

NATIONAL HUMAN DEVELOPMENT REPORT 2009

NATIONAL HUMAN DEVELOPMENT REPORT 2009



*From exclusion to equality: realising the rights
of persons with disabilities in Kazakhstan*



British Embassy
Astana



Kazakhstan

NATIONAL HUMAN DEVELOPMENT REPORT 2009

FROM EXCLUSION TO EQUALITY:
REALISING THE RIGHTS OF PERSONS
WITH DISABILITIES IN KAZAKHSTAN

The Institute for Parliamentary Development of the Nur Otan PDP was commissioned by the United Nations Development Programme (UNDP) in Kazakhstan for production of the National Human Development Report for 2009

Report materials could be reproduced in whole or in part, without prior permission of the United Nations Development Programme, provided proper reference is made to this publication.

This publication is published within the UN Development Programme in Kazakhstan project and with the technical assistance of the British Embassy to Kazakhstan and Kyrgyzstan and the Ministry of Foreign Affairs of the Republic of Kazakhstan.

This report does not necessarily reflect the official views of UNDP, the British Embassy to Kazakhstan and Kyrgyzstan and the Ministry of Foreign Affairs of the Republic of Kazakhstan.

The cover features Kassiyet Omarova's painting *All is in Your Hands*.

FOREWORD BY MR. YERBOL ORYNBAYEV, DEPUTY PRIME-MINISTER OF THE REPUBLIC OF KAZAKHSTAN



The National Human Development Report of the Republic of Kazakhstan presented to you here is dedicated to one of the most important problems of social development in our country. It concerns the status and prospects regarding the resolution of one of the long lasting and troubling issues our society has, how to create the conditions for adequate realisation of the rights of persons with disabilities.

It should be noted that since gaining its independence, the creation of the social protection system for citizens who have been unwillingly limited in their abilities has been given a lot of attention in Kazakhstan's national social policy. This system is founded on the idea that the political decision-making centres (the President of the Republic of Kazakhstan, the Parliament, and the Government) have the view that disabled persons are part of the society like other people, and that it is our duty to help them, as much as the state resources allow, to become an active part of the society. Also, they aspire to overcome disabled persons' feelings of estrangement or exclusion from the accomplishments made by Kazakhstan during the short history of its independence.

Formation of the legislative basis for social protection for persons with disabilities has been one of the primary goals outlined in the Addresses of the President to the People of Kazakhstan and also one of the assignments set by the Head of State for the Parliament and the Government.

In the meantime, in order to make the social protection policy systematic in the domain of realisation of the rights of persons with disabilities, the programmes for disability rehabilitation have been executed on a regular basis, making the creation of the foundation for social protection for persons with disabilities in Kazakhstan possible. With the economic growth of Kazakhstan, the annual social payments has also been increasing and the infrastructural service barriers for disabled people have been gradually diminished.

Having signed the International Convention on the Rights of Persons with Disabilities, Kazakhstan has now demonstrated its acute intention to resolve issues which relate to persons with disabilities in accordance with international standards.

Naturally, we fully realise that a lot has to be done in this domain, but we are determined to adjust our approach to the disability issue. Also, we are determined to do everything possible to offer state assistance, as well as to provide possibilities for persons with disabilities to enjoy their rights as equal members of our society. In this regard, the National Report, which objectively states the successes and shortcomings of our activity, is considered as an immense assistance. Most importantly it provides practical recommendations that we shall certainly use in our work on the creation of conditions for realisation of the rights of persons with disabilities who are citizens of the integrated Kazakhstan.

FOREWORD BY MR. HAOLIANG XU, UN RESIDENT CO-ORDINATOR/ UNDP RESIDENT REPRESENTATIVE



It is a pleasure to present the National Human Development Report for 2009, which is dedicated to the complex analysis of the current status of disabled persons in Kazakhstan, and also to the research of prospects on how to improve their well-being, guided by international standards. This report is issued during a year when the world community is searching for measures to improve the economic and social deterioration taking place throughout all countries worldwide, resulting from the global economic decline and the negative economic growth. Under the conditions of the global financial crisis, what appears to be a crucial precursor of re-establishing stable growth are investments in human capital and realisation of the potential of all groups of the population, including those who have disabilities.

Wise men say that the state's attitudes to the elderly, disabled persons and children determine the extent to which the state reaches its development. The choice of a theme for this National Human Development Report has been influenced by the global changes occurring worldwide which are concerned with the attitudes towards disability issues and disabled people. The paradigm is changing; the beneficial position is being gradually replaced by a new concept solely and firmly founded on human rights.

The Convention on the Rights of Persons with Disabilities and its Optional Protocol which was recently approved by the UN General Assembly provides evidence of these changes taking place; it is reflected in a unique international document in the domain of human rights of the 21st century, which asserts an unquestionable degree of protection of disabled persons.

Unfortunately, being a disabled person still implies a lot of hardship in a great number of countries worldwide, including Kazakhstan. There are multiple infrastructural, physical, legal, communicational, psychological and other barriers standing in the way of the complete realisation of the rights of disabled persons. One rarely encounters a person in a wheel chair, a blind person, or someone who has Down's syndrome in the open or outside of their residence. It is not the case that there are fewer of these persons in Kazakhstan than in other countries, but that the social infrastructure and the public mentality in general are established for able-bodied people only.

In December 2008 by signing the Convention on the Rights of Persons with Disabilities and its Optional Protocol Kazakhstan has demonstrated its serious intentions to join the international agreement. This is now the time of introducing important reforms in the system of human rights in the domain of disabilities, which will reflect the principles of dignity and full involvement, equality and accessibility. It is aimed at the realisation of human rights and addressing the social inclusion issues for all disabled persons.

The report presented for you here is the first complex analysis of the legislation and the socio-economic infrastructure of Kazakhstan relating to disabled persons. In addition, legislative, institutional and socio-economic measures have been developed and defined, which are necessary to prepare for the ratification and implementation of the Convention on the Rights of Persons with Disabilities and its Optional Protocol.

The report, which is jointly prepared by a group of experts from the Institute for Parliamentary Development of the Nur Otan PDP and with the international and national consultants who represent non-governmental organisations, academic institutions and public organisations, has defined the advantages that the society will gain from the involvement of disabled persons in the political, social, economic and cultural domains. In addition to this, clear plans for action and step-by-step guides on how to prepare for the ratification of the Convention on the Rights of Persons with Disabilities and its further implementation in Kazakhstan, are also presented.

It is important to note the on-line discussion mechanism that has been employed for the first time in the history of the preparation of the National Human Development Report, which helped to collect the recommendations by the parties concerned, primarily from disabled persons themselves across the country. The discussion of the research results and the recommendation developments in the present report also included a great number of practising specialists, scientists, social activists and politicians both nationally and in the local regions.

I sincerely believe that this report will attract attention to the problems that disabled persons and their families have, will bring changes to secure their dignity, their rights and well-being, and that it will lay a foundation for profound legal changes in the way that disabled persons are perceived and the problems they encounter. I hope that the present cooperative work will in many respects assist ratification of the Convention on the Rights of Persons with Disabilities and its Optional Protocol in Kazakhstan, and the general public will acknowledge that every person should have the right to realise their potential and personal development.

FOREWORD BY MR. PAUL BRUMMELL, BRITISH AMBASSADOR TO KAZAKHSTAN AND KYRGYZ REPUBLIC



The British Government has been pleased to provide funding support for a programme of activity dedicated to realising the rights of persons with disabilities in Kazakhstan, of which Kazakhstan's National Human Development Report 2009 "From Exclusion to Equality: Realising the Rights of Persons with Disabilities" is an important product.

We are delighted that in December 2008 Kazakhstan signed the UN Convention on the Rights of Persons with Disabilities as well as its Optional Protocol. The signature of the Convention provides an important impulse to efforts in Kazakhstan to ensure that the rights and dignity of persons with disabilities are protected, and we look forward to its ratification by Kazakhstan. This will bring it in the company of an increasingly large list of states, whose number I'm delighted to say includes the United Kingdom following our ratification of the Convention on the Rights of Persons with Disabilities on 8 June 2009.

The report is the work of its authors, and does not necessarily reflect the views of the British Government. There is much of interest presented in the report. The survey of existing domestic legislation demonstrates that there are indeed many laws relevant to the rights of disabled people, but also that provisions are sometimes unclear and potentially contradictory and that the legislation is not always well synchronised with international standards. The report also highlights some key financial and public awareness challenges and identifies a wide range of barriers to the realisation of the rights of persons with disabilities.

I wish the government of Kazakhstan, the inspiring group of NGOs across the country dedicated to improving the lives of persons with disabilities, and all those working on the issues highlighted in the report the very best in their continuing endeavours to ensure that all persons with disabilities in Kazakhstan enjoy each of the rights set out under the UN Convention on the Rights of Persons with Disabilities.

ACKNOWLEDGEMENTS

The team of authors and the Coordination Team of UNDP in Kazakhstan would like to thank everybody who made their contribution and assisted us in the preparation of the current report.

We would like to say a big thank you to the international consultants Ms. Svetlana Kotova and Ms. Dana Migaleva, the national experts Mr. A. Dumbayev, Mr. K. Imanaliyev, Ms T. Popova and Mr. Y. Shokamanov for providing their professional review and valued recommendations concerning the content of the report.

The authors and UNDP Coordination Group would also like to note the contribution of the Social Council of the Nur Otan PDP Fraction under the Mazhilis of the Parliament of the Republic of Kazakhstan represented by Chairwoman of the Council MP A. Samakova, the Ministry of Labour and Social Protection of the Republic of Kazakhstan represented by Minister G. Abdykalikova, Secretary Executive T. Duisenova and also Director of the Department for Social Security and Social Services K. Manabayeva and the Statistics Agency of the Republic of Kazakhstan represented by Secretary Executive Y. Shokamanov.

The authors and UNDP Coordination Group would also like to thank the Ministry of Foreign Affairs of the Republic of Kazakhstan for providing financial support in the preparation of this report

The authors are extending sincere thanks for their valuable suggestions and comments to Mr. T. Scott, Policy Specialist, NHDR Unit, UNDP/HDRO, Ms. L. Nylin, Human Rights Specialist, UNDP Bratislava Regional Center, Ms. A. Akiyama, Social Affairs Officer, UNESCAP, Mr. Amanbayev, Chairman of Almaty City Council for Persons with Disabilities, Mr. Abdumomynov, Chairman of Society of Young People with Disabilities, Mr. Chetverikov, Chairman of Pavlodar Oblast Voluntary Society of Disabled People, Mr. I. Omarbekov, Chairman of the National Confederation of Disabled People, Ms. Suleimenova, General Director of SATR Centre, Ms. L. Kaltayeva, Chairwoman of Shyrak Association of Women with Disabilities, Ms. M. Suleyeva, the author of the rehabilitation centre model and founder of Kenes Rehabilitation Centre, Ms. G. Khakimzhanova, President of the Association of Social Workers, Disabled Persons and Volunteers, Mr. A. Ivkin, Chairman of Karaganda Oblast Voluntary Society of the Disabled, Mr. B. Aubakirov, President of the Kazakh Society for the Blind, Mr. D. Yefremov, Vice-President of the Kazakh Society for the Blind.

A big contribution to the development and the discussion of the main highlights of the report was made by members of the round table discussion in the cities of Shymkent (16 February 2009), Almaty (18 February 2009), Astana (17 March 2009), who are MPs of the Republic of Kazakhstan, representatives of the central government, local representative and executive governments, non-governmental organisations, scientists, experts and mass media.

The authors and the Coordination Team of UNDP are extending sincere thanks to staff of the Republican Library for the Blind under the Committee of Culture of the Ministry of Culture and Information of the Republic of Kazakhstan for preparation of the publication in Braille and an audio version in DAISY standard.

The authors and the Coordination Team of UNDP in Kazakhstan would like to thank all direct or indirect contributors to the compilation and preparation of this report.

AUTHORS

Zhanargul Kusmangaliyeva	First Deputy Director of the Institute for Parliamentary Development of the Nur Otan PDP, Candidate of Science (Law), the main author of the report
Amankul Serikbayev	Deputy Director of the Institute for Parliamentary Development of the Nur Otan PDP, Doctor of Science (Economics), the main author of the report
Yury Shokamanov	Executive Secretary of the Statistics Agency of the Republic of Kazakhstan, Doctor of Economic Sciences, the main author of the statistics chapter
Serik Zhusupov	Chief of the Department for Political Analysis of the Institute for Parliamentary Development of the Nur Otan PDP, the main author of Chapter 1
Zhomart Medeuov	Chief of the Department for Social Expertise and Forecast of the Institute for Parliamentary Development of the Nur Otan PDP, Candidate of Science (Philosophy), the main author of Chapter 3
Vladimir Telnov	Chief of the Department for Economic Research of the Institute for Parliamentary Development of the Nur Otan PDP, the main author of Chapter 2
Baurzhan Uakpayev	Chief of the Department for Legal Research of the Institute for Parliamentary Development of the Nur Otan PDP, the main author of Chapter 1

ADVISORS

Aiko Akiyama	Social Affairs Officer, UN Economic and Social Commission for Asia and the Pacific
Bolat Baikadamov	Director of the Institute for Parliamentary Development of Nur Otan PDP
Aibek Dumbayev	Chairman of the ZHAN Asian Society of Disabled People
Kairat Imanaliyev	Chairman of the NAMYS Public Society of Disabled People
Svetlana Kotova	UNDP international consultant
Dana Migaleva	UNDP international consultatn
Luisse Nylin	Human Rights Specialist, UNDP Bratislava Regional Center
Steliana Nedera	Deputy Resident Representative, UNDP Kazakhstan
Tatyana Popova	Head of medical and social expertise laboratory, Higher healthcare school of the Republic of Kazakhstan
Tim Scott	Policy Specialist, NHDR Unit, UNDP/HDRO

UNDP CO-ORDINATION TEAM IN KAZAKHSTAN

Bakhyt Abdildina	Head of the Governance and Local Development Team, UNDP Kazakhstan
Ainur Baimyrza	Programme Analyst/Portfolio Manager, Governance and Local Development Team, UNDP Kazakhstan
Ruslan Kazkenov	Programme Associate, Governance and Local Development Team, UNDP Kazakhstan
Maral Sheshembekova	Project Manager, UNDP Kazakhstan

TECHNICAL SUPPORT

Tortai Saduakas	Proofreader of the Kazakh version of the report, Inspector for the HR and Document Department of the Institute for Parliamentary Development of the Nur Otan PDP
Ken Charman	Proofreader of the English version of the report
Maksut Jumabekov	Head of the team preparing Braille and DAISY versions of the report

EXECUTIVE SUMMARY

For the purposes of this National Report the term “persons with disabilities” means a category of persons recognized by the legislation of the Republic of Kazakhstan, i.e. the disabled, which in accordance with the Convention on the Rights of Persons with Disabilities includes those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis.

The overall goal of the 2009 National Human Development Report is to study Kazakhstan’s legislation and socio-economic infrastructure concerning persons with disabilities and identify political, legislative, institutional and socio-economic measures enabling implementation of the Convention on the Rights of Persons with Disabilities by Kazakhstan.

Chapter I Legal Component

This segment of the National Human Development Report is devoted to analysis of three major law spheres regarding persons with disabilities, specifically **international legal acts, legislation of other countries, and national legislation in Kazakhstan.**

As the analysis of development of international law shows, the issue of attitude towards people with disabilities has undergone a significant transformation from the date of acceptance of the **World Action Programme concerning Disabled Persons** of 3 December 1982 by the United Nations General Assembly for the International Year of Disabled People. Prior to adopting this programme, there had been a lot of international acts adopted with regard to persons with disabilities, which, however, were limited to medical campaigns, rehabilitation and prevention of certain causes of disability.

It was the World Programme that classified disabled persons not as vulnerable individuals but as equal citizens, who have been unfortunate in having limitations in their physical abilities.

An important role in the system of international law is played by **acts directly devoted to the problems of persons with disabilities**, and also **general acts raising problems of disabled persons.**

The culmination of the international legal initiative of solving issues of persons with disabilities became the **Convention**

on the Rights of Persons with Disabilities (resolution 61/106) and the Optional Protocol adopted on 13 December 2006 and opened for signature on 30 March 2007. With this instrument adopted, the world community managed, through joint efforts, to summarise all previous experience of solving problems of persons with disabilities, and with the active promotion of the UN, start a global complex implementation process of international standards in respect of persons with disabilities into the national legislation of almost all countries.

It should be noted, that development of international law in respect of persons with disabilities has been developing in parallel with the legislation of the leading countries. International organisational experience of social protection of citizens testifies that expenses for social adaptation of people with disabilities are derived from three sources: contributions of employers, insurance premiums and the state budget (about 10%).

The CIS countries are in the process of developing experience of legal rights protection of people with disabilities, having determined success in this sphere, but in comparison with developed countries they are at the beginning of their way.

Legislation of the Republic of Kazakhstan in the area of human rights, freedoms and interests of people with disabilities has many stand-alone regulatory acts as well as norms and regulations incorporated into general laws. The legislation of Kazakhstan is to a greater degree focused on social protection and rehabilitation

The legislation of the Republic of Kazakhstan lacks the concept of reasonable accommodation as a part of the notion of discrimination on the ground of disability and a general obligation to provide it when different rights are exercised.

of persons with disabilities and is based mainly on the old approach to this issue, which is to consider people with disabilities as a vulnerable category of the population who should receive an elementary level of required public goods. There appears to be lack of consistency in the issue of socialisation of disabled persons as full members of the society.

Whereas conceptual documents on the rights of disabled persons state the necessity to follow international standards, the national legislation does not comply with them. Many regulations to protect disabled persons' rights are out of date and contradict each other in some areas. The regulations on disabled persons' rights have not been systematised.

Implementation of regulatory norms that guarantee the observance of rights and freedoms of disabled persons is challenging. The requirements of the legislation are not always followed for some reasons such as lack of by-laws to implement the laws, lack of clear and distinct tools for implementation, lack of a single controlling authority and insufficient funds.

Current regulations are to a greater extent focused on the protection of social and economic rights, elimination of certain disability implications such as accidents, diseases, genetic diseases. International standards stand for the elimination of all social, economic, institutional and political obstacles that may complicate the disability problem and thus limit opportunities of disabled persons to take part in social and economic activities.

While developing certain legal, economic, social and other actions aimed at fulfilling the commitments under the Convention on the Rights of Persons with Disabilities the government should consider the fact that the Convention allows for implementation of measures to realize economic, social and cultural rights progressively, using the greatest amount of available resources to do so. The commitments related to civil and political rights should be fully complied with after the Convention enters into force in the State. When making an analysis in the course of preparations to the ratification it may be useful to divide commitments with regards to civil and legal rights from those with regards to economic, social and cultural rights.

In order to comply with the Con-

vention, the legislation should include a general prohibition of discrimination, an obligation to provide reasonable accommodation, criteria to identify reasonableness, and permanent or temporary positive measures to stimulate de facto the equality of the disabled. The analysis shows that the legislation of the Republic of Kazakhstan lacks the concept of reasonable accommodation as a part of the notion of discrimination on the ground of disability and a general obligation to provide it when different rights are exercised.

Better implementation of disabled persons' rights requires identifying a range of state authorities responsible for social protection elements for disabled persons, statutorily clarification and establishment of their obligations to create conditions for the unimpaired access of disabled persons to engineering, transport and social infrastructure facilities and adjust access to transport, communication, information and other social facilities to their abilities.

The following needs to be done to implement the Convention provisions on accessibility:

- to develop minimum standards of accessibility of all facilities available to population including transport and information;
- to establish the obligation on accessibility of commissioned or repaired objects, to introduce the responsibility for the failure to comply with these regulations;
- to provide for positive or incentive measures.

The most significant shortcoming of the national legislation in Kazakhstan in the area of disability is the lack of mechanisms to implement important legal rules in the area of disability prevention and rehabilitation of disabled persons.

Therefore, an important and significant proposal for reforming the governmental policy in relation to disabled persons is to switch from financial assistance to disabled persons to disability prevention, provision of life activity environment and medical, social and employment rehabilitation for disabled persons.

It should be added that prevention efforts should start immediately upon the birth of a child belonging to a risk category due to limitations of his/her early psychic and physical development for habilitation

International standards stand for the elimination of all social, economic, institutional and political obstacles that may complicate the disability problem and thus limit opportunities of disabled persons to take part in social and economic activities.

An important and significant proposal for reforming the governmental policy in relation to disabled persons is to switch from financial assistance to disabled persons to disability prevention, provision of life activity environment and medical, social and employment rehabilitation for disabled persons.

and significant assistance to the child's parents in upbringing and education and prevention of social orphanhood,

In this connection, it is advisable to provide legal, institutional and financial conditions for further development of rehabilitation programmes.

Currently dozens of regulations relating to different problems of social protection of disabled persons are effective in the Republic of Kazakhstan. Therefore, we consider the unification of the legislation in the area of protection of rights, freedoms and interests of disabled persons as one of measures to improve the governmental policy.

It appears that the unification should not only streamline the legislation. It is necessary to review the possibility of equalization of rights and preferences of different categories and groups of disabled persons.

It is also necessary to mention that the unified terminology is not developed in the legislation of the Republic of Kazakhstan. A number of terms contained in the Convention on the Rights of Persons with Disabilities are not used at all. The content of the same definitions is different in some regulations. In order to avoid problems with the law enforcement it is advisable to pay attention to application of certain terms.

The ratification of the Convention on the Rights of Persons with Disabilities and Optional Protocol thereto will be an important step in setting the stage for equal opportunities for disabled persons. If the Convention is ratified, the Government will undertake to review relations in all areas of activity of disabled persons, which in its turn will require "revision" of the entire legal framework to achieve conformity with the Convention. The provisions of the Convention will become an integral part of the national legislation. Analysis of the practice of enforcement of disabled persons' rights set out in the local legislation demonstrated that these rights are violated by state institutions at different levels generally due to imperfection of local regulations.

Furthermore, if the Convention is ratified then the Republic of Kazakhstan being its member-state should set up a special governmental institution and a national mechanism to implement the conditions of the Convention.

Therefore, the ratification of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto and further implementation of the principles and norms set out in the international legal treaties shall create legal conditions for full exercise of constitutional rights and freedoms by disabled persons, allowing Kazakhstan to become a social state in the true sense of this word where every provision is realised for the sake of its citizens irrespective of any factor or condition.

Chapter II Economic Component

This chapter of the report is intended to define potential methods of funding social support activities in Kazakhstan in order to achieve international standards envisaged in the Convention on the Rights of Persons with Disabilities based on comparative analysis of the national practice in this area with international experience.

The first part of the chapter analyses economic measures taken by Kazakhstan in terms of social support of people with disabilities and summarizes the results of **rehabilitation programmes for persons with disabilities for 2002-2005 and for 2006-2008** and highlights positive changes. At the same time, one must admit that, as a whole, social assistance measures taken by the state, despite positive trends in its quantitative indices are not enough to satisfy needs of persons with disabilities and do not change their social status in Kazakhstan fundamentally. The fact is that they are not intended to increase the competitiveness of disabled persons in the labour market, which leads to a decrease in the demand for disabled persons as potential employees.

But besides government authorities, disabled persons' problems are being addressed by **non-governmental organisations** in Kazakhstan. Analysis of their activities shows a growth in their quantity, and, to a large degree, this has to do with the state social order and grants of international and foreign organisations. Besides, there is a lack of conceptual approach to the interaction between the state and civil society in solving general social problems, and this is a negative factor. As the experience of developed countries shows, alternative innovation methods of rehabilita-

tion for disabled persons (art therapy, zoo therapy etc.) play a major role in supporting persons with disabilities.

International experience of the development of an economic mechanism for disabled persons' support shows that the latter depends on a social policy model adopted by a country, which is based on the role and level of involvement of the government, civil society and individuals. From the geopolitical perspective, they are divided into the Scandinavian, Continental and British-American social policy models.

To comply with the international standards of the Convention on the Rights of Persons with Disabilities, Kazakhstan needs to focus on the following areas of financing of social support of persons with disabilities:

- laying a favourable framework for social adaptation and employment of persons with disabilities;

- development of a network of rehabilitation facilities, improvement of types and methods of their operation, and enhancement of their material and technical resources;

- better satisfaction of needs of persons with disabilities for technical (compensatory) aids and prosthetic and orthopaedic devices;

- providing conditions to ensure unimpeded access for persons with disabilities to social, transport and recreational infrastructure.

Kazakhstan's compliance with its commitments to UN to support disabled people will depend on the pace of its economic growth with three compliance scenarios developed, optimistic, moderate and pessimistic.

On the whole, taking into consideration modern realities of dealing with challenges faced by people with disabilities in Kazakhstan and world experience in this area, introducing principles of the Convention on the Rights of Persons with Disabilities will call for a number of systematic measures to be taken by the state, business community and civil society. There is no doubt that at the beginning the state should take a leadership role.

Possible funding needs are set out in this component of the National Report.

Chapter III Social Component

This component of the report is divided into the following sub-problems: information support for persons with disabilities in the system of social institutions; people with disabilities and civil initiative; mechanisms of incentives and financing the integration processes of people with disabilities into society; an official disability strategy; role of state bodies in integrating people with disabilities into society.

As the analysis of the information aspect of problems faced by people with disabilities shows, this aspect is successfully handled by developed western countries, where multiple information sources about the real situation of people with disabilities in the society allows for precise development of models of social support to this category of population.

Quite a different picture is observed in this country. Neither researchers nor people with disabilities themselves have a true picture of disabled persons' status in Kazakhstan, especially changes in its development. In particular, this can be explained by the fact that there is no systematic and regular research practice in this area. This negative factor is to a large extent decreasing the efficiency and effectiveness of state and other programmes being developed and implemented with respect to social rehabilitation of people with disabilities, and is becoming a barrier to the start-up of mechanisms of self-regulation of the community of disabled persons, who could become important initiators in solution of their own problems.

The Kazakhstani model of social rehabilitation of people with disabilities is mainly based on the state approach, resulting in insufficient use of both the potential of people with disabilities and opportunities of commercial and non-governmental sectors. Standard state measures supported by high levels of financing are not able to change the problem of disabled persons, which has a lot of nuances that cannot be addressed within the state programmes.

It is necessary to set up systems of financial stimulation of integration of people with disabilities into social life. All participants of this process should see not only a remote humanitarian perspec-

Introducing principles of the Convention on the Rights of Persons with Disabilities will call for a number of systematic measures to be taken by the state, business community and civil society. There is no doubt that at the beginning the state should take a leadership role.

tive, but obtain benefits for themselves in a short-term economic period.

A very important aspect of social rehabilitation of people with disabilities is dedicated efforts in changing people's mental attitudes towards disabled persons. There appears to be a need for an official disability strategy, which allows consolidating efforts of a family, colleagues, community and the state as a whole in addressing issues of social adaptation of people with disabilities.

According to independent experts the medical part of rehabilitation in Kazakhstan is proceeding successfully. But it is not enough to put disabled persons "on their feet", he or she should be introduced to the society they live in. And in this context it can be noted that the social part of disability rehabilitation in Kazakhstan is inadequate and requires an upgrade, both in terms of conceptual approaches and ways to organize and finance the social rehabilitation infrastructure.

All five steps described in Chapter III allow laying the background for transforming the current rehabilitation system for persons with disabilities, forming the environment for an active life for people with disabilities in line with the regulations and principles of the UN Convention on the Rights of Persons with Disabilities.

Step I creates an information field in a number of ways including bringing statistical methods of collection and analysis of information on people with disabilities in line with international standards. The information field allows the society's attention to be focused on systemic disability problems, exposes internal reserves of people with disabilities and mobilizes the society's additional resources to address their problems.

Step II involves developing the non-governmental sector in the area of protect-

ing the rights of people with disabilities to enable it to perceive needs and demands of people with disabilities, formulate problems and promote their solution at the national level. This, in its turn, suggests that a system of interaction between state and public organizations should be built, functional roles should be distributed among them and joint efforts to implement measures to secure exercise of the rights of persons with disabilities should be coordinated.

Step III provides for financial attractiveness of campaigns aimed at social integration of people with disabilities and creation of the social service market and production of devices for the disabled. All participants of the social integration process should see not only a remote humanitarian perspective, but obtain benefits for themselves in a short-term economic period.

Step IV shapes a positive public opinion in the country aimed to support private and state initiatives promoting a better socialisation of people with disabilities. A clear official disability strategy allows consolidating efforts of a family, colleagues, community and the state as a whole in addressing issues of social adaptation of people with disabilities; promoting and supporting citizens' and organizations' initiatives in search for mutually acceptable solutions taking into account interests of persons with disabilities.

Step V leads to a more balanced state policy with regards to people with disabilities by expanding the number of state bodies taking part in their social rehabilitation. The role and place of state bodies in the rehabilitation system depends on the classification of barriers to socialization of persons with disabilities.

TABLE OF CONTENTS

**FOREWORD BY MR. YERBOL ORYNBAYEV, DEPUTY PRIME-MINISTER
OF THE REPUBLIC OF KAZAKHSTAN**

**FOREWORD BY MR. HAOLIANG XU, UN RESIDENT CO-ORDINATOR/
UNDP RESIDENT REPRESENTATIVE**

**FOREWORD BY MR. PAUL BRUMMELL, BRITISH AMBASSADOR TO
KAZAKHSTAN AND KYRGYZ REPUBLIC**

AUTHORS

EXECUTIVE SUMMARY

TABLE OF CONTENTS

ACRONYMS

INTRODUCTION

CHAPTER 1. LEGAL COMPONENT

21

1.1. International Legal Instruments in the Area of Protection of Disabled Persons' Rights, Freedoms and Interests

21

1.2. Foreign Laws in the Area of Protection of Disabled Persons' Rights, Freedoms and Interests

25

1.2.1. Foreign Legislation in Non-CIS Countries

25

1.2.2. Legislation of CIS Countries

34

1.3. The Republic of Kazakhstan Laws in the Area of Protection of Disabled Persons' Rights, Freedoms and Interests

35

1.3.1. Social Security Legislation

37

1.3.2. Social Services Legislation

38

1.3.3. Legislation concerning Housing and Accessibility to Locations of Social Infrastructure and Information

39

1.3.4. Healthcare Legislation

42

1.3.5. Education Legislation

44

1.3.6. Employment Legislation

50

Chapter 1 Conclusion

52

CHAPTER 2. ECONOMIC COMPONENT

56

2.1. Costs of Social Support for Disabled Persons in Kazakhstan

56

2.2. International Experience of Funding of Social Support for Disabled People

62

2.3. Areas of Funding of Social Support for Persons with Disabilities to Comply with the International Standards of the UN Convention on the Rights of Persons with Disabilities

67

2.3.1. Social Adaptation and Involvement of Disabled Persons in Employment

67

2.3.2. Development of a Network of Rehabilitation Facilities, Improvement of Types and Methods of their Operation, and Enhancement of their Material and Technical Resources

69

2.3.3. Better Satisfaction of Needs of Persons with Disabilities for Technical (Compensatory) Aids and Prosthetic and Orthopaedic Devices

70

2.3.4. Development of Accessibility to Social, Transport and Recreational Infrastructure

70

2.4. Prospects of State Funding of Social Support for the Disabled

72

Chapter 2 Conclusion

75

CHAPTER 3. SOCIAL COMPONENT	76
3.1. Information Support of Persons with Disabilities in the System of Social Institutions	77
3.2. Persons with Disabilities and Civil Initiatives	80
3.3. Mechanisms of Stimulation and Funding of Integration of Persons with Disabilities into Society	84
3.4. Shaping an Official Disability Strategy	86
3.5. Role of State Bodies in the Integration Process of People with Disabilities in Society	88
Chapter 3 Conclusions	93
CONCLUSION	94
4.1. Main Risks and Barriers	95
4.1.1. Institutional Risks and Barriers	95
4.1.2. Fiscal Risks and Barriers	95
4.1.3. Political Risks and Barriers	95
4.1.4. Other Risks and Barriers	96
4.2. Step-by-Step Implementation of the International Convention in Kazakhstan	96
4.2.1. Legal Measures	96
4.2.2. Economic Measures	99
4.2.3. Measures for Development of Solutions and Implementation Mechanisms in the Domain of Social Adaptation of Disabled Persons	100
STATISTICAL OVERVIEW OF THE STATE OF HUMAN DEVELOPMENT AND DISABILITY IN KAZAKHSTAN	102
State of Human Development in Kazakhstan and its Regions	103
Disability Statistics in Kazakhstan	110
Appendix 1	113
Appendix 2	116
Appendix 3	117
Appendix 4	132
Appendix 5	142
TECHNICAL NOTES	152
1. Integral Human Development Indicators	152
2. Basic and Integral Human Development Indicators	152
3. Human Development Index (HDI)	153
4. Gender Related Development Index (GDI)	154
5. HDI adjusted for Gender Inequality Index (HDIGI)	155
6. Human Poverty Index (HPI)	155
7. Kazakhstan HDI by region	156
GLOSSARY	157
REFERENCES	158

ACRONYMS

CC	-	chamber of commerce
CIS	-	Commonwealth of Independent States
ESCAP	-	Economic and Social Commission for Asia and the Pacific
GDI	-	gender-related development index
GDP	-	gross domestic product
GII	-	gender inequality index
GRP	-	gross regional product
HDI	-	Human Development Index
HDIGI	-	Human Development Index adjusted for gender inequality
HPI	-	human poverty index
ILO	-	International Labour Organization
IRP	-	individual rehabilitation programme
LEB	-	life expectancy at birth
MLSP	-	Ministry of Labour and Social Protection of Population
NGO	-	non-governmental organization
NHDR	-	National Human Development Report
OECD	-	Organization for Economic Cooperation and Development
PMPC	-	psychological, medical and pedagogical consultation
PPCO	-	psychological and pedagogical correction office
PPP	-	purchasing power parity
PWD	-	persons with disabilities
RC	-	rehabilitation centre
RFTX	-	Tax Code of the Russian Federation
SPPC	-	State Pension Payment Center
UN	-	United Nations Organization
UNDP	-	United Nations Development Programme
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
VS	-	vocational school
WWII	-	World War II



INTRODUCTION

Now we must take concrete steps to transform the vision of the Convention into real victories on the ground. We must address the glaring inequalities experienced by persons with disabilities. We must counter discrimination and prejudice. We must deliver development that is truly for all. And we must convince more and more nations, organizations and individuals to join this cause.

UN Secretary-General, Mr. Ban Ki-moon

The UN Development Programme's reports on human development published in certain countries since 1990 and in Kazakhstan since 1995 are acknowledged worldwide by experts, analysts, and governments. Unlike a number of others, the human development index (HDI) rating of the countries worldwide is particularly significant as it reflects not abstract industry-specific or generalised macro-indicators, but a vital integrated parameter (HDI) at an individual level, for groups, for the public, and for the whole country. Ultimately, competitiveness and many other rating indicators are subject to and are the means of achieving one common goal – human development.¹

Unlike other earlier theories, the concept of human development is focused on the human with the sole goal of achieving sound well-being. Every human being would like to have a good income, which indeed is an important factor. However this reason should not be regarded as a major purpose of human life. The idea of development in itself is about expansion of the possibilities and of the choices that humans can make, not about gaining money.²

This approach comes from the concept that the human **is valuable in his/her own right**. This is why the most important goal for measuring human development potential should come from how well the government and the public creates equal conditions for the self-development of human resources and provides the institutional medium for the rights of all citizens to be realised regardless of gender, race, religion, political views or physical differences.

It is well known that world leaders have taken on the obligation to achieve The Millennium Development Goals in the domain of development, as defined in the **Declaration of the Millennium of 2000**. This includes a task of superior importance to reduce the level of poverty by half by 2015. UNDP co-ordinates the efforts aimed at achieving these goals, both nationally and globally.

UNDP assists developing countries in mobilising help and using it effectively. In the context of its overall activity, the Programme helps to protect human rights and to expand possibilities for women.

In this connection, the co-ordination of common human development problems and issues, which are related to the realisation of the rights of citizens who have limited abilities due to physical, psychological, intellectual or sensory deficits, is one of the most important indicators. It defines the degree of the government's obligation for the citizens at present, the focus on the fair future, and also of how effective the system of state management is in order to achieve objectives of the stable development of the country in general.

Addressing the disability issues in Kazakhstan has recently been brought to the foreground by signing the Convention on the Rights of Persons with Disabilities; currently the founding international legal act in this domain.

Within the framework of preparation of the National Report on Human Development in this domain, a complex piece of scientific and analytical research concerning the legal, economic and social conditions of the livelihood of disabled persons in the country was conducted. This was done by a team of authors who represent the Institute for Parliamentary Development, with the help of the UN Development Programme in Kazakhstan and the British Embassy to Kazakhstan and Kyrgyz Republic.

The requirements of the Convention on the Rights of Persons with Disabilities

United Nations Development Programme (UNDP) is the UN's global development network, an organization advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We are on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and our wide range of partners.

¹ Mustafayev, N., *The Society: Living a Good Life in Kazakhstan* // www.businesswomen.kz.

² *Dictionary of Gender Terminology* / Editor: Denisova, A. A., / Regional Public Organisation 'West-East: Innovative Projects by Women' – M: Information of the 21st Century, 2002.

that disabled persons must have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them were taken into consideration.

With this in mind, the authors have developed a strategy for testing the research results, with an active role played by non-governmental organisations uniting disabled persons.

In particular, the different types of in-



volvement of disabled persons have been primarily planned for research discussion.

Firstly, these include **round table discussions**.

Secondly, the Institute for Parliamentary Development launched a blog on its website containing the research findings which is also interactive in order to allow for comments to be made on the research.

Thirdly, intermediate research results were sent via a **virtual network of NGOs** that are dealing with disability issues.

The fourth type involves **national and international experts** in disability issues working in co-operation with UNDP. This means that the authors of this report have considered various options regarding how disabled persons can be involved in the discussion of the research, both in person and via the internet.

The following should be noted concerning the arrangement of open discussions on the interim results that the analy-

sis of problems of disabled persons in Kazakhstan produced.

On 16 and 18 February 2009, in the cities of Shymkent and Almaty, round table discussions took place with participating representatives of the Parliament of the Republic of Kazakhstan, UNDP, The Ministry of Labour, the Statistics Agency of the Republic of Kazakhstan, South-Kazakhstan and Almaty Oblast Branches of Nur Otan PDP, the Shymkent oblast and city Maslikhats, the local executive bodies of the cities of Shymkent, Almaty, and non-governmental organisations for the protection of the rights of disabled persons.

The concluding activity was the final round table discussion, which took place on 17 March 2009 on the '**Realisation of the International Standards of Disabled Persons' Rights in Kazakhstan**'. This was on the premises of Mazhilis of the Parliament of the Republic of Kazakhstan with participating Mazhilis MPs who were representing the Social Council under Nur Otan PDP fraction in this House of the supreme representative body of the country.

The purpose of the round tables was the discussion of the state and prospects of improvement to be made to the social protection system for disabled persons in Kazakhstan, with the view to introducing the principles set by the UN Convention on the Rights of Persons with Disabilities in Kazakhstan.

In the course of these measures, the condition and the prospects of the social protection system development for disabled persons in Kazakhstan were discussed. Also discussed were the intermediate results of the analytic research by the Institute for Parliamentary Development under Nur Otan PDP, on the problems encountered by persons who have limited capabilities.

The results of the discussions have been used to develop practical recommendations for governments and all other organisations interested in improvement of the social protection system concerning persons with disabilities in Kazakhstan.

With reference to the organisation and discussion practice at such events, the following should be noted.

Practical Use

Face-to-face contact between the experts and persons with disabilities across

the country allowed for the direct insight into research problems and the acquisition of a good range of knowledge of specificities of the local problems that disabled persons encounter on a daily basis. It was also important to have an opportunity for the representatives of the government and disabled persons to gather around the table to discuss the common problems together and elaborate joint recommendations.

The results of the round table discussion show that the problems that disabled persons have are relatively similar and they also seem to have similar views about the prospects of how these issues can be resolved.

Both international and foreign consultants, as well as the national specialists expressed **their expert opinions** regarding the analytical survey. A significant role in the creation of the NHDR was collecting opinions of the non-governmental organisations through **virtual conferencing**. The internet network contained the research



material that was regularly updated, as amendments were made by the experts to eliminate any drawbacks and shortcomings as they arose.

The NHDR on disability issues in Kazakhstan is based on the amended version of the analytical research finalized taking into account the views of all stakeholders.



LEGAL COMPONENT

Progress in securing independent living conditions and equalization of employment, political and other rights for persons with disabilities will call for analysis of the respective global experience and its implementation in Kazakhstan through legislative amendments.

Baibolat Aubakirov, President of the Kazakh Society for the Blind

CHAPTER 1

1.1. International Legal Instruments in the Area of Protection of Disabled Persons' Rights, Freedoms and Interests

Development of current RK legal framework in the area of disabled persons' rights, freedoms and interests protection was effected by international legal instruments of the **United Nations Organisation**.

Since its earliest days the UN has shown special concern with the problems of disabled persons as they are the most vulnerable and the least protected group of society. The policy of integration of disabled persons into society was declared as the key priority of the governmental policy in their regard.³

In this connection, the objective of this survey is to set out fundamental international legal instruments, formalising the basic principles of protection of rights of people with disabilities.

The Universal Declaration of Human Rights is one of the first international UN documents recognising the rights of all people, without distinction of any kind, to marry, own property, equal access to public services, social security and realization of economic, social and cultural rights.⁴

Subsequently, the principles contained in the Universal Declaration of Human Rights⁵ were included in further detail into the International Covenants on Economic, Social and Cultural Rights⁶ and on Civil and Political Rights, The Declaration on the Rights of Mentally Retarded Persons⁷ and The Declaration on the Rights of Disabled Persons⁸.

The Declaration on the Rights of Disabled Persons stated that "Disabled

persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination ...".

The Declaration on the Rights of Mentally Retarded Persons⁹ confirmed the right of any mentally disabled retarded person to have, to the maximum degree of feasibility, the same rights as other human beings.

The international Covenants on Economic, Social and Cultural, Civil and Political Rights turned the earlier existing regulations into binding agreements.

It is necessary to mention that none of the above international legal instruments specified disability as a criterion on which discrimination is prohibited. Disability is only implied in the wording of "or other circumstance".

The Universal Declaration of Human Rights, International Covenant on Economic, Social and Cultural Rights and International Covenant on Civil and Political Rights in aggregate comprise what is referred to as the Universal Declaration of Human Rights. These three documents recognise civil, cultural, economic, political and social rights, being the inalienable rights for all people. Thus the rights of persons with disabilities are recognised and protected by the Universal Declaration of Human Rights even if they are not directly mentioned therein.

The Declaration on Social Progress and Development¹⁰ should be mentioned as one of international legal instruments

The Universal Declaration of Human Rights, International Covenant on Economic, Social and Cultural Rights and International Covenant on Civil and Political Rights in aggregate comprise what is referred to as the Universal Declaration of Human Rights.

³ *Problems of Legislative Support of Social Security of Disabled Persons in the Russian Federation (for a meeting of the Round Table of the Committee of the Federation Council on Social Policy «Implementation of Social Security of Disabled Persons in the Russian Federation »). Analytical News/ Analitichesky Vestnik N° 4(197). - Moscow, 2003.*

⁴ *Adopted at the 3rd session of the UN General Assembly by Resolution 217 A (III).*

⁵ *Proclaimed by General Assembly Resolution 2200 A (XXI) of 16 December, effective as of 3 January 1976.*

⁶ *Proclaimed by UN General Assembly Resolution 2200 A (XXI) of 16 December 1966, effective as of 23 March 1976.*

⁷ *UN General Assembly Resolution 2856 of 20 December 1971.*

⁸ *UN General Assembly Resolution 3447 of 09 December 1975.*

⁹ *The UN General Assembly Resolution 2856 as of 20 December 1971.*

¹⁰ *Approved on 11 December 1969 at the 1829th plenary meeting of the UN General Assembly. UN General Assembly Resolution 2542 (XXIV).*

In 1992, at the conclusion of the United Nations Decade of Disabled Persons (1983-1992), the General Assembly proclaimed 3 December as the International Day of Disabled Persons.

According to the Convention each State must take measures to realize economic, social and cultural rights progressively, using the greatest amount of available resources to do so.

stating the necessity to protect the rights of physically or mentally disabled persons and the need to secure their well-being and to rehabilitate their capacity to work.

The adopted Convention on the Rights of the Child¹¹ and the Concept of Basic Services for All Children and the Strategy¹² gained significant importance in the area of protection of disabled children's rights.

The Convention on the Rights of the Child became the first agreement on human rights clearly prohibiting the discrimination of children on the basis of their disability. Furthermore, it recognises the rights of disabled children to use all their abilities to their fullest potential and have access to services and special care.

The Concept of Basic Services for All Children and the Strategy provided the conditions to activate the role of the family and the community in the assistance to disabled children inside their natural environment.

The Global Programme of Action Concerning Disabled Persons approved by the UN General Assembly Resolution 37/52 of 3 December 1982 was especially important in the area of protection of the rights of disabled persons.

The objectives of disabled persons' equality and their participation in social life and development, declared in the Programme demonstrated the changes in world community's understanding of disability and the recognition of the necessity to apply a comprehensive approach to disability problems.

The approach based on the principle of "vulnerability" of disabled persons was substituted with the concept of disabled persons' social self-sufficiency development which includes the measures aimed at creating the conditions for disabled persons' adaptation into "normal" social and economic structures.

The Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care¹³, adopted by the General Assembly on the 17 December 1991 deserve special attention. The Principles set several norms and

procedure guarantees aimed at protecting against gross human rights' violations like abuse or improper measures such as physical restraint or involuntary seclusion, or such methods as sterilisation, psychosurgery and other intrusive and irreversible treatments for mental illnesses, which may be committed in medical institutions. Despite the innovative nature of the Principles for that time, their current importance is challenged.

On 20 December 1993, the UN General Assembly adopted The Standard Rules on the Equalization of Opportunities for Persons with Disabilities.¹⁴

The International Bill of Human Rights, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and also the Global Programme of Action Concerning Disabled Persons created the legal and moral basis for the Standard Rules.

The Standard Rules contain practical recommendations as to how to provide equal opportunities in the four areas: pre-conditions for equal participation, target areas for equal participation, implementation and monitoring measures.

"The Standard Rules on the Equalization of Opportunities for Persons with Disabilities became the main UN document guiding states in the areas of human rights and disability and also an important regulatory act establishing obligations of states on the basis of existing instruments in the human rights area. Many countries developed their national laws in this area on the basis of the Rules. Despite the appointment of a Special Rapporteur to monitor the compliance with the Standard Rules at the national level, the Rules are not binding and don't protect the rights of disabled persons.

It should be mentioned that a number of regulations aimed to break down barriers to inclusion and renew the impetus to eliminate discrimination on the basis of disability and to positively promote the inclusion of disabled persons in all aspects of society is provided by ILO International Labour Standards and in particu-

¹¹ UN General Assembly Resolution 44/25 of November 20, 1989.

