant behaviour) receive children in cases of VAC because they require psychological help. Children could be re-directed from other organisations in the region, but also from other organisations in the country, e.g., a child from Nur-Sultan was sent to the Centre for children with deviant behaviour in Turkestan. This takes children away from the familiar environment and support system that might exist in their own regions.

- In East Kazakhstan, the support services provided by the centre for children in difficult life situation are said to be adapted based on the results of the initial needs assessment. In Turkestan at the centre of adaptation and centre for children with deviant behaviour, accommodation and education provision take into consideration gender of the child in case of accommodation, and age of the child when education is concerned.
- Quality of service provision is ensured through annual and biannual trainings from the Department of Education in Turkestan and regular trainings from within the centre for children in difficult life situation in East Kazakhstan. Despite this effort, quality of services provided still largely depends on the professionalism of employees themselves. In the interviews, they note lack of trainings, shortage of qualified professionals, and the need for supervision or mentorship program for young employees.

## Case study on preventing bullying in schools

### Description of the service

Prevention of bullying and peer violence in schools is carried out by the school psychologist and the head teacher for educational work. The role of school psychologists and social pedagogues are described in the evaluation report Chapter 3 on services.

In Turkestan, school psychologists provide trainings for children from seventh to eleventh grade (ages 13-17) on bullying. Moreover, there are meetings with parents where teachers and a school psychologist raise awareness about bullying and importance of addressing it (CS-S-EK-007). In East Kazakhstan, the trainings are held for children beginning with grade five up to grade eleven (ages 11-17), these trainings include the concept of cyberbullying as well (CS-S-T-008).

The cases of violence and bullying are registered and processed by the school psychologist and the administration. If cases of violence and bullying are identified, the school provides psychological assistance to the child suffering from bullying. The school also meets with the parents of both children, the one being bullied and the one bullying. The school psychologist monitors and checks on the child who was bullied for a period of time.

### Legal and policy basis for the service

According to the interview, in Turkestan the school psychological service works under the school's own internal acts (CS-S-T-008, p.2). The informants in East Kazakhstan did not discuss any legal documents or protocols that inform the work of psychologists or social pedagogues.

### Implementing actors, structures, and protocols

The role of social pedagogue and psychologist is similar in nature. In the line of prevention of bullying, they raise awareness through trainings and seminars for children and parents, they conduct surveys to identify children in risk groups and try to engage children at risk in afterschool activities and establish contact with them. As for response to violence, social pedagogue and psychologist meet with the child who is bullied and his/her parents, follow up and monitor him/her for a period of time.

No protocols were described during the interviews.

### Coordination

The school reports directly to the local Department of Education. The schools work together with the inspectors from the Department of Internal Affairs. The inspectors are called in to participate in the meetings on the cases of bullying and to document the case if violence happened at school. (CS-S-EK-007).

In Turkestan, schools together with the Department of Internal Affairs and Department of Education develop a plan to prevent bullying. The school's psychological service is also assisted by the Reframe psychological assistance center under the Besterek program. (CS-S-T-008, p. 3)

### Appropriateness

The classes on bullying are carried out only for children at the level of secondary school, grades five to eleven (ages 11-17) in East Kazakhstan oblast, and grades seven to eleven (ages 13-17) in Turkestan.

There are no services for primary school children. There is no data on services being adjusted to other needs and differences except for age.

### Quality

In Turkestan, the Besterek programme is said to be helping as there are no cases of suicide or violence in the school since the programme has been implemented (CS-S-T-008). However, counterparts identified the need for more professionals on cyberbullying and specific offer for training and education for school staff:

*“I think we also need seminars and trainings for teachers and psychologists” (CS-S-EK-007, p. 3)*

### Conclusion

- Representatives of schools who informed this case study in Turkestan and East Kazakhstan oblast mostly coordinate with the Department of Education and Department of Internal Affairs, when cases of prevention and response to bullying are involved. The effectiveness of such coordination and the outcomes for children is not very clear.
- In Turkestan schools, Department of Education and Department of Internal Affairs work according to a joint plan on bullying prevention. However, there is insufficient evidence to draw conclusions on the success of such collaborations.
- Psychological services that prevent and respond to bullying are differentiated according to age, i.e. grade level. There is no programme directed at primary school children. Existing psychological services do not take into consideration any other child characteristics.
- According to the informant who participated in this cases study, there is a need for more training of psychologists working at schools, along with clearly defined prevention and response mechanisms.



## Annex 3: Procedural Documentation and Methodology

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*[provided in a separate document]*