¹² Adopted by the UN Children's Fund in 1980.

¹³ The UN General Assembly Resolution 46/119.

¹⁴ The UN General Assembly Resolution 48/96.

lar Recommendation No. 88 concerning the Vocational Training of Adults Including Disabled Persons (1950), Recommendation No. 99 concerning Vocational Rehabilitation of the Disabled (1955), Invalidity, Old-Age and Survivors' Benefits Convention No. 128 (1967), Resolution concerning Vocational Rehabilitation and Social Reintegration of Disabled or Handicapped Persons (1975), Convention No. 159 on Vocational Rehabilitation and Employment (Disabled Persons) and Recommendation No. 168 (1983) as well as the ILO Code of Practice on Managing Disability in the Workplace.¹⁵

Different assessments may be given to the importance of the ILO Convention on the Rights of Persons with Disabilities and recommendations on the legal regulation of social security at the international and national level. First of all, they contain social standards the legislation of any state should ideally comply with. Second, the ILO conventions and recommendations facilitate the unification (internationalisation) of laws on social security of disabled persons.¹⁶

It should be mentioned that many ILO Conventions and recommendations on different labour and social aspects of disabled persons' rights, freedoms and interests protection became binding upon their ratification by the states.

The **European Social Charter**¹⁷ adopted by the Council of Europe on 18 October 1961 in Turin also recognises the right of everyone to "have the opportunity to earn (a) living in an occupation freely entered upon", and that all workers have the right to just conditions of work. Furthermore, the Charter specifically acknowledges that disabled persons have the right to independence, social integration and participation in the life of the community. A European Union directive adopted in late 2000 outlaws direct and indirect discrimination in the field of employment on a number of grounds, including disability. The Directive applies, inter

alia, to selection criteria and recruitment conditions, vocational guidance, vocational training, employment and working conditions, including pay. Importantly, the Directive states that "reasonable accommodation" should be made to cater for needs of disabled persons.

On 9 September 1999, a renewed campaign, Rehabilitation International: Charter for the Third Millennium was initiated to have a specially-designed law, a UN Convention on the Rights of Persons with Disabilities, elaborated.

The Convention on the Rights of Persons with Disabilities¹⁸ and its Optional Protocol were adopted on 13 December 2006 and opened for signature on 30 March 2007.

The Convention is a complement to existing international human rights treaties. It does not recognise any new human rights of persons with disabilities, but rather clarifies the obligations of the states to respect and ensure the equal enjoyment of all human rights by all persons with disabilities.

The Convention on the Rights of Persons with Disabilities confirms that all these rights cover persons with disabilities, provides for establishment of the Committee on the Rights of Persons with Disabilities to monitor compliance with the provisions of the Convention, and obliges the member states to consult with persons with disabilities, through their representative organizations, when developing and implementing legislation and policies to effectuate the Convention, and on all other policy matters that will affect the lives of persons with disabilities.

To date 137 states have signed the Convention on the Rights of Persons with Disabilities, 81 states have signed the Optional Protocol, 44 states have ratified the Convention and 26 states have ratified the Optional Protocol (see Appendix 1).

Eight guiding principles form the basis for the Convention and its articles:

- Respect for inherent human dignity, individual autonomy, including the

The approach based on the principle of "vulnerability" of disabled persons was substituted with the concept of disabled persons' social self-sufficiency development which includes the measures aimed at creating the conditions for disabled persons' adaptation into "normal" social and economic structures.

¹⁵ *The Right to Decent Work of Persons with Disabilities*. Arthur O'Reilly, Geneva, International Labour Office, 2007.

¹⁶ Shomonayeva I.I. *ILO Conventions and Recommendations as Sources of Social Security Laws*. //Omsk University News/ Vestnik Omskogo Universiteta. – 1997. -Issue 3. - p. 94-95.

¹⁷ Reviewed in Strasbourg on 3 May 1996.

¹⁸ The UN General Assembly Resolution No. 61/106.

freedom to make one's own choices, and independence of persons;

- non-discrimination;
- full and effective participation and inclusion in society;
- respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- equality of opportunities;
- accessibility;
- equality between men and women;
- respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Along with designation of rights the Convention identifies measures to be taken by the member states:

- to adopt all appropriate legislative, administrative and other measures for the implementation of the rights of persons with disabilities;
- to take all appropriate measures,

including legislation, to eliminate discrimination;

- to take into account the protection and promotion of the rights of persons with disabilities in all policies and programmes;
- to refrain from engaging in any act or practice violating the rights of persons with disabilities;
- to ensure that public authorities respect the rights of persons with disabilities;
- to ensure that any person, organization or private enterprise respect the rights of persons with disabilities;
- to undertake and promote research and development of universally designed goods, services and technologies;
- to provide accessible information to persons with disabilities about assistive technologies;
- to promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention;
- consult with persons with disabilities when developing and implementing legislation and on all policy matters that will affect the lives of persons with disabilities.

According to the Convention each State must take measures to realize economic, social and cultural rights progressively, using the greatest amount of available resources to do so. This obligation, commonly referred to as progressive realization, acknowledges that it often takes time to realize many of these rights fully, for example, when social-security or health-care systems must be created or improved. While progressive realization gives States parties, particularly developing countries, some flexibility in achieving the objectives of the Convention, it does not absolve States parties of the responsibility to protect those rights. For example, a State must not forcibly evict a person with a disability, arbitrarily withdraw social-security protection or fail

Section 15 of the 1982 Canadian Charter of Fundamental Rights and Freedoms states: «Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, color, religion, sex, age or mental or physical disability».

Article 3 of the Constitution of the People's Republic of China states that «disabled persons enjoy the same rights as other citizens in respect of political, cultural and social aspects, as well as family life» and that it is forbidden to discriminate against, insult or harass disabled persons ».

Article 3 of the Basic Law of the Federal Republic of Germany states that all the people shall be equal before the law and that no person shall be discriminated against because of disability». The Basic Law of the Federal Republic of Germany grants all individuals a right to rehabilitation and integration into normal life. It obliges legislative, executive and judicial authorities both at the federal level and at the level of lands and communities as well as other public institutions and organizations to use any opportunity to involve all disabled persons into normal life as far as possible.

to introduce and respect the minimum wage.

Unlike economic, social and cultural rights, civil and political rights are not subject to progressive realization. In other words, States must protect and promote these rights immediately.

Articles 4.1 and 4.2 explicitly oblige all States Parties to undertake certain commitments.

In particular, States Parties undertake:

- to adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;

- to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;

- to take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;

- to refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;

- to take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;

- to undertake or promote research

and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;

- to undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;

- to provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;

- to promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention so as to better provide the assistance and services guaranteed by those rights.

The Convention is a complement to existing international human rights treaties. It does not recognise any new human rights of persons with disabilities, but rather clarifies the obligations of the states to respect and ensure the equal enjoyment of all human rights by all persons with disabilities

1.2. Foreign Laws in the Area of Protection of Disabled Persons' Rights, Freedoms and Interests

1.2.1. Foreign Legislation in Non-CIS Countries

The systems of disabled persons' social protection existing in developed countries include some interrelated elements formalising the rights of disabled persons, rights and obligations of governmental authorities, non-governmental and charity organisations, forms and methods of their activities in this area.

The principles of equal rights of dis-

abled and non-disabled persons, prohibition of discrimination of a person on a number of grounds including disability, formalised in the constitution or in other documents are typical for the laws of many foreign countries.

Thus, the constitutional guarantees of equality for disabled persons are enshrined in some countries. For instance, the Constitution of Canada guarantees the principle of equality of disabled persons

and impossibility to discriminate against them on the grounds of physical or mental disability.

According to the above, some countries have comprehensive general anti-discrimination laws covering multiple grounds of prohibited discrimination; others have individual laws dealing with different forms of discrimination such as those based on sex, age or marital status, or covering discrimination in specific areas such as employment.

At least 40 countries have adopted legislation addressing the rights of persons with disabilities. Some of this legislation prohibits discrimination as its primary goal; other laws address the positive duty of the state and the community to ensure the welfare of persons with disabilities and their access to social support. Many countries have both types of legislation.

Thus, 36 laws in **China** contain norms that guarantee not only the rights and interests of disabled persons but also fix obligations of the state to this category of persons.

The **United Kingdom's** Disability Discrimination Act of 1995 includes the principle of equal rights of disabled and non-disabled persons.

Hungary's Law on the Rights and Equal Opportunities for Disabled Persons of 1998 establishes the principle of equal rights.

Comprehensive laws protecting the rights and the interests of disabled persons are valid in **Canada**. Particularly, they are: Blind Persons Act; the Act on Disabled Persons; Vocational Rehabilitation of Disabled Persons Act, Canadian Human Rights Act; Employment Act; Employees Pay Act.

It should be noted that the experience of the Federal Republic of Germany in the issues of legal procedures and criteria of disability assessment may be interesting for Kazakhstan both methodologically and practically.

Canadian laws prohibit the discrimination of disabled persons and encourage their protection from discrimination when disabled persons are provided goods and services, housing, work, etc. These laws contain issues of creation of information services for disabled persons' rehabilitation, vocational training institu-

tions, remedial and medical institutions, provision of disabled persons with rehabilitation equipment.

The Canadian system of education legally provides for opportunities for disabled persons to study at any level ranging from school to university.

The Civil Law of the Federal Republic of Germany prohibits inflicting damage to disabled persons in relations between individuals. However, the Constitution of Germany does not provide for a requirement to favour or assist disabled persons in establishing equal conditions of life or granting equal chances. These issues are within the competence of "ordinary" lawmakers, who should tackle them "within their powers and taking into account the principle of social state".

The existence of three forms of social security for disabled persons in Germany deserves being mentioned. These are social insurance, compensation and assistance. The issues of social security for disabled persons are regulated by the Law on Disabled Persons (1974); Law on Uniformity of Measures for Rehabilitation (1974); Law on Assistance to Disabled Persons in Using Public Transport (1979); Law on Combating Unemployment among Severely Disabled Persons" (2000) and the Code of Social Legislation.

The above acts contain legal provisions on the issues of securing the rights and rehabilitation of disabled persons, including guarantees of their voting rights, training, education, use of public transport, special equipment at work places, improvement of their position in the labour market, decrease of unemployment among this category of population.

Thus, in the **FRG** a person is disabled if his/her physical function, mental ability or psychic health deviates from typical ones for more than six months and as a result the ability of the applicant to participate in social life is significantly impaired. The recognition of disability in the Federal Republic of Germany also means that "the degree of disability" is established. The degree of disability (Grad der Behinderung, GdB) means the degree of impaired participation in social life measured in percentage from 20 to 100 and rounded off to the nearest ten (i.e., 20, 30, 40, ... 100 %). This indicator says nothing about the ability of work at a certain working place and does not depend on

the nature of work done. 50 % or higher degree of disability is considered to be a severe form of disability, and a disabled person is issued a Severe Disability ID (Schwerbehindertenausweis).¹⁹ A disabled person produces such ID whenever he or she wants to exercise legal rights he or she is entitled to. This ID also entitles a person to receive special compensations and privileges, for example, special protection against dismissal, one week's longer annual leave or tax preferences. When the disability is less than 50 %, a Severe Disability ID is not issued and a disabled person receives another document to prove disability²⁰.

Persons with a minor degree of disability preventing them from finding or keeping a job receive relevant support from the state. At the employment office they can be "equalised" (Gleichstellung) in principal rights with severely disabled persons. Such disabled persons formally found by the employment office to be equal to "persons with severe disability" are entitled to all principal benefits Severe Disability ID holders are entitled to, except for such benefits as an extra week's leave or the right to free travel on public transport.²¹

Disabled teenagers and disabled young men and women can be formally found equal to severely disabled persons if they are rehabilitated and work at special workshops.

The rights and privileges of a disabled person in Germany depend on special marks made in their Severe Disability IDs (See Appendix 2).

In the Federal Republic of Germany "children's allowances" - Kindergeld – are paid to disabled children even after reaching the age of 27 if such children are unable to support themselves financially and they were found to be disabled before they reached the age of 27. At the same time, a person is presumed to be unable to support himself or herself if his/her annual income is less than EUR 7,680 if this person is employed.²²

In the **United States of America** the rights of disabled persons are enshrined in law and included into the common sys-

tem of civil rights that prohibit discrimination against a human being. The basic regulatory act in this area is the Americans with Disabilities Act of 1990 protecting this social group's rights at the federal level and prohibiting their discrimination in employment, public services, place of public accommodations, trade and transport.

The Act obliges employers to make "reasonable accommodation" for disabled persons unless such accommodation imposes an "undue burden" on employers. Along with that, it requires authorities of all levels to provide disabled persons with "equal access to benefits of activities, programs and services" including public systems of education, health services, social services, courts, electoral districts and town meetings.

The Act obliges the authorities to "make reasonable modifications in policies, practices and procedures" to avoid discrimination against disabled persons. Furthermore, the relevant governmental authorities and construction companies should consider peculiarities of disabled persons when constructing and reconstructing buildings and structures to simplify access for people using wheelchairs. According to the provisions of the Act the administration of public transport should not allow discrimination against disabled persons while rendering their services. The administration shall provide disabled persons with appropriate boarding and disembarking assistance devices or provide special vehicles for disabled persons unable to use regular public transport by themselves.

On 25 September 2008, the Congress of the United States enacted the Americans with Disabilities Amendments Act that clarifies and expands the term "disability" and coverage of the Act. The new Act restores the protection of disabled persons at working places weakened as a result of some rulings of the Supreme Court after the enactment of the Americans with Disabilities Act in 1990.²³

The Americans with Disabilities Act Amendments Act effective as of 1 January 2009 introduced a broader interpre-

At least 40 countries have adopted legislation addressing the rights of persons with disabilities. Some of this legislation prohibits discrimination as its primary goal; other laws address the positive duty of the state and the community to ensure the welfare of persons with disabilities and their access to social support.

¹⁹ *Rights and Benefits of Disabled Persons in Germany.* //Partner. – 2006. - N°7 (106).

²⁰ *Ibidem.*

²¹ *Rights and Benefits of Disabled Persons in Germany.* //Partner. – 2006. - N°7 (106).

²² *Ibidem.*

²³ <http://www.imcl.ru>.

tation of “disability”. The law preserves the basic interpretation of disability as “a physical or mental impairment that substantially limits one or more major life activities” established in the Americans with Disabilities Act, but changes the wording of some terms including “substantially limits” and “major life activities”.²⁴

There is another law in the USA, the US Vocational Rehabilitation Act, that obliges the governments of states to set aside at least 10% of federal grants received for vocation programs of students with disabilities.²⁵

In **India**, the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995 adopts a more wide-ranging approach: it uses both non-discrimination language in a number of areas and also supports positive discrimination in favour of persons with disabilities through a quota system, reserving a certain number of places for persons with disabilities in the training and employment programmes of public and private-sector entities. It also provides incentives to establishments that promote the employment of disabled persons and preferential treatment through tax concessions, subsidies and grants.²⁶

The Persons with Disabilities (Equal Opportunities, Protection of Rights and

disability and other matters.²⁷

It should be mentioned that the Convention views a failure to provide a person “reasonable accommodation” as amounting to discrimination on the basis of disability. Consequently, any legislative definition of discrimination should include the denial of “reasonable accommodation” as an act of discrimination. Specific reference should be made to the definition of “reasonable accommodation” that appears in Article 2 of the Convention.

The Americans with Disabilities Act prohibits discrimination against qualified individuals with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment. Discrimination means not making reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, unless such covered entity can demonstrate that the accommodation would impose an undue hardship on the operation of the business of such covered entity or denying employment opportunities to a job applicant or employee who is an otherwise qualified individual with a disability, if such denial is based on the need of such covered entity to make reasonable accommodation to the physical or mental impairments of the employee or applicant.

Spain’s 2003 Law on Equality of Opportunities, Non-discrimination and Universal Accessibility of Persons with Disabilities provides for reasonable adjustment (Ajuste razonable). “Ajuste razonable” is defined as “the measures of accommodating the physical, social and attitudinal environment to the specific needs of persons with disabilities which, in effective and practical form and without supposing a disproportionate burden,

It is important to adjust the environment to the people with disabilities but these adjustments have to be cost-effective.

Abstract from the speech by A.Y. Dumbayev, Chairman of the ZHAN Asian Society of Disabled People

Full Participation) Act sets out a broad policy framework for addressing disability issues, establishes a number of bodies at the national and state level to do this, addresses prevention and early detection of disability, equality in employment and education, including affirmative action, social security, accessible transport and buildings, the recognition of institutions for persons with disabilities, research into

²⁴ *Ibidem*.

²⁵ <http://www.invalid.kz>.

²⁶ *From Isolation to Equality. Realizing the Rights of Persons with Disabilities.//Handbook for Parliamentarians: International Convention on the Rights of Persons with Disabilities and the Optional Protocol. N° 14 – 2007.*

²⁷ *Ibidem*.

facilitate the accessibility or participation of a person with a disability in equal conditions as the rest of the citizenry²⁸

The **United Kingdom's** Disability Discrimination Act of 1995 legislates the duty of employers "to make adjustments". This duty applies where "any arrangement" or "any physical feature of premises" of employer "place[s] the disabled person concerned at a substantial disadvantage in comparison with persons who are not disabled." In such a case, "it is the duty of the employer to take such steps as it is reasonable, in all the circumstances of the case, for him to have to take in order to prevent the arrangements or feature having that effect.", in particular:

- making adjustments to premises;

- allocating some of the disabled person's duties to another person;

- transferring him/her to fill an existing vacancy;

- altering his/her work hours;

- assigning him/her to a different place of work;

- allowing him/her to be absent during working hours for rehabilitation, assessment or treatment;

- giving him/her, or arranging for him/her to be given, training;

- acquiring or modifying equipment;

- modifying instructions or reference manuals;

- modifying procedures for testing or assessment;

- providing a reader or interpreter;

- providing supervision.

In a number of countries, legislation sets out the factors that should be taken into account when assessing whether the accommodation requested amounts to a

disproportionate burden. These include the practicability of the changes required, the cost involved, the nature, size and resources of the entity involved, the availability of other financial support, occupational health and safety implications, and the impact on the operations of the entity.²⁹

Thus, the 2003 **Spanish** Law on Equality of Opportunities, Non-discrimination and Universal Accessibility of Persons with Disabilities, providing for reasonable adjustment (Ajuste razonable), uses the term "disproportionate burden" ("carga desproporcionada") in its legislation. The Law provides that "to determine whether a burden is proportional or not one must take into consideration the costs of the measure, the discriminatory effects failure to adopt the measure would imply for the persons with disabilities, the structure and characteristics of the person, entity or organization that must implement it and the possibility of obtaining official financing or other assistance".³⁰

Under the **United Kingdom's** 1995 Disability Discrimination Act prohibiting discrimination on the grounds of disability, an employer discriminates against a disabled person if two conditions are met: "(a) he fails to comply with a section 6 duty [to make reasonable adjustments] imposed on him in relation to the disabled person; and (b) he cannot show that his failure to comply with that duty is justified."³¹

Under the **Australian** Disability Discrimination Act of 1992, employers, educational authorities and others are required to make "reasonable adjustment" as long as this would not impose an unjustifiable hardship or be unreasonable. Section 11 provides that "in determining what constitutes unjustifiable hardship, all relevant circumstances of the particular case are to be taken into account," including:

- the nature of the benefit or detriment likely to accrue or be suffered by any persons concerned;

- the effect of the disability of a person concerned;

²⁸ *From Isolation to Equality. Realizing the Rights of Persons with Disabilities. // Handbook for Parliamentarians: International Convention on the Rights of Persons with Disabilities and the Optional Protocol. N° 14 – 2007.*

²⁹ *Ibidem*

³⁰ *Ibidem*

³¹ *Ibidem*

According to the Convention on the Rights of Persons with Disabilities national law should ensure that a person who has been subjected to unlawful discrimination is able to obtain an effective remedy.

- the financial circumstances and the estimated amount of expenditure required to be made by the person claiming unjustifiable hardship; and

- in the case of the provision of services, or the making available of facilities, an action plan given to the Commission under section 64.

With regard to the costs to the employer, the Australian Human Rights and Equal Opportunity Commission specifies that consideration should be given to “the net costs (or benefits) which are identifiable or reasonably likely to result overall for the employer, not simply the direct or upfront or gross costs.”³²

It should be mentioned that under European law, it has been found appropriate to adopt special provisions relating to the burden of proof in discrimination cases, including disability discrimination cases.

According to the Convention on the Rights of Persons with Disabilities national law should ensure that a person who has been subjected to unlawful discrimination is able to obtain an effective remedy.

Provisions of the Disability Discrimination Ordinance of 1995 (P.R.C.) may serve as an example of legislative resolution of this issue. Under this Ordinance, when a claim of disability discrimination comes before the District Court in Hong Kong Special Administrative Region of China, the Court has wide-ranging remedial powers, which include the power, to:

- make a declaration that the respondent has engaged in conduct, or committed an act, that is unlawful under this Ordinance, and order that the respondent shall not repeat or continue such unlawful conduct or act;

- order that the respondent shall perform any reasonable act or course of conduct to redress any loss or damage suffered by the claimant;

- order that the respondent shall employ or re-employ the claimant;

- order that the respondent shall promote the claimant;

- order that the respondent shall pay to the claimant damages by way of compensation for any loss or damage suffered by reason of the respondent’s conduct or act;

- order that the respondent shall pay to the claimant punitive or exemplary damages; or

- make an order declaring void in whole or in part either initially or from such date as may be specified in the order, any contract or agreement made in contravention of this Ordinance.”³³

The experience of the Federal Republic of Germany is also interesting in this regard. Thus, the Equal Rights Act stipulates that associations of disabled persons recognised by the Federal Ministry of Healthcare and Social Security may initiate legal action to assert equal rights of disabled persons. Actions are initiated if persons are not able to initiate a case themselves.

In some countries, laws may also require disability-aware procurement strategies, under which public agencies may be required to give preference to equipment that is fully accessible or based on the principle of inclusive design.

The Convention obliges States parties to recognize and promote the use of sign language. This would likely require some implementing legislation.

Currently some countries recognise the sign language at the legislative level.

Thus, the Constitution of Uganda specifically recognizes sign language and the duty of the State to foster its development. Article 24 of the Constitution provides: “[T]he State shall promote the development of a sign language for the deaf.”³⁴

Section 17 of the Constitution of Finland (1995), Section 17 - Right to one’s language and culture, provides that: “[...]”

³² From *Isolation to Equality. Realizing the Rights of Persons with Disabilities. // Handbook for Parliamentarians: International Convention on the Rights of Persons with Disabilities and the Optional Protocol. N° 14 – 2007.*

³³ *Ibidem*

³⁴ From *Isolation to equality. Realizing the Rights of Persons with Disabilities. // Handbook for Parliamentarians: International Convention on the Rights of Persons with Disabilities and the Optional Protocol to it. N° 14 – 2007.*

The rights of persons using sign language and of persons in need of interpretation or translation aid owing to disability shall be guaranteed by an Act."³⁵

Article 101 of the 1999 Constitution of the Bolivarian Republic of Venezuela provides: "The State guarantees the issuance, receiving and circulation of cultural information. The television media shall include subtitles and translation into Venezuelan sign language for persons with hearing problems. The terms and modalities of these obligations shall be established by law."³⁶

Thai Sign Language was acknowledged as "the national language of deaf people in Thailand" in August 1999, in a resolution signed by the Minister of Education on behalf of the Royal Thai Government.³⁷

In 2006, the New Zealand Sign Language Act entered into force. That statute provides for official recognition of New Zealand Sign Language (NZSL), which is the first or preferred language of deaf New Zealanders. The Act recognizes deaf people's language as a unique New Zealand language and thus gives NZSL equal status to that of spoken languages. The Act provides for any person involved in legal proceedings to use NZSL in those proceedings. The Act also provides that the deaf community should be consulted on matters that affect their language, including, for example, the promotion of the use of NZSL; that NZSL should be used in promoting government services and providing information to the public; and that government services and information should be made accessible to the deaf community through appropriate means, including the use of NZSL.³⁸

The Act also provides that government departments should, as far as reasonably practicable, be guided by certain principles about their interaction with the deaf community (clause 9). Nothing in this clause should be read as conferring advantages on the deaf community that are not enjoyed by others (clause 9 (2)).³⁹

According to the Act on Equal Opportunities for Disabled Persons in the

Federal Republic of Germany, persons with impaired hearing or speech may use the sign-language or other appropriate communication means at any administrative and federal institutions. Such institutions pay for these services themselves.

The Convention calls the States Parties not only to recognise and support the sign language, but also to adopt laws and take appropriate measures to promote access for such persons to information affecting their everyday life.

In most countries, there are no laws on providing information in accessible formats, such as Braille, audio formats or sign language, or to make web-sites accessible. Often, even where there is legislation, those laws have not been translated into actual services.

In this case, the experience of some countries is the exception rather than the rule. So, the adoption of the Act on Equal Opportunities for Disabled Persons in the

Article 10 of Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation provides:

"1. Member States shall take such measures as are necessary, in accordance with their national judicial systems, to ensure that, when persons who consider themselves wronged because the principle of equal treatment has not been applied to them establish, before a court or other competent authority, facts from which it may be presumed that there has been direct or indirect discrimination, it shall be for the respondent to prove that there has been no breach of the principle of equal treatment.

2. Paragraph 1 shall not prevent Member States from introducing rules of evidence which are more favourable to plaintiffs".

Federal Republic of Germany granted all blind persons and persons with impaired sight an opportunity to assert their rights in administrative authorities and to receive documents in the form perceptible for them. The right covers written announcements, contracts and forms. Modern information technologies allow these

³⁵ *Ibidem.*

³⁶ *Ibidem.*

³⁷ *Ibidem.*

³⁸ *Ibidem.*

³⁹ *Ibidem.*

documents to be e-mailed. Blind persons and persons with poor sight should have access to the Internet and a computer should have Braille or voice output software installed. Information may be saved on a floppy disk or CD in Braille or large font if required.

It should be noted that some countries pay much attention to employment of disabled persons and creating favourable conditions for private business.

So, in the US according to the laws companies denying disabled persons employment opportunities have to pay large fines. Companies employing disabled persons are entitled to tax preferences. However, no US law establishes the obligation of entrepreneurs to provide a certain percentage of jobs to disabled persons, i.e. there is no legislation on job quotas for

training. Vouchers, personal accounts and cheques are provided to employees or an entity on a competitive basis for on-the-job training purposes.⁴² In Poland, up to 75% of costs of educating disabled persons can be paid from the Governmental Fund for Disabled Persons' Rehabilitation.⁴³ In France, entities allocate funds for vocational education purposes set as a certain percentage of wages, while within a region it is associations of professional unions and employers that decide the form and the amount to be paid for staff training in the current year.⁴⁴

Furthermore, many countries provide disabled persons with subsidies to start their own businesses, and preferred taxation, up to exemption from taxes, is applied. Programmes of support for disabled persons' outwork and self-employment are practiced in Belgium, Greece, Portugal and Luxembourg.⁴⁵

Most countries adopted standards of disabled persons' access to environmental facilities. For instance, the USA adopted the Architectural Barriers Act in 1968 and established a special authority to monitor the removal of architectural barriers. In Austria, owners of private houses and hotels are entitled to financial incentives by the government if they voluntarily comply with requirements of architectural standards taking into accounts the needs of disabled persons.

One should also mention a close correlation between the level of education of disabled persons and degree of their participation in social life. In 1994, the global community declared universality as the principle of vocational education. In developed economies disabled persons go to regular schools. Such a policy is recommended by UNESCO. However, despite this recommendation many coun-

Kazakh laws and programme documents address integration of disabled persons into the society. In theory, the terms «inclusion» and «integration» are different. Therefore, review and analysis of materials concerning inclusion issues, especially in the area of disabled persons' education and employment, are of practical importance for Kazakhstan.

disabled persons. Each enterprise has an opportunity to determine its own policies in this regard.⁴⁰

In South Korea, an employer is entitled to governmental subsidies if he, without being obliged to employ disabled persons, employs them and they account for 2% and more employees. Lump-sum financial aid is paid to employers whenever they hire a new disabled person.⁴¹

Western countries use vocational training in variable forms as a key method of risk group integration into employment and a condition for their carrier advancement. The Government uses direct and indirect (tax preferences) methods to fund

Current practice shows that disabled persons cannot compete with non-disabled employees in terms of the cost of their products and services despite their high quality.

⁴⁰ <http://www.invalid.kz>.

⁴¹ Kostyunina G.M. *Social Policy in the Domain of Labour (Experience of the Republic of Korea) // Labour abroad/Trud Za Rubezhom - 2000. N 4. p. 31.*

⁴² Shmidt V.R. *Organising On-The-Job Training in Developed Western Countries // Labour abroad/Trud Za Rubezhom - 2005. N 3. p. 76 - 90.*

⁴³ *Labour and Social Law of Foreign Countries: Basic Institutions. Comparative Law Research / edited by E. B. Frenkel. - M.: Yurist, 2002. - p. 335.*

⁴⁴ Muravyova H.B. *Transformation of the Professional Education and Training System // Labour abroad/Trud Za Rubezhom - 2006. - N 3. - p. 72.*

⁴⁵ Tsyganov M.E. *Integration of Disabled Persons into Employment: Experience of European Union Countries // Labour abroad/Trud Za Rubezhom - 2003. - N 4. - p. 50, 54, etc.*

tries including CIS states practice special vocational training for disabled persons.⁴⁶

In this connection it should be noted that one of principles of the Convention on the Rights of Persons with Disabilities is “full and effective participation and inclusion in society”.

In the US, the concept of inclusive education was realised in the Act on the Right of all Children with Special Needs for Education, subsequently, the Education for All Handicapped Children Act adopted in 1975. The Law designed to guarantee free education for disabled children within the general education system sets out that children shall be enrolled in special educational institutions or special classes only in exceptional cases. After numerous amendments the Law put an even stronger emphasis on the importance of an inclusive approach, promotes principles of inclusion in the system of higher education, and expands powers of federal institutions to monitor the implementation of the national policy of equal educational opportunities. Furthermore, the Individuals with Disabilities Education Act obliges public schools to provide free education ensuring maximum access to disabled children and taking into account special educational needs. American education laws contain the term “least restrictive environment”, which is presumed to be a regular school, however, a child can receive educational services in a special class or school if needed, but full inclusion into the educational environment should be one of the aims of such services.

The Italian experience of “including” children with special needs is especially interesting. The first law on the rights of children with special needs to education in general Italian schools was adopted in 1971. This law established only general basic requirements.

The law of 1977 established definite standards for education of children with special needs in general schools:

- not more than 20 children in a class;
- not more than 2 children with development peculiarities in a class;
- special measures to support children with special needs are “built into” lessons;
- special programme classes are abolished;
- special teachers join teams of regular school teachers;
- both categories of teachers interact with all pupils.
- the official ratio of special teachers to pupils with special needs is 1:4, but actually it approximated 1:2.
- pupils shall learn the Braille alphabet or sign-language in case a deaf or a blind child is in the class.

The priority objective of the new law of 1992 is not only socialisation but also high-quality academics teaching.

The peculiarity of the Italian approach is close interaction and cooperation of schools and specialists of health-care organisations involved in diagnostics and therapy, including doctors, psychologists, social workers, nurses, speech therapists; functional and physical therapists.⁴⁷

The Italian experience of inclusion of children with special needs in the educational process is widespread all over the world.

Despite challenges of a transition towards inclusive education, this process started in CIS countries. Special regulations in this area already exist in Armenia and Belarus. Russian laws are being amended, with certain methodological guidelines on inclusive education organisation provided in letters of the Russian Education and Science Ministry.

The Convention calls the States Parties not only to recognise and support the sign language, but also to adopt laws and take appropriate measures to promote access for such persons to information affecting their everyday life.

⁴⁶ *Problems of Legislative Support of Social Security of Disabled Persons in the Russian Federation (for a meeting of the Round Table of the Committee of the Federation Council on Social Policy «Implementation of Social Security of Disabled Persons in the Russian Federation »). Analytical News/ Analitichesky Vestnik N° 4(197). - Moscow, 2003.*

⁴⁷ N. Groznaya. *Inclusive Education: History and International Experience. //Downside Up Charity Fund, Moscow.*

Kazakhstan signed the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto on 11 December 2008. Upon signing international legal treaties, Kazakhstan undertakes to take appropriate measures to secure the rights of disabled persons in access to employment, justice, education, healthcare and mobility.

1.2.2. Legislation of CIS Countries

The CIS states' laws in the area of social protection of disabled persons cannot boast of significant variety, as principal laws in this area are similar to each other and in some aspects do not comply with regulations of the Convention on the Rights of Persons with Disabilities.

A list of titles of basic laws of CIS countries in the area of social security of disabled persons is provided below:

- The Law on Social Security System for Disabled Persons in the Republic of Uzbekistan (1991);

- The Republic of Moldova Law on Social Security of Disabled Persons (1991);

- The Law of Ukraine on Fundamentals of the Social Security System for Disabled Persons in Ukraine (1991);

- The Law on Social Protection of Disabled Persons in the Republic of Belarus (1991) (as amended in 2000);

- The Law of the Republic of Tajikistan on Social Security System for Disabled Persons in the Republic of Tajikistan (1991);

- Turkmenistan Law on Social Security System for Disabled Persons in Turkmenistan (1992);

- The Law of the Republic of Armenia on Social Protection of Disabled Persons in the Republic of Armenia (1993);

- The Law of the Russian Federation on Social Protection of Disabled Persons in Russian Federation (1995);

- The Law of Kyrgyz Republic on the Rights and Guarantees of Persons with Limited Health Abilities (2008).

It should be noted that Turkmenistan is the only CIS state to have ratified the Convention on the Rights of Persons with Disabilities.

Among CIS states only the Republic of Kazakhstan, Russia, Moldova, Ukraine, Armenia and Azerbaijan have signed the Convention on the Rights of Persons with Disabilities and the Optional Protocol.

Currently some CIS states take efforts to align their national laws with the provisions of the Convention on the Rights of Persons with Disabilities.

of Persons with Disabilities.

In this area the **Russian Federation** has made significant progress as its national laws as well as the laws of the Republic of Kazakhstan contain many principles and comply with the requirements of the Convention on the Rights of Persons with Disabilities.

The Council for the Disabled was established under the aegis of the President of the Russian Federation. The relevant Decree No. 1792 was signed by the President of the Russian Federation on 17 December 2008.

The Council is a consultative body developing proposals on modernisation of laws in the area of creating equal opportunities for disabled persons, social security of disabled persons and government support measures. The Council will also contribute to development of key directions of the government policies regarding disabled persons.

The Council headed by the Chief of the Presidential Administration of the Russian Federation includes members of the Office of the President of the Russian Federation, Government, the State Duma, the Public Chamber and public organisations of disabled persons.

The provisions of the Convention on the Rights of Persons with Disabilities related to the necessity of efficient and appropriate measures are especially important so as to:

- increase the awareness of the society on disabled persons in general and strengthen the respect for their rights and dignity;

- overcome stereotypes, narrow-mindedness and harmful practice towards disabled persons, including those on the grounds of gender and age, in any sphere of life;

- improve understanding of the potential and contribution of disabled persons.

The issue of employment of disabled persons is also important.

Tax preferences for employers employing disabled persons and organising their training established in the federal laws do not compensate for required expenses.

It is necessary to note that in the Rus-

sian Federation there is discrimination against persons with disabilities in the closed labour market. So, even if some support measures are provided to the Russian associations of disabled persons, their organisations and institutions (for example, tax preferences provided for by Articles 381.3 and 395.5 of the RF TC), regional and local associations of disabled persons, their organisations and institutions are not entitled to such measures.

The fact that resolution of issues of government support to the same category of disabled citizens depends on the status of the non-government organisation does not comply with norms of international labour laws and, in fact, discriminates against disabled persons.⁴⁸

Current practice shows that disabled persons cannot compete with non-disabled employees in terms of the cost of their products and services despite their high quality. To preserve jobs for disabled persons, the RF Federal Law as of 21 July 2005, N 94-FZ on Placing Orders for Supply of Goods, Execution of Works, Rendering Services for State and Municipal Needs provides some advantages for the

orders to Russian organisations of disabled persons in the area of contractual prices. But the guarantees of such orders are not sufficient and supply of work for disabled people still remains the main challenge for specialised companies of disabled persons.

The issues of reserving jobs for disabled persons are not completely resolved by the Russian legislation. The List of Priority Professions of Employees and Officers, which would make disabled persons competitive in regional labour markets (engravers, dispatchers, lawyers and so on, a total of 100 professions) was approved at the federal level by the Resolution of the RF Labour Ministry as of 8 September 1993 # 150.

At the same time disabled persons have the right to choose the profession suiting their health condition, whereas certain vacancies require certain qualification of employees, especially so under the conditions of market competition.

However, some regional acts still equate the concept of quotas with job reserves for disabled persons.

1.3. The Republic of Kazakhstan Laws in the Area of Protection of Disabled Persons' Rights, Freedoms and Interests

Current laws of the Republic of Kazakhstan in the area of disabled persons' rights protection are based on the provisions of the Constitution of the Republic of Kazakhstan and the basic Law on Social Protection of Disabled Persons in the Republic of Kazakhstan as of 13 April 2005.

The Constitution of the Republic of Kazakhstan proclaims an individual, his life, rights and freedoms to be the highest values.

Kazakhstan's active work to implement and put into practice international legal treaties is a logical consequence of the state's intention to achieve the highest level of protection of an individual's and secure his/her safe existence.

Kazakhstan signed the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto on 11 December 2008.

Upon signing international legal treaties, Kazakhstan undertakes to take appropriate measures to secure the rights of disabled persons in access to employment, justice, education, healthcare and mobility.

It should be noted that to date Kazakhstan has signed almost all international legal treaties that are basic to secure human rights. In 2008 Optional Protocols to the International Covenant on Civil and Political Rights and the Convention against Torture were ratified.

The adoption of the Law on Social

⁴⁸ Mikhailov A.A. *Comment on the Laws on Social Services to and Social Protection of Disabled Persons in the Russian Federation // Employer (Rabotodatel) - 2006. - N 1. - p. 29 - 30.*

Protection of Disabled Persons in the Republic of Kazakhstan laid the foundation for the modern legal framework for social security of disabled persons. Preventive measures, social security, including rehabilitation of disabled persons and their integration into the society are key priorities of governmental social policy concerning disabled persons.

Article 5 of this Law contains the following basic principles of the governmental policy in the area of disabled persons social protection: legitimacy, humanity, observance of human rights; guarantee of social protection, provision of access to medical, social and professional rehabilitation; access and equal rights for disabled persons to healthcare, education and choice of activities including career; interaction of governmental authorities with non-governmental organisations and other organisations working to protect the rights and legal interests of disabled persons; prohibition of discrimination on the grounds of disability.

According to provisions of Article 14, disabled persons in the Republic of Kazakhstan shall have all social, economic and personal rights and freedoms enshrined in the Constitution and other

regulatory acts including the rights to social security including rehabilitation and integration into the society; provision of access to social infrastructure, information, education, choice of activity, including career, guaranteed scope of free medical aid as set by the laws of the Republic of Kazakhstan, vocational training and retaining, rehabilitation and employment; housing in line with the housing laws in the Republic of Kazakhstan; high-priority services in governmental and other organisations, including institutions of healthcare, culture, communications, transportation, services; support of creative abilities of disabled persons.

According to Article 15 of the Law social security of disabled persons is provided through social aid, medical, social and professional rehabilitation, education and other measures aimed to secure equal opportunities of participation in social life.

Social aid to disabled persons includes state benefits, compensations and other payments established by the laws of the Republic of Kazakhstan.

Local executive authorities and employers may provide some extra types of social aid.

Prosecution Office of Bostandyk Raion of Almaty city stood up for minors during a check-up aimed to protect and support the legal rights of children with disabilities in Almaty Home for Children with Mental Disabilities. This check has exposed violations in untimely execution and submission of appropriate documents to the State Pension Centre for obtaining benefits, which resulted in the loss of funds.

Disability benefits overdue because of delays in respective formalities for 28 children living in the above-mentioned home totalled KZT 1,293,300.

The situation described above has taken place as a result of untimely submission, by the Home for Children with Mental Disabilities of documents necessary to apply for and receive benefits, thus violating the constitutional rights of 28 children as established by Article 28 of the Constitution of the Republic of Kazakhstan, which ensures minimum wages and pensions and social security in old age, in case of illness, disability, loss of breadwinner and on other legal grounds.

The Raion Prosecution Office made prosecutor's recommendations to the authorised body that these violations of law had to be corrected. Six claims have been filed and are currently under investigation.

22.04.2009

Statement by the General Prosecution of the RK
<http://www.newsfactory.kz/41680.htm>

Thus, one can state that the laws of the Republic of Kazakhstan relating to disabled persons are based on the concept of social protection, i.e. guaranteeing protection of social rights, exercise of which should promote the exercise of other rights.

Certainly, it would be incorrect to state that other rights of disabled persons are not protected by the laws of the country; indeed, they are guaranteed by general regulations on human rights and other regulations of different sector laws. Our research should analyse the efficiency of general disabled persons regulations and recommend amendments to both general and special laws.

1.3.1 Social Security Legislation

According to Article 28.1 of the Constitution citizens of the Republic of Kazakhstan are guaranteed minimum wages and pensions, social security in old age, illness, loss of breadwinner and on other legal grounds.

Social support in case of disability, loss of breadwinner and other legal grounds is regulated by the Law on State Social Disability Benefits, Survivor's Allowances and Old-Age Benefits in the Republic of Kazakhstan of 16 June 1997. Relations in the area of social security of citizens entitled to a special state benefit are regulated by Law of the Republic of Kazakhstan on Special State Benefit in the Republic of Kazakhstan of 5 April 1999.

In Kazakhstan disabled persons are supported through social payments (disability benefit and special state benefit), measures of medical, social and vocational rehabilitation.

According to the Law on State Social Disability Benefits, Survivor's Allowances and Old-Age Social Benefits in the Republic of Kazakhstan citizens of the Republic of Kazakhstan, foreigners and stateless persons permanently residing in the Republic of Kazakhstan may get basic governmental social disability benefits, survivor's allowances and old-age social benefits.

State social benefits are a part of the system of state social security and represent periodical payments to citizens that

need them because of disability, loss of breadwinner and old age.

According to the Law disabled persons depending on the disability category and reasons of illness receive a basic state social benefit regardless their working record and average monthly income.

Furthermore, when reaching the pension age established in the laws, a disabled person is granted a state basic pension benefit.

According to the Law on Obligatory Social Security, obligatory social security was introduced in the Republic on 1 January 2005.

The Law on Employer's Liability Insurance against Injury or Disease of their Employees Arising out of their Employment is adopted as of 7 February 2005 to create social guarantees and provide security of employed citizens and increase the interest of the employer in measures to prevent occupational accidents, in issues of working conditions and safety improvement, and regulation of issues of compensation for injury or disease of the employee if the company is liquidated.

According to Article 35 of the Law on Social Protection of Disabled Persons in the Republic of Kazakhstan harm to persons disabled because of an occupational injury or disease through the employer's fault shall be entitled to compensation in accordance with the laws of the Republic of Kazakhstan.

At the same time the laws of the Republic of Kazakhstan do not provide for special regulations regarding compensation of damages to disabled persons arising out of their employment. Damages are compensated in accordance with the regulations related to employer's liability for damage to an employee's life and health.⁴⁹

Division of powers between the social security authority and its territorial divisions requires special attention of lawmakers.

It is advisable to clarify the provisions of the Law on Social Protection of Disabled Persons in the Republic of Kazakhstan regarding control over compliance with laws of the Republic of Kazakhstan

In Kazakhstan disabled persons are supported through social payments (disability benefit and special state benefit), measures of medical, social and vocational rehabilitation.

⁴⁹ Kardash T.G. Analytical Note on the Law of the Republic of Kazakhstan Law «On Social Protection of Disabled People in the Republic of Kazakhstan» dated 13 April 2005/Institute of Legislation of the Republic of Kazakhstan, 2007.

In connection with the coming ratification of the Convention on the Rights of Persons with Disabilities and according to Article 23.5 of the Convention the Republic of Kazakhstan should, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community setting.

on the social security of disabled persons by dividing the powers of state labour inspectors of the RK MLSP (the Ministry of Labour and Social Protection of the Republic of Kazakhstan), the social security authority and its territorial divisions (such authority being the RK MLSP).⁵⁰

According to Article 16.2 of the RK Law on Social Protection of Disabled Persons in the Republic of Kazakhstan local executive authorities and employers may provide extra types of social aid. However, this wording in practice is limited to extra aid by the employer and local executive bodies. At the same time, in our view, extra aid can be granted by crisis centres, charity organisations, public associations of disabled persons, etc.⁵¹

In connection with the coming ratification of the Convention on the Rights of Persons with Disabilities and according to Article 23.5 of the Convention the Republic of Kazakhstan should, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community setting.

In this connection it is necessary to mention that despite separate attempts to create a family setting for children without parental care (patronage families, family-type children's homes) undertaken in the Republic appear to be quite successful, no targeted policy is implemented in this area.

Granting significant incentives to families willing to care after disabled children without parental care and also legal pre-conditions to develop alternative forms of custody and guardianship (private orphanages, specialised villages, etc.) could resolve the problem. The latter requires significant corrections in legal regulation of custody and guardianship in general and not only in connection with disabled persons.

Furthermore, it should be noted that according to Article 16.3 of the Convention on the Rights of Persons with Disabilities, upon ratification of the international legal treaty, in order to prevent the occurrence of all forms of exploitation, vio-

lence and abuse the Republic of Kazakhstan should ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

The above provision of the Convention indicates an actual and urgent problem existing in Kazakhstan. Despite all efforts and success of disabled persons and disabled children in society and in the family, the majority is still in boarding schools, psycho-neurological boarding schools and nursing homes.

The management of the above institutions functions as custodians with the regard to children and also incapable persons, i.e. controls disposition of property of such persons, decides their educational path and make other important decisions.

Custodian and guardianship bodies are formally responsible for control and supervision over such institutions and proper execution of functions by custodians. However, such bodies cannot be considered "independent" from the point of view of the Convention, as they form the part of same system of the governmental executive authority as social protection and education institutions.

We believe that obligatory public control over such institutions could resolve the problem.

1.3.2. Social Services Legislation

The RK Law on Special Social Services signed by the President on December 29, 2008, marks real progress in the area of social services to persons with limited abilities.

The Law on Special Social Services aimed to develop a special social services market is based on the necessity to form unified approaches and principles of special social services classification and specification within a guaranteed minimum and extra special social services. The other reason is the necessity to unify the laws and develop unified principles regulating the relations in the area of special social services, established by law of the Republic of Kazakhstan. At the same

⁵⁰ Kardash T.G. Analytical Note on the Law of the Republic of Kazakhstan Law «On Social Protection of Disabled People in the Republic of Kazakhstan» dated 13 April 2005//Institute of Legislation of the Republic of Kazakhstan, 2007.

⁵¹ Ibidem.

time, it identifies the legal status of social services and organisations, the unified mechanism of social assistance, the rights and obligations of social workers. Certain types of social services can be provided through state procurements based on the state social order.

According to Article 14.1 of the Law “special social services shall be granted on the basis of assessment and identification of special social service needs of a person (family) experiencing adverse life circumstances to be identified by the respective social officer”.

The criteria to assess and identify the need for special social services are as follows:

1) limited vital functions;

2) social maladjustment;

3) social deprivation;

4) unfavourable social environment.

According to provisions of Article 6 of this Law “a person (family) can be found to be in adverse life circumstances on the following grounds:

1) orphanage;

2) lack of parental care;

3) neglect of underage children including their deviant behaviour;

4) limitation of early psycho-physical development of children under 3 years of age;

5) permanent impairment of body functions because of physical and (or) mental abilities;

6) limitation of vital functions as a result of socially significant diseases and diseases endangering surrounding people;

7) loss of autonomy due to old age, disease and (or) disability;

8) abusive treatment resulting in social maladjustment and social deprivation;

9) homelessness (persons with no fixed abode);

10) de-institutionalization.

The Law **on Amendments to Some Legal Acts of the Republic of Kazakhstan on the Issues of Special Social Services** introduced changes to the Code on Administrative Violations of the Republic of Kazakhstan in the area of responsibility for the violation of the terms established for the assessment and decision-making on special social services and the responsibility for the failure to render the guaranteed scope of free social services. The Republic of Kazakhstan Law on State Procurements was amended in the area of special procedures to be applied to state procurements related to the guaranteed scope of special social services.

The Laws on Licensing and on Private Entrepreneurship were also amended.

1.3.3. Legislation concerning Housing and Accessibility to Locations of Social Infrastructure and Information

In accordance with the Article 25.2 of the RK Constitution conditions shall be created in the Republic of Kazakhstan to provide citizens with housing. Citizens in need of housing shall be categorized in a manner to be prescribed by law and provided with housing at an affordable price from the state housing funds in accordance with the norms stipulated by law.

The above provision of the Constitution was further developed in the Law on Housing dated 16 April 1997 and the Law on Social Protection of Disabled Persons in the Republic of Kazakhstan.

In accordance with Article 67.1 of the Law on Housing, housing from state housing funds or housing rented by executive authorities from the private housing fund should be provided to citizens of the Republic of Kazakhstan permanently residing in a certain populated centre (irrespective of the period of their residence) and belonging to low-income and socially protected groups.

According to Article 68 of this Law disabled persons of disability categories I and II (except for persons disabled as a result of crimes they committed), families raising disabled children belong to protected groups of the population.

In accordance with the Law housing is provided to disabled persons, el-

The responsibilities of local executive authorities, companies and individuals involved in business activities related to the access of disabled persons to social infrastructure facilities are set out in Article 25 of the Law on Social Protection of Disabled Persons in the Republic of Kazakhstan.

derly persons and persons suffering from cardiovascular and other severe diseases from state housing funds or housing rented by a local executive authority from the private housing fund. Such persons' wish to occupy housing in lower floors or houses equipped with elevators is to be taken into account.

In accordance with an individual rehabilitation programme disabled persons are granted the right to choose housing considering the number of floors, type of the house, degree of provision with amenities and other necessary conditions.

Low-income groups of population are provided with compensations (housing allowances) to reimburse for their expenses for utility services and rental fees if the housing is rented from the state fund.

Housing allowances are provided for a six-month period after the date of application.

It should be noted that the legislation of the Republic of Kazakhstan contains several norms aimed at removing the obstacles for disabled persons to exercise their rights.

According to sub-item 2 of item 1 of Article 26 of the RK Law on Social Protection of Disabled Persons in the Republic of Kazakhstan and in compliance with the procedures established in the legislation of the Republic of Kazakhstan and individual rehabilitation programmes, local executive authorities ensure installation of special aids and devices in housing to

be provided to disabled persons or families with disabled members.

But the law does not identify any mechanisms to implement the norms relating to special aids and devices.⁵²

According to the Article 11 of the Law on Architectural, City Planning and Construction Activities in the Republic of Kazakhstan dated 16 July 2001:

- optimum conditions and aids of access to work places, facilities (constructions, communications) of social, recreational, engineering and transport infrastructure in accordance with the type of a settlement and local conditions shall be established for all categories of population (including disabled persons and other low-mobile groups);

- city planning documents of settlements shall contain sections related to conditions to be created for disabled persons and other low-mobile groups of population social and recreation infrastructure facilities.

The above provisions are not contained in appropriate by-laws, which means that they are of declaratory nature.

The responsibilities of local executive authorities, companies and individuals involved in business activities related to the access of disabled persons to social infrastructure facilities are set out in Article 25 of the Law on Social Protection of Disabled Persons in the Republic of Kazakhstan.

The above wording allows different interpretations. In our opinion, the responsibilities to provide access for disabled persons to social infrastructure facilities and appropriate liability for the failure to comply with such responsibilities should be applied to new and re-constructed facilities. It is necessary to identify a list of social infrastructure facilities whose reconstruction could be possible given requirements of access for disabled persons and appropriate sources of funding.⁵³

In accordance with Article 27 of the Republic of Kazakhstan Law on Automobile Transport dated 4 July 2003, disabled



⁵² Kardash T.G. Analytical Note on the Law of the Republic of Kazakhstan Law «On Social Protection of Disabled People in the Republic of Kazakhstan» dated 13 April 2005//Institute of Legislation of the Republic of Kazakhstan, 2007.

⁵³ Ibidem.

persons shall enjoy the right to have a priority when taking a bus, a taxi and occupy special seats in the front part of a bus during transportation. (Disabled) participants of the Great Patriotic War and persons with an equivalent status shall enjoy the right to have a priority when buying tickets. In accordance with the same article special devices shall be arranged at bus stations for disabled passengers' boarding and disembarking. Article 27.3 stating that "public transport shall be equipped with devices for disabled passengers' boarding and disembarking. Individuals and companies possessing vehicles appropriately equipped for access of disabled persons shall have a priority at tenders for the right to serve passenger transportation routes arranged by local authorities" came into force on 1 January 2007.

In accordance with Article 27 of the RK Law on Social Protection of Disabled Persons in the Republic of Kazakhstan local executive authorities provide disabled persons with access to cultural events, sports facilities to allow their involvement into physical training and sports and provide them with special sports equipment. Disabled persons with the first or second category of disability and disabled children under the age of eighteen enjoy all the above services at the budget expense while persons with the third disability category pay 50% of the price.

At the same time, disabled persons' rights of access to social infrastructure, transport, culture and entertainment events, sports complexes, priority services in health and culture institutions set out in legislative acts are not supported with by respective implementation mechanisms. The mechanisms for allocation of funds to ensure disabled persons' access to cultural and entertainment events, sports facilities and their involvement in sports and physical training are still absent.

In accordance with sub-item h) of item 1 of Article 4, Item 3 of Article 23 of the Convention on the Rights of Persons with Disabilities, the participating states shall provide disabled persons with accessible information about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities. At the same time, the States Parties should ensure that children with



disabilities have equal rights with respect to family life. With a view to realizing these rights and preventing concealment, abandonment, neglect and segregation of children with disabilities, States Parties should undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

Despite the declared principle of freedom of information and the citizens' right to information, the legislation of the Republic of Kazakhstan lacks direct norms obliging parties to provide such information to disabled persons as well as the procedures regulating the provision of such information and the rights of disabled persons to require such information.

So, in accordance with the Article 28 of the Law on Social Protection of Disabled Persons in the Republic of Kazakhstan enacted on 1 January 2006, the state shall provide access to information for disabled persons. But its implementation depends on appropriate mechanisms to be developed to ensure practical implementation of the duties imposed on the state.

Meanwhile, the situation in the area of informing disabled persons is extremely serious and this issue remains vital.

It is necessary to adopt a legislative act establishing the minimum amount of obligatory information to be provided to disabled persons in an accessible form and identifying appropriate procedures and responsible governmental institution.

In accordance with Item 3 of Article 31 of the Convention on the Rights of Per-

The States Parties should ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights and preventing concealment, abandonment, neglect and segregation of children with disabilities, States Parties should undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

sons with Disabilities States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to this Convention.

States Parties should assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

Currently the most important information relating to the compliance with the requirements of the Convention and internal provisions of the legislation is practically unavailable. For instance, there are no official data from governmental sources on

a) the number of disabled children receiving integrated education;

b) the number of disabled persons withdrawn from families, their fate, etc.

The ratification of the Convention on the Rights of Persons with Disabilities by the Republic of Kazakhstan will require governmental authorities to make serious efforts to collect and disseminate information necessary for disabled people.

1.3.4. Healthcare Legislation

Health protection in Republic of Kazakhstan relates to constitutional, i.e. basic human rights fixed in the Constitution.

Everybody has basic key human rights and freedoms since birth, which

are recognised as absolute and inalienable (the RK Constitution Article 12.2). The same relates to the right of disabled persons in question. Declaring health protection right (Article 29.1) the RK Constitution defines it as the right of a citizen gained by virtue of his/her citizenship.

The constitutional right to health protection established in Article 29 provides for the existence of provisions containing guarantees of health protection rights (Articles 15, 17, 24, 28 of the RK Constitution) as well as their protection (Articles 27, 31 of the RK Constitution).

In accordance with Article 17.2 of the RK Constitution nobody must be subjected to treatment or punishment that is cruel or humiliating to human dignity. Constitutional rights to safe and hygienic conditions (the RK Constitution, Article 24.2) stem from the health protection right. At the same time, a social illness or disability benefit is guaranteed (the RK constitution, Article 28.1) .

So, the set of rights requiring not only recognition and compliance with, but also appropriate enforcement activity of the state has been enshrined in the Constitution.

More specifically, the responsibility of the state to protect population's health is set out in the Kazakhstani healthcare legislation, which includes 15 regulatory acts at the level of laws and numerous acts at the by-law level regulating public relations in the area of health, which causes certain problems for their enforcement.

The Law on Healthcare System of 4 June 2003 and the Law on Citizens' Health Protection in the Republic of Kazakhstan of 7 July 2006 are basic legislative acts in the area of health.

Article 5 of the Law on Healthcare System establishes the following state guarantees to secure citizens' rights in the area of health: guaranteed amount of free medical assistance, equal access to first medical and sanitary aids, paid medical assistance in state and private medical institutions, and assistance rendered by individuals involved in private medical practice, sanitary and epidemiological welfare, quality, content and the scope of free and/ or paid medical assistance according to uniform healthcare standards, the right to freedom of entrepreneurial activity in the area of medical assistance,

According to national MSE board 99% of people with disabilities are sent for medical rehabilitation under IRPs. As the RK Ministry of Health reports, 98% of people with disabilities take the opportunity of medical rehabilitation.

This is, mildly speaking, not objective as the medical rehabilitation does not form part of guaranteed free medical service. Moreover, the healthcare standards themselves do not list medical rehabilitation services for people with disabilities.

This is why medical rehabilitation is often limited by visits from a general practitioner taking blood pressure and temperature, and giving numerous prescriptions. There is no single medical rehabilitation centre for adults with disabilities in Kazakhstan.

Comments by G. M. Chetverikov, Chairman of Pavlodar Oblast Voluntary Society of Disabled People PS

pharmaceuticals production and sales.

Article 3 of the Law on Citizens' Health Protection in the Republic of Kazakhstan sets out the following key principles of governmental policy in the area of citizens' health protection: accessibility and quality of medical assistance, joint and several liability of the state, employers and citizens for protection and improvement of individuals' and public health; guaranteed scope of free medical aid to citizens of the Republic of Kazakhstan, preventive medical assistance and activities of the healthcare system; intersectoral interaction, patients' rights protection.

In accordance with the Law on Social Protection of Disabled Persons in the Republic of Kazakhstan medical and social expertise is arranged in accordance with the procedures established by the Government of the Republic of Kazakhstan. In accordance with the provisions of the Law on obligatory employer's liability for damage to life and health of the employee arising out of employment the procedures of the employee examination shall be approved by authorised healthcare body.

Examinations being arranged in the form of medical and social expertise excludes the objective need for different legal regulation of the same procedure of medical and social expertise including identification of professional disability category in different by-laws. In this connection, we think that the provisions of the Law on Employer's Liability in the area of examination (medical and social expertise) should be brought in line with the provisions of the Law on Social Protection of Disabled Persons in the Republic of Kazakhstan.⁵⁴

At the same time, it is necessary to note that the issues related to the re-examination periods have arisen in the law enforcement area until recently. Certain progress has been achieved in resolution of these issues. In accordance with Article 18.1 of the Convention on the Rights of Persons with Disabilities States Parties shall recognize the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to nationality, on an equal basis with others.

The Republic of Kazakhstan declares the liberty of movement as prescribed with no special limitations on disabled persons in this respect.

Nevertheless, disabled persons face a significant obstacle in this area.

Disabled people often severely need various medical and non-medical rehabilitation measures, services and means. In accordance with current legislation individual rehabilitation programmes ("IRPs") specifying various (most often public) organisations and institutions as providers of these services are developed for disabled persons.

While the issue of medical assistance rendered beyond the residence place is principally settled by the legislation, provision of other services being rendered in case of a disabled person's re-location to another place (for instance, for medical treatment or due to family reasons) has not been covered by the legislation, no procedures are established for cases when the provider of IRPs is changed.

So, disabled persons (especially disabled children) appear tied to governmental education and social protection institutions at the place of their residence, which constitutes a violation of their right to liberty of movement.

We consider it necessary to develop a mechanism of changes of rehabilitation providers for a disabled person in case of his/her relocation and interstate agreements providing for rehabilitation of moving disabled persons on a reciprocal basis.

In accordance with Article 22.2 of the Convention on the Rights of Persons with Disabilities States Parties should protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.

Despite the fact that the current legislation of the Republic of Kazakhstan declares the protection of medical secrets including the right to appeal for medical assistance, the above provision relating to disabled persons is often violated. Sometimes the requirements by social or educational institutions to provide medical certificates not required by law, disclosure of information on the health condition at the

The ratification of the Convention on the Rights of Persons with Disabilities by the Republic of Kazakhstan will require governmental authorities to make serious efforts to collect and disseminate information necessary for disabled people.

⁵⁴ Kardash T.G. Analytical Note on the Law of the Republic of Kazakhstan Law «On Social Protection of Disabled People in the Republic of Kazakhstan» dated 13 April 2005/Institute of Legislation of the Republic of Kazakhstan, 2007.



place of disabled person's work or study, are unsanctioned by such person. Later information can be disclosed and become a subject for discussions and a reason for pressure on disabled persons, etc.

We believe that the RK Ministry of Healthcare should issue a regulation on medical secrets strictly limiting the circulation of medical information unsanctioned by the patient or information circulated against the patient's will.

The draft RK Code on the Health of the Nation and Healthcare System is currently being reviewed by the Parliament.

The adoption of the codifying law in the area of healthcare would allow aggregation of the entire complex of current legal acts into a certain scientifically grounded system, ensure the maximum regulation of the respective sphere of relations, have a positive effect on the legal culture in the area of health care and remove outdated norms. This will decrease the amount of legal regulation of public relations at the by-law level and ensure accessibility of legal provisions for the population, which in its turn would set the stage for improving the law enforcement practices and exercising the constitutional right of each citizen of Kazakhstan to health protection.

It is also expedient to include into the general educational process children with psycho-neurological disorders previously regarded in Kazakhstan as learning-disabled.

1.3.5. Education Legislation

The basic education law in the Republic of Kazakhstan is the RK Law on Education dated 27 July 2007.

According to the provisions of Article 8 of this Law, citizens of the Republic of Kazakhstan have the right to free pre-school, primary, basic and comprehensive secondary education and, on a competitive basis, in accordance with state educational order, the right to free technical and vocational, post-secondary, higher and post-graduate education if citizens get each of these levels of education for the first time. The State should compensate expenses of citizens of the Republic of Kazakhstan requiring social assistance during the study in full or in part.

The assistance is provided to the following social categories of citizens of the Republic of Kazakhstan: orphaned and abandoned children without parental care; mentally handicapped children, disabled persons and persons disabled from childhood, disabled children; children from large families; other categories of citizens defined by the laws of the Republic of Kazakhstan.

The amounts, sources and the procedure of social assistance shall be defined by the Government of the Republic of Kazakhstan.

The individual free education shall be provided at home or in medical institutions for citizens unable to attend institutions of primary, secondary, comprehensive secondary education for a long time due to health reasons.

The state shall provide citizens with disabilities with special conditions to get education, correct development and social adaptation disorders.

The State should guarantee the functioning of ungraded schools and boarding institutions to provide the right for primary, secondary and comprehensive secondary education for children living in small settlements.

Quotas should be provided for persons with I and II disability categories, persons disabled from childhood, disabled children and persons equal to veterans and disabled veterans for education in the in-

stitutions conducting vocational education programmes of technical, professional, postsecondary and higher education.

Special correctional education programmes should be developed and provided for persons requiring long medical treatment and also for children and teenagers with disabilities.

Special education programmes should be conducted in special educational institutions or at home as specified by the laws of the Republic of Kazakhstan.

According to item 1, sub-item e) of item 2 of Article 24 of the Convention on the Rights of Persons with Disabilities:

States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning.

Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

It is necessary to mention that the right of disabled persons for integrated training and education is formally recognised and declared by the internal legislation of the Republic of Kazakhstan. In reality this education is only in the making and faces multiple problems including legal ones.

It is also expedient to include into the general educational process children with psycho-neurological disorders previously regarded in Kazakhstan as learning-disabled. For this category of children whose abilities to receive even elementary education are limited, an alternative training program should be put into place, which will be based on forming required vital skills and child's socialization. Such approach will make training accessible even for a very severe category of persons.

Thus, the Law of the Republic of Kazakhstan **on Social Support, Medical and Pedagogical Correction to Children with Disabilities** dated 11 July 2002 identifies the forms and methods of integrated support to children with disabilities. The Law is focused on an efficient system of as-

sistance to children with disabilities and problems related to their upbringing, education, labour and vocational training, prevention of children's disability.

This Law contains conditions to provide decent life to children with disabilities:

1) assistance to children starting from the birth until they come of age through extensive integrated medical, psychological, pedagogical and social investigations and professional diagnostics, development of individual rehabilitation programmes, medical, pedagogical, psychological and social services and professional training;

2) creation of a unified state system for earlier detecting children with disabilities and the Republic-wide monitoring of development of children;

3) development of an institution network for special social medical and educational services;

4) integration of children with disabilities into society;

5) social support to families raising children with disabilities;

6) staffing, scientific, organisational and methodical support of institutions;

7) integration of activities of institutions concerned in protecting the rights of children with disabilities.

According to Article 15 of the Law children with disabilities have the following rights:

1) guaranteed free social assistance, medical and pedagogical correction;

2) free medical examination at state-owned medical organisations, psychological, medical and pedagogical consultation centres or medical and social expertise institutions, free medical assistance in accordance with the procedures established by the legislation of the Republic of Kazakhstan;

3) free medical, psychological, pedagogical correction of physical or mental disability immediately upon its detection and irrespectively of its intensity in accor-

Convergence of general and special education, which is the most important strategic trend in transformation in the area of protection of rights for children with disabilities is being gradually fixed.

dance with the conclusion of the psychological, medical and pedagogical consultation centre;

4) free orthopaedic shoes and other supportive devices, printed materials with special font, sound amplifying equipment and signalling devices, compensatory technical devices as per medical prescriptions and in accordance with the procedure established in the legislation of the Republic of Kazakhstan;

5) free preschool and comprehensive secondary education in special educational institutions or state-owned educational institutions in accordance with the conclusion of psychological, medical and pedagogical consultation centres;

6) free technical and professional, post-secondary, higher education in state educational institutions on a contractual basis within state education programmes;

7) employment upon completion of education programmes and (or) vocational training in accordance with the procedures established in the legislation of the Republic of Kazakhstan.

The persons with I and II disability categories, persons disabled from childhood whom the Medical and Social Expertise Commission allows attending appropriate institutions participating in the competition for free budget-funded state education shall have the pre-emptive right for educational grants and loans in the event of equal scores.

According to the procedure stipulated by the RK legislation local executive bodies provide housing for children with disabilities including orphans and children without parental care on full state support after they graduate from special educational institutions and come of age.

At the same time several provisions of this Law have not been implemented in practice as the by-laws did not allow their appropriate development as:

- issues of free medical assistance in the area of social support, medical and pedagogical correction for children have not been resolved;

- terms to implement the state educational standards of special pre-school and special comprehensive education for children with disabilities have not been approved;

- regulations relating to funding, organisation and human resourcing for home education for children with severe psycho-physical disorders have not been developed;

- regulatory documents for new types of special educational institutions (rooms for psychological and pedagogical correction, rehabilitation centres, speech therapy stations) are not developed.

- procedures and amounts of cost compensation are not defined for home upbringing and education of children with disabilities as per an individual educational plan.

It is necessary to mention that creation of an inclusive environment in practice is considered to be the primary objective of the national system of social, medical and pedagogical support to children with disabilities for the near future. The resolution of the above problem allows access for children with disabilities to high-quality education and removes any obstacles in their communication with the outer world, problems of mobility, unavailability of architectural space, poor contacts with peers and adults, access to the cultural values in the sphere of physical training and sports.

In this case, the assistance to children with disabilities should not be limited to defined benefits and preferences only, the assistance shall correspond to the system of social services allowing them to overcome the limits that impede the processes of integration and individual development, and to control legal rights for the qualitative way of living.

Currently the rights and the interests of children with disabilities are recognised by the State as socially important, the legal status of this children's category has been changed, and there is the possibility to create conditions in the country to overcome any difficulties limiting

Inclusion of children with special educational needs into the general educational process envisages obligatory correctional, pedagogical and psychological assistance

the life and activities by providing social, medical and educational services as well as a favourable environment for development and integration into the society.

The adoption of the RK Law on Social Support, Medical and Pedagogical Correction to Children with Disabilities proves significant changes in the previous structure of special education. It includes new organisations rendering social, medical and correctional assistance to children with disabilities: 14 rehabilitation centres (RC), 114 rooms of psychological and pedagogical correction (PPC rooms), 223 speech therapy stations, 212 home departments of social assistance and 56 psychological, medical and pedagogical consultation centres (PMPC). A network of special kindergartens and orphanages has been expanded. In total, 755 organisations of social, medical and pedagogical services to children with disabilities operate in the Republic. A total of 4.4% of children with disabilities study in general educational institutions and receive correctional assistance.

Transition from uniformity of educational institution types (8 types of schools and kindergartens) to a flexible multifunctional system will allow responding to different educational needs and consider individual abilities of a child. New types of educational institutions will provide correctional and pedagogical assistance to children with disabilities studying at general secondary schools and include children considered previously learning-disabled, into the educational process.

It means that the appearance of a new institution of support and assistance to a child with disabilities in the Republic, psychological and pedagogical support to the educational process, which offers comprehensive support implying interaction with the child in solution of education, upbringing and socialisation objectives. So, the convergence of general and special education, which is the most important strategic trend in transformation in the area of protection of rights for children with disabilities is being gradually fixed. Organisations of special education in this situation will perform a new function of psychological and pedagogical

support acting as resource centres of assistance to families and children studying in educational institutions and to specialists of these institutions.

Attempts of the state to provide the opportunity to children with psychological and physical disorders to study in general educational institutions are highly appreciated, however, the trend to spontaneous integration without justified selection of children for co-education together with non-disabled children, and without appropriate conditions for correctional support is observed in practice. This process taking place in Kazakhstani schools is out of control. A total of 3,925 (data for year 2007) children study in educational institutions and get correctional assistance. 915 of them are taught in Kazakh (23%). 26,623 children with disabilities studying in general (mass) schools, do not get any medical-psychological correctional support: assistance of a speech therapist, a psychologist, and a social teacher. Psychologists and teachers of general schools are not able to provide qualified assistance to children with disabilities as their education does not envisage knowledge in the areas of special psychology and special pedagogy. As a result, children have to go through many difficulties at the primary stage of education. The teachers are unable to qualify the reasons of these difficulties properly, which aggravates the deviations in development resulting in drop out and exclusion of such children from the educational process.

According to findings of the National Scientific and Practical Centre of Correctional Pedagogy in general preschool and school institutions a great number of children has been observed that have difficulties in mastering an education programme. These are somatically weak children, children with nervous system incompetence, children from unfavourable micro-social environments, children with emotional and volitional immaturity and insufficient development of cognitive activity, who are not classified as children with disabilities.

This means that in the near future special educational conditions must be

It is necessary to state that there was no system of post-school professional education for graduates of special schools in the Republic of Kazakhstan.

created for the two groups of children with special educational needs in general pre-school and school institutions. Such conditions will be based on the group of technologies and ensure quality and barrier-free life environment. This will be done if appropriate equipment, software, methodical and human resources are available.

Inclusion of children with special educational needs into the general educational process envisages obligatory correctional, pedagogical and psychological assistance targeted to control the development of a child, success in education, assistance in the problems of adaptation to the environment of healthy peers. This may be possible if a psychological and

pedagogical service is set up in every educational institution.

Furthermore, according to the RK Government Decree dated 21 December 2004 №1353 **on Approval of Standard Rules for Pre-school Educational Institution Activities** the preschool institutions of a combined type such as child care institutions combining the developing and correctional functions must operate in the Republic of Kazakhstan. However, it should be stated that currently there is no regulatory and legal framework to define the state status and funding of similar institutions. The statutory system of measures aimed to create integrated educational institutions may settle this problem. It is necessary to develop and legally fix special procedures for licensing, attestation, accreditation, ranking and analyzing results of centralised testing and direct monitoring investigations in this area in the near future. Only in this case co-education of children with disabilities and non-disabled children will take an appropriate place in the system of special education and remain one of its forms.

It should also be noted that **so far the state interests do not always coincide with the needs of the children with disabilities and their families**. In this case the following is considered: the level of infrastructure development, mechanisms of control and funding, staffing and logistic support for the system of combined medical, educational and social assistance to children with disabilities covering all age categories – from minor children to teenagers and youths.

The problem of vocational training of children with disabilities starting from the age of 12-13 in workshops of special schools and lingering on for school leavers in production rooms (schools for mentally retarded children) or special groups of professional secondary schools (PS) causes great concerns.

School workshops are equipped with obsolete equipment which has not been used at real enterprises for quite a long time. The schools are not able to upgrade equipment, expand workshops, and furnish them with production raw materials. Special schools can provide training

15.05.2008 Blind Man from Karaganda vs. Officials
A blind person from Karagandy is about to take legal actions against the Department of Healthcare. Having disability of Category 1, he presses charges against officials on the grounds of discrimination. His view is that he was refused the civil service employment illegally.

Civil Service at Any Cost

Driven by the great aspiration to become a civil service employee, Askhat Yegeubayev has been making numerous attempts in the course of past year to demonstrate to the officials his capability as an employee of the local government. Having a sight impairment, he has finished school with honours and received a scholarship to study politics. His supervised work for the local government made him realise that this is the job he would like to do.

'I can work for the civil service and so I should, as there are some problems that people with disabilities have, and which are not understood by civil servants', Askhat Yegibayev, resident in the city of Karaganda, believes.

The Department of Healthcare, however, rejected Askhat. According to their conclusion, the Law on the Civil Service does not allow employment of an individual with poor health. Civil servants have to pass attestation, get familiarised with citizens' appeals and travel on business.

'This person's medical problems stop him from performing the functions of the civil servant. He can take on teaching, or join a research institute,' says Margarita Yugai, chief specialist of the Department of Labour and Social Protection for Karaganda Oblast.

Towards his education alone the state has roughly spent about 3,000,000 Tenge, Askhat says also bemused by how he can repay the costs if he has been refused employment 'Which law says that I cannot work for the civil service, I have not been given an answer to. I think this is a violation of my constitutional rights' insists Askhat Yegeubayev He is going to take this conclusion of the doctors to court.

for only 2-3 trades, as a rule, joiner's, locksmith's and sewing trades. In some schools this list is complemented by such trades as agriculture, hairdressing, shoe-making, service work.

Deviations in physical and mental development restrict the occupational choice for graduates of special secondary schools. Special secondary schools create even more restrictions for occupational choice for graduates. The expansion of vocational training profile is complicated both due to material & technical reasons and the lack of different educational programmes.

One more problem of vocational education in special (correctional) schools is the professional personnel. Employees with no teaching background usually work as tutors of Industrial Arts. No pedagogical higher educational institution (universities) provides education to Industrial Arts tutors, and in particular for special schools.

It is necessary to state that there was no system of post-school professional education for graduates of special schools in the Republic of Kazakhstan. Nowadays special groups for mentally handicapped children, children with hearing and mental impairments are spontaneously opened and closed in regional professional schools and colleges.

Closing of groups is related to difficulties in educating teenagers with disabilities as a result of lack of the legal framework, professional and labour training programmes and teaching staff.

Therefore, limited selection of employment profiles and poor vocational training do not allow graduates of special secondary schools to be competitive in the labour market.

Government-owned and private companies are not interested in persons with limited working capacity. Lack of an appropriate profession and, accordingly, work make these persons join the marginal group of the population.

The problem of employment and creation of jobs for persons with disabilities must be solved within the framework of actions on employment of population, in particular, disabled one.

Efficient integrated education is only possible if special personnel are trained in different trades in local and foreign universities including special tutors providing psychological-pedagogical support, teachers and mentors of general educational institutions working with children with psycho-physical deviations. Thus, it is necessary to expand the range of professions including such professions as occupational therapists, early development specialists, social workers, tutors of vocational education for disabled persons, teachers of adaptive physical training, remedial gymnastics instructors (these professions were taught in medical institutions in the Soviet period but have been discontinued for unknown reasons). The State Standard of Higher Special Education and Programmes of Training and Retraining of Specialists in universities and institutions of advanced training should also be revised.

It is necessary to emphasise the importance of these problems for Kazakhstan addressed by provisions of Articles 8.1.(b) and 8.2(b) of the Convention on the Rights of Persons with Disabilities stating that States Parties undertake to adopt immediate, effective and appropriate measures to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life.

Measures taken for this purpose include fostering, at all levels of the education system including all children since early age, respect for the rights of disabled persons.

Today it is necessary to mention that the actual main obstacle for integrated education of disabled and a serious problem all families of the disabled face is the lack of respect for disabled persons and lack of knowledge about their abilities and rights.

We consider it reasonable to establish and communicate the necessity of fostering respect for disabled persons at the level of educational authorities. All this evidence of conflicts between disabled persons, education system workers, other students and their parents should be thoroughly investigated and more attention should be paid to them.

Efficient integrated education is only possible if special personnel are trained in different trades in local and foreign universities including special tutors providing psychological-pedagogical support, teachers and mentors of general educational institutions working with children with psycho-physical deviations.



The process of effective and full integration into the society's life is, first of all, based on ensuring accessibility of all areas of public life, promotion of full-fledged and effective participation of persons with disabilities in decision-making.

Therefore, when summarising the results of the analysis of education of disabled persons, one can conclude that the number of fundamental requirements of international regulations in relation to disabled children are not yet reflected in the local legislation.

At the same time, improvement of laws will not solve the problem by itself, as the issue of unsatisfactory enforcement of current legislation is urgent and is the main reason for violation of disabled children's rights. Furthermore, as mentioned above the current laws do not contain respective implementation tools.

1.3.6. Employment Legislation

The basic regulatory document in the area of employment is the Labour Code of the Republic of Kazakhstan dated 15 May 2007.

'Vocational rehabilitation is required not only for people with disabilities themselves, but also for their families who lose their qualifications due to prolonged periods of care.'

N. A. Berendeyeva, Director of the Disability Rehabilitation Centre for South-Kazakhstan Oblast

In accordance with the provisions of Article 5, nobody's rights can be restricted in the area of employment, apart from cases and in a manner envisaged by this Code and other laws of the Republic of Kazakhstan.

In the Republic of Kazakhstan everyone has the right to freely choose em-

ployment or agree to work without any discrimination or compulsion to do so, the right to apply one's working abilities and choose a profession and type of activity (Article 6).

At the same time, everyone has equal opportunities to exercise employment rights and freedoms (Article 7).

No-one may be subjected to any discrimination in exercising their employment rights depending on physical disabilities (Article 7).

In accordance with Article 187.2 of this Code the employer shall not have the right to engage employees caring for sick family members or bringing up disabled children in night work or overtime work, or to send on business trips or to perform rotational work, without their written consent.

Persons with disabilities of category I and II shall not be engaged into rotation-based work (Article 211).

The disabled have the right to enter into employment contracts on regular employment conditions or with specialized organizations employing persons with disabilities taking into account individual rehabilitation programmes (Article 222).

Denial of an employment contract with or transfer of a disabled person to another job or a change in employment conditions on the grounds of disability is prohibited in all cases other than when the state labour authority in charge of social protection of the population concludes that such disabled person's condition prevents him or her from performing his/her duties or jeopardizes his/her health and/or safety of other persons (Article 222).

According to Article 30 of the Law on Social Protection of Disabled Persons in the Republic of Kazakhstan:

Vocational rehabilitation of disabled persons includes the following:

- 1) career guidance;
- 2) vocational training (retraining);
- 3) employment.

Career guidance is provided by territorial divisions of the competent authority in the area of social protection of the population.

Vocational training (retraining) of dis-

abled persons is provided by institutions rendering educational services on the basis of the license obtained in accordance with the procedure specified by the legislation of the Republic of Kazakhstan.

It should be mentioned that this Article does not regulate a procedure of actions on vocational rehabilitation of disabled persons including sources of funding for the actions stated above.

The provisions of Article 31 of the RK Law on Social Protection of Disabled Persons in the Republic of Kazakhstan on the quotas, and additional, special, social jobs agree with provisions of sub-items 3, 5-2, 5-3, 5-4 of Article 7 of the RK Law on Employment of the Population.

Article 5.2 of the RK Law on Employment of the Population defines that the state shall take actions to facilitate employment of targeted groups of population. Disabled persons also belong to the targeted group.

Article 7.4 of the RK Law on Employment of the Population states that the executive local government bodies shall ensure the implementation of population employment policy by rendering social protection services to the unemployed persons. Article 14 of the RK Law on Employment of the Population envisages vocational training, advanced training, retaining of unemployed persons as a part of social protection efforts. The ability to exercise the rights of disabled persons in this case depends on their being recog-

nised as unemployed.

Article 34 of the RK Law on Social Protection of Disabled Persons in the Republic of Kazakhstan states the employer's responsibility to provide vocational training or retraining, creation of special jobs for employment of persons disabled as a result of an employment injury and (or) an occupational disease through the fault of the employer.

However, Article 30 of the RK Law on Social Protection of Disabled Persons in the Republic of Kazakhstan envisages that vocational training (retraining) of disabled persons shall be conducted by the institutions rendering educational services, but does not involve the employer into providing this training at the employer's own cost.

According to Article 31 of this Law special jobs creation and vocational training belong to issues of employment of disabled persons within local authorities' competence.

Article 34 of the RK Law on Social Protection of Disabled Persons in the Republic of Kazakhstan should, apparently, state the employer's responsibility to provide vocational training or retraining, create special jobs for persons with disabilities, which resulted from an occupational injury or a disease through the employer's fault. The current law does not envisage enforcement of such responsibility in accordance with the law.⁵⁵

Kazakhstan's governmental policy and national legislation regulating relations arising as a result of disability are generally focused on elementary conditions for life activity of disabled persons in accordance with the rising economic development of the country.

⁵⁵ Kardash T.G. Analytical Note on the Law of the Republic of Kazakhstan Law «On Social Protection of Disabled People in the Republic of Kazakhstan» dated 13 April 2005//Institute of Legislation of the Republic of Kazakhstan, 2007.

Chapter 1 Conclusion

The Convention on the Rights of Persons with Disabilities and its Optional Protocol adopted by the UN General Assembly are the most recent documents, which complemented basic international legal treaties in the area of human rights.

The Convention sets out requiring changes so that persons with disabilities would be enabled to exercise their rights and areas requiring strengthened protection of these rights infringed upon on a regular basis. Furthermore, it sets forth minimum standards to be applied to everyone everywhere and to lay the framework of consecutive actions.

After a state ratifies the Convention, the commitments it brings along should be reflected in such state's national legislation, planning and budgeting and respective policies. The Convention defines specific practical measures, which states parties should take to promote integration of persons with disabilities in all aspects of development.

Alongside with the Convention on the Rights of Persons with Disabilities the global community has developed a solid regulatory framework concerning states' obligations with respect to persons with disabilities and represented by a number of comprehensive and special documents.

According to international legal instruments the process of effective and full integration into the society's life is, first of all, based on ensuring accessibility of all areas of public life, promotion of full-fledged and effective participation of persons with disabilities in decision-making.

An unquestioned achievement of international legal instruments governing certain aspects of life of persons with disabilities is that they are entirely set to encourage the principle of non-discrimination of people with disabilities.

Such comprehensive instruments as the World Action Programme concerning Disabled Persons and Standard Rules on the Equalization of Opportunities for Persons with Disabilities, though not imposing any legal obligations on the states, serve as a moral incentive for adopted national laws.

Thus, these international legal instruments contain recommendations on adoption of required measures concerning persons with disabilities, i.e. they can be viewed as methodological tools in securing the rights of persons with disabilities.

Kazakhstan's governmental policy and national legislation regulating relations arising as a result of disability are generally focused on elementary conditions for life activity of disabled persons in accordance with the rising economic development of the country. The local programme documents and regulations are to a greater extent focused on social protection and rehabilitation. The main peculiarity of international legal treaties is a transition from approaches based on biomedical services and social protection of disabled persons to recognition of disabled persons as participants and beneficiaries of development of the society they live in.

Whereas conceptual documents on the rights of disabled persons state the necessity to follow international standards, the national legislation does not comply with them. Many regulations to protect disabled persons' rights are out of date and contradict each other in some areas. The regulations on disabled persons' rights have not been systematised.

Implementation of regulatory norms that guarantee the observance of rights and freedoms of disabled persons is challenging. The requirements of the legislation are not always followed for some reasons such as lack of by-laws to implement the laws, lack of clear and distinct tools for implementation, lack of a single controlling authority and insufficient funds.

Current regulations are to a greater extent focused on the protection of social and economic rights, elimination of certain disability implications such as incidents, diseases, genetic diseases. International standards stand for the elimination of all social, economic, institutional and political obstacles that may complicate the disability problem and thus limit opportunities of disabled persons to take part in social and economic activities.

The legislation of the Republic of Kazakhstan lacks the concept of reasonable accommodation as a part of the notion of discrimination on the ground of disability and a general obligation to provide it when different rights are exercised.

If the Convention on the Rights of Persons with Disabilities is ratified then the Republic of Kazakhstan, being its member state, should set up a special governmental institution and a national mechanism to implement the conditions of the Convention.

While developing certain legal, economic, social and other actions aimed at fulfilling the commitments under the Convention on the Rights of Persons with Disabilities the government should consider the fact that the Convention allows for implementation of measures to realize economic, social and cultural rights progressively, using the greatest amount of available resources to do so. The commitments related to civil and political rights should be fully complied with after the Convention enters into force in the State. When making an analysis in the course of preparations to the ratification it may be useful to divide commitments with regards to civil and legal rights from those with regards to economic, social and cultural rights.

In order to comply with the Convention, the legislation should include a general prohibition of discrimination, an obligation to provide reasonable accommodation, criteria to identify reasonableness, and permanent or temporary positive measures to stimulate de facto the equality of the disabled. The analysis shows that the legislation of the Republic of Kazakhstan lacks the concept of reasonable accommodation as a part of the notion of discrimination on the ground of disability and a general obligation to provide it when different rights are exercised.

Better implementation of disabled persons' rights requires identifying a range of state authorities responsible for social protection elements for disabled persons, statutorily clarification and establishment of their obligations to create conditions for the unimpaired access of disabled persons to engineering, transport and social infrastructure facilities and adjust access to transport, communication, information and other social facilities to their abilities.

The following needs to be done to implement the Convention provisions on accessibility:

- to develop minimum standards of accessibility of all facilities available to population including transport and information;

- to establish the obligation on accessibility of commissioned or repaired objects, to introduce the responsibility for the failure to comply with these regulations;

- to provide for positive or incentive measures.

The copyright legislation allowing free publications in Braille type may offer a good example of positive measures.

Statutory advantages for entities making their products and services accessible may offer an example of incentive measures. This measure is particularly useful in the area of transport.

The most significant shortcoming of the national legislation in Kazakhstan in the area of disability is the lack of mechanisms to implement important legal rules in the area of disability prevention and rehabilitation of disabled persons.

Therefore, an important and significant proposal for reforming the governmental policy in relation to disabled persons is to switch from financial assistance to disabled persons to disability prevention, provision of life activity environment and medical, social and employment rehabilitation for disabled persons.

It should be added that prevention efforts should start immediately upon the birth of a child belonging to a risk category due to limitations of his/her early psychic and physical development for habilitation and significant assistance to the child's parents in upbringing and education and prevention of social orphanhood.

In this connection it is advisable to provide legal, institutional and financial conditions for further development of rehabilitation programmes.

Currently dozens of regulations relating to different problems of social protection of disabled persons are effective in the Republic of Kazakhstan. Therefore, we consider the unification of the legislation in the area of protection of rights, freedoms and interests of disabled persons as one of measures to improve the governmental policy.

It appears that the unification should not only streamline the legislation. It is necessary to review the possibility of equalization of rights and preferences of different categories and groups of disabled persons.

It is also necessary to mention that the unified terminology is not developed in the legislation of the Republic of Kazakhstan. A number of terms contained in the Convention on the Rights of Persons with Disabilities are not used at all. The content of the same definitions is differ-

An important and significant proposal for reforming the governmental policy in relation to disabled persons is to switch from financial assistance to disabled persons to disability prevention, provision of life activity environment and medical, social and employment rehabilitation for disabled persons.

ent in some regulations. In order to avoid problems with the law enforcement it is advisable to pay attention to application of certain terms.

The ratification of the Convention on the Rights of Persons with Disabilities and Optional Protocol thereto will be an important step in setting the stage for equal opportunities for disabled persons. If the Convention is ratified, the Government will undertake to review relations in all areas of activity of disabled persons, which in its turn will require "revision" of the entire legal framework to achieve

'We have to make the information about the international standards in the domain of the rights of people with disabilities accessible to everyone, and also make it known amongst those people who have disabilities.'

Abstract from the speech by K. Y. Imanaliyev, Chairman of Namys PS

conformity with the Convention. The provisions of the Convention will become an

integral part of the national legislation. Analysis of the practice of enforcement of disabled persons' rights set out in the local legislation demonstrated that these rights are violated by state institutions at different levels generally due to imperfection of local regulations.

Furthermore, if the Convention on the Rights of Persons with Disabilities is ratified then the Republic of Kazakhstan, being its member state, should set up a special governmental institution and a national mechanism to implement the conditions of the Convention.

Therefore, the ratification of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto and further implementation of the principles and norms set out in the international legal treaties shall create legal conditions for full exercise of constitutional rights and freedoms by disabled persons, allowing Kazakhstan to become a social state in the true sense of this word where every provision is realised for the sake of its citizens irrespective of any factor or condition.

ECONOMIC COMPONENT

The key to successful implementation of the Convention is its effective application. There is a need to understand mechanisms and measures including economic ones required for the Convention to be put into practice, to facilitate Kazakhstan's involvement into setting up a legal framework ensuring equal opportunities for the disabled and to provide an impetus for the integration of the disabled into the society.

*A. Amanbayev
Chairman of Almaty City Council for the Disabled*

CHAPTER 2



2.1. Costs of Social Support for Disabled Persons in Kazakhstan

Due to persistent health disorders persons with disabilities have additional needs that require additional resources, however, pension benefits of a great majority of disabled persons are too small to meet those additional needs associated with their disabilities. Under the market economy conditions disabled persons are uncompetitive by default and the state paternalism should become an absolute must. This has become an axiom for a number of developed countries, while care for the disabled is considered to be a responsibility of the state. While recognizing this fact, it is necessary to develop a social policy with regards to the disabled.

Rule 16 *Economic Policies* of the UN adopted Standard Rules on the Equalization of Opportunities for Persons with Disabilities states that States have the financial responsibility for national programmes and measures to create equal opportunities for persons with disabilities. According to these rules:

- states should include disability matters in regular budgets of all national, regional and local government bodies;
- state, non-governmental organizations and other interested bodies should interact to determine the most effective ways of supporting projects and measures relevant to persons with disabilities;
- states should consider the use of economic measures (loans, tax exemptions, earmarked grants, special funds, and so on) to stimulate and support equal participation by persons with disabilities in society;
- in many States it may be advisable to establish a disability development fund, which could support various pilot projects and self-help programmes at the grass-roots level.

Economic growth of Kazakhstan allows pursuing more active social policies. Within the framework of 2002-2005 Programme on Rehabilitation of Persons with Disabilities, the medical and social

assessment service was reorganised, a network of stationary social institutions and social home-based units was expanded, the number of services increased, the quality of auxiliary (compensatory) aids improved and measures providing access to infrastructure were included. By 2005, the system of social welfare included payments of social benefits, special state benefits and other payments in compliance with the Rehabilitation Programme for Persons with Disabilities. In 2005, an average amount of the state social disability benefit went up by 58% and reached KZT 6,894.

In accordance with the 2006-2008 Rehabilitation Programme for Persons with Disabilities creation of a social welfare system for the disabled came along with the development of a three-tier system of welfare services for persons with disabilities. The system of social standards was amended and the subsistence level now serves as the basic social rate. The subsistence level has become an objective basis for calculation of basic state benefits paid to persons with disabilities. The scope and types of services provided to persons with disabilities have increased.

Chart 1 below shows growth in the number of beneficiaries of social allowances and an average amount thereof.⁵⁶

Over the past 8 years, the number of beneficiaries grew by 39,327, whereas the average benefit for the same period increased from KZT 2,990 to KZT 12,000, i.e. by 4 times in absolute terms.

Growing social support for the disabled has been achieved through creation of a multi-tier system of social security, deployment of extra funding sources and sharing responsibility in case of loss of working capacity between the state, employer and employee.

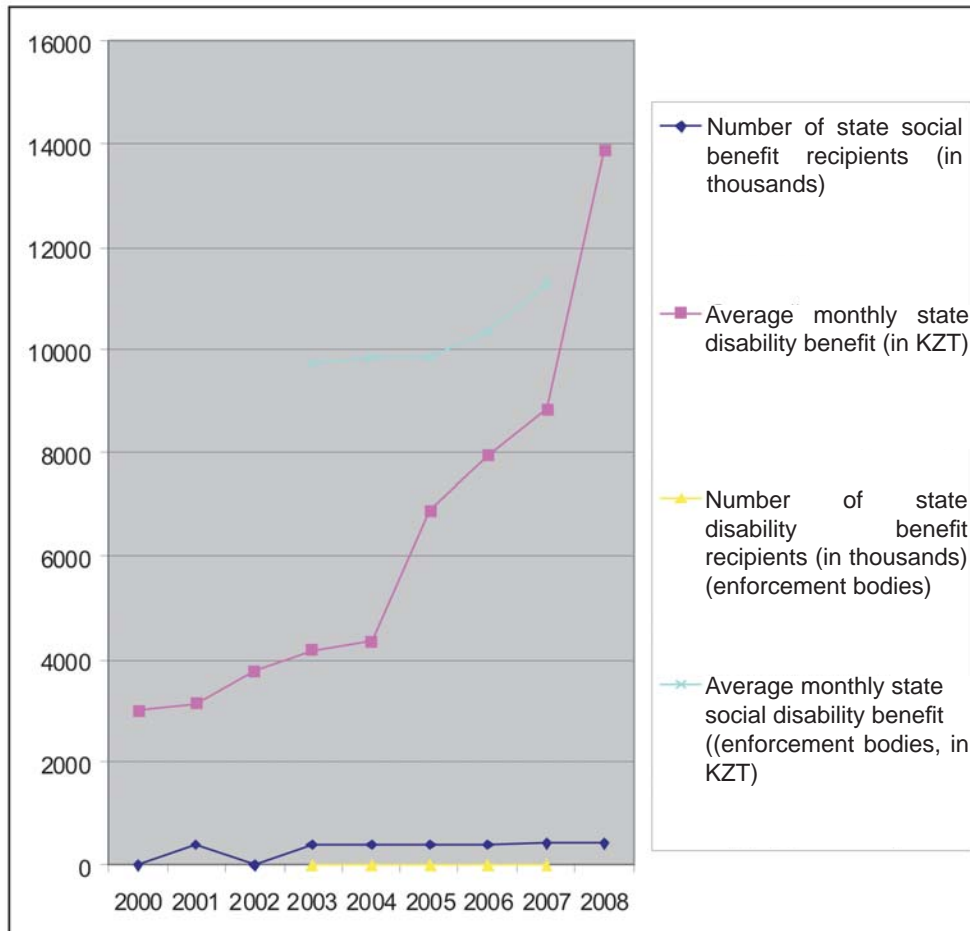
Income support for persons with disabilities since birth or childhood has been enabled through payment of the state social benefit, which was transformed into

Growing social support for the disabled has been achieved through creation of a multi-tier system of social security, deployment of extra funding sources and sharing responsibility in case of loss of working capacity between the state, employer and employee.

⁵⁶ Kazakhstan during the Years of Independence. Research and Information Digest. - Astana, 2006. - P.268. Kazakhstan in 2007. - Astana, 2008. - P.111.

Chart 1

Trends of Growth of State Social Benefit Recipients



the basic welfare payment. Persons with disabilities also get special-purpose state benefits.

In case of occurrence of a social risk (loss of working capacity) formal sector employees are subject to the three-tier system of social security:

- first tier (baseline) includes basic disability benefits guaranteed by the state;

- second tier (mandatory) includes social payments from the State Social Insurance Fund (mandatory social insurance) and insurance payments from insurance organisations (employer's liability insurance for injury or disease to their employees arising out of their employment);

- third tier (additional) to provide

voluntary and professional schemes for insurance of social risks.

Overall state budget allocations for implementation of 2006-2008 Rehabilitation Programme for Persons with Disabilities totalled KZT 27,069.5 mln. including KZT 12,709.9 mln. for 2008, which is almost four times the budget allocated for the 2002-2005 Programme.⁵⁷

Analysis of social benefit trends demonstrates an increase in the number of beneficiaries of social payments from 383,700 in 2000 to 423,350 in 2008, as well as an almost 4.5-times increase in the average amount of the social benefit from 2000 to 2008.

In the regional context, the largest number of social payment beneficiaries is registered in South Kazakhstan, Almaty, Karaganda, East Kazakhstan and Zhambyl

⁵⁷ Programme of Rehabilitation of Persons with Disabilities for 2006-2008 approved by Resolution of the Government of the Republic of Kazakhstan # 17 of 6 January 2006.

In order to improve efficiency of social rehabilitation for disabled persons, measures to introduce standards of social service have been taken.

Disabled people in Kazakhstan represent the most vulnerable group of poor population from the point of view of opportunities for human potential development. Poverty risk among the disabled is the highest as a result of their life activities being limited due to health disorders and hence limited opportunities to satisfy their basic needs.

Oblasts. Most likely, this has to do with larger populations living in these regions.

A slight decrease in the number of disabled children under 16 years of age from 46,800 to 44,900 was observed in 2006.⁵⁸

As noted above, the basic social rate for assessing the amount of the state social benefit acts as a monthly subsistence level (KZT 13,470 as of 1 January 2009).

In the course of this Programme persons with disabilities were provided with the following aids at the local budget expense:

- prosthetic and orthopaedic aids – 11,000 people;

- devices for the blind – 16,758 people;

- aids for the deaf – 18,900 people;

- obligatory hygienic means – 24,854 people;

- wheelchairs – 9,987 people;

- sanatorium treatment – 13,003 people;

- individual assistants' services – 12,549 persons with disabilities of category 1, sign language experts – 7,007 persons with disabilities.

Local executive authorities are working to ensure free access for persons with disabilities to public transport, housing, public and industrial facilities and buildings. To examine operating social and recreational infrastructure facilities they took an inventory of 20,562 out of 23,220 facilities.

To ensure free access of disabled persons to housing, public, industrial and infrastructural facilities over 7,600 entrance ramps and access ways were built.

In order to improve efficiency of social rehabilitation for disabled persons, measures to introduce standards of social service have been taken. Home-based social assistance ensuring medical or other aid and rendering social services is one of them.

There are 127 home-based units

of social support intended for families with disabled children, which serve over 17,000 children.

For elder people and persons with disabilities there are 321 home-based units of social assistance that serve more than 23,000 people.

Nowadays, Kazakhstan has 101 state medical/social institutions (51 general homes for the elderly and disabled, 30 psycho-neurological homes, 3 homes for the children with locomotor disorders, 17 children's psycho-neurological homes).

There are 10 rehabilitation centres for persons with disabilities in Almaty, Atyrau, Zhambyl, Pavlodar, North Kazakhstan and South Kazakhstan oblasts.

In 2007, a home designed for 416 veterans, persons with disabilities and elderly people was commissioned in Astana and a rehabilitation centre was commissioned in 2008 in Atyrau Oblast.

Persons with disabilities entering technical vocational schools or universities are entitled to an admission quota of 0.5% and privileged scholarships.⁵⁹

To ensure jobs for disabled people local executive bodies set employment quotas at 3% of all available jobs.

Despite an increase in funds allocated for social protection of disabled people within the past years, they cannot be considered sufficient to ensure an adequate level of rehabilitation services. Disabled people in Kazakhstan represent the most vulnerable group of poor population from the point of view of opportunities for human potential development.

Poverty risk among the disabled is the highest as a result of their life activities being limited due to health disorders and hence limited opportunities to satisfy their basic needs.

In Kazakhstan, like in many other countries, the problem of employment of disabled persons is complicated by significant impediments with low competitiveness of disabled persons in the labour market being a major one. In a number of cases it is not cost effective for an employer to ensure special work and compensation conditions for disabled people.

Therefore, specialised enterprises of public unions of disabled persons are the

⁵⁸ *Statistics Digest of the Statistics Agency of the Republic of Kazakhstan. - Astana, 2008. -P.111.*

⁵⁹ *Data provided by the Department of Social Aid and Social Services of the Ministry of Labour and Social Protection of the Republic of Kazakhstan.*

most popular way of employment for persons with disabilities. There are 33 training and production enterprises of the Kazakh Society for the Blind and 18 enterprises of the Kazakh Society for the Deaf operating in the Republic and providing both training and job opportunities for 4,000 persons with disabilities in total. Major types of activities include sewing, fabrication of knitted wear, cardboard articles, electrical and plastic products, furniture, printing services, repair and construction works.

One of urgent issues of specialised workshops and enterprises is lack of investment that leads to their significant lagging behind their competitors from the private sector.

In the context of the labour market tension as a consequence of market transformations disabled people are almost non-competitive. Many enterprises traditionally employing this category of people have shut down or stopped operation. New jobs are not being created. Management of enterprises using any excuse tends to dismiss employed persons with disabilities, as there is a surplus of able-bodied personnel. Because of the state of their health persons with disabilities of categories I and II, even with higher and technical specialised education, do not always have a chance to be employed, let alone having a workplace close to a place of residence of their family.

Vacancies for the disabled are very rare. There is a lack of systematic registration of available vacancies, which could be used to employ persons with disabilities. With this regard, it is essential to set up a data bank of vacancies for the disabled registering availability, movement, maintenance and creation of new jobs, including information on principles of organisation and sources of investment.

Specialised enterprises of public unions of persons with disabilities found themselves in the most difficult situation as a result of reduction of state procurements of their products. Such enterprises also became non-competitive in the context of the market oversaturation with consumer goods.

For persons with disabilities experiencing on-going health deterioration, the quality and level of healthcare services appear particularly important. Unfortunately, coverage of persons with disabilities as well as population in general by

Kazakhstan was the first to replicate the experience of China's Institute for the Blind, a unique institution training qualified masseurs, acupuncturists and phytotherapists. Persons with sight impairment can take a three-month training course of Chinese massage therapy and acupuncture. Training will be delivered by Chinese trainers, with the on-the-job training to be arranged in Kazakh-Chinese Clinic (Medical Rehabilitation Centre under the National Confederation of Persons with Disabilities) in Astana.

News from invalid.kz, 30/03/2009

healthcare services decreased significantly as a result of reforms in the healthcare system. During the years of the reform a network of hospital institutions of the healthcare sector rendering medical services dropped from 1,710 to 766, with the number of outpatient and polyclinic organisations shrinking by half. Moreover, expansion of the range of paid services led to significantly limited access to medical services for persons with disabilities and other people in general.

The quality of medical services remains low, especially in the public sector, while the cost of medical services and pharmaceuticals is increasing. Information on the list of free medical services is not readily available, incentives for providing a free package of services remain low, and a possibility to choose specialists and methods of treatment is limited. Private health care sector capacities are not fully used.

Activity of Non-Governmental Organisations (NGOs) Supporting Persons with Disabilities

In Kazakhstan among all socially vulnerable categories disabled people enjoy NGOs' support most. Out of 200 NGOs uniting persons with disabilities, or people dealing with these groups, about 90 operate on a regular basis. However, it is difficult to estimate the funding of services for persons with disabilities provided through NGOs.

The following NGOs operate in the Republic: Republican Society of Persons with Disabilities with its regional divisions, Kazakh Society for the Blind, Kazakh Society for the Deaf, Republican Centre of Social Adaptation and Professional and Labour Rehabilitation for Children and Youth with Defects in Mental and Physical Development, SATR CENTRE, "Kenes" Centre

For persons with disabilities experiencing on-going health deterioration, the quality and level of healthcare services appear particularly important. Unfortunately, coverage of persons with disabilities as well as population in general by healthcare services decreased significantly as a result of reforms in the healthcare system.

The model used by the Centre is recognised as Central Asia's best model. Innovative experience of "Kenes" Centre is being disseminated among different regions of our country.

of Social Adaptation and Vocational Rehabilitation, "Ak Bota" League providing care to persons with disabilities and children with psychophysical development disorders, Association of Parents of Children with Disabilities, Union of Non-Profit Organisations "Persons with Disabilities of Kazakhstan", Kazakhstan Confederation of the Disabled, "Shyrak" Association of Disabled Women and others.

Over the past years the Ministry of Labour and Social Protection and NGOs for persons with disabilities have established co-operation to address the issues relating to social security and financing of respective activities, such as placement of state orders.

Thus, in 2009 3 social projects are being implemented at the republican budget cost within the framework of the state social order:

- "Development of the Standard of Special Social Services for Disabled Persons with Psychoneurological Diseases";
- "Social promotion video: "Integration of Disabled Children into a Healthy Environment (prevention of social orphanhood and severely disabling disorders)";
- "Support of Internet Resources and Organization of Information, Legal and Social support of Persons experiencing adverse life circumstances".

Many NGOs representing disabled persons make efforts to employ them by setting up their own private entities. For instance, the Society for the Blind has a number of private companies specializing in different sectors. Blind people make buttons, metal goods, clothes pins, taps, corks, garment, gloves, etc. The Society for the Deaf has companies engaged in wood processing, they also make furniture. "Ak Bota" League of Protection of Disabled People and Children with Psychophysical Development Disorders engages its members in gardening.

It is necessary to change the methodology of financing of social, medical, corrective and pedagogical support programmes for children with disabilities. Financing of specified programmes should be based on the assessment of individual needs

R. Suleimenova, General Director of SATR Centre of Social Adaptation, Vocational and Employment Rehabilitation of Children and Teenagers with Intellectual and Physical Development Disorders"

Salaries in such companies are not high. Often, in lieu of salaries, people receive humanitarian aid in the form of clothes and food products. Such enterprises are often unprofitable. The law has a provision stipulating a tax reduction for companies where more than 50% of employees are disabled.

Presently there are over 200 NGOs for disabled people functioning in Kazakhstan. Their interaction is still weak, but some consolidation of efforts is observed in their attempt to protect and advocate the rights of disabled people. Thus, many public entities involved in solving problems of disabled people seek enforcement of the constitutional right to education and help disabled children to get secondary and higher education. "Bibi Ana", the Republican Society of Women with Disabilities and Association of Parents of Children with Disabilities (APCD) are the most effective. Thus, "Bibi Ana" achieved enforcement of statutory benefits and in this way helped more than 200 children of disabled parents to enter higher educational institutions. APCD annually delivers treatment and training sessions for disabled children (aged 5 – 20).

"Kenes" Public Association for Support of Children with Disabilities was established in 1992, with "All Children and Loved, All Children are Equal" as its motto and aims to:

- protect the rights of children with severe development disorders;
- solve problems with access to medical, social and specialised assistance for children with a difficult disorder structure, i.e. combination of motor, speech, mental and psychic disorders;
- social adaptation, social and vocational rehabilitation.

The activity of the Centre is based on innovative methodological approaches and advanced international experience. The Centre was a pioneer in introduction of the principle of comprehensiveness of activities related to social services, and developed a then-new work regime: a day patient facility for long-term and year-round rehabilitation of children. Such an approach allowed children to live with their families, whereas the families could realize their potential in their work. Education of children is delivered using an

individual programme, which allows participants to develop adequate vital skills and successfully socialise a majority of children in the Centre. At present the Centre delivers a number of programmes allowing them to ensure continuity of services required by various age groups, including:

1) early Intervention Programme for children under 3 years of age;

2) day patient facility for children with psycho-neurological disorders from 3 to 18 years of age;

3) labour rehabilitation service for children aged 18 and above;

4) Integration groups.

The model used by the Centre is recognised as Central Asia's best model. Innovative experience of "Kenes" Centre is being disseminated among different regions of our country. Thus, in 2006 the Centre initiated a programme of deinstitutionalisation of children's homes for children with severe mental disabilities and creation of a day patient facility on their basis, when the first day patient facility was created on the basis of Astana home assisted by specialists from "Kenes" Centre. Now establishing such patient facilities became a primary objective in the area of organisation of social services for children with psycho-neurological disorders and their families, and this particular model proved its social and economic effect.

The Republican Scientific and Practical Centre of Social Adaptation, Vocational and Employment Rehabilitation of Children and Teenagers with Development Disorders (SATR Centre) were established in 1993. This is a new type of organisation providing support for children with special needs. Its major objective is to provide psychological and teaching assistance to a family; organise a system of early identification of developmental delays, provide correctional and pedagogic assistance for these children. Children from birth to the age of 16 with hearing, visual or mental impairments, Down's syndrome, infantile cerebral paralysis can get assistance in the centre. The following services are operational in the Centre:

Republican psychological, medical and pedagogical consultation centres (RMPCC) engaged in in-depth inter-disciplinary research of psychophysical development of children; psychological and pedagogical correction service with the following departments: pedagogical correction, psychological assistance, medical correction.

SATR Centre conducts scientific research in the areas of social and correctional pedagogical support for disabled children. Practice and scientific activities supplement each other. A pilot model of a special three-stage education system has been tested in SATR Centre:

- screening (identification of children with development challenges),

- in-depth complex diagnostics of abnormalities in children's development,

- correctional and developmental education of children.

Moreover, the Centre trains and consults for special trainers and psychologists working in the regions.

Identification of problems in children's development and early intervention for correction, rehabilitation and "painless" integration into the society will ultimately result in reduction in the number of disabled people requiring state support in the form of social payments, special state benefits, individual auxiliary, orthopaedic devices funded from the state budget.

Speaking of NGOs' assessment in general, it is necessary to note their professionalism, flexibility, innovative approaches, and adequacy of services to the people's needs, low cost of rendered social services, transparency, and co-operation with the government authorities in solving problems of the disabled. NGOs are active in implementation of the programmes in employment facilitation, micro loans, development of entrepreneurial skills, charity, social support for people in need, rehabilitation, correctional services for physically and mentally disabled people, work with terminally-ill people, protection of human rights, etc.

At the same time, there is no concept of co-operation of state authorities and non-governmental organisations, which could define a clear procedure for their interaction in solving particular social problems.

Identification of problems in children's development and early intervention for correction, rehabilitation and "painless" integration into the society will ultimately result in reduction in the number of disabled people requiring state support in the form of social payments, special state benefits, individual auxiliary, orthopaedic devices funded from the state budget.

2.2. International Experience of Funding of Social Support for Disabled People

The economic mechanism of disabled persons' support depends on a social policy model adopted by a country. There are various classifications of social policy models, but most of them are based on the principles proceeding from the role and level of involvement of the government, civil society and individuals in implementation of social policies.

The economic mechanism of disabled persons' support depends on a social policy model adopted by a country. There are various classifications of social policy models, but most of them are based on the principles proceeding from the role and level of involvement of the government, civil society and individuals in implementation of social policies. From the geopolitical perspective, there are Scandinavian, Continental and British-American models of social policies. Often, based on the originating political party the Scandinavian, continental and British-American social models can also be referred to as social-democratic, socio-market and liberal models respectively.

The Scandinavian Model. Under this social policy model the government provides significant share of expenditures for social needs where the budget serves as the main channel for redistribution. The state is fully responsible for social welfare of its citizen and appears to be a major provider of social services. Services (education, health care, care for children and elderly people, etc.) are primarily arranged through municipalities. This system operates on re-distribution basis (budget or social insurance funds) with a very high share of social expenditures. This model is to a certain extent put in place in policies of such countries as Sweden, Finland, Denmark, and Norway.⁶⁰

The Continental Model. According to this model the government is usually accountable for payment of social allowances for beneficiaries, i.e. social security, and is not involved in organisation of social services. The budget payments and insurance contributions of employees and employers towards social purposes are approximately equal and the main chan-

nels of re-distribution include both state and private socio-insurance funds (where private funds are subject to state control). The aim of this type of social policy is to enable conditions for active self-inclusion of each individual in the economy. This model is used in such countries as Germany, France, Austria, and Belgium.

The British-American model. This model is characterised by minimum involvement of the state into the social area. The financial basis for implementation of social programmes includes primarily individual savings and private insurance rather than state budget resources. The government is responsible for maintaining a minimum income for its citizens and welfare of the most vulnerable categories of people. However, it actively encourages creation and development of various forms of non-governmental social insurance and social support as well as different tools and mechanisms enabling income growth for its citizens. Such model of social state is typical for the US, UK and Ireland. The system of social insurance funded through salary deductions enables insurance in case of disability. Many social institutions operate on a profit-making basis. According to some researchers about 80% of American care centres for disabled persons earn profits for their parent holdings. Depending on the fee private care homes for the disabled render a different scope of services. Wealthy clients enjoy luxurious conditions and multiple support and care professionals, whereas low-income clients get minimum services and share rooms with room-mates.⁶¹

The USA has an Inclusion Programme initiated by the Rehabilitation Act (Public Law No. 93-112, 1973) and

⁶⁰ Volkov A.M. *Sweden: Socio-economic model.* - M.: Mysl, 1991.

⁶¹ Burdzhakov F.E., Grishin I.V., Svanidze Z.Y., Soboleva I.B. *Types of Social Policy: Concepts, Practices// Society and Economy.*-1997. -№5.

the Education for All Handicapped Children Act (1974-1975) as amended. In the 1980s, in the US they started constructing new buildings and reconstructing old ones taking into consideration the needs of various categories of disabled people. For these purposes, the US Government allocated additional funds, with simultaneous introduction of strict penalties for violating the established standards. With a view to changing the attitude of the civil society towards disabled persons a well-thought campaign developed by psychologists and mass media experts was pursued, where a great role was played by religious organisations. Thus, persons with disabilities got better access to all aspects of social life and the perception of disabled people by non-disabled ones has changed.

The country experienced a rise in development of various types of public organisations and clubs for persons with disabilities alongside with development of a variety of funds. It is worthwhile noting that in the US such specialised funds and organisations render a significant number of services for people with special needs envisaged in the law using financial resources provided by a municipality.

As far as integration of training is concerned, difficulties arose in respect of programme development, training of staff, development of psychological models of perception of disabled children by non-disabled children and vice versa. The inclusion model envisages that even a child with Down's syndrome can attend classes attended by non-disabled children. Certainly, a special individual curriculum with simplified exercises is developed for such kids. In many aspects success of a programme delivery depends on a teacher.

To promote the model a few documentaries demonstrating success stories in teaching disabled children were produced. However, the USA did not reject the idea of special schools either, but kids are placed in such schools in very rare circumstances.

With regard to the social security in the US, it is worthwhile noting that persons with disabilities enjoy medical care,

social allowance and compensations, housing and transportation to educational institutions, swimming pools, etc. through social service institutions. Home care is also popular as one of types of social care.

A well-established system of assisting persons with disabilities covering all fields of social life and supporting ultimate integration and inclusion of persons with special needs into the society is functioning in the U.S. An integrated approach and involvement of experts into programme development play a significant role in social care.

The objective of the New Freedom Initiative announced by George W. Bush during his first year of presidency includes design of new types of personal computers and other equipment intended to facilitate life and communication as well as to expand job opportunities. At the same time, concessional loans are available for purchase of new technical devices, and small businesses engaged in design and manufacture of such devices are granted tax incentives.

According to the statistics of the US Department of Labour thousands of persons with disabilities appeared to be successful as owners of small businesses. Since there is less demand for the disabled as potential work force, they have to seek for self-employment. According to the US 1990 census the disabled are more experienced in self-employment and running small businesses (12.2%) than non-disabled (7.8%).

In Great Britain, support for persons with disabilities including children is provided by three groups of organisations: private owners of care homes providing care for a fee; public sector; local authorities providing a major share of social services.

Social services provide aid to disabled persons at home, in day care centre, homes or day schools. When working with mentally impaired children these institutions pay special attention to communication skills, rules of conduct in the street and in public places organising special outdoor exercises for that purpose. There are also specialised professional centres for teenagers with mental impairments.

A well-established system of assisting persons with disabilities covering all fields of social life and supporting ultimate integration and inclusion of persons with special needs into the society is functioning in the U.S.

Social workers in the UK Department of Social Services provide assistance in a form of advice, support and consultations on personal issues of the disabled and their families; assist in development of individual rehabilitation programmes co-ordinated with a customer and his/her family; organise regular cultural outdoor activities

Special occupational therapy units are open for persons with disabilities and disabled children. Paediatric occupational therapists consider “development of the optimum level of independence in daily life in terms of physical, psychic and social points of view” as their objective.

Social workers in the UK Department of Social Services provide assistance in a form of advice, support and consultations on personal issues of the disabled and their families; assist in development of individual rehabilitation programmes co-ordinated with a customer and his/her family; organise regular cultural outdoor activities, etc. The Department can provide necessary equipment, financing and consultations via telephone or other means of communication.

Great Britain also has private rehabilitation companies, which can lend any type of equipment depending on a customer’s needs.

As far as education of children with special needs is concerned, training integration and availability of specialised schools are viewed as necessary parallel prerequisites for education. It is intended to ensure discipline and flexibility in education and allow such children to be included and step away as their needs change.

Many UK regions as well as some other countries make effective use of Portage pre-school education system (home-based teaching service available for children aged 0 to 4-5 with developmental delays) initiated in the US in 1970. An individually designed programme lays the basis for dealing with such children and is prepared for each child based on his/her personality.

As far as mentally handicapped children are concerned, a number of countries primarily Scandinavian ones set up homes with no more than 30 children. A family-like environment is enabled in such homes. Specialists watch children, identify methods of treatment and rehabilitation and create individual training

programmes. Education for all categories of disabled children is mainly delivered in public schools. School and public policies are aimed at setting the stage for closest interaction among children of all categories.⁶²

Social Model of the European Union. At present it’s fair to speak about the emergence and development of a new, all-European social policy model serving as a basis for expanding integration processes into the social sector of the EU member states. The model that is being developed brings together the concepts of social policies in various countries with the idea that government control hampers both economic and social development dominating. This results in revision of the role of the state in the social area in those countries where it has been traditionally strong, such as in the Scandinavian model. There is a process of re-orientation of social programmes from universal to individual level, which is significantly cheaper and more effective, as assistance is available only for those in need. A principle of combined economic effectiveness and social solidarity integration serves as a basis for all-European social policies. It is focused on balanced development of European social policies, transparency and observance of interests of all EU member countries.

Noteworthy is the experience of Central European countries tending to deinstitutionalize children, bring them back to families, develop alternative family-type child care services (patronage, foster families, other forms), setting up smaller foster care institutions, five-day patient care facilities, located in a close proximity to a place of residence of people under care.

China. There are 60 million persons with disabilities living in the country accounting for 5% of the total population. The Chinese Government issued a Circular on Tax Exemption Private Businesses Run by Persons with Disabilities, and a Circular on Tax Exemption for Social Welfare Production Units. At the end of 1983

⁶² E.Martin - Research of an English Political Scientist «UK and France» // Svobodnaya Mysl-XXI (Free Thought-XXI). – 2005. –No. 8.

the Government allocated RMB 26 million for the establishment of the Fund of Rehabilitation of the Disabled. The Fund was established in March 1984. One of its leaders is Deng Pufang, Deng Xiaoping's son badly injured by Red Guards (hyngweibings) during the Cultural Revolution.

In March 1988, the All-Chinese Federation of Disabled Persons was established. Its major objectives include protection of legal rights and interests of persons with disabilities. Its regional divisions were established and became active in all provinces, autonomous regions and central level cities. For example, Beijing City Federation of Persons with Disabilities provided support to the government in developing a Resolution on Protection of Persons with Disabilities, as well as in opening 100 training courses for mentally handicapped and deaf children and rehabilitation centres for mentally retarded people. Beijing Federation also took part in opening a public rehabilitation network at different levels, opening a school for the blind, 4 schools for the deaf and dumb, 6 schools for the mentally challenged, in providing employment for the disabled living in rural areas, introducing a registration procedure for disabled people in the capital city of China, creating a database, identifying causes for children's disability and promoting preventive measures.

In 1988, PRC's State Council adopted a National Rehabilitation Programme for implementation of three rehabilitation projects, including a project on treatment of cataract and poliomyelitis effects, and teaching deaf children. Within three years of implementation of the programme, 500,000 cataract surgeries were held with the positive result achieved in 99.76% of cases, 160,000 cases of poliomyelitis effects were cured (98.7%), 10,000 deaf children under 7 years old received treatment with an effectiveness rate of 80%. Annually the All-Chinese Federation of Persons with Disabilities and medical authorities send a special team of experts to

treat cataract and poliomyelitis in the areas populated by national minorities, and in poor and mountainous regions.

Special attention is paid to employment of persons with disabilities. In 1999, the Ministry of Labour, the State Planning Committee, the Ministry of Internal Affairs, the Ministry of Finance, Chief Tax Administration, the Ministry of Civil Administration, and the Chamber of Commerce altogether developed a Directive on Employment of Persons with Disabilities. This document was approved by the PRC's State Council. The Directive covers such issues as development of technical vocational training, improvement of skills and employment of disabled persons living in the rural area, provision of active support in employment of blind persons, in particular, training them to be massage therapists, improvement of the service sector for employment of the disabled, etc.⁶³

Depending on the law of a particular province (administrative region, central level city), a quota-based employment of persons with disabilities is in place. In line with the local resolutions issued by 27 provinces, autonomous regions and central level cities, the number of persons with disabilities at enterprises should not be less than 1.5% of all workers and employees. Pursuant to Temporary Resolution No. 5 of 1995 on the Fund of Employment for Persons with Disabilities organisations failing to comply with the quota requirements, are to pay a certain fee to the said fund. Enterprises that have more than 35% of disabled employees are exempted from income tax. Enterprises with more than 50% of disabled employees enjoy even greater benefits.

According to official statistics, 80% of persons with disabilities able to work have a job. Persons with disabilities are employed not only by the handicraft industry. Certain plants and factories create workshops where persons with disabilities produce specific articles and products. In this way, joint work of the disabled with healthy c people is practiced. A lot is be-

The principles of universal design allowing to adjust the territory, buildings and constructions to the needs of various groups of population, including less mobile ones, especially among the older generation, are widely used all over the world.

⁶³ Source: <http://www.partnercy.cn>.

ing done to enable employment of persons with disabilities in Beijing, Dalian, Shanghai, and Shijiazhuang. Many disabled persons work as individual entrepreneurs in the service sector totalling about one million.⁶⁴

International experience in solving problems with accessibility of urban environment for persons with disabilities.

Europe began to take issues of accessibility to urban environment for persons with disabilities seriously after World War II: it was necessary to create conditions enabling a number of disabled people to move around. Nowadays, Europe has accessible public transport, pedestrian crossings without curbs, walk-ways to buildings and respective attitude towards disabled people in the society. Thus, Dresden can boast of modern arrangements: stairs have walkways, shopping centres have escalators, flat entries to buildings, pedestrian crossings have prescribed cross-slopes. There is access to air, rail and city public transport for the disabled, all railway stations are equipped with lifts. Tram stops are levelled with the floor of wagons, and have lavatory rooms for the handicapped. Bicycles are widespread in the city, which is one of advantages created by a barrier free environment.

In Canada public transport, housing and environment are also adjusted to the needs of disabled people. For instance,

while moving around Winnipeg the visually impaired can use an auto guide warning them on approaching a certain object, or a function thereof. In cinemas arm pads can be lifted along with seats, enabling wheelchair users to sit next to non-disabled visitors. All movies have subtitles for the deaf and the visually impaired can hear comments using personal headphones. Construction requirements in Canada prohibit lower threshold entrances and narrow entries.⁶⁵

In the US, pursuant to the Americans with Disabilities Act all new vehicles with a seating capacity in excess of 16 passengers and vehicles purchased by entities and intended for operating fixed route systems including buses intended for long distance trips, new bus and railways stations should be accessible. There was one railway car per train intended specifically for disabled persons.

The principles of universal design allowing to adjust the territory, buildings and constructions to the needs of various groups of population, including less mobile ones, especially among the older generation, are widely used all over the world. One of examples of a universal design is a flat entry into a building, which is comfortable not only for the disabled, but also for parents with baby buggies and those who carry heavy or bulky items.

⁶⁴ Press clippings on the ILO report: http://www.ilo.ru/press/docs/KILM_Clips.pdf

⁶⁵ Ringhart L. *Introduction into Universal Design: Canada-Russia Disability Program*. - Winnipeg, Manitoba, Canada, 2006.

2.3. Areas of Funding of Social Support for Persons with Disabilities to Comply with the International Standards of the UN Convention on the Rights of Persons with Disabilities

Although under the UN Convention on the Rights of Persons with Disabilities governments do not have to take measures, which they cannot fund by themselves, they are required to move progressively towards taking such measures, which will promote access of the disabled to transportation, education, employment and leisure, and ensure fulfilment of other commitments which governments undertake by joining the Convention on the Rights of Persons with Disabilities.

2.3.1. Social Adaptation and Involvement of Disabled Persons in Employment

Creation of an environment enabling social adaptation and employment of persons with disabilities, first of all, accessibility of housing and municipal social and transport infrastructure becomes increasingly important in Kazakhstan. At the same time, effectiveness of the proposed activities remains an important issue.

The accessibility enabling effect is created through enhancement of the aggregate socio-economic effect in all sectors of the national economy. Social inclusion of persons with disabilities leads to creation of additional jobs, an increase in the government budget and the gross domestic product, as well as transition to the developed socially protected society.

It is cost effective to provide disabled people with opportunities to fully realise their potential. Changes resulting from the Convention will serve to the benefit of both disabled and non-disabled people. Elevators and ramps provide more opportunities for many persons with disabilities. Changes in design required to comply with the Convention provisions will gradually generate new ideas and innovative technologies, and improve life for many people, not only for the disabled, such as mothers with little babies and retired people. This will enable persons with dis-

abilities to fully realise their potential. Our society will definitely have a good labour force who can be fully employed in different economic areas.

A study conducted by the World Bank has shown that the cost of additional amenities in construction is minimal. Conversion of buildings into accessible ones would result in not more than a 1% increase in construction costs. For Kazakhstan, this will cost approximately KZT 16bln.

Unfortunately, to date no fundamental comprehensive research has been undertaken in Kazakhstan to study the economic impact of retaining and creating jobs for the disabled. This is one of the reasons why the society, and, what is more important, agencies responsible for the development of social policies concerning disabled people, have a misconception that creation or re-equipment of work places for the disabled requires substantial financial resources. Research conducted in the United States with below findings can prove such opinion wrong:

- 69% of disabled persons do not need special conditions to perform their professional duties;

- in 70% of cases when the disabled are employed, creation of special conditions costs no more than US\$ 500, of which: in 50% of cases it costs not more than US\$ 50, in 20% it costs from US\$ 51 to US\$ 500;

- in 17% of cases creation of special conditions costs from US\$ 501 to US\$ 1,000;

- and only in 13% of cases these costs exceed US\$ 1,000.

We believe that in Kazakhstan these costs can be higher, especially given the fact that accessible environment for persons with disabilities in our country is less developed than in the United States, but they still will not be as high as many expect them to be. For instance, to increase

It is cost effective to provide disabled people with opportunities to fully realise their potential. Changes resulting from the Convention will serve to the benefit of both disabled and non-disabled people.

Unfortunately, to date no fundamental comprehensive research has been undertaken in Kazakhstan to study the economic impact of retaining and creating jobs for the disabled.

employment among persons with disabilities from the existing 3% (or 13,600 people) to 5% (or 22,780 people), state budget costs would amount USD to 4.59 mln., or KZT 700-1,400mln.

It is important to take into account the fact that professional rehabilitation of disabled people is one of the most important components of their comprehensive rehabilitation, which, if successfully implemented, can:

- improve living standards for the disabled, help them support their families, and achieve economic independence;

- facilitate their integration into society;

- provide and not simply declare equal opportunities for all members of the society.

Vocational rehabilitation as such requires a comprehensive approach and includes the following components:

- identifying professional capabilities of persons with disabilities;

- providing career advice;

- vocational training and re-training of the disabled;

- ensuring their professional adaptation and rational employment.

However, efforts of the society aimed towards professional rehabilitation of persons with disabilities would pay off. On the one hand, effective professional activities, which according to a research conducted by St. Petersburg Institute of Medical Sanitary Analysis and Rehabilitation of the Disabled are needed by 59.4% of disabled people (in Kazakhstan it is about 250,000 people), would help them to significantly improve their living standards, achieve certain economic independence and social integration. On the other hand, employment of the disabled allows us to increase budget revenues and make up for a shortage of manpower in the labour market.⁶⁶

In order to ensure employment of disabled people it is important to flexibly use various methods to make companies'

management interested in hiring persons with disabilities as well as to get disabled people interested.

The methods may include:

- active introduction of job quotas for persons with disabilities. The potential of this method is not fully used yet because, on one hand, no relevant data on manpower among the disabled including assessment of their professional skills is available; on the other hand, there is no data on availability of jobs for disabled people having various functional disorders included into the quota system. This problem can be solved through creation of registers of disabled residents in the region including data on their functional disorders based on a methodology developed by the experts of the Centre for Social Design of the Russian Academy of Natural Science, as well as registers of jobs reserved for their employment with details collected in the course of inventories and inspections of work places.

- funding of activities relating to creation of new additional jobs and re-equipment of the existent work places intended for disabled people and development of a mechanism to retain them in the labour market for the disabled.

- creating subsidised jobs for the disabled.

- placement of social contracts at enterprises employing disabled employees to replace the existing system of tenders. Taking into account the social impact of employing the disabled and the so called "double effect" of use of budget funds in tender procedures.

- establishing and developing remote employment systems for the disabled persons using IT-technologies and equipping work places of the disabled working at home, primarily for those, who are disabled in terms of mobility, but not mental capacity and provide them with computer software programmes and Internet access.

- Developing a mechanism to reserve certain jobs and professions for disabled employees.

⁶⁶ Kavokin, S.N., Gaubrikh N. Yu. *Comprehensive Expert System for Identification of Abilities and Demands of the Disabled*. – Centre for Social Design of the Russian Academy of Sciences. - M, 2002.

- facilitating development of private companies of different ownership patterns with disabled founders, and creating conditions for better access to credit resources as a part of efforts of development institutions including social entrepreneurship corporations.

- establishing a system to promote products produced by enterprises with disabled employees.

- providing incentives for enterprises creating jobs for the disabled.

Overall, only 3% of persons with disabilities of a working age are employed in Kazakhstan (as compared to 40% in Western countries). Should this indicator grow at least by 5%, the annual contribution to GDP generated through integration of the disabled would make about KZT 12bln.

2.3.2. Development of a Network of Rehabilitation Facilities, Improvement of Types and Methods of their Operation, and Enhancement of their Material and Technical Resources.

In 2009, the government adopted standards for special social services provided to children with psycho-neurological disorders, which regulate provision of special social services in hospitals, daytime hospitals and at home in the area of social protection. Adoption of these standards will help to reduce the existent cross-regional gap in funding of services, and make services result- and quality-oriented. In 2010-2011, the government plans to introduce standards for adults with psycho-neurological diseases, for disabled adults and children with locomotive system diseases. These regulatory documents are innovative in that they fix guaranteed prices for special social services allocated as transfers to all regions, and they are comprehensive.

It is important to continue develop-

ing basic national standards of social services, which would determine the scope and quality of provided services, and arrangement of social services.

Within the framework of the Rehabilitation Programme for Persons with Disabilities for 2006-2008 the government has initiated a structural and organisational reform of the system of social service for persons with disabilities, stipulating the following:

- phased downsizing of existent homes and their focus on provision of specialised aid;

- development of a network of small-scale social homes and family-type facilities, which will help bring their living conditions closer to the family type and overcome social isolation of institutionalized persons with disabilities;

- establishment of social service centres. These centres will be based on modules depending on demands of the disabled for certain types of social services;

- development of procedures for licensing and accreditation of social service centres and specialists providing social services.

This work needs to be continued, and necessary funds need to be found. International experience illustrates that the aggregate expenditures for upgrading facilities of institutions for the disabled reach 5-10% of total expenditures of the state budget for support of persons with disabilities.⁶⁷

Taking into consideration the fact that in 2008 Kazakhstan spent KZT 85.4 bln. on persons with disabilities (KZT 87.9 bln. in 2009), the expenditures for strengthening material and technical base of institutions for the disabled will total about KZT 4.2– 8.5bln. However, given that as a percentage of GDP the social expenses on disabled persons in developed countries account for an almost double that number in Kazakhstan, it is desirable to double this amount for Kazakhstan.

Under the Rehabilitation Programme for Persons with Disabilities for 2006-2008 improvement of supply of persons with disabilities with technical (compensatory) aids was based on an accurate survey of the demand of persons with disabilities, development of a local market of the rehabilitation industry and placement of service provision closer to places of residence of disabled people.

⁶⁷ For information: in 2004, expenses for strengthening material and technical base of institutions for the disabled in the European Union comprised 8.1% of total social benefits and payments (2.1% of GDP). In Sweden, Denmark, Finland and Luxembourg they exceeded 13%, in Hungary, Lithuania, Netherlands, Poland and Portugal they were 10% of social benefits. Among non-EU countries, Norway spends the largest part of social resources to support persons with disabilities, 18.7% of all social benefits and payments, or 4.8% of GDP. Meanwhile, in Cyprus, Greece, Ireland, and France less than 6% of all social benefits and payments are allocated for the same purpose.

2.3.3. Better Satisfaction of Needs of Persons with Disabilities for Technical (Compensatory) Aids and Prosthetic and Orthopaedic Devices

In December 2008, the Law “On Special Social Services” was adopted in Kazakhstan alongside with the corresponding amendments to other regulations. In accordance with this law and international experience it is proposed to upgrade the system of social services.

It is a well-known fact that under the Rehabilitation Programme for Persons with Disabilities for 2006-2008 improvement of supply of persons with disabilities with technical (compensatory) aids was based on an accurate survey of the demand of persons with disabilities, development of a local market of the rehabilitation industry and placement of service provision closer to places of residence of disabled people.

In order to improve the quality of prosthetic and orthopaedic services the National Centre for Experimental Prosthetics opened an experimental lab to carry out tests for prosthetic and orthopaedic devices to ensure safety and compliance with quality requirements. Workshops specialising in their production and servicing have been established and evolved depending on actual demands of persons with disabilities for prosthetic and orthopaedic services. Production of prosthetic and orthopaedic devices in accordance with the module technology is being upgraded and expanded. Additional measures have been taken to meet the demands of blind persons with sight impairment for devices for the blind, and a list of technical (compensatory) aids provided for the disabled has been extended to include immediate hygienic devices.

However, in 2008-2009 due to the problems resulting from a negative impact of the world economic crisis and lack of the Rehabilitation Programme of Persons with Disabilities for a new term, the process of ensuring needs of disabled people for technical (compensatory) aids and prosthetic and orthopaedic assistance has slowed down.

Therefore, with a view to giving this process another impetus the Law on Special Social Services envisages a list of fa-

cilities and enterprises involved in social services (of different ownership patterns). The law encourages market mechanisms, the creation of a competitive environment and development of partnership with NGOs and businesses. Deployment of market principles in rendering special social services locally is typical of many countries. Although the public sector is holding financial levers and “orders” the services, the main players include independent organisations and local communities. This approach helps to bring social partnership as close to consumers of social services as possible and, at the same time, promote extension of their range, flexibility and quality. Article 15 of the Law also defines principles and procedures for provision of special social services, including procedures for licensing and accreditation of special social service providers; procedures for quality assessment of services; their status, rights, duties and requirements to their professional competences have been specified for the first time.

Following the adoption of the Law the following required additional funds have been allocated from the government budget: 2009 – KZT 5,724.4mln.; 2010 – KZT 8,601.8 mln.; 2011 – KZT 18,611.3mln.

2.3.4. Development of Accessibility to Social, Transport and Recreational Infrastructure

Issues of economic justification of investments into providing accessibility of transport infrastructure arise at the level of enterprises, investment institutions (banks, various funds, etc.) allocating funds for project implementation and state authorities transferring budget resources towards financing and support for various programmes of development of transport systems. Formation of a complex technique for assessment of capital investments intended to enable accessibility of transport infrastructure appears to be an important issue.

The outcome of an investment project is a function of the integral economic effect, or net present value including impacts other than those related to transport. It is estimated as a difference between the net present value of future cash flows and the net present value of future project

A new environment taking into account the accessibility principle from the very start should be developed.

While building and reconstructing various facilities it is possible to save money by providing accessibility.

costs during the project life cycle. The effect achieved at each stage of assessments is a result of reduction of budget expenditures for social benefits, tax receipts, GDP growth, increase in life expectancy and improvement of quality of life, road safety, a decrease in injuries, etc. Expenditures or investments are used to ensure a barrier-free environment and working places, as well as their accessibility, etc. For the purpose of feasibility studies, a period can be taken equal to 20 years and included into master plans of cities. International experience proves such projects to be highly effective.

In order to assess budget revenues it is worthwhile to assess an annual contribution of each employed Kazakhstani citizen into the country's GDP. International Labour Organisation published a report "Key Indicators of the Labour Market" in September 2007. According to this report, USA is the world's leader in terms of labour efficiency: in 2006 an average American contributed \$63,885 into the GDP. U.S. is followed by Ireland (\$55,986), Luxembourg (\$55,641), Belgium (\$55,235) and France (\$54,609).⁷⁴ In 2007, the same indicator for Kazakhstan was \$6,672.⁶⁸

Creation of a barrier-free environment requires certain expenditures. It is worthwhile to consider two approaches: reconstruction of the existing environment, facilities and infrastructure, and new construction.⁶⁹

A new environment taking into account the accessibility principle from the very start should be developed. While building and reconstructing various facilities it is possible to save money by providing accessibility. For example, one granite curb-stone costs KZT 25,000. Removing 16 curbs on four-way pedestrian crossings will save KZT 400,000. City- and country-wide savings will be enormous. In general, we may say that the costs of enabling barrier-free environment are incommensurable to efficiency thereof.

Such countries as Austria, Brazil, the UK and Hong Kong reap the fruit of introduction of respective high-quality strategies. The annual income of restaurant and hotel businesses in the US grew by 12% as a result of introduction of standards

stipulated by the Americans with Disabilities Act.

Measures enabling accessible environment for the disabled are aimed to expand opportunities for their social integration.

Under the Rehabilitation Programme of Persons with Disabilities for 2006-2008, the following measures were proposed, but not fully implemented. If implemented, these measures will lay the basis for a barrier-free environment for disabled persons:

In terms of operational facilities:

- development and implementation of the action plan to adjust social, transport and recreational infrastructure for the disabled.

- Improvement of housing conditions while retaining the right to select housing based on the number of floors, type of building, extent of provision with amenities and other necessary conditions;

In terms of provision of access to public transport:

- supply with boarding/disembarking aids for disabled passengers;

- equipping passengers' stops to allow boarding of the disabled.

In terms of provision of access to information:

- organisation of voice-to-sign interpretation of Republican and regional TV channel programmes;

- organisation of publishing periodicals, scientific, educational, methodological and reference books, and fiction on audio cassettes, CDs in Braille font and video cassettes with voice-to-sign interpretation.

International experience demonstrates that enabling access to the social, transport and recreation infrastructure for persons with disabilities can reach 5-7% of total state budget costs, and, therefore, in Kazakhstan such costs would approximate KZT 4-6bln.

Measures enabling accessible environment for the disabled are aimed to expand opportunities for their social integration.

⁶⁸ Press clippings about the ILO report: http://www.ilo.ru/press/docs/KILM_Clips.pdf

⁶⁹ See: E. Safronov *Transport Systems of Cities and Regions. Training Manual.* - M., 2007.

2.4. Prospects of State Funding of Social Support for the Disabled

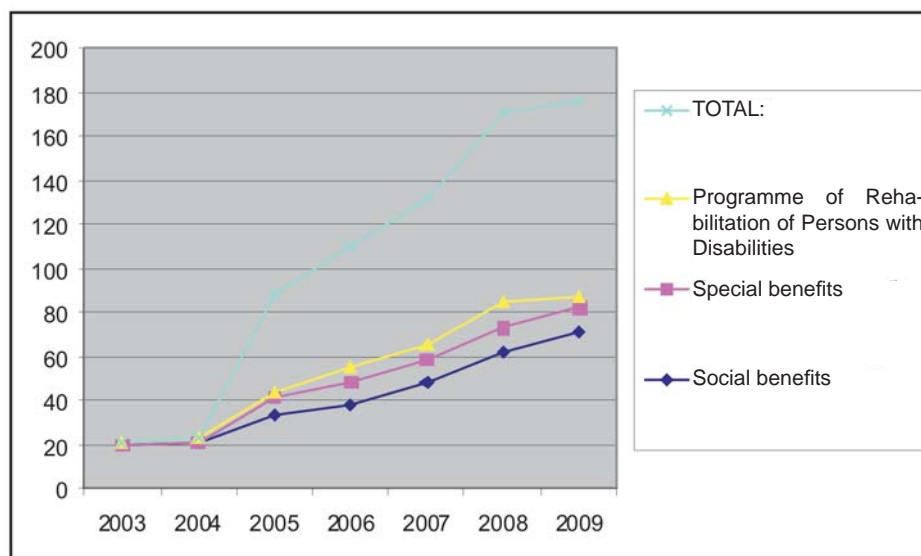
The most important factor that determines a country's many economic and social indicators is the level of its economic development defined by the GDP per capita. Specifically, the standard, quality and duration of life of population, state of health, quality of food, level of education, financial opportunities of a state and society to ensure social protection for the disabled depend on this value to a large degree.

In 2000-2007, Kazakhstan's annual

economic growth averaged 9-10% allowing authorities to increase state support for the disabled. In terms of structure, state support of disabled people in Kazakhstan consists of the following components: 1) Programme 003 "State Social Allowance for Disability"; 2) Programme "Special State Support for the Disabled"; 3) Medium-term Programmes of Rehabilitation of the Disabled. Trends in such support can be viewed in Chart 2 below:

Chart 2

**State Support Components in the Republic of Kazakhstan for 2003-2009
(in KZT bln.)**



Source: calculations are based on the data of the RK Ministry of Labour and Social Protection

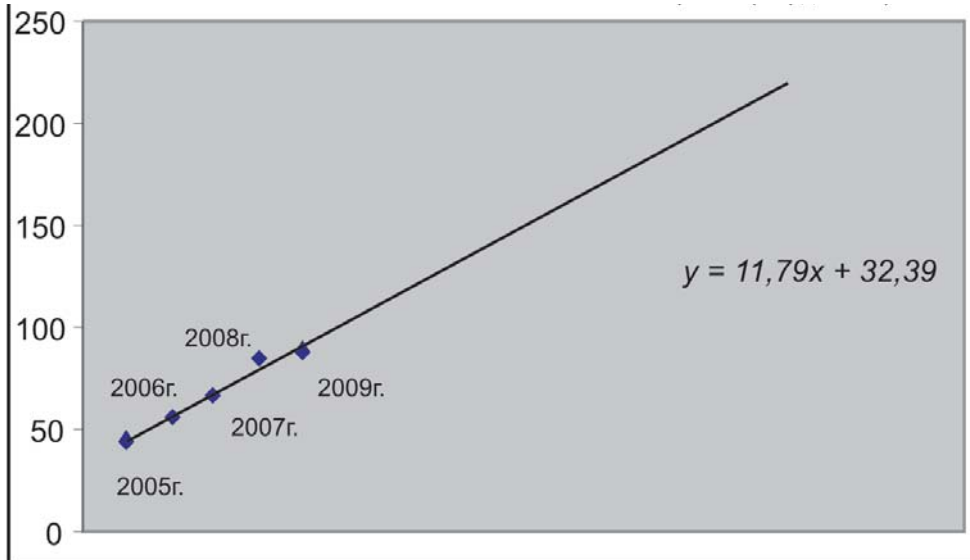
Based on this, it can be assumed that Kazakhstan's compliance with its commitments to support disabled people will depend on the pace of its economic growth and will be based on three main scenarios until 2020.

Scenario 1: High economic growth after the end of the global crisis until 2020 (more than 8%). Then, based on our forecasts and other equal conditions, finan-

cial liabilities of our state can be assessed as follows: about KZT 90-95bln. in 2010; KZT 95-100bln. in 2011; KZT 110-120bln. in 2012; KZT 120-125bln. in 2013; KZT 130-135bln. in 2014; KZT 140-150bln. in 2015; around KZT 160bln. in 2016; KZT 170-175bln. in 2017; KZT 180-185bln. in 2018; KZT 190-195bln. in 2019 and KZT 200-210bln. in 2020. The respective chart is provided below:

Chart 3

Trends and Forecasts of Aggregate Financing of the Disabled in the Republic of Kazakhstan for 2005-2009 (actual figures) and 2010-2020 (forecast) in High Economic Growth Scenario (in KZT bln.)

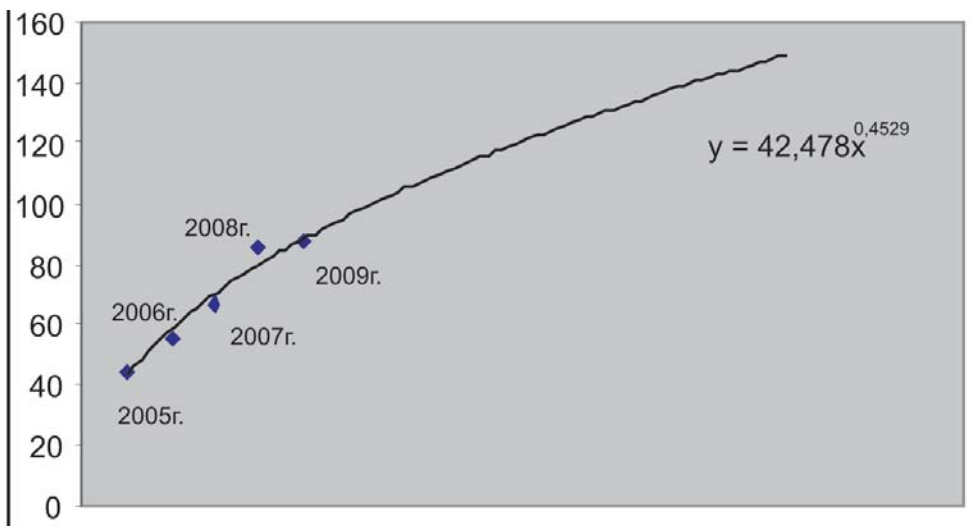


Scenario 2: Moderate economic growth rates after the end of the global crisis till 2020 (more than 4-6%). Then, based on our forecasts, with other conditions being equal, financial liabilities of our state can be assessed as follows: around KZT 90bln. in 2010; KZT 95bln. in 2011; KZT 100bln. in 2012; KZT 105bln. in 2013; KZT 110-115bln. in 2014; KZT 120-125bln. in 2015;

around KZT 130bln. in 2016; KZT 130-135bln. in 2017; KZT 135-140bln. in 2018; KZT 140-145bln. in 2019 and around KZT 150bln in 2020. Chart 4 is provided below:

Chart 4

Trends and Forecasts of Aggregate Financing of the Disabled in the Republic of Kazakhstan for 2005-2009 (actual figures) and 2010-2020 (forecast) in Moderate Economic Growth Scenario (in KZT bln.)

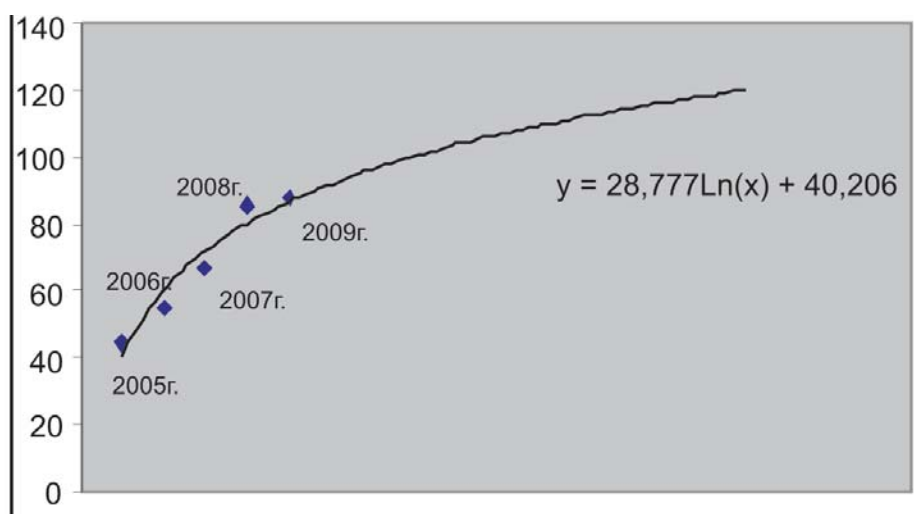


Scenario 3: neither high nor moderate economic growth after the end of the global crisis till 2020 (2-4%). Then, based on our forecasts, with other conditions being equal, financial liabilities of our state

can be assessed as follows: around KZT 90bln. in 2010; KZT 95bln. in 2011; KZT 100bln. in 2012; around KZT 105bln. in 2013-2014; and KZT 110-120bln. in 2015-2020. Chart 5 is provided below:

Chart 5

Trends and Forecasts of Aggregate Financing of the Disabled in the Republic of Kazakhstan for 2005-2009 (actual figures) and 2010-2020 (forecast) in case Economic Growth is Not High (in KZT bln.)



In terms of economic development at the turn of 2007-2008, Kazakhstan was in the middle of the pack of 209 countries. In accordance with global standards, the country actually achieved the average level of development, being four to six times behind the most developed countries. Kazakhstan is clearly unable to provide its disabled people with the level of welfare corresponding to the level of richer countries.

As economic development is a relatively constant parameter and major ratios between countries usually remain unchanged for a long time, Kazakhstan, like other countries with an average level of economic development, can only narrow down this gap in one way, namely, maintaining high and sustainable economic growth in the long-term.

Economic growth of Kazakhstan has allowed the Republic to implement two Programmes of Rehabilitation of Persons with Disabilities for 2002-2005 and 2006-2008.

Non-governmental organizations play a significant role in supporting persons with disabilities.

International experience of development of an economic mechanism for disabled persons' support shows that the latter depends on a social policy model adopted by a country, which is based on the role and level of involvement of the government, civil society and individuals. From the geopolitical perspective, they are divided into the Scandinavian, Continental and British-American social policy models.

To comply with the international standards of the Convention on the Rights of Persons with Disabilities, Kazakhstan needs to focus on the following areas of financing of social support of persons with disabilities:

- laying a favourable framework for social adaptation and employment of persons with disabilities;

- development of a network of rehabilitation facilities, improvement of types and methods of their operation, and enhancement of their material and technical resources;

- better satisfaction of needs of persons with disabilities for technical (compensatory) aids and prosthetic and orthopaedic devices;

- providing conditions to ensure unimpeded access for persons with disabilities to social, transport and recreational infrastructure.

Kazakhstan's compliance with its commitments to the UN to support disabled people will depend on the pace of its economic growth with three compliance scenarios developed, optimistic, moderate and pessimistic.



SOCIAL COMPONENT

For the disabled to be able to achieve and preserve as much independence as possible, be fully included and involved into all aspects of life and to choose their niche in life equally with non-disabled people, the following has to be done:

- 1. proper training of persons engaged in creating an accessible environment for the disabled;*
- 2. strengthening and expanding comprehensive social services and rehabilitation programs;*
- 3. making the most use of the capacity of public organizations for the disabled in terms of meeting the need for social services.*

*A. Ivkin, Chairman of Karaganda Oblast
Voluntary Society of the Disabled*

3.1. Information Support of Persons with Disabilities in the System of Social Institutions

According to data provided by the UN Factsheet on Persons with Disability,⁷⁰ around 10 per cent of the world's population, or 650 million people, live with a disability. They are the world's largest minority.

This figure is increasing through population growth, medical advances and the ageing process, says the World Health Organization (WHO). In countries with life expectancies over 70 years, individuals spend on average about 8 years, or 11.5 per cent of their life span, living with disabilities.⁷¹

Eighty per cent of persons with disabilities live in developing countries, according to the UN Development Programme (UNDP). The World Bank estimates that 20 per cent of the world's poorest people have some kind of disability, and tend to be regarded in their own communities as the most disadvantaged.⁷²

Disability rates are significantly higher among groups with lower educational attainment in the countries of the Organisation for Economic Co-operation and Development (OECD), says the OECD Secretariat. On average, 19 per cent of less educated people have disabilities, compared to 11 per cent among the better educated.

In most OECD economies, women report higher incidence of disability than men. Women with disabilities are recognized to be multiply disadvantaged, experiencing exclusion on account of their gender and their disability. Women and girls with disabilities are particularly vulnerable to abuse.⁷³

According to UNICEF, 30% of street youths have some kind of disability.

Mortality for children with disabilities may be as high as 60% in countries

where under five mortality as a whole has decreased below 20% (according to the UK Department for International Development). In some cases it seems as if children with disabilities are being 'weeded out'

According to UNESCO, 90% of disabled children in developing countries do not attend schools.⁷⁴

The global literacy index for disabled adults is as low as 3% and 1% for disabled women (finding of the 1998 UNDP study). In the OECD countries, students with disabilities in higher education remain under-represented, although their numbers are on the increase.⁷⁵

An estimated 386 million of the world's working-age people have some kind of disability, says the International Labour Organization (ILO). Unemployment among the persons with disabilities is as high as 80 per cent in some countries. A 2004 US survey found that only 35% of working-age persons with disabilities are in fact working, compared to 78% of those without disabilities. Two thirds of the unemployed respondents with disabilities said that they would like to work, but could not find jobs.⁷⁶

A 2003 study by Rutgers University found that people with physical and mental disabilities continue to be vastly under-represented in the U.S. workplace. At the same time, misconceptions are

In countries with life expectancies over 70 years, individuals spend on average about 8 years, or 11.5 per cent of their life span, living with disabilities.

In most OECD economies, women report higher incidence of disability than men.

Disability issues require an integrated gender-adjusted approach since girls and women with disabilities in Kazakhstan are exposed to triple discrimination, that on the grounds of gender, disability and poverty.

L. Kaltayeva, Chairwoman of Shyrak Association of Women with Disabilities

⁷⁰ UN Factsheet on Persons with Disabilities: <http://www.un.org/russian/disabilities/default.asp?navid=37&pid=1186>

⁷¹ *Ibidem.*

⁷² *Ibidem.*

⁷³ *Ibidem.*

⁷⁴ *Ibidem.*

⁷⁵ *Ibidem.*

⁷⁶ *Ibidem.*

Women and girls with disabilities are particularly vulnerable to abuse

Implementation of state programmes and provision of social services should be aimed at preventing a further loss of functionality and maximizing citizens' ability in social interaction in private and public life.

widespread there. One-third of the employers surveyed said that persons with disabilities cannot effectively perform the required job tasks. The second most common reason given for not hiring persons with disabilities was the fear of costly special facilities.⁷⁷

Companies report that employees with disabilities have better retention rates, reducing the high cost of turnover, says a 2002 U.S. study.



Persons with disabilities are more likely to be victims of violence or rape, according to a 2004 British study, and less likely to obtain police intervention, legal protection or preventive care. Research indicates that violence against children with disabilities occurs at annual rates at least 1.7 times greater than for their peers without disabilities.⁷⁸

Violence is one of major causes of disability. For every child killed in warfare, three are injured and acquire a permanent form of disability. In some countries, up to a quarter of disabilities result from injuries and violence, says WHO.⁷⁹

Comparative studies on disability legislation shows that only 45 countries have anti-discrimination and other disability-specific laws.⁸⁰

The UN Factsheet on Persons with

Disabilities demonstrates that the problem of assisting people with disabilities is true for all countries without exception irrespective of the level of their development. An increase in people with disabilities has to do with objective reasons (population growth, medical advances, progressive ageing), shows persistent trends and requires ongoing efforts on the part of the state and society in preventing the problems which arise, first of all, in social adaptation of people with disabilities as demonstrated by education accessibility, employment and life expectancy.

The first condition of an adequate attitude towards people with disabilities is public of the situation persons with disabilities are in. But information communicated to the public in Kazakhstan is incomplete, and, as a consequence, contradictory.

According to the Ministry of Labour and Social Protection of the Population of the Republic of Kazakhstan in 2007 there were 455,600 people with disabilities of all categories in Kazakhstan, or about 3% of the total population. One third of this number are working-age people, and 10% are children.

Noteworthy is Kazakhstan's low disability indicator, whereas the world's average index is 10%. This has to do with differences in approaches to determination and classification of disability. International experience of making the Disability Statistics Database (DISTAT) shows that in general a disability rate statistics in different countries can range from as low as 0.2 (Peru, 1981) to as high as 20.9% (Austria, 1976).⁸¹

The DISTAT database is based on the International Classification of Impairments, Disabilities and Handicaps (ICIDH) developed by the World Health Organisation (WHO) in 1981 and replaced by the International Classification of Functioning, Disability and Health (ICF) in 2001.

The classification relies on a standardised description of human functioning at three major levels: body (impairments), person (activity limitations), and society, in terms of interaction with society (barriers).⁸²

⁷⁷ *Ibidem.*

⁷⁸ *Ibidem.*

⁷⁹ *Ibidem.*

⁸⁰ UN Factsheet on Persons with Disabilities: <http://www.un.org/russian/disabilities>

⁸¹ United Nations Disability Statistics Compendium, (ST/ESA/STAT/Ser.Y/4). - P.28-30.

⁸² Demographic Yearbook. Special Issue: Population Ageing and the Situation of Elderly People. New York, The United Nations, 1993. P.40-41.

In practice the disability status is determined on the basis of impairment and/or limited capacity. Use of the impairment at the body level as a disability criterion reduces the number of people with disabilities in the society. Domination of this criterion leads to men prevailing among people with disabilities. On the contrary, if the limited capacity is used as the disability criterion, the number of persons with disabilities in the society increases, and the numbers of men and women with disabilities become equal.⁸³

On the whole, **the country statistics on the number of persons with disabilities can be misleading, because in each case different approaches to collecting information are used.** For example, in Africa, Asia and South America they primarily use visible impairments to define disability: blindness, deafness, muteness, amputation of legs or arms, partial or full paralysis, delay in mental development or other serious psychic impairments. This is in stark contrast with Europe and developed countries in North America and Oceania, which define disability through a long list of limited capacities: occupational fitness, difficulties with hearing, movement, climbing stairs, grabbing and holding things, difficulty with schooling, self-awareness, self-control etc. Countries often use a combined approach taking into account impairments, limited capacities and barriers, and also use of special devices and aids. As a consequence, the number of exposed persons with disabilities in Western countries turns out to be well above that in other countries.⁸⁴

All these peculiarities in collecting statistics related to ways of classification and definition of disability need to be taken into account in Kazakhstan as well. The country's social policy should correlate with a real number of people with disabilities among the population, and the global growth trends in the age

groups above 40⁸⁵. In this respect, implementation of state programmes and provision of social services should be aimed at preventing a further loss of functionality and maximizing citizens' ability in social interaction in private and public life.

Analysis of published regional rehabilitation programmes for people with disabilities, which serve as the basis for financing activities devoted to the support of people with disabilities in regions of Kazakhstan shows the lack of stable forms of interaction between local executive authorities and public organisations protecting the rights of people with disabilities, first of all the state social order.⁸⁶

It narrows down prospects and scope of the rehabilitation efforts, as this prevents combining efforts of all concerned parties, first of all, people with disabilities themselves, their relatives and loved ones in setting the institutional stage for a fast and effective social integration of people with disabilities into the life of the society. The energy of people with disabilities, their internal resources shape their needs and demands, which can be met within the market economy.

Statistics on Children with Disabilities in Kazakhstan Incorrect, Says General Prosecutor's Office.

According to the Ministry of Education and Science as at 1 January, 2009, there were 149,246 children with disabilities in Kazakhstan, or about 3,15% of all children.

'However, the prosecutor's check shows that these statistics are not true to fact, since prosecutors found that in certain regions there were false disability claims or, vice versa, children in need were not included into statistics,' reports General Prosecutor's Office. The country's chief supervising authority was checking enforcement of the legislation aimed to protect and support the rights and interests of children with disabilities for the past two years.

According to their findings, the rights of children with disabilities are breached in a majority of the country's regions.

Kazakhstan News Agency, April 16, 2009

⁸³ *Ibidem.*, P.43.

⁸⁴ *United Nations Disability Statistics Compendium, (ST/ESA/STAT/Ser.Y/4). P.28-30.*

⁸⁵ *Demographic Yearbook. Special Issue: Population Ageing and the Situation of Elderly People. New York, The United Nations, 1993. P.40.*

⁸⁶ *Regional Programme of Rehabilitation of People with Disabilities in Kostanay Oblast for 2006-2008// <http://ru.government.kz/docs/v05n353420051223.htm>; Regional Programme of Rehabilitation of People with Disabilities in Eastern Kazakhstan Oblast for 2006-2008// <http://akimsemey.gov.kz/index.php?id=287>; Regional Programme of Rehabilitation of People with Disabilities for 2006-2008 in Mangistau Oblast// <http://ru.government.kz/docs/v05m193420051206.htm>; Regional Programme of Rehabilitation of People with Disabilities in Western Kazakhstan Oblast for 2006-2008 // http://www.msb-uralsk.kz/ru/index.php?option=com_content&task=view&id=41&Itemid=67*

Information space is a breeding ground for new ideas and solutions, it stimulates activities of existing public associations of disabled persons and facilitates the establishment of new ones.

People with disabilities themselves become a key figure in standing up for rights of people with disabilities. And this is where a comparison with self-regulating market mechanisms is relevant, which states that the right goes to those who value it more. All the market needs in this context is information about needs of people with disabilities, while all the people with disabilities need is information about current proposals on the market.

The first step in creating such pre-conditions of self-regulating interaction between people with disabilities and the society is free access to information about the status of people with disabilities in the country and open communication between all parties to the process of rehabilitation of people with disabilities.

The current state of affairs should be recognised as inadequate in terms of public awareness about people with disabilities and incompliant with Article 31 of the Convention on the Rights of Persons with Disabilities.

A full-fledged analysis of the situation within the framework of state programmes is irregular and depends on the frequency of adopted documents. Interim reports on implementation of programmes are made for the sake of respective authority involved, are not accompanied by public

surveys and are not published.

Statistics provided by the RK Statistics Agency depend on the inquiry format and, therefore, obtaining a full picture of people with disabilities including dynamics requires lengthy coordination within a single document.

Analytics provided by public organisations do not come at regular intervals due to lack of a permanent social order from the state. For this reason, self-initiated one-off surveys without regular updates, lose a significant part of their heuristic value. At the same time, in other countries monthly disability surveys aiming at detecting seasonal fluctuations are known to be carried out.

An annual national report on the status of people with disabilities in the country should be offered as a measure to set up an effective data collection and exchange system. The national reporting format allows key parameters of reliable information to be set such as consistency, periodicity and long-term nature. Besides, the national report will correspond to the governmental report to be submitted by Kazakhstan in line with Article 35 of the Convention on the Rights of Persons with Disabilities to the Committee on the Rights of Persons with Disabilities through the UN Secretary General every four years.

All public and state organisations, unions of people with disabilities concerned should be involved in elaborating the outline and main points of the report. Of course, an adopted report outline and contents will be adjusted and amended, but they should remain consistent and allow tracking the dynamics of changes in the status of disabled persons in the country year in year out, decade in decade out. As a part of preparation of the report, regular public surveys will be carried out both among persons with disabilities and in the society as a whole and will complement general statistics data by with specific details.



3.2. Persons with Disabilities and Civil Initiatives

As mentioned above, the first step to build up self-regulation of interaction between people with disabilities and the society is to set the stage for information generation and exchange. Information

space is a breeding ground for new ideas and solutions, it stimulates activities of existing public associations of disabled persons and facilitates the establishment of new ones. Moreover, active informa-

tion space exposes internal reserves of disabled persons and mobilizes additional resources of the society for addressing problems of persons with disabilities.

The next step is to build a system of interaction between state and public organisations, to distribute functional roles between them and coordinate joint efforts aimed to realise the rights of persons with disabilities.

The fact that the rights of persons with disabilities can be considered from different points of view and have a solid conceptual basis for their realisation is evidenced by the history of interpretation of the disability concept.

In brief, these disability interpretation models can be presented as the following key points:

1. Moral model: disability is a sin and a punishment.

2. Medical model: disability is a diagnosis.

Classical disability version is a pathology and a defect.

Rehabilitation version: disability is a functional limitation, which means that a person with disabilities should be adjusted to the society and not vice versa.

Economic version: disability is determined as incapacity to work, i.e. economic interpretation of the diagnosis.

3. Social model: disability is determined by the extent of disintegration of a person in the society.

British materialistic model: disability is social oppression with the capitalistic production mode. A disabled person is the one who cannot keep up with current production rates.

British independent living model: disability is dependence of a disabled person on specialised care centres, its alternative being development of services and support of people with disabilities at the place of their residence.

Handicap concept: a disabled person is any person facing an obstacle or limitation. Removal of the obstacle removes disability.

Minority concept: disability means

special rights which need to be protected.

Psychosocial model: disability is a social stigma, which should be exposed.

Cultural model: disability is a special culture, collective identity.

Human diversity model: disability is one of peculiarities of a person, which makes him/her unique, his/her positive value.

4. "Brand New" disability paradigm: the disability concept has no independent meaning of its own. Disability derives from barriers and unemployment, when the latter are removed, disability phenomenon disappears⁸⁷.

All this model variety reflects the reality of interaction between people with disabilities and the society, which is as complicated. It is impossible for state bodies alone to take into consideration this reality in all its aspects and nuances.

It should also be taken into consideration that under any rehabilitation system based on a certain disability model, day-to-day activities of persons with disabilities will always pose new challenges and risks, set non-standard objectives that will require timely solution. A range of these actions can include legal regulation of relations between people with disabilities and the society, their integration into the social life, introduction of new rehabilitation models and improvement of preventive systems.

Only informal public organisations, first of all, those uniting people with disabilities themselves as most sensitive to arising challenging situations can summarize all this scattered information from the mosaic of isolated unique cases and effectively forge it into ready solutions. According to Article 29 of the Convention on the Rights of Persons with Disabilities the goal of the state is to promote an environment for functioning of such public associations.

However, the centralised state system of medical, social and employment rehabilitation gives rise to the problem of state funding of alternative options of rehabilitation of people with disabilities.

⁸⁷ The disability model classification is cited from Dumbayev A.E., Popova T.V. *Disabled Person, Society and Law*. – Almaty, Verena, 2006. – 180p.

The disabled can make a loud statement by taking part in social transformations. True consolidation of the society will only occur when people with disabilities are able to participate in the country's constructive activities not only declaratively, but in practice.

Recommendations of Chairman of the Society of Young People with Disabilities M. Abdumomynov

There exist physical and social barriers preventing people with disabilities from full-fledged participation in the society's life on an equal footing with all others.

It means that state institutions engaged in social rehabilitation of disabled people, on the one hand, have an opportunity to find additional financing sources on the market of social services, and, on the other hand, will have to operate in a competitive environment, which can lead to re-distribution of the state order in favour of private institutions.

For instance, lack of the state social order becomes obvious in the rehabilitation programmes for persons with disabilities for 2006-2008⁸⁸ implemented in regions. Action plans within the regional programmes unambiguously state "not required" in the column "Financial Interaction with NGOs". And this takes place when total regional programme costs in some regions, for example, Mangistau are estimated at over 1bln. over the three years.

In other words, involving NGOs into rehabilitation efforts looks inappropriate in a situation when the state has to support its own chain of rehabilitation centres. At the same time, activating the role of a disabled person himself/herself, his/her transformation from an "object" into a "subject", raises a question about dependence of rehabilitation centres on the individual choice of a disabled person.

The major reason for alternative options is that people with disabilities are not a problem by themselves. There exist physical and social barriers preventing people with disabilities from full-fledged participation in the society's life on an equal footing with all others. In this situation, according to Articles 19 and 20 of the Convention on the Rights of Persons with Disabilities the society should use the energy of people with disabilities themselves to shape and formulate own needs and promote their social status as active agents.

A key question is whether the current rehabilitation infrastructure is able to change under the influence of alternative rehabilitation models.

This involves various scenarios requiring comprehensive review and gradual step-by-step introduction.

Thus, for example, the concept of development of the private rehabilitation sector requires review of state financing for people with disabilities. One option would be to use per capita funding for people with disabilities and use monies of insurance funds in all three rehabilitation areas (medical, social and employment) at the same time or one by one.

Per capita funding allows raising additional funds specifically for rendering services at the expense of charity organisations, private sponsors and own funds of people with disabilities. This way of funding also promotes a smooth exit of people with disabilities from the current state rehabilitation system, which perceives a person with disabilities as a rehabilitation "object" rather than its active subject.

The meaning of the development of the market of private rehabilitation services is to create conditions for choosing the best suppliers, stepping up the role of disabled persons themselves in choosing a relevant level of cooperation with the society and forming new needs on the initiative of people with disabilities themselves and professional marketing experts willing to work in the service market for people with disabilities.

No state body is able to adequately perceive, discuss and make decisions on such a problem as, for example, aesthetic and functional design of clothes for wheelchair users. At the same time, the ability to take care of one's own looks boosts one's confidence and simplifies social contacts. For example, clothes for wheelchair users should have different proportions than for those who are able to stand and walk. A special design of

⁸⁸ None of the programmes mentioned below stipulate financing of public organisations: Regional Programme of Rehabilitation of People with Disabilities in Kostanay Oblast for 2006-2008 // <http://ru.government.kz/docs/v05n353420051223.htm>; Regional Programme of Rehabilitation of People with Disabilities in Eastern Kazakhstan Oblast for 2006-2008 // <http://akimsemey.gov.kz/index.php?id=287>; Regional Programme of Rehabilitation of People with Disabilities for 2006-2008 in Mangistau Oblast // <http://ru.government.kz/docs/v05m193420051206.htm>; Regional Programme of Rehabilitation of People with Disabilities in Western Kazakhstan Oblast for 2006-2008 // http://www.msb-uralsk.kz/ru/index.php?option=com_content&task=view&id=41&Itemid=67

clothes allows to people with disabilities look stylish, and feel much more comfortable. Thus, as world practice demonstrates, in response to the need for an active social life of people with disabilities the market reacts by emergence of a number of private companies offering clothes for wheelchairs for any occasion.⁸⁹

The first step in forming the market of social services in Kazakhstan was the entry into force of the RK Law "On Special Social Services" on 1 January 2009. The law "shall govern public relations arising in the area of provision of special social services for persons (families) experiencing adverse life circumstances". This law stipulates provision of a guaranteed scope of special social services at the expense of budget funds and paid special social services beyond the guaranteed scope. It means that state institutions engaged in social rehabilitation of disabled people, on the one hand, have an opportunity to find additional financing sources on the market of social services, and, on the other hand, will have to operate in a competitive environment, which can lead to re-distribution of the state order in favour of private institutions. At the same time, the law now contains provisions governing the procedure for provision of special social services through their licensing and standardization, which can lead to limiting the access of the market for private organisations. It is also obvious that the law does not provide for a possibility to apply per capita financing for people with disabilities, which is the most adequate way of stimulating the market development of special social services.

Developing the market of social services in Kazakhstan is beyond the scope of rehabilitation for people with disabilities and has a double purpose. The demand for training of specialists, social workers needed by disabled and old people is growing. In the context of growing life expectancy and decreasing self-care abilities, the number of persons with disabilities will only grow. An increase in this customer segment makes it possible to actively form the market of social services



including that for people with disabilities.

Making lives of people with disabilities easier should become a commercial goal for the market and only in this case there will emerge a good number of rehabilitation firms able, upon the request of a disabled person, to provide any equipment, instruments or means to make their life easier.

It is obvious that enhancing the role of public unions of disabled people, expanding the range of state and public organisations responsible for rehabilitation of people with disabilities, taking measures to implement regulations of Article 33 of the Convention on the Rights of Persons with Disabilities will require creation of a coordination body of a higher status in Kazakhstan. The current Coordination Council for Persons with Disabilities under the Government of the Republic of Kazakhstan is in reality headed by the Minister of Labour and Social Protection. This status for the coordination body is not acceptable in the context of ratification of the Convention. Therefore, the Coordination Council should be reor-

It is obvious that enhancing the role of public unions of disabled people, expanding the range of state and public organisations responsible for rehabilitation of people with disabilities, taking measures to implement regulations of Article 33 of the Convention on the Rights of Persons with Disabilities will require creation of a coordination body of a higher status in Kazakhstan.

A Council for Persons with Disabilities should be set up under the RK President and include disabled persons. This will allow many problems to be addressed jointly by RK ministries and agencies since many problems of the disabled are beyond the scope of a single ministry.

Recommendations of Chairman of the Society of Young People with Disabilities M. Abdumomynov

⁸⁹ The example cited is from Dumbayev A.E., Popova T.V., *Disabled Person, Society and Law.* – Almaty, Verena, 2006. – 180p.



organised into the **Commission for Persons with Disabilities under the RK President or under the Prime Minister** with a consultative mandate. The mission of such a body is to promote disabled persons as full members of their families, local communities, working teams and the country as a whole.

The Committee's obligations can include consideration of state policies, laws and programmes from the point of view of their influence on people with disability. The Commission will work closely with

all state and public organisations engaged in realisation of the rights of people with disabilities; scientific institutions on disability problems; it will submit its recommendations to the President or Prime-Minister.

Within the framework of such a Commission it will become possible to coordinate efforts of different state organisations in creating infrastructure for a double purpose. As mentioned above, the creation of a commercial social service is part of decisions of this type. Another area of the double-purpose technology is construction of multi-functional space infrastructure in cities. For example, presence of bicycle lanes meets modern requirements of the city environment, promotes healthy life style among citizens and allows wheelchair users to move around the city. Entrance ramps and doors without threshold are required not only for people with disabilities, but by all others too, as they allow wheels to be used solving daily issues (for example, moving furniture or household appliances, baby buggies etc).

Promotion of sports among people with disabilities with Special Olympic Games as its climax also became possible due to the of the double-purpose solution search strategy. Such integrated decisions become possible due to joint coordinated efforts of all parties concerned: public and state organisations, private initiatives of citizens that turn out to be well received within organisations similar to disability social rehabilitation commissions.

3.3. Mechanisms of Stimulation and Funding of Integration of Persons with Disabilities into Society

The next step is to build up a system of financial stimulation of integration of disabled persons into the social life. All participants of this process should see not only a remote humanitarian perspective, but obtain benefits for themselves in a short-term economic period.

On the part of employers, people with disabilities *a priori* are exposed to obstruction as inferior employees. But this inferiority is relative, as it does not take

into consideration many factors other than the need to equip working places and organise an individual schedule for employees with disabilities.

Besides, it should be taken into account that if people with disabilities have equal opportunities in education, including vocational education, then in the context of the contemporary industry, which does not require that employees should stay in a certain place and time, people with dis-

abilities get a real chance to get integrated into the system of economic exchange and be its full-fledged players, moreover, have certain motivational advantages unlike the so-called “normal” employees.

The employment rehabilitation of people with disabilities in the future should result in uniting people with disabilities with such a group as beneficiaries of state social unemployment protection; integration of disabled and non-disabled people into a single category of people – those with or without a job. In this case, people with disabilities will be entitled for an unemployment claim⁹⁰ not on the basis of their disability, but on the grounds of being temporary unemployed.

This status integration is based on an idea that the employment rehabilitation and consequent recruitment of people with disabilities is more cost effective than paying pensions and benefits on a permanent basis. International experience (in particular, that of Germany) proves that development of special state programmes will enable employment of citizens even with a severe disability, if special allowances and subsidies are provided to entrepreneurs employing people with disabilities. Moreover, the state can determine that financial measures on employment rehabilitation of people with disabilities are of a higher priority than pension financing. A similar mechanism activates a symbolic exchange between a disabled person and society, where the state is ready to compensate the employer’s expenses in order to increase the sustainability of non-dependant status of a disabled person in the society.

At the end of the day, aid to employers (tax benefits, individual grants for every employed disabled person) and working people with disabilities (compensation of costs of travel to and from the working place, income tax benefits), which the state is ready to provide in order to promote the development of working relations between them, may be equal to direct pension provision for people with disabilities. But the humanitarian effect for a disabled person

from achieving the non-dependant status is hard to over-estimate.

The report of the Commissioner for Human Rights in the Republic of Kazakhstan “On Respecting the Rights of Old People in the Republic of Kazakhstan”⁹¹ for 2006 says that the provision of the Law “On Social Protection of People with Disabilities in the Republic of Kazakhstan” about 3% quota for people with disabilities regardless the ownership forms of enterprises is not implemented. It is quite revealing that state institutions of the country have almost no disabled employees with locomotor problems, or who need to have special correction devices and helpers for working.

It is obvious that quota allocation should be accompanied by benefits. But according to the country’s legislation enterprises are entitled to benefits if the number of people with disabilities during the tax period is not less than 51% of all employees and the payroll of the disabled during the tax period also accounts for at least 51% (or 35% in specialised organisations employing people with loss of hearing, speech and eyesight) of total payroll expenses.

Lack of a balanced policy of stimulating recruitment of people with disabilities should be dealt with. For this reason it seems justified to follow an example of the USA, which introduced a penalty system for private enterprises’ refusal to employ people with disabilities and, at the same time, provides enterprises with benefits per each disabled person employed, i.e. the principle of per capita financing compensation should prevail here as well.

On the whole, international experience in creating jobs for people with disabilities should be used in a flexible manner, with different approaches to be taken. For example, working places should be adjusted beforehand to accommodate people with disabilities, this should be done every time for each individual disabled person, or social enterprises should be established in the form of specialised sub-divisions within operating plants. The

It is quite revealing that state institutions of the country have almost no disabled employees with locomotor problems, or who need to have special correction devices and helpers for working.

⁹⁰ According to Article 14 of the RK Law “On Population Employment” “the state shall offer the following social protection from unemployment: 1) employment assistance; 2) vocational training, re-training, qualification enhancement; 3) organisation of community work for and compensation to the unemployed occupied in community work; 4) providing targeted state social assistance to the unemployed belonging to low-income groups as defined in legislative acts”.

⁹¹ http://www.ombudsman.kz/publish/docs/doklad_spec/detail_2.php?ID=1227

main principle of all these approaches should be a balance between an obligation of enterprises to employ disabled persons and the right to claim tax and other preferences. Only in this case the provisions about the mandatory 3% quota for people with disabilities will be followed in practice and be in compliance with Articles 27.1 g) and h) of the Convention on the Rights of Persons with Disabilities in terms of employment of people with disabilities.

Availability of money for the rehabilitation of people with disabilities is a decisive factor in effective implementation of the state policies with respect to people with disabilities. The country's negative experience of managing the Obligatory Medical Insurance Fund, nevertheless, should not be an obstacle to considering an opportunity to develop the system of state and private insurance firms that are able to finance the rehabilitation of insured disabled persons. Another alternative funding option is creation of charity

funds, endowments. Public management of charity funds would enable, on the one hand, its transparency and, on the other hand, efficient use of accumulated funds. Besides, charity funds would also raise voluntary donations of legal entities and individuals for rehabilitation of people with disabilities. Funds coming from the budget and alternative sources will be received not only by employers, but also private owners of houses and hotels, schools and universities, sports playgrounds and stadiums and other public places, if they voluntarily observe requirements of architectural standards, taking into account needs of people with disabilities.

On the whole, obtaining targeted financing from different sources by every disabled person for employment, social and medical rehabilitation promotes the development of the market of rehabilitation services and goods for people with disabilities.

3.4. Shaping an Official Disability Strategy

Presence of a clear-cut official disability strategy allows the efforts of a family, colleagues, local community and the state as a whole in addressing social adaptation of people with disabilities to be consolidated and the initiatives of citizens and organisations in search for appropriate solutions taking into consideration the interests of people with disabilities be promoted and supported.

The fourth step is connected with shaping a general strategy of attitude towards disability for the entire society. According to Article 8 of the Convention on the Rights of Persons with Disabilities the state strategy should consolidate rather than separate the society, including people with disabilities, unite people with different abilities and not disintegrate and isolate them from each other.

The historical overview of all models

of disability allows them to be divided into two main groups: medical and social.

Medical models consider a disabled person as a problem for the society and a rehabilitation "object"; the intention of this model is to change the disabled person himself/herself;

Social models consider the society as a problem for disabled persons (isolation, lack of equal rights); the intention of this model is to change the society and its attitude towards people with disabilities.

It is social models of disability that make it necessary to raise society's awareness about how barriers on the way of people with disabilities to their full socialization can be removed.

The RK Law "On Social Protection of Disabled Persons in the Republic of Kazakhstan" was adopted on 13 April 2005, which, according to comments of the RK Ministry of Labour and Social Protection of the Population, denotes a transition from a mainly medical model of social protection to the medical/social one.

Although the law has been adopted,



the strategy of this transition has not been formed and public awareness has not been transformed in line with such new strategy in Kazakhstan. This necessitates a huge amount of work to be done by a number of central and local state bodies, public organisations and associations on a single coordination basis.

In the society, the medical model of disability still dominates and is sustained by elements of isolated support of people with disabilities surviving from the past Soviet infrastructure. One of the aspects of this conservative approach is economic calculations demonstrating the inexpediency of satisfaction of interests of minorities, which include people with disabilities in accordance with the new social disability models. Calculation of expenses related to only architectural and construction solutions, taking into account concerns of people with disabilities moving with the help of wheelchairs, is incommensurate with their share in the total population. If this share averages 10% worldwide, in Kazakhstan it is only 3%.

But if the democratic principle of respect for and observing minority rights set out in Articles 10 and 11 of the Convention is to be emphasized, these expenses are reasonable. They are reasonable, first of all, in a long-term humanitarian perspective, though not in a short-term economic period. From the economic point of view, it is better to consider people with disabilities as outcasts, who should not claim to have a social role in the society's life, and, by doing so, distract resources from other activities. One of consequences of this approach is domination of prevention over social rehabilitation of disability.

The policy of marginalisation and isolation of people with disabilities allows the society not to notice the existence of people with disabilities, who, due to inability to overcome elementary architectural and space barriers, have to stay at home. Most non-disabled people

who have no disabled relatives or friends around, do not even suspect that there are many of them.

Presence of a clear-cut official disability strategy allows the efforts of a family, colleagues, local community and the state as a whole in addressing social adaptation of people with disabilities to be consolidated and the initiatives of citizens and organisations in search for appropriate solutions taking into consideration the interests of people with disabilities be promoted and supported.

As a part of the strategy shaping efforts the following methods of influencing public awareness can be used:

regular coverage of problems of people with disabilities in electronic and published mass media;

- creation of web-resources for interactive communication;

- public events and campaigns creating information sources and motives in order to draw the attention to problems of people with disabilities;

- public encouragement of actions of state and private organisations in social integration of people with disabilities.

The official strategy may use provisions articulated in Canada's 1998 nationwide action plan named "In Unison – A Canadian Approach to Disability Issues". These provisions reflected in the Convention on the Rights of Persons with Disabilities, are the following: people with disabilities are full members of society; people with disabilities should have an opportunity to take part in all spheres of society's life; conditions should be promoted to turn people with disabilities into members of the society with greatest possible independence.

Another strategical trend is the confidence that in the post-industrial society state-of-the-art science and technology

Another strategical trend is the confidence that in the post-industrial society state-of-the-art science and technology allow barriers to a full and independent life to be overcome.

Policy-wise, the disability philosophy can be developed as a strategy of protecting human rights.

There is a pressing need to develop a state strategy for dealing with disability issues, a process that must involve associations of people with disabilities. There is also a need for clear standards to counter discrimination in such vital areas as employment, housing, education, transport, communications, leisure, healthcare, elections and access to public buildings and to eliminate these types of discrimination.

Recommendations of Chairman of Almaty City Council for the Disabled A. Amanbayev

People with disabilities are the most vulnerable social group in terms of the human development index: people with disabilities have high mortality; low education level; and they are poor.



allow barriers to a full and independent life to be overcome.

A 1993 study by the National Council on Disability found that nearly 75 % of surveyed children could stay in regular classes, and 45% used fewer school-related services, thanks to assistive devices. 65% of working-age adults surveyed depended less on family members, 58 % used less paid help, and 37 % increased their earnings for the same reason. 80% of the surveyed older adults depended less on others, half needed less paid help, and half stayed out of nursing homes because of assistive technologies.⁹² **Assistive technologies fall into 10 main categories**⁹²:

1. Devices for daily living help: cooking, eating, washing, dressing and doing housework;
2. Augmentative and alternative communication devices;
3. Computer access devices;
4. Environmental control systems for household equipment, security systems.
5. home and worksite modifications: ramps, elevators, bathroom alterations or other devices of rooms;

6. Prosthetic and orthopaedic devices, including those improving cognitive functions by serving as reminders or prompts;

7. Seating and positioning devices;

8. Devices for the vision-impaired;

9. Aids for the hearing-impaired;

10. Mobility aids including vehicle modifications.

According to Article 4.1(h) of the Convention the state should provide accessible information to persons with disabilities about such technologies.

Policy-wise, the disability strategy can be developed as a strategy of protecting human rights. People with disabilities are the most vulnerable out of all minorities. Their right limitations should be overcome by joint efforts of the state and the civil society in the first place.

And lastly, as a part of disability prevention efforts, promotion and formation of healthy lifestyle become real issues. The integration of people with disabilities into social life does not diminish the tragedy of the capacity limitation situation in people's perception of themselves. An adequate socially full and independent life for people with disabilities does not make signs of "otherness" less dramatic. This daily demonstration of these signs, which are not isolated or hidden, is the best way of persuading people of the necessity to prevent risks that could lead to disability.

3.5. Role of State Bodies in Integration of People with Disabilities in the Society

The fifth step is aimed to transform the country's current disability rehabilitation model, transfer of emphasis on social rehabilitation through involving the

greatest possible number of state bodies in integrating people with disabilities into the society. Disability is a permanent economic, social, political factor, which

⁹² Dumbayev A.E., Popova T.V., *Disabled Person, Society and Law. – Almaty, Verena, 2006. – 180p.*

must be taken into account in the state's balanced humanitarian policy.

People with disabilities are the most vulnerable social group in terms of the human development index: people with disabilities have high mortality; low education level; and they are poor.

All these three indicators are interrelated. The key factor is education, which influences the income level. Education, income level and family status in their turn impact on the life expectancy of a person.

In Kazakhstan, the medical aspect of rehabilitation is addressed by health organisations and other specialised organisations.

To attract investments and expand production of prosthetic and orthopaedic devices Almaty, Semipalatinsk and Petropavlovsk prosthetic and orthopaedic centres have been converted into state-owned joint stock companies and prosthetic and orthopaedic production is being upgraded.

Rules of Development of Individual Rehabilitation Programmes of People with Disabilities are approved by the order of RK Minister of Labour and Social Protection of the Population dated December 7th, 2004 No 286-p. The individual rehabilitation programme of a disabled person (IRP) is based on a decision of the medical and social commission and includes a set of rehabilitation actions optimal for a disabled person including certain types, forms, scope, terms and procedure for medical, professional and other rehabilitation measures aimed to restore and compensate impaired or lost body functions and abilities of a disabled person to perform certain types of activities.

The situation **with** general medical services for disabled people requires attention. People with disabilities are guaranteed a minimum scope of medical services paid by the state and equal for the whole population. The costs people with disabilities pay to purchase pharmaceuticals remain high. Physical access to general medical services is impeded.

The social aspect of rehabilitation is performed by medical and social institutions (homes for old people and people



with disabilities), territorial centres for social services for old and people with disabilities, in-home social aid departments, special education organisations (psychological, medical, pedagogical consultation centres, rehabilitation centres) and other specialized entities.

The system of social services to disabled people requiring permanent external care and help is represented in the Republic by a chain of homes and departments of social in-home assistance (for more details please refer to Section 2.1 of this Report "Costs of Social Support of Disabled Persons in Kazakhstan").

The report of the Commissioner for Human Rights in the Republic of Kazakhstan "On Respecting the Rights of Old People in the Republic of Kazakhstan" for 2006 refers to independent experts saying that the medical part of rehabilitation is successful.

At the same time, the report notes that the social part of rehabilitation of people with disabilities is at a low level and requires an upgrade of both conceptual approaches and methods of organization and financing of the social rehabilitation infrastructure. This has to do with the amount and types of social benefits, which can be paid to people with disabilities depending on their life situation and methods of assessment of these benefits.⁹³

In 2004-2006 the total number of employed people with disabilities was 9,128, whereas in 2007 Kazakhstan had 455,600 people with disabilities of all cat-

An increase in employment of persons with disabilities in Kazakhstan is facing significant impediments with the main of them being low competitiveness of people with disabilities in the labour market in the context of lack of effective measures on the part of the state to encourage employers to employ people with disabilities.

⁹³ <http://www.ombudsman.kz>

Presence of a clear-cut official disability strategy allows the efforts of a family, colleagues, local community and the state as a whole in addressing social adaptation of people with disabilities to be consolidated and the initiatives of citizens and organisations in search for appropriate solutions taking into consideration the interests of people with disabilities be promoted and supported.

egories people, of which one third are of working age.⁹⁴ Despite a certain increase in the indicators, the number of employed people with disabilities comprises a minor part of the total number of working-age people with disabilities.

An increase in employment of persons with disabilities in Kazakhstan is facing significant impediments with the main of them being low competitiveness of people with disabilities in the labour market in the context of lack of effective measures on the part of the state to encourage employers to employ people with disabilities.

As mentioned above, there are 33 current job training enterprises of Kazakh Society for the Blind and 18 organisations of the Kazakh Society for the Deaf. The main problem of such enterprises is their low competitiveness. The rule about tax benefits for enterprises employing people with disabilities is that benefits can be used by companies employing no less than 51% of employees with disabilities. Such enterprises have to repeat in their activities the isolation principle when people with disabilities also work among people with the same problem and by default have no competitive advantages compared to other enterprises where personnel do not have physical or other disabilities.

It is obvious that taking into account international experience the most optimal option is to disperse people with disabilities among all enterprises in respective sectors, where people with disabilities are able to adjust to working conditions. Then the mission of such organisations as the Kazakh Society for the Blind and the Kazakh Society for the Deaf would be to concentrate on the development and distribution of recommendations on adapting working stations for disabled employees and monitoring their jobs at enterprises. But as mentioned above, similar relation changeover to the employment rehabilitation of people with disabilities requires changes in the state policy of stimulating enterprises to employ people with disabilities.

On the whole, it should be noted that

there is a discrepancy between barriers, which people with disabilities face, and those measures that are taken by the state to solve them. This discrepancy is caused, on the whole, by the outdated conceptual approach of the state dominated by the medical model of rehabilitation of people with disabilities and economic interpretation of the disability phenomenon itself. Probably, this approach is indirectly due to a huge complex of the rehabilitation infrastructure of the isolation type inherited from the Soviet past, which should be financed irrespective of the side society's preferences develop in choosing the rehabilitation models for people with disabilities.

In order to have a better idea of real problems of people with disabilities and necessary measures on the part of the state for their solution, it is suggested that a complex approach should be used. The role and place of state bodies in the system of rehabilitation measures is based on barrier classification. According to Article 1 of the Convention it is the presence of barriers that makes disability a pressing issue and leads to social isolation of people with disabilities. In their turn, detected barriers are correlated with the outlined rehabilitation areas.

Barriers	Rehabilitation
Physical	Medical Psychological
Legal	Social-legal
Employment	Social-labour
Financial	Training and retraining
Space and environment	Social-environment
Information	Training Educational
Emotional	Socio-cultural
Communicative	Socio-communicative

Analysis of barriers⁹⁵ faced by people with disabilities makes it obvious that participation of three Ministries only (Ministries of Labour and Social Protection, Healthcare and Education) in rehabilitation of disabled people, as is the case in

⁹⁴ *Ibidem.*

⁹⁵ The provided classification of barriers is from Dumbayev A.E., Popova T.V., *Disabled Person, Society and Law.* – Almaty, Verena, 2006. – 180p.

Kazakhstan, is not enough. Taking into consideration international experience, in case of Kazakhstan a list of functions and state bodies that can perform them can be the following.

Physical barrier. The Ministry of Healthcare: medical and psychological rehabilitation; production of prosthetic and orthopaedic devices for the locomotor system, hearing and eyesight; disability prevention efforts (**Articles 25 and 26 of the Convention**). The Ministry of Industry and Trade: promoting production of “assistive” technologies in the domestic market; having the local industry issue this output (**Article 32.1(c) and (d) of the Convention**).

Legal barrier. The Ministry of Justice, Ministry of Internal Affairs and Supreme Court: securing equality before the law; equal access to justice; citizenship and migration issues (**Articles 12, 13, 14, 15, 18 and 23 of the Convention**).

Employment Barrier. The Ministry of Labour and Social Protection: making a



model employment agreement for people with disabilities; developing the system of benefits and donations for people with disabilities and enterprises employing people with disabilities (**Article 27.1 (h) of the Convention**). The Ministry of Education and Science: developing special educational programmes of vocational rehabilitation of people with disabilities (**Article 24 of the Convention**).

Financial Barrier. The Ministry of Labour and Social Protection: development of a social disability insurance system (**Article 28 of the Convention on the Rights of Persons with Disabilities**). The Ministry of Industry and Trade: implemen-

tation of small and medium business programmes among disabled people (**Article 27.1 (f) of the Convention**); creation of a regulatory framework for the activity of charity funds, endowments. The Ministry of Education and Science: providing access of higher and secondary vocational education for people with disabilities; developing special education programmes for people with disabilities; preparing specialists in the area of rehabilitation of people with disabilities. (**Article 24 of the Convention**).



Space and Environment Barrier.

The Ministry of Industry and Trade: developing model design and construction standards for civilian sites, taking into account needs of people with disabilities; introducing auxiliary technologies in public places and transport (**Article 9 of the Convention**). The Ministry of Transport and Communications: providing transport access and safety for people with disabilities (**Article 9 of the Convention**).

Information Barrier. The Ministry of Culture and Information; Information Agency: improving access of people with disabilities to cultural and mass media sites (**Article 21 and 29 of the Convention**). The Ministry of Foreign Affairs: rendering consular and visa services, freedom of movement (**Article 18 of the Convention**).

Emotional Barrier. The Ministry of Culture and Information: forming a social order among NGOs on providing social and psychological consultations to people with disabilities. (**Article 30 of the Convention**). The Ministry of Tourism

The information field allows the society's attention to be focused on systemic disability problems, exposes internal reserves of people with disabilities and mobilizes the society's additional resources to address their problems.

and Sports: involving people with disabilities in doing sports and tourism; organisation of special sports competitions among people with disabilities; ensuring participation of people with disabilities of Kazakhstan in international competitions, including the Special Olympics (**Article 30 of the Convention**).

Communication Barrier. The Ministry of Labour and Social Protection: stimulation of the development of public unions among people with disabilities, including international cooperation (**Article 32 of the Convention**); implementation of monitoring of measures to remove barriers on the way to social integration of people with disabilities; working out recommendations on coordination of state bodies' efforts taking part in rehabilitation of people with disabilities in cooperation with public unions of people with disabilities. (**Article 33 of the Convention**).

Along with planning and implementation of large-scale actions designed for the whole country, state bodies taking part in social integration of people with disabilities must also work on removing barriers for disabled persons at the level of their offices. It will allow, from the methodological point of view, achieving the maximum comprehensiveness in terms of taking into account barriers and to balance among themselves the general action strategy and day-to-day implementation practice.

Thus, taking into account international experience for Kazakhstan needs to develop and submit proposals to extend the range of state institutions responsible for implementing elements of social integration for people with disabilities.

Chapter 3 Conclusion

All five steps described in this Chapter allows laying the background for transforming the current rehabilitation system for persons with disabilities, forming the environment for an active life for people with disabilities in line with the regulations and principles of the UN Convention on the Rights of Persons with Disabilities.

Step I creates an information field in a number of ways including bringing statistical methods of collection and analysis of information on people with disabilities in line with international standards. The information field allows the society's attention to be focused on systemic disability problems, exposes internal reserves of people with disabilities and mobilizes the society's additional resources to address their problems.

Step II involves developing the non-governmental sector in the area of protecting the rights of people with disabilities to enable it to perceive needs and demands of people with disabilities, formulate problems and promote their solution at the national level. This, in its turn, suggests that a system of interaction between state and public organizations should be built, functional roles should be distributed among them and joint efforts to implement measures to secure exercise of the rights of persons with disabilities should be coordinated.

Step III provides for financial attractiveness of campaigns aimed at social integration of people with disabilities and

creation of the social service market and production of devices for the disabled. All participants of the social integration process should see not only a remote humanitarian perspective, but obtain benefits for themselves in a short-term economic period.

Step IV shapes a positive public opinion in the country aimed to support private and state initiatives promoting a better socialisation of people with disabilities. A clear official disability strategy allows consolidating efforts of a family, colleagues, community and the state as a whole in addressing social adaptation of people with disabilities; promoting and supporting citizens' and organizations' initiatives in search for mutually acceptable solutions taking into account interests of persons with disabilities.

Step V leads to a more balanced state policy with regards to people with disabilities by expanding the number of state bodies taking part in their social rehabilitation. The role and place of state bodies in the rehabilitation system depends on the classification of barriers to socialization of persons with disabilities. All five steps, described in this chapter, as a whole allow for the creation of a background for transforming the current rehabilitation system of people with disabilities, forming the environment for the active life for people with disabilities according to regulations and principles of the UN Convention on the Rights of Persons with Disabilities.

The role and place of state bodies in the rehabilitation system depends on the classification of barriers to socialization of persons with disabilities.



CONCLUSION

The National Report will be a useful instrument to facilitate the ratification of the Convention on the Rights of Persons with Disabilities and its Optional Protocol, transform the public approach to people with disabilities and to enable the latter to feel that they are full-fledged members of the society as well as to participate in the country's political, economic, social and cultural life.

*Assel Nussupova,
Vice Minister of Labour and Social Protection of the
Population of the Republic of Kazakhstan*

A comprehensive analysis made within this National Report in three related areas has exposed a number of risks and barriers on the way to implementation of the standards of the Convention on the Rights of Persons with Disabilities in Kazakhstan. It should be noted that a part of them (for example, impact of the global crisis on the world economy) cannot be overcome due to their external nature, but the others, in principle, can be mitigated in case of implementation of concluding recommendations.

4.1. Main Risks and Barriers

4.1.1. Institutional Risks and Barriers

Introduction of new international standards in Kazakhstan encounters significant risks arising from instability, inconsistency and immaturity of the institutional environment, which has to do with the disappearance and modification of old institutes, on the one hand, and, emergence of absolutely new institutes, both formal and informal, on the other hand. This objective process is accompanied by subjective factors related to difficulties of drastic changes in the mental environment.

The reasons generating the institutional risk are as follows:

- Impact of the global economic processes;

- legislative improvement in the field of protection of rights of people with disabilities;

- Inconsistent implementation of the state social policy by the Government;

- lack of the system-level protection of rights of people with disabilities;

- corruption on different management levels;

- mismatch between interests and possibilities of parties (people with disabilities, state, businesses);

- Impossibility to check the accuracy of submitted information or fully control actions of an individual or organisations responsible for the implementation of the state policy in the area of protection of rights of people with disabilities;

- under-development of information systems and others.

Institutional risks can be defined as a possible hazard of deviation from the desired result generated by institutional changes, immaturity of institutions, and the opportunistic behaviour of counter-parties and partners to each other.

4.1.2. Fiscal Risks and Barriers

- risk of high inflation accompanied by an increase in prices of basic customer goods, services, energy, services of construction entities etc. In case if inflation exceeds the rate of price increase established by the Government, there can be a threat of reduction in planned profitability of business entities, reduction in profits and, as a consequence, in the taxable base. This can have an impact on the republican and local budgets, and, respectively, influence the timeliness and completeness of social policies.

- devaluation risk, i.e. devaluation of the national currency in respect to other currencies. This happens where there is exchange market imbalance, which, in its turn, is the consequence of the current account deficit;

- risk of budget deficit increase. Impact of the global financial crisis on the Kazakh real economy and financial sector is obvious. This creates a risk of tax losses for the state budget, which is a hypothetical obstacle on the way to actual implementation of principles of the Convention in Kazakhstan.

- risk of a sudden increase in the foreign debt. In 2008, the foreign debt of the commercial sector increased dramatically, especially in the banking sector, which makes independent and stable operations of financial institutions, i.e. second-tier banks (STB), difficult. External borrowings of STBs increase the sovereign foreign debt, whereas it is getting difficult to raise new loans from international and foreign financial institutions to repay the current debts. All this can have a negative impact on the implementation pace of the principles of the Convention due to an increase in budget problems.

4.1.3. Political Risks and Barriers

- Due to economic instability in the society, it is possible that both the Parliament and the Government can postpone development of the legislative framework for implementing the principles of

the Convention until stabilisation of the financial and economic sphere in Kazakhstan;

4.1.4. Other Risks and Barriers

- the Government's untimely performance of legal drafting plans to implement the principles of the Convention;
- Hidden resistance of private entrepreneurs

to implementing the principles of the Convention due to their high costs;

- Lack of entrenched perception of people with disabilities as the country's full-fledged citizens at the psycho-emotional level creates hidden resistance of "healthy" citizens to take additional measures to render social aid to people with disabilities.

4.2. Step-by-Step Implementation of the International Convention in Kazakhstan

4.2.1. Legal Measures

1. The Government of the Republic of Kazakhstan should:

– develop and adopt the National Programme to Protect the Rights of Persons with Disabilities and Ensure their Integration into the Society. The Programme needs to outline measures enabling persons with disabilities to use prescribed rights and freedoms on an equal footing with others without any discrimination in accordance with principles stipulated in the Convention;

– develop the national programme to protect the family environment for children with disabilities and develop alternative family forms of accommodation for disabled children and children without parental care aiming at persistent reduction in the number of children with disabilities in homes.

– conduct an integrated survey of the current legislation to check its compliance with the Convention on the Rights of Persons with Disabilities and its Optional Protocol. This process should be aimed at:

- involving experts of institutions and competent ministries, civil society, people with disabilities and organisations representing them;
- making a schedule for this survey and monitor this process;

– develop a series of measures to improve the legislation in the area of protection of rights of people with disabilities according to the requirements of the Convention on the Rights of Persons with Disabilities and Optional Protocol;

– review legal regulations in all spheres mentioned in the Convention, from the point of view

of the non-discrimination principle, taking into account the need to provide reasonable accommodation to achieve equality;

– when determining the need for types of social aid and services the legislation should proceed exclusively from individual needs of a disabled person, whereas the disability category should not be taken into consideration;

– draft a law establishing the minimum guaranteed level of social protection of disabled children;

– provide in all Strategies and State Programmes protection and encouragement of rights of people with disabilities;

– include measures set out in Article 8.2 of the Convention into programme documents (state, sectoral, regional programmes, actions plans);

– prioritize the principle of including people with disabilities into the open labour market in state unemployment plans and programmes;

– stipulate information campaigns according to Article 8 of this Convention, increase the number of republican TV programmes accompanied by voice-to-sign interpretation;

– assign relevant ministries and agencies a task to develop a series of integrated measures securing the rights of disabled children to cultural, creative and physical development, and also determine the method and timeline for their implementation.

– develop the republican system of registration of disabled children containing a profile of

each disabled child and his/her need for different types of rehabilitation.

– reform children’s orphanages using the principle of “family groups”, create special correction educational institutions on the basis of orphan-ages.

2. Within the legislative initiative, the Government and deputies of the Parliament of the Republic of Kazakhstan should develop special legislation in respect of people with disabilities:

- **stipulating:**
 - a national coordination and advisory body, which agrees on complex and multi-faceted issues related to disability and protection of the rights of people with disabilities;
 - state measures to solve issues related to people with disabilities;

- procedure for public control over observance of the rights of people with disabilities in closed-type institutions;

- norms on adjusting working places and offices not only for people with disabilities, who suffered an occupational injury or disease through the fault of an employer, but for all disabled employees;

- terminology used for designating people with disabilities in all current and new laws (terms: “discrimination on the ground of disability”, “universal design”, “reasonable accommodation”, “tactual communication”, “readers”, “inclusion”, “habilitation”, “assistive technologies”, etc.);

- legal norms in all spheres provided in the Convention, from the point of view of the non-discrimination principle, taking into account the need to provide reasonable accommodation to achieve equality;

- liability for discrimination on the grounds of disability;

- disability categories to all people with disabilities regardless of the age (a disabled child of category I, II or III, a disabled person of category I, II or III);

- the size of the disability benefits should be proportionate to the disability category without taking into account their age or any other circumstances;

- national mechanism to monitor the com-

pliance with the Convention on the Rights of Persons with Disabilities;

- all proper legislative, administrative, budget, and other measures for realising the rights of people with disabilities;

- the right of children with disabilities to correction aid in young age;

- a mechanism for creating special conditions for teaching and raising people with disabilities in educational institutions of different kinds and types, including general education ones;

- a new list of special (correctional) educational institutions including that for students with autistic spectrum disorders, emotional and behavioural disorders, blindness, deafness, and other complex defects;

- obligation of local authorities to fund from local budgets additional expenses in regard to training people with disabilities including expenses of creating special conditions for their training and raising in general and special educational institutions and also for maintaining students of this type in educational institutions;

- legal grounds for placing orphans and children without parental care into foster (professional) families;

- legal grounds for organisation of social support (foster care) of blood and substitute families where disabled children are being brought up.

- administrative responsibility for violating the legislation on securing barrier free environment for people with disabilities, including disabled children;

- priority of inclusive education of disabled children and refusal to use the term “learning-disabled child”;

- gender disability peculiarities, especially in healthcare;

- increasing compensation for taking care of a disabled child.

- **guaranteeing people with disabilities:**
 - the right to have their legal personality and legal capacity recognised;

<ul style="list-style-type: none"> • the right to use necessary support and protection measures; 	<ul style="list-style-type: none"> • adjustments of physical environment facilities to the needs of people with disabilities.
<ul style="list-style-type: none"> • availability of physical environment, transport, technologies, information and communication, facilities and services provided to the population; 	<ul style="list-style-type: none"> • when entering into state contracts, provision of preferences to equipment and technologies meeting certain rules of accessibility, universality and social inclusion;
<ul style="list-style-type: none"> • use of sign-language, Braille alphabet in official relations, their augmentative and alternative communication ways of their choice; 	<ul style="list-style-type: none"> • job quotas for people with disabilities,
<ul style="list-style-type: none"> • access to justice; 	<ul style="list-style-type: none"> • creation of specialised enterprises for people with disabilities;
<ul style="list-style-type: none"> • the right to use procedural corrections at all stages of the trial; 	<ul style="list-style-type: none"> • strengthening the logistics of rehabilitation institutions.
<ul style="list-style-type: none"> • the right for individuals and groups of people to file civil, criminal or administrative lawsuits in case of discrimination on the grounds of disability, and enjoy relevant remedies; 	<ul style="list-style-type: none"> – ensuring: • financial support (social payments) to people with disabilities;
<ul style="list-style-type: none"> • observing rights of people with disabilities by individuals, organisations and private enterprises; 	<ul style="list-style-type: none"> • improvement of working forms and methods of organizations engaged in education, healthcare, labour and social protection of population, physical training and sports in the context of rehabilitation of people with disabilities;
<ul style="list-style-type: none"> • observing rights of people with disabilities by state government authorities; 	<ul style="list-style-type: none"> • expanding the scope of high-quality and affordable medical services for people with disabilities;
<ul style="list-style-type: none"> • equal access to inclusive education in places of residence of people with disabilities; 	<ul style="list-style-type: none"> • encouraging vocational training of specialists and personnel working with people with disabilities;
<ul style="list-style-type: none"> • accessibility of premises and materials for people with disabilities for voting, including provision of materials in accessible formats. 	<ul style="list-style-type: none"> • special support to certain people and people with specific impairments, which can be of two forms:
<ul style="list-style-type: none"> – prohibiting: • discrimination, in particular, discrimination on the basis of disability in public and private life; 	<ol style="list-style-type: none"> 1) on-going or permanent measures. These are special measures that will be ongoing or possibly permanent. For example, in order to ensure that persons with disabilities are as mobile as others, Governments might provide a travel subsidy for disabled persons to enable them to use taxis.
<ul style="list-style-type: none"> • discrimination in different sectors, such as employment, education, healthcare and justice access; 	<ol style="list-style-type: none"> 2) temporary special measures. These are measures that are adopted to redress the past disadvantage of persons with disabilities, but which may be intended to operate only for a period of time. For example, a government might set targets or quotas for the employment of persons with disabilities with the goal of removing the quotas once the targets have been achieved.
<ul style="list-style-type: none"> – excluding norms: • limiting free choice and proceeding from the assumption of dependence of people with disabilities; 	
<ul style="list-style-type: none"> • creating barriers for people with disabilities in employment. 	
<ul style="list-style-type: none"> – requiring: • provision of services to people with disabilities in such sectors as education, employment, rehabilitation and health. 	

3. The Parliament of the Republic of Kazakhstan should:

- ratify the Convention on the Rights of Persons with Disabilities and the Optional Protocol;

- perform parliamentary control over activities of the Government in implementing provisions of the Convention on the Rights of Persons with Disabilities and the Optional Protocol;

- establish a parliamentary commission to control this process and analyse, on a regular basis, any new draft law to check its compliance with the Convention.

4. The Supreme Court of the Republic of Kazakhstan should:

- Perform procedural supervision over activities of local and other courts in trying civil, criminal and other cases, where a disabled person is a party to the trial;

- take all judicial and other measures to implement the rights of people with disabilities;

- summarize the court practice in respect of trials of people with disabilities in order to inform judges and have them make justified decisions;

5. The General Prosecution Office of the Republic of Kazakhstan should:

- Reinforce the public prosecutor’s supervision over accurate and uniform enforcement of laws, decrees of the President of the Republic of Kazakhstan and other regulatory acts in the area of protection of rights, interests and freedoms of people with disabilities;

- ensure that prosecutors should take efficient public prosecutor’s response measures in respect of people, who do not follow writs to cure, within the specified period of time, violations of rights, interests and freedoms of people with disabilities exposed by prosecutors;

- prepare guidelines for arranging public prosecutor supervision over compliance with legislation on protection of rights and legal interests of people with disabilities.

6. The Ministry of Justice of the Republic of Kazakhstan should:

conduct legal analysis of regulatory acts in the sphere of protection of the rights, freedoms and interests of people with disabilities.

7. The Ministry of Education and Science in the Republic of Kazakhstan should:

- establish a regulatory and methodological framework for integrated education and early correction and teaching aid to disabled children of junior age, professional training of teenagers and youths with disabilities.

- establish conditions for individualising correction and training programmes for children with mental and psychological impairments.

- improve the system of training, re-training and enhancement of skills of specialists working with children with disabilities in general and special education systems.

8. The Ministry of Labour and Social Protection of the Population of the Republic of Kazakhstan should

- review the manning table of medical and social institutions for disabled children, including educators, remedial gymnastics instructors to work with bed patients, occupational therapists, interventionists and special tutors (teachers) for teaching children with severe and moderate levels of mental disability.

4.2.2. Economic Measures

The Government of the Republic of Kazakhstan should:

- provide assistance to employed people with disabilities by creating additional jobs through the development of individual enterprises, small and medium businesses, vocational training and re-training of people with disabilities; Include norms about state promotion of participation of enterprises and organisations in providing for vital needs of people with disabilities including their employment and including mechanisms securing economic interest of businesses in social partnership with the state in implementing the support policy with regards to people with disabilities.

- provide job quotas for people with disabilities, establish specialised enterprises for people with disabilities. There is also a need for a norm obliging employers to pay a penalty into the budget for quota non-compliance.

- bridge a gap in activities of state authorities, when some state bodies (medical and social expertise board) recommend employment in special conditions or on a part-time basis, whereas the other state body (employment of population) quite often does not have matching employment options.

- stipulate measures for state investment into specialised workshops and enterprises for people with disabilities and for increasing their numbers.

- fully provide for the needs of people with disabilities for therapy, therapeutic, preventive and special prosthetic and orthopaedic devices that meet modern requirements, it is necessary to reorganise the current state prosthetic and orthopaedic enterprises, optimise their management structure, hold survey, research and development in prosthetics, introduce new constructions and production technologies of components and details to prosthetic devices.

- performing integrated rehabilitation of people with disabilities requires development of a network and upgrading the facilities of rehabilitation institutions; improving working forms and methods of organizations engaged in education, healthcare, labour and social protection of population, physical training and sports in the context of rehabilitation of people with disabilities.

- provide re-training and enhancement of skills of specialists in medical, social and professional rehabilitation of people with disabilities.

- improve supply of people with disabilities with technical, rehabilitation devices making their life easier.

- work out individual rehabilitation programmes for people with disabilities, including their provision with a guaranteed list of rehabilitation and other technical devices and medical, social and professional rehabilitation services.

- expand a network of special correction education organisations for children with disabilities.

- take actions to provide unhindered movement and access of people with disabilities to social infrastructure sites.

- expand participation of people with disabilities in the public and political life of society by facilitating development of public unions of people with disabilities.

- organise surveys to examine causes for emergence and growth of disability aiming at disability prevention.

- conduct a research and practice conference and seminars on rehabilitation problems of people with disabilities.

- ensure the consistency of the state policy by elaborating a new state rehabilitation programme for people with disabilities similar to the one implemented in 2006 – 2008.

4.2.3. Measures for Development of Solutions and Implementation Mechanisms in the Domain of Social Adaptation of Disabled Persons

The Government of the Republic of Kazakhstan should:

- initiate an annual national report on the status of people with disabilities in the country in line with the Convention (Article 31 “Statistics and Data Collection”) as a measure to set up an effective data collection and exchange system. This report should correspond to the governmental report to be submitted by Kazakhstan in line with Article 35 of the Convention (Article 35 “Reports by States Parties”) through the UN Secretary General at least every four years.

- bring statistical surveys on people with disabilities in line with international standards.

- secure conditions for development and operation of public unions for people with disabilities in line with the Convention on the Rights of Persons with Disabilities (Article 29 “Participation in Political and Public Life”) .

- consult people with disabilities and involve them into developing laws and implementing the state policy for people with disabilities.

- establish a coordinating authority such as the Commission on Social Rehabilitation of People with Disabilities under the President of the Republic of Kazakhstan or under the Prime-Minister with consultative functions in line with the Convention (Article 33 “National Implementation and Monitoring”) .

- establish the State Support Fund for People with Disabilities.

- ensure development of an insurance fund system to cover financing of rehabilitation of insured people with disabilities and, as a measure to form a funding option alternative to the state budget, establish a system of charity funds – endowments.

- form a new vision of disability problems in the public mind from the point of view of the modern disability paradigm according to the Convention (Article 8 “Awareness-Raising”).

- classify barriers on the way to social integration of people with disabilities and determine relevant rehabilitation measures in line with the Convention (Article 1).

- expand the number of state bodies responsible for implementation of social rehabilitation of disabled people, removal of social barriers on the way to their integration into the life of society.

- improve the legal and procedural guidelines for the rehabilitation system.

- provide training and improve qualifications of specialists in medical, social and professional rehabilitation of disabled people.

- develop the social services market.

- bring methods of assessing social disability benefits in line with international standards.

- provide disabled persons with accessible information on assistive technologies; promote their development and use in the domestic context.

- develop employment promotion mechanisms for people with disabilities in accordance with quotas established by law.

- set education quotas for disabled persons in secondary and higher professional education institutions to be funded by the budget.

- provide disabled persons with relevant devices and educational materials.

- use teaching methodology and educational programmes that take into consideration the needs of all children and all students including disabled ones.

- train and encourage teachers for teaching inclusive classes.

- use the cascade teaching method, when tutors trained in inclusive education method train other teachers in their turn.

- include methods of inclusive education into teacher training programme.

- encourage communication between existing public rehabilitation networks aiming at supporting inclusive education actions. Encourage student-to-student programmes, when senior students help junior students.

- provide support services meeting as much as possible different needs of all students including non-disabled ones and help to learn the Braille alphabet and sign-language, so that blind, deaf or blind-deaf children can get access to education and communicate between themselves.

- encourage people with disabilities to choose an occupation in the educational sphere.

- organise vocational education for disabled children within available resources.

- encourage partnership between schools and parents.

- try to obtain reasonable accommodation for testing children.

- transform existing specialised schools into resource centres.

- create a reporting mechanism allowing control over the enrolment and academic progress of disabled children.



STATISTICAL OVERVIEW OF THE STATE OF HUMAN DEVELOPMENT AND DISABILITY IN KAZAKHSTAN

Kazakh statistics bodies are faced with the task of coming up with adequate disability statistics based on the International Classification of Functioning, Disability and Health and taking into account international experience so that people could see how many disabled people there are in Kazakhstan and how they live and so that special arrangements could be made to enable their successful and full-fledged work and social activities.

*Yuri Shokamanov, DSc (Econ), Professor, Executive
Secretary of the Statistics Agency of the Republic of
Kazakhstan*

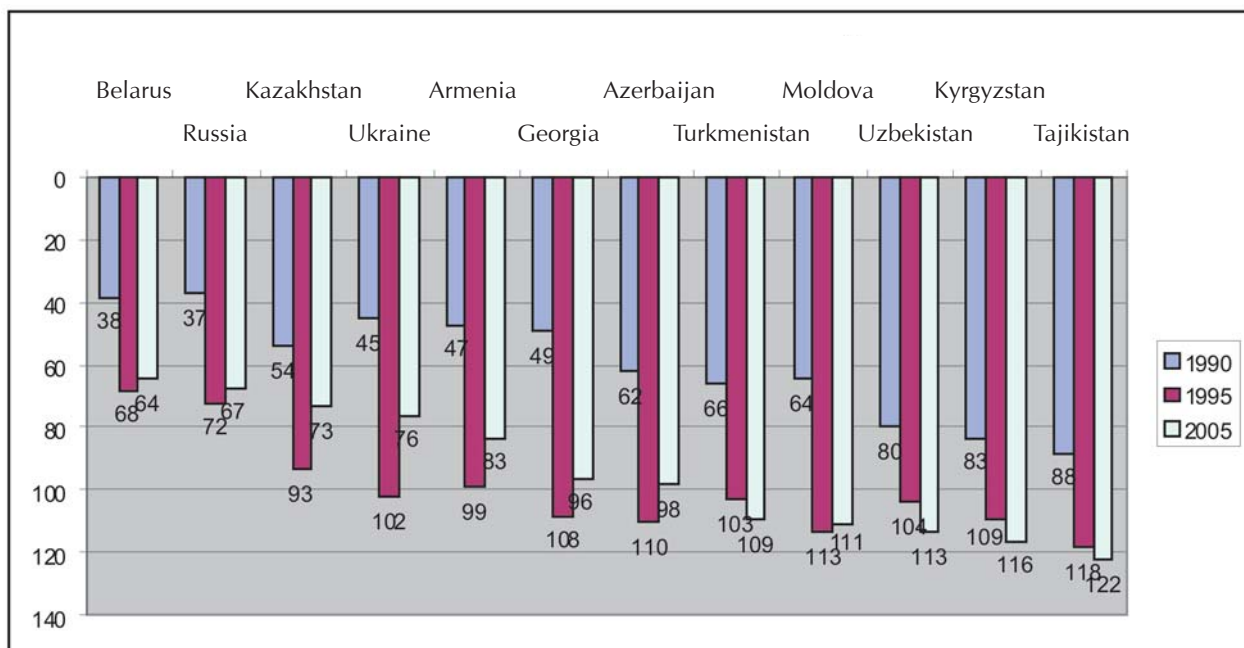
STATE OF HUMAN DEVELOPMENT IN KAZAKHSTAN AND ITS REGIONS

1. Trends in human development in Kazakhstan and other CIS countries

HDIs for CIS countries were first published in the UNDP Global Human Development Report for 1993, where CIS countries ranked 38th -88th (out of 173 countries) in terms of the HDI according to the 1990 data. In the report for

1998, CIS countries dropped to 68th -118th (out of 174 countries), and according to the 2005 data published in the 2007/2008 report they ranked 64th -122nd (out of 177 countries). Figure 1 demonstrates HDI ratings of CIS countries in 1990, 1995 and 2005.

Figure 1. Trends in HDI rating of CIS countries in 1990, 1995 and 2005



Source: based on UNDP's Global Human Development Reports for 1993, 1998 and 2007/2008

Note: the countries have been presented in descending order of HDI values as per the latest UNDP's Global Human Development Report for 2007/2008. The numbers represent the countries' HDI ranking among the countries included in the Report.

Figure 1 demonstrates that all CIS countries experienced a drop in human development in 1990 -1995. During the transition period Georgia fell most in terms of the HDI, by 59 spots, among the other countries, Ukraine fell by 57, Armenia by 52, Moldova by 49 and Azerbaijan by 48. The countries which declined least were Uzbekistan (24), Kyrgyzstan (26) and Tajikistan (30). Kazakhstan dropped 39 spots.

In 2005, despite an improvement from 1995, all CIS countries still rank lower than in 1990. In 2005 as compared to 1995 Georgia and Moldova

fell most (by 47 positions) in human development level, as well as Turkmenistan (43); Kazakhstan (19), Belarus (26) and Russia (30) experienced the lowest reduction in the HDI.

The latest Human Development Report for 2007/2008 presents the trends in human development in the countries of the world with a 5-year interval starting from 1975. For certain CIS countries updated information is available for most recent years only (see Table 1).

Table 1. HDI trends in CIS countries for 1990, 1995, 2000 and 2005 and their ranking among other countries

Country	1990	1995	2000	2005	Ranking among the world countries	Ranking among CIS countries
Azerbaijan	...	...	...	0,746	98	7
Armenia	0,737	0,701	0,738	0,775	83	5
Belarus	0,790	0,755	0,778	0,804	64	1
Georgia	...	...	...	0,754	96	6
Kazakhstan	0,771	0,724	0,738	0,794	73	3
Kyrgyzstan	...	...	...	0,696	116	11
Moldova	0,740	0,684	0,683	0,708	111	9
Russia	0,815	0,771	0,782	0,802	67	2
Tajikistan	0,703	0,638	0,640	0,673	122	12
Turkmenistan	...	...	...	0,713	109	8
Uzbekistan	0,704	0,683	0,691	0,702	113	10
Ukraine	0,809	0,756	0,761	0,788	76	4

Source: *Global Human Development Report 2007/2008*

The table above shows that there are comparable data for 8 CIS countries starting from 1990. Three countries report a higher HDI in 2005 than in 1995: Armenia (by 0.038), Belarus (by 0.014) and Kazakhstan (by 0.023). As compared with 2000, the human development situation has improved in all 8 CIS countries, for which comparable dynamics data are available. Among them Kazakhstan has the highest HDI increase – by 0.056.

According to the UNDP Global Human Development Report for 2007/2008, Kazakhstan ranks 73rd in terms of the HDI (0.794) and 77th in terms of GDP per capita (US\$ 7,857 in PPP terms in 2005). At present, 70 countries have an HDI of 0.800 or above, which allows them to be classified as countries with high human development level. Belarus

and Russia are a part of this group already, whereas Kazakhstan can join them in the next report.

Belarus (64th) and Russia (67th) have a higher HDI rating than Kazakhstan. At the same time, the situation is quite different in several factors (see Table 2). For instance, while in GDP per capita Kazakhstan ranks third in the CIS after Russia and Belarus (US\$10,845, 7,918 and 7,857 in PPP terms respectively), in terms of life expectancy at birth Kazakhstan ranks third from the bottom after Turkmenistan and Russia (62.6, 65.0 and 65.9 years respectively). In terms of combined gross enrolment of population aged 5-24 (the overall index of students in educational institutions of all levels), Kazakhstan ranks first in the CIS (93.8%) followed by Russia (88.9%), Belarus (88.7%) and Ukraine (86.5%).

Table 2. HDI components of CIS countries according to 2005 data

Country	HDI value	Life expectancy at birth	Adult literacy level	Combined gross enrolment ratio, %	GDP per capita	Rating of GDP per capita minus HDI rating
64. Belarus	0,804	68,7	99,6	88,7	7918	8
67. Russia	0,802	65,0	99,4	88,9	10845	-9
73. Kazakhstan	0,794	65,9	99,5	93,8	7857	1
76. Ukraine	0,788	67,7	99,4	86,5	6848	9
83. Armenia	0,775	71,7	99,4	70,8	4945	20
96. Georgia	0,754	70,7	100,0	76,3	3365	24
98. Azerbaijan	0,746	67,1	98,8	67,1	5016	4
109. Turkmenistan	0,713	62,6	98,8	...	3838	5
111. Moldova	0,708	68,4	99,1	69,7	2100	25
113. Uzbekistan	0,702	66,8	...	73,8	2063	35
116. Kyrgyzstan	0,696	65,6	98,7	77,7	1927	29
122. Tajikistan	0,673	66,3	99,5	70,8	1356	32

Source: *Global Human Development Report 2007/2008*

2. Trends in human development in Kazakhstan in 1990-2008

In 1990-2008 there were two stages in Kazakhstan's human development dynamics. At the first stage (1990-1995) all basic human development indices declined sharply, which caused a decrease in Kazakhstan's HDI ranking from 54th to 93rd in the world. At the second stage (1996-2005), Ka-

zakhstan's human development indices gradually improved with an increase in HDI ranking by 20 spots (73rd).

Kazakhstan's HDI for 1990, 1995 and 2008 calculated according to the methodology of the latest Global Human Development Report are presented in Table 3.

Table 3. Basic human development components and indices for Kazakhstan in 1990-2008

	1990	1995	2008	1995-1990	2008-1995
Life expectancy (LE) at birth, years ¹⁾	68,1	63,5	67,11	-4,6	+3,61
Literacy level, % ¹⁾	97,7	98,7	99,5	+1,0	+0,8
Combined gross enrolment, % ¹⁾	80,0	73,0	91	+7,0	+18
GDP per capita, US\$ (PPP) ²⁾	6283	4508	10421	-1776	+5914
LE index ²⁾	0,718	0,642	0,702	-0,077	+0,060
Education index ²⁾	0,918	0,901	0,967	-0,017	+0,065
Income index ²⁾	0,691	0,636	0,776	-0,055	+0,140
HDI ²⁾	0,776	0,726	0,815	-0,050	+0,088

Source: ¹⁾ Data of the RK Agency for Statistics

²⁾ calculated by the author

The table above shows that over the period from 1990 to 1995 Kazakhstan's HDI dropped by 0.050 points. The analysis of basic HDI indicators by components shows that the main reason for the HDI decline was a decrease in LE at birth by 4.6 years,

which accounted for 52% of the HDI decrease. The second reason for the HDI decline was a decrease in GDP per capita by US\$1,776 in PPP terms (37%). A reduction in aggregate education coverage by seven percentage points was the third reason (11%).

At the second stage of human development in Kazakhstan, in 1996-2008 the HDI increased by 0.088 points. Economic growth played a major role (53%) in Kazakhstan's HDI increase at this stage, as a result, the GDP per capita increased 2.3 times from 1995 and 1.7 times from 1990. Growth of combined gross enrolment by 18 percentage points (up to 91%) and LE at birth by 3.61 years (up to 67.11 years) were correspondingly the second and third reasons for the HDI increase, which accounted for 25% and 23% of the total result respectively.

Thus, the demographic factor – LE at birth – was the main factor in Kazakhstan's HDI decline at the first stage of the transition period and only the third most important factor of the HDI increase at the second stage. The level of this indicator in Kazakhstan (65.9 years according to the Human Development Report for 2007/2008) is rather low compared both to OECD countries (78.3 years) and most countries in transition (68.6 years).

The economic factor was the second reason for HDI decline in the Republic at the first stage and the main reason for the HDI growth at the second stage. GDP per capita in Kazakhstan is already comparable to its average value in the countries of Central and Eastern Europe and CIS (US\$ 9,527 in PPP terms). However, its value is still low compared to the countries with high human development (US\$ 23,986 in PPP terms).

3. Human development dynamics in Kazakhstan regions

The calculations show that Kazakhstan's regions had a slight difference in HDI in 1990, with the gap between the maximum and minimum values being only 7%. However, this had increased to 20% by 1997, and to 21.8% by 2008 (see Table 3.1 in Appendix 3). First of all, this has to do with a remaining gap in the regions' per capita GRP, which was 11.6 times in 2008 (see Table 3.2 in Appendix 3). Corresponding per capita GRP indices are different by 0.409 points (see Table 3.3 in Appendix 3).

In terms of income used for per capita consumption, the difference between the regions was at least 2.7 times in 2008 (see Table 3.4 in Appendix 3). As a result, income indices of regions are different only by 0.167 points (see Table 3.5 in Ap-

pendix 3). Correspondingly, less differentiation has been observed in the HDI calculated on the basis of income used for consumption (by 14.7%) (see Table 3.6 in Appendix 3 and Figure 2). The countries with corresponding indices were ranked 33rd-87th in human development level in 2005 (see Table 3.7 in Appendix 3).

HDI dynamics in the regional context show that human development in Kazakhstani regions reached its bottom mainly in 1995-1996. In recent years Kazakhstan regions have been divided by the level of human development (HDI) into three clusters:

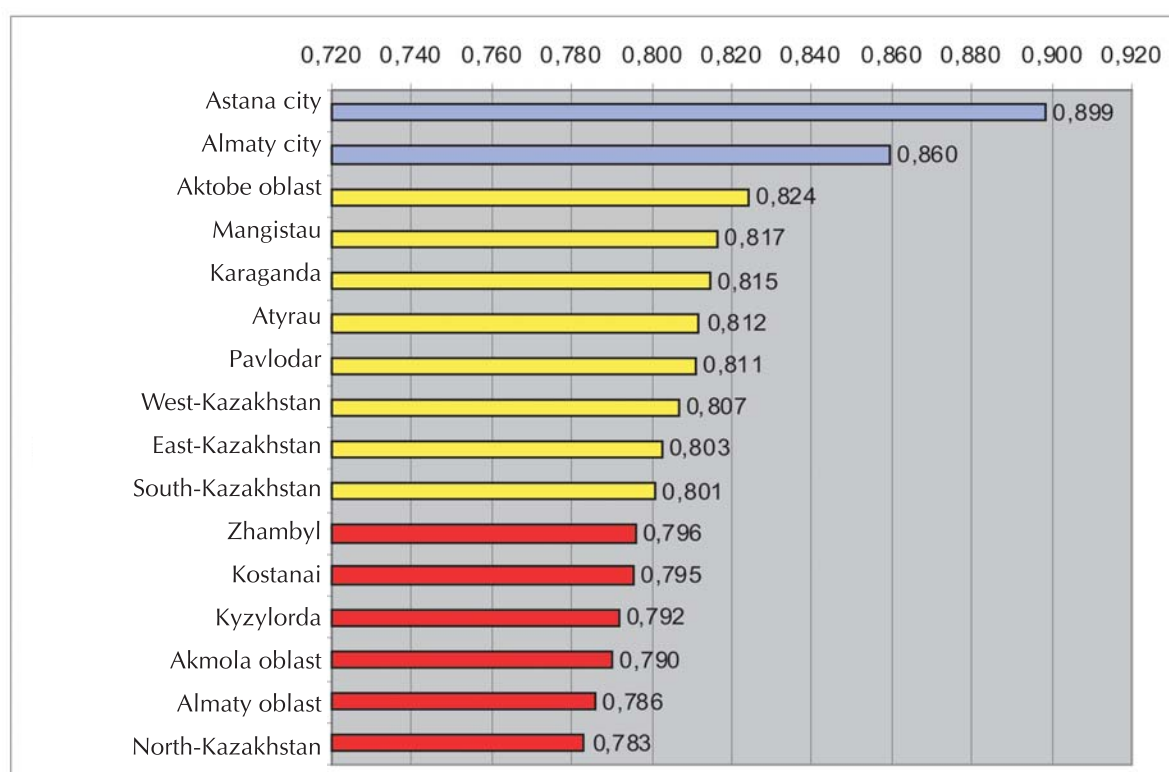
1) those with a comparatively high level of human development (Astana and Almaty cities), where the HDI is much higher than the threshold for the countries with high human development level – 0.800; Portugal and Estonia ranking 29th and 44th in terms of the HDI respectively (according to the Global Human Development Report 2007/2008) had similar indices;

2) those with an average republican level of human development (Aktobe, Mangistau, Karaganda, and South Kazakhstan Oblasts), with the HDI of 0.801-0.824 in 2008; the countries ranked 53-69 in the world according to the Global Human Development Report including Bulgaria, Libya, Saudi Arabia, Malaysia, Belarus, Russia, Albania had such indices;

3) those with human development level slightly below the average republican level (Zhambyl, Kostanay, Kyzylorda, Akmola, Almaty and North Kazakhstan oblasts) with the HDI of 0.783-0.796 in 2008; the countries ranking 72-78th in the world, including Saint Lucia, Venezuela, Columbia, Ukraine, Thailand, had similar indices.

Basic human development indicators and their indices as well as HDI by regions of Kazakhstan in 2008 are presented in Table 3.8 of Appendix 3. The most considerable regional differentiation has been observed in income per capita (0.7 times) and, as a result, the difference between income indices is 23.2%. The difference in LE and education accessibility indices is also significant and equals 22.0% and 10.6% respectively.

Figure 2. Regional HDI assessed by people's income used for consumption



4. Gender Related Development Index (GDI)

Since gender related data needed for GDI calculation for 2008 is not available yet, we consider the trends in indicators from 1999 to 2007. Within this period differences in life expectancy with regard to gender have significantly increased, with female life expectancy increasing by 1.6 years and male LE – only by 0.4 years (see Table 3.9 in Appendix 3).

The ratio of employed women increased only by 0.3 per cent, while inequality in women's and men's salaries (ratio-wise) increased by 1.8 per cent. As a result, with GDP per capita growing by US\$ 5,673 in PPP terms, GDP per woman proportional to salaries paid to women increased only by US\$ 4,371 in PPP terms.

The results of calculation of indices of separate human development components and HDI for the population in general and with regard to gender, taking into account these data, show an improvement in all human development indicators both for women and men. At the same time gender inequality has increased in all human development components except for income per capita (see Table 3.10 in Appendix 3).

Thus, gender inequality in education accessibility increased from 10 to 28 points in favour of women, but in the level of disposable income it decreased by 8 points in favour of women to make 86

points in 2007. As far as the HDI as a whole is concerned, gender inequality increased by 15 points (from 0.032 to 0.047). Gender inequality of women with regard to income within the whole period was more than compensated by gender inequality of men with regard to life expectancy and education accessibility, which ensured a higher HDI than women.

As a result of the difference between the HDIs of women and men, the HDI calculated for both genders using a special formula taking this difference into account (i.e. with regard to gender factor GDI) becomes lower than HDI calculated for both genders without regard to gender inequality (see Table 3.11 in Appendix 3).

Gender differences in education accessibility are virtually not reflected in the indices. But differences in life expectancy and income per capita are considerable, though they slightly decreased within the recent years, which reduced a difference between the HDI and GDI by 0.002 points.

Therefore, a considerable gender inequality in two human development components – life expectancy at birth and disposable income – reflected in the decline in the corresponding indices has been observed in Kazakhstan.

5. HDI adjusted for Gender Inequality Index

Gender inequality indices represent a deviation of the difference in the values of basic indica-

tors for men and women from the maximum possible deviation. They are more sensitive to gender differences than indices calculated using a special formula taking into account the gender factor. Indices of gender difference in human development components for 1999-2007 show the growth of gender inequality in life expectancy and enrolment and a certain decrease in income per capita (see Table 3.12 in Appendix 3).

Gender inequality indices allows us to calculate decreased values of indices on each separate HDI component as well as the HDI adjusted for gender inequality (HDIGI).

In this case gender inequality in enrolment of men and women results in the education accessibility index decrease by 0.015-0.034. The life expectancy index decreases by 64-79 points and the income index – by 82-112 points (see table 3.13 in Appendix 3).

Use of gender inequality indices for calculation of HDI and its components makes an HDIGI change more sensitive with changes in gender inequality. At the same time, unlike GDI calculation, the role of gender inequality in education accessibility increases from 0 to 11% (see Table 3.14 in Appendix 3).

Gender inequality in life expectancy provides for the HDI decrease by 26%, gender inequality in income per capita – by 63%.

Therefore, using gender inequality allows us to assess its influence on the decrease of HDI and gender differences in education accessibility, keeping the leading role of gender inequality for the remaining human development components.

6. Human Poverty Index (HPI-3)

Human Poverty Index calculations, despite the 3-times reduction of income poverty in 1999-2008, show an insignificant HDI decrease. It is connected with the fact that the trends in other basic indicators are behind income poverty reduction dynamics.

Thus, in 2008 27.4% of the Republic's population did not survive till the age of 60 (see table 3.15 in Appendix 3). This was connected with low life expectancy at birth – only 67.11 years in 2008. At the same time a decrease in the share of population not surviving till the age of 60 was insignificant in 1999-2008 – only by 2.4 percentage points.

In the regional context the differentiation in this indicator increases: in 1999 the difference between maximum and minimum values was 7.4%, by 2008 it increased to 16.8%. The worst indicator is in Karaganda oblast, where 33.2% of the population did not survive till the age of 60 in 1999, and

33.6% - in 2008. Even in Astana and Almaty one sixth to one fifth of the population do not survive till the age of 60.

Following a reduction in the 2004/2005 school year to 1.1%, the share of 16-year-old dropouts increased again by the beginning of 2008-2009 school year to 3.9% (see Table 3.16 in Appendix 3). Therefore, the situation with general secondary education is getting worse again. At the regional level, the variation in this indicator on 2008/2009 school year was still considerable – 0 – 20.8% (in 1999/2000 it was 4.0 to 14.0%).

It should be noted that 40.2% of 16-year olds studied in colleges. Taking into account that colleges are mainly located in the cities, a considerable shortage of 16-year olds enrolment has been observed in rural areas (36.3%), while in urban areas there are 34.7% more enrolled teenagers than those who are registered.

For this reason, comparatively high ratios of under-enrolment of 16-year-old dropouts in Akmola (16.7%) and Almaty (20.8%) Oblasts are connected with close location of cities of the republican status, Astana and Almaty, where the number of enrolled children by far exceeds their number defined according to the current population accounting data (by 41.9 and 60.2% respectively).

It should be noted that comparatively high values of this indicator in some other oblasts are connected with the problems of population accounting in the Republic as a whole (for example, 16-year olds actually live and study in one location being registered in another).

According to the RK Agency for Statistics 34.5% of Kazakhstan's population had a consumption level below the subsistence minimum in 1999, and 12.1% - in 2008⁹⁶ (see Table 3.17 in Appendix 3). Regional differences in this indicator is considerable. The worst indicator before 2004 was in all the southern republics, as well as in Atyrau and Mangistau oblasts, where this indicator exceeded 35% in 1999.

In 2004 poverty significantly reduced in all the regions. Only in four oblasts – Atyrau, Kyzylorda, South-Kazakhstan and Mangistau – it exceeded 20%. In 2006 the poverty level increased due to the adoption of a higher poverty line.

In 2008 the highest poverty level was observed in Mangistau (32.4%), Kyzylorda (24.3%) and Almaty (20.1%) Oblasts.

In recent years, the unemployment level decreased in Kazakhstan to the level of many market economies and amounted to 6.6% in 2008, while in 1999 it was equal to 13.5%⁹⁷ (see Table 3.18 in Ap-

⁹⁶ Data on the poverty level by regions in 2006-2008 are not comparable with the data for previous years, since the new methodology of subsistence level calculation was adopted in 2006.

⁹⁷ Prior to 2001 the unemployment rate was assessed by the RK Agency for Statistics based on the labour force balance. Since 2001 it has been assessed on the back of employment/unemployment data from surveys of 21,000 households.

pendix 3). The indicator had regional differences varying from 7.8 to 16.1% in 1999 and 6.2-7.4% in 2008.

Kazakhstan's Human Poverty Index⁹⁸ calculations show that in 2008 over 17.8% of the country's population were poor with regard to human development opportunities (26.2% in 1999) (see Table 3.19 in Appendix 3). Within the period under review Ak-mola and Atyrau oblasts were listed among the three regions with the most deprived population in terms of the HPI for five times. Karaganda and Kyzylorda Oblasts were among the three "leading" regions by this indicator for four times, Zhambyl, Mangistau and North Kazakhstan Oblasts – three times.

The most favourable situation was observed in Astana and Almaty cities, where by 2008 HPI had decreased to 10.8 and 15.4% respectively. In other regions, in 2008 the HPI varied from 16.0% (in South Kazakhstan Oblast) to 23.3% (in Mangistau Oblast).

7. What results may Kazakhstan achieve in human development by 2015?

Our previous human development dynamics projections up to 2015 presented in the National Human Development Report for Kazakhstan for 2007 remain unchanged, with the LE at birth increasing by 1 year in 2010. For the purpose of its justification we reviewed the existing trends in separate HDI components in the Republic as well as their levels in various country groups.

Thus, considering the lower section of Table 1 of Appendix to the Global Human Development Report for 2007/2008 we noted that OECD countries have a life expectancy at birth equal to 78.3 years, while for Kazakhstan it is estimated at 65.9

years. The corresponding LE indices are 0.888 and 0.682 (i.e. the difference is 0.206).

Taking into account that each component is included in the HDI has a one-third weighting, we can conclude that due to low life expectancy alone, the HDI decrease in the Republic amounts to 0.069⁹⁹. If LE at birth in Kazakhstan was at the level of countries with high human development, the HDI of the Republic would be equal to 0.864. The country ranking 42nd in terms of the HDI (Slovakia) has such an index.

In Central and Eastern Europe and CIS countries the average level of LE at birth is 2.7 years higher (68.6 years) than in Kazakhstan, which allows referring this region taking into account the other indicators – literacy level (99.0%), combined gross enrolment (83.3%) and GDP per capita (US\$ 9,527 in PPP terms) – to a group of countries with high human development (with an HDI of 0.808).

In Kazakhstan the adult literacy level and combined gross enrolment is even a little higher than these average indicators for this group of countries (respectively 99.5% and 93.8%), and in GDP per capita it is already comparable with them (US\$ 9,966 in PPP terms). *Therefore, the main problem and reserve of human development in Kazakhstan is the extremely low life expectancy.*

According to our estimations Kazakhstan can join the countries with a high human development level based on the data for 2006 or 2007, if life expectancy at birth is estimated at 66 years at least¹⁰⁰. And according to the 2008 data Kazakhstan's HDI will be comparable with the HDI of the country ranking 57th in the world in 2005.

Table 3. Potential Trends in HDI and its components in Kazakhstan up to 2015

Year	LE, years	Combined gross enrolment, %	GDP per capita, US\$ in PPP terms	HDI	Country with similar HDI in 2005	HDI Ranking in 2005
2008	67.11	91	10,421	0.815	Antigua and Barbuda (0.815)	57
2010	68.0	100	13,000	0.842	Seychelles (0.843)	50
2015	69.5	100	19,000	0.871	Poland (0.870)	37

Source: calculated by the author.

Therefore, Kazakhstan is in fact in position to join the 50 most developed countries with regard to human development. However, since all countries will strive to improve their human development

situation as they pursue the commitments under the Millennium Declaration, Kazakhstan according to our estimations will rise from its current 73rd to the 65th spot in terms of the HDI by 2010.

⁹⁸ According to UNDP methodology HPI (HPI for Kazakhstan) is calculated as the cube root of arithmetic mean of cubes of indicators based on which it is calculated.

⁹⁹ Each of the three HDI components has an equal weighting. Therefore, the rate of the HDI decrease amounts to one third of a decrease in each component index. In our case it is $(0.888-0.682)/3=0.206/3=0.069$.

¹⁰⁰ This will be known from the Global Human Development Report 2009, since it will use the 2007 data.

DISABILITY STATISTICS IN KAZAKHSTAN

Disability statistics provide one of sources of information on the state of persons with disabilities in a country. They rely on administrative data of various ministries as well as results of special statistical observations of the country's national statistics office. In Kazakhstan such government agencies include the Ministry of Healthcare, the Ministry of Education and Science, the Ministry of Labour and Social Protection of Population as well as the RK Agency for Statistics.

Basic disability statistics data in Kazakhstan cover the following areas:

- 1) public health;

- 2) working conditions and industrial accidents;

- 3) traffic accidents;

- 4) social protection of disabled persons;

- 5) boarding houses and boarding schools for disabled persons;

- 6) education of persons with disabilities.

Data on public health, particularly, annual preventive examinations show that there are quite a lot of people in the Republic having different health deviations or diseases, which cause limitations of abilities of individuals.

Thus, according to the results of a preventive examination of children under 14 years in 2007 approximately 40 out of 1000 children, or 4% have different health disorders (see Table 4.1 of Appendix 4). In particular, 22.3 of 1,000 have decreased visual acuity, 9.8 – fault in posture, 4.6 – scoliosis, 2.6 – diminished hearing.

The results of preventive examinations of rural people in 2007 showed that every fifth person (20% of people examined) was ill, and only about half of them (11.1% of examined people) received the required treatment (see Table 4.2 of Appendix 4).

Working conditions statistics show that approximately one fifth of people involved in production work under conditions, which do not meet sanitary and hygienic requirements. Thus, 20.8% of 1.5 million production workers had such conditions in 2007 (see Table 4.3 of Appendix 4) including those working under the influence of increased noise and vibration level (7.6%), increased dust and gas content of working area above the maximum allowable concentration (8.8%), unfavourable temperature conditions (3.4%). Moreover, 3.4% of production

people were engaged in physically demanding jobs.

The existing statistics of industrial accidents shows that within recent years approximately 3,000 people engaged in production suffer from such accidents, and of these about 350 persons die (see Tables 4.4 and 4.5 of Appendix 4). Material consequences of industrial accidents in 2007 amounted to 546.3 million KZT (see Table 4.6 of Appendix 4).

Over 300 new persons (330 in 2007) having occupational diseases caused by various unfavourable production conditions: chemical effects, polluted air, vibration, increased noise level etc. are exposed annually (see Table 4.7 of Appendix 4).

Over 35,000 (in 2007 - 35,900) new persons people found to be disabled due to different diseases are registered each year (see Table 4.8 of Appendix 4). The most common diseases are blood circulatory system diseases (8,530 persons), malignant tumours (5,863), injuries (5,467), tuberculosis (2,770), and eye and appendages diseases (2,726).

Traffic accident statistics for recent years show a considerable growth in mortality from traffic accidents. Thus, while 2,203 persons died in traffic accidents in 2002, in 2007 this figure had increased more than 2-fold, which was equal to 4,934 deaths (see Table 4.9 of Appendix 4). The number of people, who have suffered from traffic accidents, is of a higher order, thus increasing the number of disabled people.

The Ministry of Labour and Social Protection keeps record of disabled persons showing that over 409,000 people receive disability pensions and benefits including about 45,000 disabled children under 16 years old, who receive disability benefits (see Table 4.10 of Appendix 4). Over 35,000 new persons found to be disabled due to various diseases are registered annually.

Among those who get public social benefits (748,400 people in 2007) disabled persons represent the largest group (409,200 people) (see Table 4.11 of Appendix 4). The monthly average public social benefit in 2007 was KZT 8,366 (see Table 4.12 of Appendix 4).

Due to the urgency of social issues with regard to disabled people, the amounts of public social benefits on disability have been doubled as compared to retirement benefits. In 2007 they amounted to KZT 8,859, while public retirement benefits amounted to KZT 4,431 (see Table 4.13 of Appendix 4).

There are also public social benefits for disabled people, the amount of which is differentiated depending on the disability category. For instance,

in 2007 persons disabled as a result of the Great Patriotic War received a benefit amounting KZT 16,380; participants of Chernobyl disaster clean-up operations received KZT 2,184, disabled persons of Category III received KZT 656 (see Table 4.14 of Appendix 4).

In 2007 there were 69 homes for elderly and disabled adults, where over 12,000 people lived, as well as 22 homes for disabled children with 3,500 children (see Tables 4.15-4.18 of Appendix 4).

100 boarding schools for children with disabilities had over 15,000 children in 2007 (see Table 4.19 of Appendix 4).

Thus, available administrative data of various government agencies give an idea about the disability situation evaluated on the basis of the medical model of disability, which does not allow seeing a full picture of the number of persons with disabilities and their living conditions.

For the purpose of development of disability statistics, a pilot survey was conducted in 2005 in Almaty Oblast regarding the living conditions of disabled persons registered in the labour and social protection bodies (see the report on the project results in Appendix 5).

The objective was to assess disabled persons' living standard including housing conditions and conveniences, economic well-being and employment of disabled persons, accessibility of healthcare and education.

The survey included 450 or 1% of disabled persons registered in the Oblast selected from the Register of Disabled Persons for Almaty Oblast and living in households.

The survey questionnaire included 69 questions covering 11 aspects:

- 1) respondents' profile;
- 2) housing conditions;
- 3) economic well-being;
- 4) level of health;
- 5) employment status;
- 6) features characterising main job;
- 7) job search by disabled persons not employed at the moment of the survey;
- 8) past activities of persons not employed at the moment of the survey;
- 9) education;
- 10) leisure activities;
- 11) safety and protection.

A total of 309 disabled persons were examined, including 85 from the city, and 224 from the rural areas. 208 disabled persons had a disability of categories I and II.

81% of disabled persons lived in separate houses, 13% in apartment buildings, with the remaining 6% living in other conditions.

Only 27.5% of disabled persons had a central water supply, 31.4% had water wells and water

pump columns in their houses, 31.4% had public water well or a water pump column, 6.5% used delivered water.

Only 4.9% of examined disabled persons had central hot water supply, 6.8% had their own boiler or heater, the rest of them did not have hot water.

13.3% of disabled persons had central sewer system, 5.2% had a local system, the remainder had none.

7.1% of disabled persons had central heating, 4.2% had an individual heating system, the rest of them mainly used stoves.

The survey showed that 21% of disabled people did not have refrigerators, 40% did not have washing machines, two-thirds of disabled persons did not have phones.

Only 44% of disabled people had their own or leased land plots, only every fifth disabled person had a motor vehicle. 55% of households with disabled persons did not have sufficient income for basic foodstuffs, clothes and utilities.

Over one quarter of disabled persons assessed their health as poor or very poor.

Over 70% had a disability due to general illness, about 3% due to an occupational injury and occupational disease; every fourth person was disabled since childhood.

Over one quarter of disabled people were not aware of the Law of the RK "On the Healthcare System" determining the guaranteed amount of free medical assistance.

Within 12 months prior to the survey, 5% of disabled people suffered from violence, half of them suffered from domestic violence.

One quarter of disabled people do not know where they should apply for help, if their safety is threatened, and 30% do not know who can help them in situations when their safety is threatened.

80% of disabled children live in separate houses, 11% live in apartment buildings.

Only 5.6% of disabled children assessed their health as good, every fifth child considered his/her health as poor.

About 40% of disabled children do not know where they should apply for help, if their safety is threatened, and 30% do not know who can help them in such situations.

Thus, the pilot survey of disabled people's living conditions in Almaty Oblast showed that they live under conditions which do not enable human development, unlike the majority of the Republic's population.

After conducting the pilot survey in Almaty Oblast, the Agency for Statistics participated in a number of regional training workshops on disability statistics: in Bishkek, Bangkok and Daejong.

During the workshops, the theoretical basis of disability statistics were studied, problem issues

arising during surveys, methods of survey conduction, statistical data collection and analysis were discussed.

The experience of Asian Pacific countries in the area of disability statistics was also studied and the countries participating in the workshop shared their hands-on experience and discussed various issues including the extent of spread of surveys based on the International Classification of Functioning, Disability and Health (ICF) and other issues.

Within the joint project with UNECE and UN ESCAP, the Agency for Statistics is planning to develop the system of statistical indicators based on international standards which will allow them to conduct an analysis of disabled persons' needs and will be useful for government bodies in planning measures for creation of favourable conditions for disabled persons' life activities.

It is expected that the results of the National Population Census (with regard to answering the question on self-determination of the degree of a person's life activity limitation) will be used for eval-

uation of disability level in the country and will become a starting point for the development of further disability statistics in the Republic of Kazakhstan.

The basic aspect regarding preparation for the introduction of disability statistics is that Kazakhstan is switching to the International Classification of Functioning, Disability and Health (ICF).

At present the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) is used for disability degree determination. Therefore, the definition of disability (terminology) is based on the medical model.

This does not provide a true idea about the actual number of people with disabilities requiring special conditions for successful and dynamic working and social activities.

Another argument for the development of disability statistics is Article 31 of the Convention on the Rights of Persons with Disabilities (Statistics and Data Collection), which Kazakhstan joined in December 2008.

APPENDIX 1 ¹⁰¹

Signatures and Ratifications of the Convention on the Rights of Persons with Disabilities and Optional Protocol

142 signatories to the convention
85 signatories to the Optional Protocol
62 ratifications of the Convention
40 ratifications of the Protocol

•	Algeria	–	Signed: 26-4-2007
–	Signed: 30-3-2007	–	Signed Protocol: 26-4-2007
–	Signed Protocol: 30-3-2007	•	Cambodia
•	Andorra	–	Signed: 1-10-2007
–	Signed: 27-4-2007	–	Signed Protocol: 1-10-2007
–	Signed Protocol: 27-4-2007	•	Cameroon
•	Antigua and Barbuda	–	Signed: 1-10-2008
–	Signed: 30-3-2007	–	Signed Protocol: 1-10-2008
–	Signed Protocol: 30-3-2007	•	Canada
•	Argentina	–	Signed: 30-3-2007
–	Signed: 30-3-2007	•	Cape Verde
–	Signed Protocol: 30-3-2007	–	Signed: 30-3-2007
–	Ratified: 2-9-2008	•	Central African Republic
–	Ratified Protocol: 2-9-2008	–	Signed: 9-5-2007
•	Armenia	–	Signed Protocol: 9-5-2007
–	Signed: 30-3-2007	•	Chile
–	Signed Protocol: 30-3-2007	–	Signed: 30-3-2007
•	Australia	–	Signed Protocol: 30-3-2007
–	Signed: 30-3-2007	–	Ratified: 29-7-2008
–	Ratified: 17-7-2008	–	Ratified Protocol: 29-7-2008
•	Austria	•	China
–	Signed: 30-3-2007	–	Signed: 30-3-2007
–	Signed Protocol: 30-3-2007	–	Ratified: 1-8-2008
–	Ratified: 26-9-2008	•	Colombia
–	Ratified Protocol: 26-9-2008	–	Signed: 30-3-2007
•	Azerbaijan	•	Comoros
–	Signed: 9-1-2008	–	Signed: 26-7-2007
–	Signed Protocol: 9-1-2008	•	Congo (Republic of the)
•	Bahrain	–	Signed: 30-3-2007
–	Signed: 25-6-2007	–	Signed Protocol: 30-3-2007
•	Bangladesh	•	Costa Rica
–	Signed: 9-5-2007	–	Signed: 30-3-2007
–	Ratified: 30-11-2007	–	Signed Protocol: 30-3-2007
–	Ratified Protocol: 12-5-2008	–	Ratified: 1-10-2008
•	Barbados	–	Ratified Protocol: 1-10-2008
–	Signed: 19-7-2007	•	Cote d'Ivoire
•	Belgium	–	Signed: 7-6-2007
–	Signed: 30-3-2007	–	Signed Protocol: 7-6-2007
–	Signed Protocol: 30-3-2007	•	Croatia
•	Benin	–	Signed: 30-3-2007
–	Signed: 8-2-2008	–	Signed Protocol: 30-3-2007
–	Signed Protocol: 8-2-2008	–	Ratified: 15-8-2007
•	Bolivia	–	Ratified Protocol: 15-8-2007
–	Signed: 13-8-2007	•	Cuba
–	Signed Protocol: 13-8-2007	–	Signed: 26-4-2007
•	Bosnia and Herzegovina	–	Ratified: 6-9-2007
–	Signed: 29-7-2009	•	Cyprus
–	Signed Protocol: 29-7-2009	–	Signed: 30-3-2007
•	Brazil	–	Signed Protocol: 30-3-2007
–	Signed: 30-3-2007	•	Czech Republic
–	Signed Protocol: 30-3-2007	–	Signed: 30-3-2007
–	Ratified: 1-8-2008	–	Signed Protocol: 30-3-2007
–	Ratified Protocol: 1-8-2008	•	Denmark
•	Brunei Darussalam	–	Signed: 30-3-2007
–	Signed: 18-12-2007	•	Dominica
•	Bulgaria	–	Signed: 30-3-2007
–	Signed: 27-9-2007	•	Dominican Republic
–	Signed Protocol: 18-12-2008	–	Signed: 30-3-2007
•	Burkina Faso	–	Signed Protocol: 30-3-2007
–	Signed: 23-5-2007	•	Ecuador
–	Signed Protocol: 23-5-2007	–	Signed: 30-3-2007
•	Burundi	–	Signed Protocol: 30-3-2007

¹⁰¹ <http://www.un.org>

- Ratified: 3-4-2008
- Ratified Protocol: 3-4-2008
- Egypt
- Signed: 4-4-2007
- Ratified: 14-4-2008
- El Salvador
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Ratified: 14-12-2007
- Ratified Protocol: 14-12-2007
- Estonia
- Signed: 25-9-2007
- Ethiopia
- Signed: 30-3-2007
- European Community
- Signed: 30-3-2007
- Finland
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- France
- Signed: 30-3-2007
- Signed Protocol: 23-9-2008
- Gabon
- Signed: 30-3-2007
- Signed Protocol: 25-9-2007
- Ratified: 1-10-2007
- Georgia
- Signed: 10-7-2009
- Signed Protocol: 10-7-2009
- Germany
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Ratified: 24-2-2009
- Ratified Protocol: 24-2-2009
- Ghana
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Greece
- Signed: 30-3-2007
- Guatemala
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Guinea
- Signed: 16-5-2007
- Signed Protocol: 31-8-2007
- Ratified: 8-2-2008
- Ratified Protocol: 8-2-2008
- Guyana
- Signed: 11-4-2007
- Haiti
- Ratified: 23-7-2009
- Ratified Protocol: 23-7-2009
- Honduras
- Signed: 30-3-2007
- Signed Protocol: 23-8-2007
- Ratified: 14-4-2008
- Hungary
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Ratified: 20-7-2007
- Ratified Protocol: 20-7-2007
- Iceland
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- India
- Signed: 30-3-2007
- Ratified: 1-10-2007
- Indonesia
- Signed: 30-3-2007
- Ireland
- Signed: 30-3-2007
- Israel
- Signed: 30-3-2007
- Italy
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Jamaica
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Ratified: 30-3-2007
- Japan
- Signed: 28-9-2007
- Jordan
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Ratified: 31-3-2008
- Kazakhstan
- Signed: 11-12-2008
- Signed Protocol: 11-12-2008
- Kenya
- Signed: 30-3-2007
- Ratified: 19-5-2008
- Lao People's Democratic Republic
- Signed: 15-1-2008
- Latvia
- Signed: 18-7-2008
- Lebanon
- Signed: 14-6-2007
- Signed Protocol: 14-6-2007
- Lesotho
- Ratified: 2-12-2008
- Liberia
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Libyan Arab Jamahiriya
- Signed: 1-5-2008
- Lithuania
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Luxembourg
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Macedonia (FYORM)
- Signed: 30-3-2007
- Madagascar
- Signed: 25-9-2007
- Signed Protocol: 25-9-2007
- Malawi
- Signed: 27-9-2007
- Malaysia
- Signed: 8-4-2008
- Maldives
- Signed: 2-10-2007
- Mali
- Signed: 15-5-2007
- Signed Protocol: 15-5-2007
- Ratified: 7-4-2008
- Ratified Protocol: 7-4-2008
- Malta
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Peru
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Ratified: 30-1-2008
- Ratified Protocol: 30-1-2008
- Philippines
- Signed: 25-9-2007
- Ratified: 15-4-2008
- Poland
- Signed: 30-3-2007
- Portugal
- Signed: 30-3-2007
- Signed Protocol: 30-3-2007
- Qatar
- Signed: 9-7-2007
- Signed Protocol: 9-7-2007
- Ratified: 13-5-2008
- Republic of Korea
- Signed: 30-3-2007
- Ratified: 11-12-2008
- Republic of Moldova
- Signed: 30-3-2007
- Romania
- Signed: 26-9-2007
- Signed Protocol: 25-9-2008
- Russian Federation
- Signed: 24-9-2008

•	San Marino	–	Signed Protocol: 30-3-2007
–	Signed: 30-3-2007	–	Ratified: 7-8-2007
–	Signed Protocol: 30-3-2007	–	Ratified Protocol: 7-8-2007
–	Ratified: 22-2-2008	•	Paraguay
–	Ratified Protocol: 22-2-2008	–	Signed: 30-3-2007
•	Saudi Arabia	–	Signed Protocol: 30-3-2007
–	Ratified: 24-6-2008	–	Ratified: 3-9-2008
–	Ratified Protocol: 24-6-2008	–	Ratified Protocol: 3-9-2008
•	Senegal	•	South Africa
–	Signed: 25-4-2007	–	Signed: 30-3-2007
–	Signed Protocol: 25-4-2007	–	Signed Protocol: 30-3-2007
•	Serbia	–	Ratified: 30-11-2007
–	Signed: 17-12-2007	–	Ratified Protocol: 30-11-2007
–	Signed Protocol: 17-12-2007	•	Spain
•	Seychelles	–	Signed: 30-3-2007
–	Signed: 30-3-2007	–	Signed Protocol: 30-3-2007
–	Signed Protocol: 30-3-2007	–	Ratified: 3-12-2007
•	Sierra Leone	–	Ratified Protocol: 3-12-2007
–	Signed: 30-3-2007	•	Sri Lanka
–	Signed Protocol: 30-3-2007	–	Signed: 30-3-2007
•	Slovakia	•	Sudan
–	Signed: 26-9-2007	–	Signed: 30-3-2007
–	Signed Protocol: 26-9-2007	•	Suriname
•	Slovenia	–	Signed: 30-3-2007
–	Signed: 30-3-2007	•	Swaziland
–	Signed Protocol: 30-3-2007	–	Signed: 25-9-2007
–	Ratified: 24-4-2008	–	Signed Protocol: 25-9-2007
–	Ratified Protocol: 24-4-2008	•	Sweden
•	Solomon Islands	–	Signed: 30-3-2007
–	Signed: 23-9-2008	–	Signed Protocol: 30-3-2007
•	Mauritius	–	Ratified: 15-12-2008
–	Signed: 25-9-2007	–	Ratified Protocol: 15-12-2008
–	Signed Protocol: 25-9-2007	•	Syrian Arab Republic
•	Mexico	–	Signed: 30-3-2007
–	Signed: 30-3-2007	•	Thailand
–	Signed Protocol: 30-3-2007	–	Signed: 30-3-2007
–	Ratified: 17-12-2007	–	Ratified: 29-7-2008
–	Ratified Protocol: 17-12-2007	•	Togo
•	Mongolia	–	Signed: 23-9-2008
–	Ratified: 13-5-2009	–	Signed Protocol: 23-9-2008
–	Ratified Protocol: 13-5-2009	•	Tonga
•	Montenegro	–	Signed: 15-11-2007
–	Signed: 27-9-2007	–	Trinidad and Tobago
–	Signed Protocol: 27-9-2007	–	Signed: 27-9-2007
•	Morocco	•	Tunisia
–	Signed: 30-3-2007	–	Signed: 30-3-2007
–	Mozambique	–	Signed Protocol: 30-3-2007
–	Signed: 30-3-2007	–	Ratified: 2-4-2008
•	Namibia	–	Ratified Protocol: 2-4-2008
–	Signed: 25-4-2007	•	Turkey
–	Signed Protocol: 25-4-2007	–	Signed: 30-3-2007
–	Ratified: 4-12-2007	–	Turkmenistan
–	Ratified Protocol: 4-12-2007	–	Ratified: 4-9-2008
•	Nepal	•	Uganda
–	Signed: 3-1-2008	–	Signed: 30-3-2007
–	Signed Protocol: 3-1-2008	–	Signed Protocol: 30-3-2007
•	Netherlands	–	Ratified: 25-9-2008
–	Signed: 30-3-2007	–	Ratified Protocol: 25-9-2008
•	New Zealand	•	Ukraine
–	Signed: 30-3-2007	–	Signed: 24-9-2008
–	Ratified: 25-9-2008	–	Signed Protocol: 24-9-2008
•	Niger	•	United Arab Emirates
–	Signed: 30-3-2007	–	Signed: 8-2-2008
–	Signed Protocol: 2-8-2007	–	Signed Protocol: 12-2-2008
–	Ratified: 24-6-2008	•	United Kingdom of Great Britain and Northern Ireland
–	Ratified Protocol: 24-6-2008	–	Signed: 30-3-2007
•	Nigeria	–	Ratified: 08-06-2009
–	Signed: 30-3-2007	•	Uruguay
–	Signed Protocol: 30-3-2007	–	Signed: 3-4-2007
•	Norway	•	Vanuatu
–	Signed: 30-3-2007	–	Signed: 17-5-2007
•	Oman	•	Viet Nam
–	Signed: 17-3-2008	–	Signed: 22-10-2007
–	Ratified: 6-1-2009	•	Yemen
•	Pakistan	–	Signed: 30-3-2007
–	Signed: 25-9-2008	•	Zambia
•	Panama	–	Signed: 9-5-2008
–	Signed: 30-3-2007	–	Signed Protocol: 29-9-2008

APPENDIX 2

Code	Rights and Benefits
1. Kl.	The right to use the second class ticket for travelling first class on the rail-way. Exclusive to the recipients of the benefits in accordance with the Federal Law on Social Security (Bundesversorgungsgesetz), or the Federal Law on Compensations (Bundesentschädigungsgesetz)
aG	<p>Person has a serious damage to the supporting-motor system (Außergewöhnlich gehbehindert), i.e. the person needs to make use of a wheelchair.</p> <ol style="list-style-type: none"> 1. The right to waive transport taxes up until 15,000 km per year, up to €4,500, on the basis of the coefficient of €0.30 per 1 km. 2. Free travel by public transport (Nahverkehr). 3. Car taxes exemptions provided the car is registered in the disabled person's name. a. 4. The right to hold a disability parking ID card (issued by Strassenverkehrsamt).
B	<p>Person with disability requires a permanent assistance for using public transport (Begleitung).</p> <ol style="list-style-type: none"> 1. The assistant has the right for free transport by bus, train, or plain throughout the entire territory of Germany. 2. For visiting public places, exhibitions, museums, etc., the discounts apply to one of the two – to either the person who has the disability, or to the assistant. In some instances, the assistant is exempt from having to make payment. (In this case, the second person has to pay for the ticket in full). 3. A total of up to €67 can be waived from taxes by filling in the declaration box (ungewöhnliche Belastungen) as payment for the assistant travel cost during a holiday trip.
Bl	<p>Blind</p> <ol style="list-style-type: none"> 1. The right for waiving taxes up to €3,700. 2. The right for a lump sum care allowance of 924 Euros per year. 3. The right to waive transport taxes from the travel expenses up to 4,500 Euros in the box marked as 'exclusive expenses' (ungewöhnliche Belastungen). 4. Free travel by public transport (Nahverkehr). 5. Car tax exemption provided that car is registered in the disabled person's name. 6. The dog tax exemption. 7. The right of receiving the disability grant for the blind. 8. Postal discounts, exemption from television and radio duties, and the discounts to the telephone charges. 9. The right to hold a disability parking ID card (issued by the local Strassenverkehrsamt).
G	<p>Persons confined to the use of wheelchair (Gehebehindert)</p> <ol style="list-style-type: none"> 1. No proof required for waiving the taxes on transportation expenses up to 3,000 km or 900 Euros (calculated with the coefficient of 0.3 €/km). 2. For waiving the taxes on over 3,000 km on the disability related trips (to the maximum of 15,000) a proof is required in the form of a report. Maximum is surmountable to 15,000 km and to 4,500 Euros, respectively. 3. Free travel by public transport. 4. Car tax exemption provided that car is registered in the disabled person's name.
Gl	<p>Deaf (Gehörlos)</p> <ol style="list-style-type: none"> 1. Free travel by public transport. 2. The right to receive the deaf disability allowance.
H	<p>The disability requires continual care (Hilflos)</p> <ol style="list-style-type: none"> 1. The right for waiving taxes up to €3,700. 2. The right for a lump sum care allowance of 924 Euros per year. 3. The right to waive transport taxes from the travel expenses up to 4,500 Euros in the box marked as 'exclusive expenses' (ungewöhnliche Belastungen). 4. Free travel by public transport. 5. Car tax exemption provided that car is registered in the disabled person's name. 6. The dog tax exemption. 7. The right to receive the allowance for the blind. 8. Postal discounts, exemption from the television and radio duties, and the discounts to the telephone charges. 9. The right to hold a disability parking ID card (issued by the local Strassenverkehrsamt-e).
RF	<p>Person with a disability has the right to exemption from the radio and television duties due to health reasons (Befreiung von der Rundfunkgebührenpflicht).</p> <ol style="list-style-type: none"> 1. The right to exemption from the radio and television duty. 2. The right to discounted telephone charges (Sozialtarif).

Table 3.1

Trends in Human Development Index of Kazakhstan and its regions, calculated as per capita GRP, 1990-2008

Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	0,762	0,765	0,748	0,755	0,733	0,706	0,701	0,704	0,715	0,737	0,740	0,747	0,762	0,780	0,799	0,816	0,825	0,832	0,838
Akmola	...	...	...	...	...	...	...	0,696	0,692	0,715	0,708	0,715	0,725	0,725	0,737	0,739	0,741	0,756	0,761
Akt'yubinsk	0,793	0,784	0,772	0,766	0,750	0,734	0,729	0,738	0,746	0,747	0,742	0,751	0,763	0,776	0,798	0,814	0,813	0,817	0,829
Almaty	0,764	0,751	0,741	0,718	0,706	0,693	0,712	0,713	0,707	0,700	0,696	0,710	0,715	0,718	0,726	0,727	0,729	0,737	0,743
Atyrau	0,773	0,762	0,765	0,733	0,760	0,766	0,776	0,781	0,777	0,785	0,813	0,825	0,837	0,857	0,867	0,875	0,877	0,873	0,887
Eastern – Kazakhstan	0,773	0,764	0,760	0,739	0,731	0,723	0,716	0,720	0,730	0,737	0,729	0,738	0,742	0,748	0,759	0,759	0,763	0,772	0,774
Zhambyl	0,763	0,742	0,748	0,707	0,686	0,664	0,695	0,685	0,684	0,684	0,676	0,687	0,699	0,711	0,728	0,735	0,730	0,743	0,743
Western – Kazakhstan	0,786	0,775	0,751	0,745	0,721	0,703	0,699	0,726	0,728	0,739	0,754	0,764	0,775	0,784	0,817	0,817	0,819	0,816	0,830
Karaganda	0,774	0,770	0,781	0,758	0,752	0,744	0,723	0,729	0,729	0,745	0,748	0,754	0,760	0,768	0,787	0,793	0,798	0,802	0,811
Kostanay	0,803	0,788	0,805	0,793	0,768	0,729	0,728	0,746	0,736	0,734	0,731	0,739	0,743	0,751	0,762	0,766	0,764	0,774	0,783
Kyzylorda	0,749	0,731	0,737	0,712	0,707	0,695	0,711	0,710	0,699	0,699	0,710	0,721	0,742	0,755	0,774	0,779	0,790	0,802	0,816
Mangystau	0,771	0,777	0,785	0,702	0,758	0,777	0,785	0,769	0,768	0,780	0,793	0,795	0,811	0,827	0,838	0,848	0,857	0,863	0,875
Pavlodar	0,777	0,777	0,787	0,774	0,764	0,755	0,754	0,737	0,755	0,745	0,751	0,763	0,771	0,783	0,798	0,798	0,793	0,796	0,809
North – Kazakhstan	0,793	0,800	0,780	0,746	0,748	0,744	0,750	0,734	0,710	0,719	0,706	0,725	0,723	0,726	0,738	0,740	0,743	0,749	0,754
South-Kazakhstan	0,765	0,758	0,746	0,719	0,700	0,676	0,699	0,703	0,699	0,706	0,713	0,724	0,728	0,733	0,742	0,741	0,740	0,751	0,754
Astana city	...	...	...	...	...	...	...	0,724	0,757	0,773	0,782	0,786	0,807	0,834	0,858	0,883	0,893	0,900	0,905
Almaty city	0,802	0,791	0,770	0,782	0,769	0,767	0,802	0,821	0,823	0,828	0,821	0,839	0,850	0,852	0,856	0,862	0,866	0,892	0,893
KAZAKHSTAN	0,776	0,769	0,766	0,748	0,738	0,726	0,732	0,735	0,736	0,742	0,743	0,754	0,765	0,775	0,789	0,797	0,804	0,808	0,815

Source: Calculated by the author using data of the RK Statistics Agency and GHP per capita at the regional level. 2006 indices have been updated.

Note: the regions' highest and lowest values are in bold.

Table 3.2

Trends in GDP (GRP) per capita in Kazakhstan and its regions, 1990-2008
US\$ per capita, at PPP

Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	4849	5388	4022	5885	4577	3419	3061	3026	3372	4541	4590	5480	6477	7584	9175	11320	12486	13842	13733
Akmola	...	...	...	...	...	...	...	2698	2331	3134	2732	3324	3482	3660	4062	4158	4545	6523	6297
Akt'yubinsk	7750	6903	5593	6475	5652	5077	4204	4995	5108	4391	4505	5207	6161	7073	8208	9848	10262	11655	12574
Almaty	5238	4355	3680	3091	2560	2263	2919	2767	2381	2073	2036	2488	2681	2829	3013	3238	3420	4052	4055
Atyrau	7224	6139	6536	4732	8558	9987	11096	11431	9120	10207	15348	17398	21449	26451	26568	28607	32133	30521	36509
Eastern Kazakhstan	6480	5680	5380	4734	4656	5063	4394	4539	4755	4437	4050	4416	4507	4698	4990	5188	5802	6766	6480
Zhambyl	5825	4188	4681	2890	2010	1557	2501	2049	1784	1551	1473	1610	1850	2273	2535	2688	2555	3156	3157
Western Kazakhstan	7095	6045	4001	4596	3611	2962	2693	3856	3712	4103	5190	6338	7206	7835	11160	10789	11570	12084	13919
Karaganda	6368	6153	7659	6542	6710	7444	5257	5489	5178	5347	5447	5766	6038	6699	7121	8253	9442	10250	11167
Kostonay	9121	7248	9943	10309	7086	4320	4019	5380	4621	4349	4247	4461	4631	5167	5569	5751	5831	7500	8272
Kyzylorda	4270	3137	3544	2900	2727	2662	3155	3016	2486	2084	2489	2923	3911	4608	5491	6364	8027	9544	11458
Mangistau	6337	7415	8753	2481	7373	11894	13571	9838	7388	8813	11077	11793	14703	14253	15885	19450	21738	22775	27484
Pavlodar	6618	7004	8490	8623	8457	8489	7377	5115	6500	4831	5530	6429	6552	7526	8430	8372	8477	9534	11129
North Kazakhstan	8185	9672	6864	4759	5116	5790	6404	4689	3268	3234	2597	3539	3488	3612	4141	4393	4773	5852	5992
South Kazakhstan	4620	4266	3447	2722	2002	1574	2304	2194	1916	1942	2211	2619	2632	2735	2646	2590	2522	3185	3282
Astana city	...	...	...	...	...	...	...	4041	6207	7777	8155	9017	11002	13387	16533	21230	23042	23144	22651
Almaty city	6601	5644	3929	6182	5185	5188	9369	10327	10448	10024	9115	11771	13843	15144	16931	19409	23850	24607	21388
KAZAKHSTAN	6283	5756	5561	5204	4711	4508	4682	4628	4379	4293	4487	5219	5862	6532	7273	8090	9065	9966	10421

Source: calculated by the author using data of the RK Statistics Agency and GRP per capita at the regional level. 2006 indices have been updated.
Note: the regions' highest and lowest values are in bold.

Table 3.3

Trends in income indices of Kazakhstan and its regions on the basis of GRP per capita, 1990-2008

Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	0,648	0,665	0,617	0,680	0,638	0,589	0,571	0,569	0,587	0,637	0,639	0,668	0,696	0,722	0,754	0,789	0,806	0,823	0,822
Akmola	...	...	...	...	...	...	...	0,550	0,526	0,575	0,552	0,585	0,593	0,601	0,618	0,622	0,637	0,697	0,691
Akt'yubinsk	0,726	0,707	0,672	0,696	0,673	0,655	0,624	0,653	0,657	0,631	0,636	0,660	0,688	0,711	0,736	0,766	0,773	0,794	0,807
Almaty	0,661	0,630	0,602	0,573	0,541	0,521	0,563	0,554	0,529	0,506	0,503	0,536	0,549	0,558	0,568	0,580	0,590	0,618	0,618
Atyrau	0,714	0,687	0,698	0,644	0,743	0,768	0,786	0,791	0,753	0,772	0,840	0,861	0,896	0,931	0,932	0,944	0,963	0,955	0,985
Eastern Kazakhstan	0,696	0,674	0,665	0,644	0,641	0,655	0,631	0,637	0,645	0,633	0,618	0,632	0,636	0,643	0,653	0,659	0,678	0,703	0,696
Zhambyl	0,678	0,623	0,642	0,561	0,501	0,458	0,537	0,504	0,481	0,458	0,449	0,464	0,487	0,521	0,540	0,549	0,541	0,576	0,576
Western Kazakhstan	0,711	0,685	0,616	0,639	0,599	0,566	0,550	0,610	0,603	0,620	0,659	0,693	0,714	0,728	0,787	0,781	0,793	0,800	0,824
Karaganda	0,693	0,688	0,724	0,698	0,702	0,719	0,661	0,668	0,659	0,664	0,667	0,677	0,684	0,702	0,712	0,737	0,759	0,773	0,787
Kostanay	0,753	0,715	0,768	0,774	0,711	0,629	0,616	0,665	0,640	0,630	0,626	0,634	0,640	0,658	0,671	0,676	0,679	0,721	0,737
Kyzylorda	0,627	0,575	0,595	0,562	0,552	0,548	0,576	0,569	0,536	0,507	0,537	0,563	0,612	0,639	0,669	0,693	0,732	0,761	0,791
Mangistau	0,692	0,719	0,746	0,536	0,718	0,798	0,820	0,766	0,718	0,748	0,786	0,796	0,833	0,828	0,846	0,880	0,898	0,906	0,937
Pavlodar	0,700	0,709	0,741	0,744	0,741	0,741	0,718	0,657	0,697	0,647	0,670	0,695	0,698	0,721	0,740	0,739	0,741	0,761	0,786
North Kazakhstan	0,735	0,763	0,706	0,645	0,657	0,677	0,694	0,642	0,582	0,580	0,544	0,595	0,593	0,599	0,621	0,631	0,645	0,679	0,683
South-Kazakhstan	0,640	0,626	0,591	0,551	0,500	0,460	0,524	0,515	0,493	0,495	0,517	0,545	0,546	0,552	0,547	0,543	0,539	0,578	0,583
Astana city	...	...	...	...	...	...	...	0,617	0,689	0,727	0,735	0,751	0,785	0,817	0,853	0,894	0,908	0,909	0,905
Almaty city	0,699	0,673	0,613	0,688	0,659	0,659	0,758	0,774	0,776	0,769	0,753	0,796	0,823	0,838	0,857	0,879	0,914	0,919	0,896
KAZAKHSTAN	0,691	0,676	0,671	0,660	0,643	0,636	0,642	0,640	0,631	0,627	0,635	0,660	0,679	0,698	0,715	0,733	0,752	0,768	0,776

Source: calculated by the author using data of the RK Statistics Agency and GRP per capita at the regional level. 2006 indices have been updated.
Note: the regions' highest and lowest values are in bold.

Table 3.4
US\$, at PPP

Trends in income spent on per capita consumption in Kazakhstan and its regions, 1993-2008

Regions	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	6313	4412	4105	4121	5085	5319	4096	5200	7511	8587	9631	10266	11492	12840	13610	14975
Akmola	...	...	...	...	...	...	2791	4608	5729	6196	7003	7442	8278	8398	9700	10623
Akt'yubinsk	4329	4070	4157	4272	3681	3473	3469	4803	5753	7044	8122	8516	9472	9741	10786	11514
Almaty	3586	3074	2544	2723	2646	2458	2473	3360	4029	4608	5483	6705	7458	7789	9013	8776
Atyrau	3985	4400	4183	4303	4520	4573	4753	4472	5148	6215	6363	7165	7970	9647	9872	9408
Eastern – Kazakhstan	5699	4829	4524	4692	5270	5399	5084	5117	5910	6562	7038	7970	8865	10458	10315	10935
Zhambyl	3640	3496	3658	3725	3046	3211	3299	2965	3117	3950	4341	5545	6168	6595	8447	8103
Western – Kazakhstan	4785	3950	3682	3513	3560	3647	3750	4233	4790	5622	6919	7506	8349	8846	9112	9139
Karaganda	8257	7591	6925	6856	6821	5985	5903	5163	5945	6881	7412	8192	9112	9373	10801	11976
Kostanay	6139	4237	4429	4187	5176	4548	4341	4852	5274	5787	6016	6561	7298	8531	9827	10330
Kyzylorda	4492	3694	3239	5027	5565	5294	4642	3309	3530	3960	4900	5138	5715	5963	7131	7431
Mangistau	5953	5284	6461	6057	6408	6276	5198	4389	5632	6648	7422	8589	9553	9251	9198	9676
Pavlodar	5868	5379	5278	5085	5016	4653	4691	5194	6053	5674	6821	7672	8534	10871	10883	11573
North - Kazakhstan	5142	3975	3741	4661	4201	3397	3450	5211	6568	6106	6846	7124	7924	8200	8951	10153
South- Kazakhstan	2927	2394	2320	2699	2714	2547	2698	3164	3427	3960	4268	4943	5498	6560	7349	7702
Astana city	...	...	...	...	...	7557	7096	6336	10434	12199	13516	14329	15938	18745	18580	20192
Almaty city	9528	8830	8226	8163	8723	8203	7628	6585	8403	9501	10080	10572	11760	12145	13748	13937
KAZAKHSTAN	5204	4711	4508	4682	4628	4379	4293	4487	5219	5862	6532	7273	8090	9065	9966	10421

Source: calculated by the author using data of the RK Statistics Agency and GRP per capita at the regional level. 2006 indices have been updated.
Note: the regions' highest and lowest values are in bold.

Table 3.5

Trends in income indices of Kazakhstan and its regions based on income spent on consumption per capita, 1993 – 2008

US\$, at PPP

Regions	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	0,692	0,632	0,620	0,621	0,656	0,663	0,620	0,659	0,721	0,743	0,762	0,773	0,792	0,810	0,820	0,836
Akmola	...	...	...	...	...	...	0,556	0,639	0,676	0,689	0,709	0,719	0,737	0,739	0,764	0,779
Akt'yubinsk	0,629	0,619	0,622	0,627	0,602	0,592	0,592	0,646	0,676	0,710	0,734	0,742	0,760	0,764	0,781	0,792
Almaty	0,597	0,572	0,540	0,552	0,547	0,534	0,535	0,587	0,617	0,639	0,668	0,702	0,720	0,727	0,751	0,747
Atyrau	0,615	0,632	0,623	0,628	0,636	0,638	0,644	0,634	0,658	0,689	0,693	0,713	0,731	0,763	0,766	0,758
Eastern – Kazakhstan	0,675	0,647	0,636	0,642	0,662	0,666	0,656	0,657	0,681	0,698	0,710	0,731	0,749	0,776	0,774	0,784
Zhambyl	0,600	0,593	0,601	0,604	0,570	0,579	0,584	0,566	0,574	0,614	0,629	0,670	0,688	0,699	0,740	0,734
Western – Kazakhstan	0,646	0,614	0,602	0,594	0,596	0,600	0,605	0,625	0,646	0,672	0,707	0,721	0,738	0,748	0,753	0,754
Karaganda	0,737	0,723	0,707	0,706	0,705	0,683	0,681	0,658	0,682	0,706	0,719	0,735	0,753	0,758	0,781	0,799
Kostanay	0,687	0,625	0,633	0,623	0,659	0,637	0,629	0,648	0,662	0,677	0,684	0,698	0,716	0,742	0,766	0,774
Kyzylorda	0,635	0,602	0,580	0,654	0,671	0,662	0,641	0,584	0,595	0,614	0,650	0,657	0,675	0,682	0,712	0,719
Mangistau	0,682	0,662	0,696	0,685	0,694	0,691	0,659	0,631	0,673	0,700	0,719	0,743	0,761	0,756	0,755	0,763
Pavlodar	0,680	0,665	0,662	0,656	0,653	0,641	0,642	0,659	0,685	0,674	0,705	0,724	0,742	0,783	0,783	0,793
North – Kazakhstan	0,658	0,615	0,605	0,641	0,624	0,588	0,591	0,660	0,698	0,686	0,705	0,712	0,730	0,735	0,750	0,771
South- Kazakhstan	0,564	0,530	0,525	0,550	0,551	0,540	0,550	0,577	0,590	0,614	0,627	0,651	0,669	0,698	0,717	0,725
Astana city	...	...	...	...	...	0,722	0,711	0,692	0,776	0,802	0,819	0,829	0,846	0,873	0,872	0,886
Almaty city	0,761	0,748	0,736	0,735	0,746	0,736	0,723	0,699	0,740	0,760	0,770	0,778	0,796	0,801	0,822	0,824
KAZAKHSTAN	0,660	0,643	0,636	0,642	0,640	0,631	0,627	0,635	0,660	0,679	0,698	0,715	0,733	0,752	0,768	0,776

Source: calculated by the author using data of the RK Statistics Agency and GRP per capita at the regional level.. 2006 indices have been updated.
 Note: the regions' highest and lowest values are in bold.

Trends in Human Development Index of Kazakhstan and its regions based on income spent on consumption per capita, 1993 – 2006

Regions	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	0,759	0,731	0,717	0,718	0,733	0,740	0,731	0,747	0,765	0,778	0,794	0,805	0,817	0,826	0,831	0,843
Akmola	...	...	...	...	...	...	0,708	0,737	0,745	0,758	0,761	0,770	0,778	0,775	0,779	0,790
Akt'yubinsk	0,744	0,732	0,723	0,729	0,721	0,724	0,734	0,746	0,757	0,771	0,784	0,800	0,812	0,810	0,812	0,824
Almaty	0,726	0,716	0,700	0,708	0,710	0,709	0,710	0,724	0,737	0,746	0,755	0,770	0,774	0,775	0,781	0,786
Atyrau	0,724	0,723	0,717	0,723	0,730	0,739	0,743	0,744	0,757	0,768	0,778	0,794	0,804	0,810	0,810	0,812
Eastern – Kazakhstan	0,749	0,733	0,717	0,720	0,728	0,737	0,745	0,742	0,754	0,763	0,771	0,785	0,789	0,796	0,795	0,803
Zhambyl	0,720	0,717	0,711	0,718	0,707	0,716	0,726	0,715	0,723	0,742	0,747	0,772	0,781	0,783	0,797	0,796
Western – Kazakhstan	0,747	0,726	0,715	0,714	0,721	0,725	0,734	0,742	0,748	0,761	0,777	0,795	0,803	0,804	0,801	0,807
Karaganda	0,771	0,759	0,740	0,738	0,741	0,736	0,750	0,745	0,755	0,767	0,774	0,795	0,799	0,798	0,804	0,815
Kostanay	0,764	0,740	0,731	0,730	0,743	0,735	0,734	0,738	0,749	0,755	0,759	0,771	0,779	0,786	0,789	0,795
Kyzylorda	0,736	0,724	0,706	0,737	0,744	0,740	0,744	0,726	0,731	0,742	0,758	0,771	0,773	0,774	0,786	0,792
Mangystau	0,750	0,739	0,743	0,740	0,745	0,763	0,750	0,741	0,754	0,767	0,790	0,804	0,808	0,810	0,813	0,817
Pavlodar	0,753	0,738	0,728	0,734	0,736	0,737	0,744	0,748	0,760	0,763	0,778	0,793	0,799	0,806	0,803	0,811
North – Kazakhstan	0,750	0,734	0,719	0,732	0,728	0,710	0,723	0,745	0,760	0,754	0,762	0,769	0,773	0,773	0,773	0,783
South-Kazakhstan	0,723	0,710	0,697	0,708	0,715	0,715	0,724	0,733	0,739	0,751	0,758	0,777	0,782	0,793	0,797	0,801
Astana city	...	...	...	...	...	0,779	0,768	0,768	0,794	0,812	0,834	0,850	0,867	0,882	0,888	0,899
Almaty city	0,806	0,799	0,792	0,794	0,812	0,813	0,813	0,803	0,821	0,829	0,829	0,830	0,834	0,848	0,859	0,860
KAZAKHSTAN	0,748	0,738	0,726	0,732	0,735	0,736	0,742	0,743	0,754	0,765	0,775	0,789	0,797	0,804	0,808	0,815

Source: calculated by the author using data of the RK Statistics Agency and GRP per capita at the regional level. 2006 indices have been updated.
Note: the regions' highest and lowest values are in bold.

Table 3.7

Human Development Ranking of Regions of Kazakhstan, 2008

Place	Region ¹⁾	HDI of regions by income ¹⁾	FYI: countries with similar HDI ²⁾	HDI ranking of the country ²⁾	HDI of the country ²⁾
2008	2008	2008	2005	2005	2005
1	Astana city	0,899	Portugal	29	0,897
2	Almaty city	0,860	Estonia	44	0,860
3	Aktyubinsk	0,824	Bulgaria	53	0,824
4	Mangistau	0,817	Libyan Arab Jamahiriya	56	0,818
5	Karaganda	0,815	Antigua and Barbuda	57	0,815
6	Atyrau	0,812	Saudi Arabia	61	0,812
7	Pavlodar	0,811	Malaysia	63	0,811
8	Western Kazakhstan	0,807	Belarus	64	0,804
9	Eastern Kazakhstan	0,803	Bosnia and Herzegovina	66	0,803
10	South Kazakhstan	0,801	Albania	68	0,801
11	Zhambyl	0,796	Saint-Lucia	72	0,795
12	Kostanay	0,795	Saint-Lucia	72	0,795
13	Kyzylorda	0,792	Venezuela	74	0,792
14	Akmola	0,790	Columbia	75	0,791
15	Almaty	0,786	Samoa	77	0,785
16	North Kazakhstan	0,783	Thailand	78	0,781

Sources: ¹⁾ calculated by the author using data of the RK Statistics Agency.

²⁾ UNDP's Global Human Development Report 2007/2008.

Table 3.8

Basic human development indicators and related indices, by region, 2008

Region	Life expectancy at birth, years	Literacy rate	Enrolment rate*	Income per capita at PPP	LE Index	Education Index	Income Index	HDI
Akmola	64,96	99,4	79,0	10623	0,666	0,926	0,779	0,790
Aktyubinsk	67,61	99,7	91,5	11514	0,710	0,970	0,792	0,824
Almaty	67,52	99,4	72,1	8776	0,709	0,903	0,747	0,786
Atyrau	67,42	99,7	91,8	9408	0,707	0,971	0,758	0,812
Eastern Kazakhstan	65,81	99,2	84,9	10935	0,680	0,944	0,784	0,803
Zhambyl	67,39	99,7	84,8	8103	0,707	0,947	0,734	0,796
Western Kazakhstan	67,30	99,4	89,5	9139	0,705	0,961	0,754	0,807
Karaganda	65,81	99,5	90,5	11976	0,680	0,965	0,799	0,815
Kostanay	65,59	99,4	81,9	10330	0,677	0,936	0,774	0,795
Kyzylorda	67,48	99,6	85,1	7431	0,708	0,948	0,719	0,792
Mangistau	66,78	99,5	98,2	9676	0,696	0,991	0,763	0,817
Pavlodar	66,48	99,4	86,0	11573	0,691	0,949	0,793	0,811
North Kazakhstan	65,41	99,2	73,2	10153	0,674	0,905	0,771	0,783
South Kazakhstan	67,90	99,9	89,4	7702	0,715	0,964	0,725	0,801
Astana city	73,75	99,7	100,0	20192	0,813	0,998	0,886	0,899
Almaty city	70,35	99,8	100,0	13937	0,756	0,999	0,824	0,860
Republic of Kazakhstan	67,11	99,5	91,0	10421	0,702	0,967	0,776	0,815
Maximum /minimum	64,96	1,007	1,387	2,7	1,220	1,106	1,232	1,147

* - 2007 data

Source: calculated by the author using data of the RK Statistics Agency and GRP per capita at the regional level.

Note: the regions' highest and lowest values are in bold.

Table 3.9

Trends in individual human development indicators adjusted by gender, Kazakhstan, 1999-2007
в гендерном разрезе в Казахстане в 1999-2007 годах

Indicator	1999	2000	2001	2002	2003	2004	2005	2006	2007	Variation
Life expectancy at birth 1)	65,5	65,5	65,8	66,0	65,8	66,18	65,91	66,15	66,34	0,84
Including: women ¹⁾	71,0	71,1	71,3	71,5	71,5	72,00	71,77	72,15	72,58	1,58
men ¹⁾	60,3	60,2	60,5	60,7	60,5	60,62	60,30	60,70	60,69	0,39
Gender difference, years ¹⁾	10,7	10,9	10,8	10,8	11,0	11,4	11,5	11,5	11,9	1,2
Share of employed women, % ¹⁾	47,6	47,5	47,3	47,4	47,7	46,7	46,5	47,6	47,9	0,3
Women's wages as a % of men's wages ¹⁾	67,6	61,5	58,7	61,7	60,8	61,7	61,1	62,3	65,8	-1,8
GDP per capita. US\$ ²⁾	4293	4487	5219	5862	6532	7273	8090	9065	9966	5673
Including: women ¹⁾	3152	2683	3637	4212	4652	5220	5761	6566	7522	4371
men ¹⁾	5521	6428	6923	7640	8556	9484	10599	11780	12620	7099
Gender difference. US\$ ²⁾	2369	3745	3286	3428	3903	4264	4839	5214	5098	2729

Sources: ¹⁾ Data provided by the RK Statistics Agency.

²⁾ calculated by the author. 2006 data have been updated.

Table 3.10

Trends in Kazakhstan's gender adjusted indices of human development components and HDI ,
1999-2007

Indicator	1999	2000	2001	2002	2003	2004	2005	2006	2007	Variation
Life expectancy index	$\frac{0,767}{0,588}$	$\frac{0,768}{0,587}$	$\frac{0,772}{0,592}$	$\frac{0,775}{0,595}$	$\frac{0,775}{0,592}$	$\frac{0,783}{0,594}$	$\frac{0,780}{0,588}$	$\frac{0,786}{0,595}$	$\frac{0,793}{0,595}$	$\frac{0,026}{0,007}$
Education accessibility index	$\frac{0,925}{0,915}$	$\frac{0,925}{0,915}$	$\frac{0,929}{0,919}$	$\frac{0,940}{0,927}$	$\frac{0,955}{0,939}$	$\frac{0,979}{0,955}$	$\frac{0,989}{0,962}$	$\frac{0,987}{0,959}$	$\frac{0,990}{0,952}$	$\frac{0,046}{0,055}$
Income index	$\frac{0,576}{0,669}$	$\frac{0,549}{0,695}$	$\frac{0,600}{0,707}$	$\frac{0,624}{0,624}$	$\frac{0,641}{0,743}$	$\frac{0,660}{0,759}$	$\frac{0,677}{0,778}$	$\frac{0,699}{0,795}$	$\frac{0,721}{0,807}$	$\frac{0,145}{0,138}$
HDI	$\frac{0,756}{0,724}$	$\frac{0,748}{0,732}$	$\frac{0,767}{0,739}$	$\frac{0,780}{0,749}$	$\frac{0,790}{0,758}$	$\frac{0,807}{0,770}$	$\frac{0,815}{0,776}$	$\frac{0,824}{0,783}$	$\frac{0,831}{0,785}$	$\frac{0,076}{0,060}$

Source: calculated by the author on the basis of data of the RK Statistics Agency. 2006 indices have been updated.

Note: numerator – women, denominator – men.

Table 3.11

Trends in Kazakhstan's gender-aggregated and disaggregated indices of human development components and HDI using UNDP's methodology, 1999-2007

Indicator	1999	2000	2001	2002	2003	2004	2005	2006	2007	Variation
Life expectancy index	$\frac{0,675}{0,669}$	$\frac{0,675}{0,669}$	$\frac{0,680}{0,673}$	$\frac{0,683}{0,676}$	$\frac{0,680}{0,674}$	$\frac{0,686}{0,679}$	$\frac{0,682}{0,674}$	$\frac{0,686}{0,681}$	$\frac{0,689}{0,684}$	$\frac{0,014}{0,015}$
Education accessibility index	$\frac{0,921}{0,920}$	$\frac{0,921}{0,920}$	$\frac{0,924}{0,924}$	$\frac{0,934}{0,934}$	$\frac{0,947}{0,947}$	$\frac{0,967}{0,967}$	$\frac{0,976}{0,976}$	$\frac{0,973}{0,973}$	$\frac{0,967}{0,967}$	$\frac{0,046}{0,047}$
Income index	$\frac{0,627}{0,617}$	$\frac{0,635}{0,611}$	$\frac{0,660}{0,647}$	$\frac{0,679}{0,668}$	$\frac{0,698}{0,686}$	$\frac{0,715}{0,704}$	$\frac{0,733}{0,722}$	$\frac{0,752}{0,742}$	$\frac{0,768}{0,760}$	$\frac{0,141}{0,143}$
HDI	$\frac{0,741}{0,736}$	$\frac{0,743}{0,733}$	$\frac{0,755}{0,748}$	$\frac{0,766}{0,760}$	$\frac{0,775}{0,769}$	$\frac{0,790}{0,784}$	$\frac{0,777}{0,791}$	$\frac{0,804}{0,799}$	$\frac{0,808}{0,803}$	$\frac{0,067}{0,067}$

Source: calculated by the author on the basis of data of the RK Statistics Agency. 2006 indices have been updated.
Note: numerator – gender-aggregated, denominator – gender disaggregated.

Table 3.12

Gender inequality indices of human development components, Kazakhstan, 1999-2007

Indicator	1999	2000	2001	2002	2003	2004	2005	2006	2007	Variation
Life expectancy at birth	0,095	0,098	0,097	0,097	0,100	0,106	0,108	0,108	0,115	0,020
Adult literacy rate	0,005	0,005	0,005	0,005	0,005	0,005	0,005	0,005	0,005	0,000
Combined gross enrolment ratio	0,040	0,040	0,040	0,050	0,060	0,080	0,090	0,095	0,095	0,055
GDP per capita	0,266	0,402	0,303	0,282	0,288	0,282	0,288	0,276	0,245	-0,021

Source: calculated by the author on the basis of data of the RK Statistics Agency

Table 3.13

Trends in indices of human development components and HDIGI, Kazakhstan, 1999-2007

Indicator	1999	2000	2001	2002	2003	2004	2005	2006	2007	Variation
Life expectancy index	$\frac{-0,064}{0,611}$	$\frac{-0,066}{0,609}$	$\frac{-0,066}{0,614}$	$\frac{-0,066}{0,617}$	$\frac{-0,068}{0,612}$	$\frac{-0,073}{0,613}$	$\frac{-0,074}{0,608}$	$\frac{-0,074}{0,612}$	$\frac{-0,079}{0,610}$	$\frac{-0,015}{-0,001}$
Education accessibility index	$\frac{-0,015}{0,905}$	$\frac{-0,015}{0,905}$	$\frac{-0,015}{0,908}$	$\frac{-0,019}{0,915}$	$\frac{-0,022}{0,925}$	$\frac{-0,029}{0,938}$	$\frac{-0,033}{0,943}$	$\frac{-0,034}{0,939}$	$\frac{-0,034}{0,933}$	$\frac{-0,019}{0,028}$
Income index	$\frac{-0,167}{0,461}$	$\frac{-0,255}{0,380}$	$\frac{-0,200}{0,460}$	$\frac{-0,191}{0,488}$	$\frac{-0,201}{0,497}$	$\frac{-0,202}{0,514}$	$\frac{-0,211}{0,522}$	$\frac{-0,207}{0,545}$	$\frac{-0,188}{0,580}$	$\frac{-0,021}{0,119}$
HDI	$\frac{-0,082}{0,659}$	$\frac{-0,112}{0,631}$	$\frac{-0,094}{0,661}$	$\frac{-0,092}{0,674}$	$\frac{-0,097}{0,678}$	$\frac{-0,101}{0,688}$	$\frac{-0,106}{0,691}$	$\frac{-0,105}{0,699}$	$\frac{-0,100}{0,708}$	$\frac{-0,018}{0,049}$

Source: calculated by the author on the basis of data of the RK Statistics Agency
Note: numerator –deviation of indices adjusted for gender inequality from unadjusted indices, denominator –indices adjusted for gender inequality.

Table 3.14

Portion of HDIGI in Kazakhstan explained by gender inequality of human development components, 1999-2007

Indicator	1999	2000	2001	2002	2003	2004	2005	2006	2007	Variation
Life expectancy at birth	26	20	23	24	23	24	23	23	26	0
Adult literacy rate	6	5	5	7	8	10	10	11	11	+5
Combined gross enrolment ratio	68	76	71	69	69	66	67	66	63	-5
GDP per capita	100	100	100	100	100	100	100	100	100	

Source: calculated by the author on the basis of data of the RK Statistics Agency

Table 3.15

Trends in proportion of population not surviving to age 60, 1999-2008

Region	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	30,3	30,3	31,6	30,3	30,3	30,4	30,6	30,4	29,3	25,0
Akmola oblast	31,7	33,1	35,4	33,7	35,7	35,1	35,7	36,4	35,8	31,9
Aktyubinsk	30,7	34,3	34,8	34,6	33,6	32,2	31,2	30,8	30,7	26,6
Almaty	28,0	28,2	27,5	27,0	28,0	28,2	29,5	30,1	30,0	26,6
Atyrau	32,7	33,2	32,2	33,6	30,9	30,0	28,5	29,4	28,6	25,9
Eastern Kazakhstan	31,5	33,4	31,9	32,1	31,8	32,0	33,1	33,8	33,1	30,4
Zhambyl	27,4	30,3	28,9	27,9	29,3	28,2	27,9	28,7	27,2	26,2
Western Kazakhstan	30,9	32,0	32,2	33,0	32,8	30,0	29,5	29,4	29,8	27,1
Karaganda	33,2	33,2	33,8	33,9	35,3	36,1	35,9	36,1	36,5	33,6
Kostanay	31,0	31,6	30,7	30,2	31,7	31,8	32,3	32,7	33,2	31,3
Kyzylorda	28,4	27,5	27,5	28,2	26,7	26,0	28,1	27,9	26,8	24,3
Mangistau	30,7	31,1	33,8	32,6	30,2	29,7	30,1	28,1	25,8	25,2
Pavlodar	30,1	31,2	31,6	30,6	30,4	30,7	31,2	32,2	31,3	28,5
North Kazakhstan	33,4	32,3	32,4	33,0	33,3	33,2	33,0	35,1	33,7	31,2
South Kazakhstan	26,0	26,2	26,1	26,7	26,5	25,9	26,9	25,8	25,3	24,1
Astana city	27,2	24,9	25,3	25,1	22,4	23,6	23,6	22,5	21,1	16,8
Almaty city	26,9	27,1	26,0	25,2	26,5	28,5	29,6	24,8	22,7	22,6
KAZAKHSTAN	29,8	30,5	30,3	30,1	30,3	30,3	30,7	30,4	29,8	27,4

Source: calculated by the author on the basis of data of the RK Statistics Agency

Note: the regions' highest and lowest values are in bold.

Table 3.16

Trends in proportion of 16-year-olds not enrolled in education, 1999-2008

Region	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	12,2	13,7	15,8	7,2	5,5	7,1	0,4	0,2	0,0	0,0
Akmola oblast	13,6	4,1	7,7	6,2	9,2	12,0	17,1	15,5	13,9	16,7
Aktjubinsk	6,1	7,2	5,2	0,0	0,0	2,7	3,2	1,6	0,0	0,0
Almaty	10,0	14,8	15,5	10,8	7,4	7,5	15,4	17,6	19,9	20,8
Atyrau	7,0	6,2	5,4	0,0	0,0	0,2	7,8	6,9	6,0	6,6
Eastern Kazakhstan	5,0	8,1	9,0	7,3	3,0	4,2	12,3	10,2	8,0	12,0
Zhambyl	14,0	17,5	14,7	8,7	4,7	7,0	14,6	15,0	15,3	12,0
Western Kazakhstan	4,0	0,0	5,4	0,0	0,0	0,0	7,6	3,8	0,0	4,4
Karaganda	5,5	10,7	10,8	3,6	0,1	3,2	10,5	7,5	4,5	9,6
Kostanay	7,0	14,2	12,0	11,0	10,1	7,4	17,4	14,8	12,2	17,7
Kyzylorda	8,0	12,4	14,0	0,0	4,5	1,5	11,8	12,0	12,3	10,5
Mangistau	6,0	0,2	5,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Pavlodar	7,0	11,3	14,0	2,4	1,6	1,7	6,9	3,5	0,0	9,7
North Kazakhstan	4,0	7,0	6,1	3,5	2,7	5,3	14,5	14,5	14,6	19,4
South Kazakhstan	9,0	8,9	11,7	1,8	0,8	0,0	4,2	2,2	0,2	0,0
Astana city	9,0	32,1	29,0	8,7	0,0	0,0	0,0	0,0	0,0	0,0
Almaty city	4,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
KAZAKHSTAN	11,6	9,8	10,6	4,5	3,0	1,1	6,7	4,2	1,7	3,9

Source: calculated by the author on the basis of data of the RK Statistics Agency. 2006 indices have been updated.
 Note: the regions' highest and lowest values are in bold.

Table 3.17

Trends in proportion of population with income (spent on consumption) below the subsistence minimum level, 1999-2008

Region	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	29,8	23,0	13,9	12,1	10,6	8,8	6,3	16,9	10,7	12,1
Akmola oblast	35,4	28,9	21,0	18,6	16,4	14,0	10,1	25,4	16,6	8,7
Aktjubinsk	24,3	18,3	29,8	22,6	19,0	14,3	12,3	17,2	10,3	7,0
Almaty	44,2	46,2	39,3	36,3	25,3	15,2	8,5	21,3	18,1	20,1
Atyrau	50,1	49,6	40,7	34,1	32,7	29,1	25,0	23,8	13,0	12,9
Eastern Kazakhstan	17,3	15,4	21,1	20,0	16,9	14,9	8,2	12,5	9,8	9,9
Zhambyl	45,7	47,7	48,2	35,8	30,0	18,3	10,8	23,6	9,9	11,3
Western Kazakhstan	28,9	12,0	27,3	28,0	17,1	14,4	8,5	13,2	10,3	10,2
Karaganda	18,4	18,6	22,8	19,3	15,1	13,5	6,4	20,2	8,5	4,9
Kostanay	21,7	22,3	25,5	22,3	21,0	19,0	13,4	14,0	10,4	9,0
Kyzylorda	55,0	51,6	39,5	32,3	27,1	26,5	16,3	37,5	24,6	24,3
Mangistau	37,9	59,7	45,9	39,8	26,0	21,0	13,6	26,5	26,9	32,4
Pavlodar	48,0	14,9	16,6	21,6	17,1	14,5	4,7	12,0	8,3	8,8
North Kazakhstan	27,2	11,9	10,0	14,3	11,9	12,0	8,2	22,3	16,0	11,0
South Kazakhstan	55,5	52,8	39,2	27,5	26,1	23,0	13,3	14,1	14,3	13,0
Astana city	15,1	11,6	2,2	2,2	2,1	1,1	1,1	5,5	3,2	3,8
Almaty city	13,7	4,8	4,9	4,1	3,9	2,8	0,3	12,1	8,5	13,7
KAZAKHSTAN	34,5	31,8	28,4	24,2	19,8	16,1	9,8	18,2	12,7	12,1

Source: Data provided by the RK Agency for Statistics.

Note: 1. The regions' highest and lowest values are in bold.

2. The 2006-2007 poverty data is comparison of people's income and a new higher subsistence minimum.

Table 3.18

Trends in unemployment rate (at year end), 1999-2008

Region	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	14,2	12,6	10,2	9,0	8,9	8,8	8,6	8,3	7,8	6,9
Akmola oblast	14,7	12,6	10,8	9,2	9,2	9,2	8,9	8,6	8,0	7,1
Aktyubinsk	13,7	13,3	11,4	10,2	9,7	9,4	9,1	8,5	7,4	6,4
Almaty	14,2	14,1	10,2	9,2	8,6	7,8	7,3	7,1	6,7	6,4
Atyrau	15,1	15,5	13,5	10,7	9,5	9,3	9,0	8,4	7,4	6,3
Eastern – Kazakhstan	8,5	8,2	7,3	7,3	7,3	7,2	7,4	6,9	6,6	6,4
Zhambyl	14,6	14,4	12,7	12,3	11,1	10,2	9,7	9,2	7,7	6,5
Western-Kazakhstan	7,8	7,8	12,5	10,0	9,3	9,2	8,9	8,6	7,8	7,1
Karaganda	14,3	13,5	9,2	8,3	7,5	7,4	7,0	6,9	6,7	6,2
Kostanay	15,8	13,1	10,3	9,3	8,7	8,5	8,2	7,8	7,5	6,9
Kyzylorda	16,1	14,5	13,9	12,5	11,4	10,2	9,7	9,3	8,2	6,9
Mangistau	13,2	13,7	10,5	9,8	9,7	9,8	9,6	9,3	8,5	6,9
Pavlodar	13,4	13,8	9,2	8,7	8,2	7,7	8,1	7,4	6,9	6,4
North-Kazakhstan	14,6	12,8	8,9	8,0	8,0	8,1	8,4	7,2	6,9	6,3
South-Kazakhstan	14,1	14,3	11,5	9,4	8,6	7,8	7,4	7,2	6,9	6,6
Astana city	13,0	12,5	9,3	8,7	8,4	8,3	8,1	8,0	7,6	6,6
Almaty city	14,0	12,1	10,8	9,6	8,9	8,8	8,4	8,2	7,8	7,4
KAZAKHSTAN	13,5	12,8	10,4	9,3	8,8	8,4	8,1	7,8	7,3	6,6

Source: Data provided by the RK Agency for Statistics.
 Note: the regions' highest and lowest values are in bold.

Table 3.19

Trends in human poverty index, 1999-2008

Region	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Akmola oblast and Astana city	24,5	22,3	21,4	19,7	19,6	19,6	19,6	20,3	18,9	16,4
Akmola oblast	27,4	25,0	24,0	22,5	23,4	23,0	23,0	25,8	23,8	21,2
Aktyubinsk	22,6	23,1	26,0	23,8	22,5	21,0	20,2	20,6	19,7	16,9
Almaty	30,4	31,7	27,8	25,9	21,4	18,9	18,9	22,0	21,7	20,8
Atyrau	34,5	34,4	29,6	27,0	25,4	23,6	21,5	21,5	18,7	17,1
Eastern – Kazakhstan	21,0	21,9	22,1	21,9	21,1	20,9	21,0	21,9	21,2	19,8
Zhambyl	31,2	33,1	32,8	26,0	23,8	19,6	18,2	21,7	18,5	17,5
Western-Kazakhstan	23,8	20,6	24,1	24,5	21,7	19,7	18,9	19,2	19,1	17,5
Karaganda	22,6	22,7	23,6	22,7	22,9	23,2	22,7	24,1	23,2	21,4
Kostanay	22,3	22,9	23,0	21,7	22,0	21,6	21,0	21,8	21,5	21,0
Kyzylorda	36,5	34,4	28,0	24,4	21,6	21,0	19,0	26,8	20,9	19,6
Mangistau	27,8	39,4	32,4	29,1	22,6	20,9	19,7	21,8	21,0	23,3
Pavlodar	32,8	21,1	21,5	21,4	20,3	20,1	19,8	20,7	19,9	18,4
North-Kazakhstan	24,7	21,1	20,8	21,4	21,4	21,4	21,0	24,4	22,5	21,4
South-Kazakhstan	36,3	34,8	27,3	21,7	21,0	19,6	17,7	17,2	16,9	16,0
Astana city	18,8	23,5	21,8	16,2	14,4	15,1	15,1	14,5	13,5	10,8
Almaty city	18,4	17,6	16,8	16,2	16,9	18,1	18,8	16,4	14,7	15,4
KAZAKHSTAN	26,2	25,1	23,7	22,0	20,9	20,1	19,7	20,5	19,3	17,8

Source: calculated by the author based on data of the Agency for Statistics of the Republic of Kazakhstan. Indices for 1999 and 2006 have been updated.

Note: the regions' highest and lowest values are in bold.

APPENDIX 4

Table 4.1

Results of preventive examinations of children aged 0-14, 2007 per 1,000 children examined

	With diminished hearing	With diminished eyesight	With scoliosis	With fault in posture
Republic of Kazakhstan	2,6	22,3	4,6	9,8
Akmola oblast	1,3	23,4	3,3	6,8
Aktyubinsk	2,7	18,6	3,3	7,8
Almaty	2,7	12,8	2,8	7,9
Atyrau	3,0	13,2	1,0	1,3
Eastern-Kazakhstan	2,6	25,8	11,7	16,1
Zhambyl	1,7	6,3	1,1	2,1
Western-Kazakhstan	4,6	24,8	4,2	5,2
Karaganda	1,8	32,7	3,4	7,1
Kostanay	2,0	31,2	5,3	15,0
Kyzylorda	9,1	21,9	3,0	4,7
Mangistau	3,1	58,3	5,7	12,9
Pavlodar	3,0	44,2	25,8	58,8
North –Kazakhstan	2,9	20,8	4,1	8,8
South-Kazakhstan	2,2	11,1	1,5	2,1
Astana city	0,8	53,1	5,1	22,7
Almaty city	1,3	27,1	4,7	13,0

Table 4.2

Results of preventive examinations of rural population, 2007

	Subject to examination, thousand persons	Number Examined (%)	Illness detected (%)	Health improved (%)
Republic of Kazakhstan	1370,1	92,3	20,0	11,1
Akmola oblast	216,8	91,2	13,3	7,9
Aktyubinsk	54,9	100,0	23,0	14,9
Almaty	247,3	83,7	23,5	17,1
Atyrau	32,5	100,0	22,8	16,3
Eastern-Kazakhstan	98,7	74,9	17,5	9,8
Zhambyl	104,8	95,8	21,1	13,3
Western-Kazakhstan	78,1	99,4	27,9	20,9
Karaganda	72,5	95,2	15,2	11,9
Kostanay	68,4	99,8	15,1	1,1
Kyzylorda	31,8	9,9	34,5	28,8
Mangistau	16,4	98,2	25,6	17,1
Pavlodar	72,2	98,3	18,6	14,3
North –Kazakhstan	73,9	100,0	19,6	5,5
South-Kazakhstan	204,0	95,2	20,5	1,7

Table 4.3

Employees working in harmful and hazardous conditions

	2001		2007	
	Number of employees	Proportion of Total staff (%)	Number of employees	Proportion of total staff (%)
Total including:	1,251,813	100	1,511,207	100
Working in conditions non-compliant with sanitary-hygienic requirements including:	244,379	19,5	314,198	20,8
Working under pressure of high level noise and vibration	80,357	6,4	114,334	7,6
High dust and gas contamination of the working zone exceeding MPC	120,436	9,6	132,711	8,8
Adverse temperature conditions	46,000	3,7	50,995	3,4
Engaged in physically demanding jobs	32,457	2,6	41,112	2,7
Using equipment non-compliant with safety requirements	1,266	0,1	351	0,0

Table 4.4

Number of persons injured in occupational accidents, 2003-2007

	2003	2004	2005	2006	2007
Republic of Kazakhstan	3,395	3,348	3,333	3,197	2,829
Akmola oblast	113	132	87	74	78
Aktyubinsk	130	118	125	126	122
Almaty	106	76	90	41	57
Atyrau	93	71	56	97	60
Eastern-Kazakhstan	532	529	543	574	476
Zhambyl	138	155	117	93	82
Western-Kazakhstan	112	99	92	90	92
Karaganda	942	959	1002	929	769
Kostanay	139	147	196	131	132
Kyzylorda	24	41	51	59	48
Mangistau	114	96	56	79	45
Pavlodar	179	205	216	259	222
North -Kazakhstan	133	80	89	82	113
South-Kazakhstan	102	96	103	94	105
Astana city	229	203	197	211	170
Almaty city	309	341	313	258	258

Table 4.5

Deaths from occupational accidents, 2003-2007

	2003	2004	2005	2006	2007
Republic of Kazakhstan	294	345	357	414	341
Akmola oblast	11	14	15	18	16
Aktyubinsk	14	14	20	24	18
Almaty	20	9	19	8	13
Atyrau	19	21	18	22	10
Eastern-Kazakhstan	32	31	32	28	23
Zhambyl	22	19	22	17	12
Western-Kazakhstan	6	7	7	6	9
Karaganda	61	93	81	112	70
Kostanay	26	21	25	22	28
Kyzylorda	5	11	11	10	18
Mangistau	10	13	8	2	2
Pavlodar	16	17	18	41	22
North –Kazakhstan	8	8	10	6	9
South-Kazakhstan	8	20	16	20	17
Astana city	18	21	21	38	40
Almaty city	18	26	34	40	34

Table 4.6

Material consequences of occupational accidents, 2003-2007

	2003	2004	2005	2006	2007
Republic of Kazakhstan	988,096.9	1270170	522065,2	701914,8	546325,7
Akmola oblast	17,329.4	3869,2	6906,7	18335,3	16107,6
Aktyubinsk	41,013.3	53247,3	24771	62677,6	23178,6
Almaty	21,768.7	18677,3	12408,8	8493,2	9074,9
Atyrau	75,352.6	61738,7	18003,9	18606,2	16746,7
Eastern-Kazakhstan	106,090.8	120693,1	42492	33408,8	44147,3
Zhambyl	21,095.9	26001,8	11013,3	5892	4509,9
Western-Kazakhstan	18,492.2	10326,8	6145,2	7043,9	7679
Karaganda	427,961.8	733002,4	261918,7	402758,7	276194,3
Kostanay	38,583.1	12899,1	6309,2	15119,8	12884,6
Kyzylorda	8,030.4	56343,7	11450,5	11168,4	16236,8
Mangistau	50,317.3	76883,5	12818,4	7355,8	6844,3
Pavlodar	42,048.9	26273,9	19996,2	28586,6	25868,3
North –Kazakhstan	8,088.1	2501,6	4332	5039,5	5588,9
South-Kazakhstan	16,031.2	11919,7	12995,9	7655,5	16425,6
Astana city	45,461.3	28017	30102,5	48403,1	32573,3
Almaty city	50,431.9	27774,6	40400,9	21370,4	32265,6

Table 4.7**Number of victims of occupational diseases**

	2001	2007
Total number of new cases of occupational disease including most widespread diseases:	246	330
Toxic influence of other non-organic substances	33	18
Occupational bronchitis	34	91
Vibration disease	31	20
Double sided sensorineural [perceptive] hearing loss	13	31
Vegetative – sensory polyneuropathy of hands	29	48

Table 4.8**Newly disabled persons, by types of diseases**

	2001	2007
Total including:	40820	35908
Tuberculosis	2862	2770
Malignant neoplasms	6979	5863
Endocrine diseases, nutrition and metabolic disorders	1461	1144
Mental and behavioural disorders	4227	2196
Nervous system diseases	1913	1251
Eyes disease and its appendages	2485	2726
Ear and mastoid diseases	361	509
Circulatory system diseases	8792	8530
Respiratory system diseases	1061	710
Digestive system diseases	903	682
Bone and muscle system and connective tissue diseases	2527	2358
All injuries	4566	5467
Occupational diseases and poisonings (other than silico tuberculosis and black-lung disease)	134	185
State of critical psychosomatic desynchronise after X-ray treatment	385	164
Miscellaneous	2164	822

Table 4.9

Deaths from road accidents, 2002-2007

	2002	2003	2004	2005	2006	2007
Republic of Kazakhstan	2203	2421	3042	3783	4896	4934
Astana	136	112	126	175	260	267
Aktyubinsk	18	81	125	141	165	154
Almaty	181	269	346	503	718	809
Atyrau	31	80	97	148	94	53
Eastern-Kazakhstan	238	241	251	338	375	372
Zhambyl	116	144	176	277	366	385
Western-Kazakhstan	84	94	66	113	157	152
Karaganda	230	233	320	332	435	465
Kostanay	92	89	104	127	161	164
Kyzylorda	85	116	113	152	203	188
Mangistau	61	54	106	154	123	132
Pavlodar	98	119	171	178	280	254
North –Kazakhstan	124	106	127	121	124	104
South-Kazakhstan	554	591	713	684	867	941
Astana city	63	23	66	130	182	157
Almaty city	92	69	135	210	386	386

Table 4.10

Number of disabled persons registered with labour and social protection bodies

	2001		2007	
	thousand people	Per 1,000 population	thousand people	Per 1,000 population
Number of disabled persons obtaining disability benefits and state social disability benefits	409,3	26,6	409,2	26,3
including:				
Number of children under 16 obtaining state social disability benefits	46,8	10,9	44,9	10,4
Number of newly disabled persons	43,8	2,8	35,9	2,3

Table 4.11

Numbers of recipients of state social benefits, 2003-2007

	2003	2004	2005	2006	2007
Republic of Kazakhstan	645692	651009	645191	642468	639116
Astana	34113	34183	33627	33289	32524
Aktyubinsk	27969	28120	27849	27701	27256
Almaty	72326	72604	72081	70757	70625
Atyrau	20786	20845	20762	20428	20124
Eastern-Kazakhstan	68011	67625	65822	64898	63646
Zhambyl	42047	42800	43248	43365	43007
Western-Kazakhstan	29023	28868	28620	28627	28476
Karaganda	61878	62421	63189	63233	62626
Kostanay	33683	33410	33372	32980	32310
Kyzylorda	31653	31678	31096	30858	30377
Mangistau	14251	15267	15410	15619	16245
Pavlodar	31735	31602	30301	29732	29230
North –Kazakhstan	36308	36219	32720	32318	32080
South-Kazakhstan	91937	94338	97934	99465	101201
Astana city	11519	11922	12389	12840	13310
Almaty city	38453	39107	36771	36358	36079

Table 4.12

Average monthly state social benefits in 2003-2007
(KZT)

	2003	2004	2005	2006	2007
Republic of Kazakhstan	4365	4580	6621	7524	8366
Astana	4286	4473	6448	7328	8134
Aktyubinsk	4445	4619	6568	7430	8262
Almaty	4287	4547	6627	7555	8413
Atyrau	4765	4925	6746	7652	8471
Eastern-Kazakhstan	4376	4587	6641	7504	8330
Zhambyl	4437	4681	6804	7701	8552
Western-Kazakhstan	4276	4496	6551	7446	8283
Karaganda	4311	4567	6586	7489	8341
Kostanay	4158	4394	6324	7201	8025
Kyzylorda	4461	4669	6786	7712	8552
Mangistau	4718	4612	6860	7762	8608
Pavlodar	4260	4446	6492	7367	8201
North –Kazakhstan	4141	4358	6490	7414	8228
South-Kazakhstan	4361	4562	6711	7638	8484
Astana city	4597	4843	6549	7433	8280
Almaty city	4573	4839	6643	7570	8448

Table 4.13

**Average state social benefits, by categories of recipients, in 2006-2007
at year end, tenge**

	2006			2007		
	old-age benefit	tdisability benefit	survivor's benefit	old-age benefit	tdisability benefit	survivor's benefit
Republic of Kazakhstan	3979	7953	6926	4431	8859	7656

Table 4.14

**Average state social benefits *
at year end, KZT**

	2006	2007
Total assigned including:	2690	2801
disabled persons of WW II	15450	16380
participants of WW II	15450	16380
Persons equal to disabled persons of WW II	7313	7754
Persons equal to participants of WW II	5973	6334
Widows of WW II	4326	4587
wives (husbands) of deceased disabled persons of WW II	2472	2621
heroes	9270	9828
families of deceased soldiers	4428	4696
awarded home front workers	2080	2184
Participants of Chernobyl disaster clean-up operations	2080	2184
Disabled persons of I and II categories	1442	1529
Disabled persons of III category	618	656
Children of disabled persons under 16	927	983
Mothers having many children awarded by "Altyn alka", "Kumis alka"	4017	4259
Families having 4 and more cohabiting under-age children	4017	4259
exonerated citizens	1030	1092
Persons receiving benefits for meritorious service	1030	1092

* Civil population

Table 4.15

Number of homes for old people and disabled adults in 2003-2007

	2003	2004	2005	2006	2007
Republic of Kazakhstan	122	61	68	71	69
Astana	8	4	8	8	8
Aktyubinsk	4	2	2	2	2
Almaty	10	5	2	3	2
Atyrau	4	2	1	1	1
Eastern-Kazakhstan	22	11	11	11	11
Zhambyl	8	4	4	4	4
Western-Kazakhstan	4	2	5	5	6
Karaganda	10	5	11	11	11
Kostanay	12	6	9	9	9
Kyzylorda	6	3	1	1	1
Mangistau	4	2	1	1	1
Pavlodar	6	3	2	5	4
North –Kazakhstan	8	4	3	4	3
South-Kazakhstan	10	5	2	2	2
Astana city	2	1	2	0	1
Almaty city	4	2	4	4	3

Table 4.16

Number of persons living in homes for old people and disabled adults, 2003-2007

	2003	2004	2005	2006	2007
Republic of Kazakhstan	29913	15032	12054	12131	12404
Astana	1733	862	987	957	934
Aktyubinsk	1129	554	570	596	598
Almaty	2934	1477	275	394	276
Atyrau	652	333	122	129	108
Eastern-Kazakhstan	4679	2348	2371	2376	2411
Zhambyl	1467	753	753	764	758
Western-Kazakhstan	1758	887	943	988	996
Karaganda	2956	1492	1787	1761	1896
Kostanay	2083	1017	1149	1150	1151
Kyzylorda	987	501	166	167	167
Mangistau	504	270	136	134	141
Pavlodar	2049	1033	514	661	562
North –Kazakhstan	2515	1265	779	791	782
South-Kazakhstan	2284	1143	302	304	438
Astana city	501	251	263	0	256
Almaty city	1682	846	937	959	930

Table 4.17

Number of homes for disabled children, 2003-2007

	2003	2004	2005	2006	2007
Republic of Kazakhstan	36	18	28	20	22
Astana	4	2	2	2	2
Aktyubinsk	0	0	1	1	1
Almaty	4	2	3	3	3
Atyrau	2	1	2	1	1
Eastern-Kazakhstan	2	1	2	1	2
Zhambyl	2	1	1	1	1
Western-Kazakhstan	2	1	1	1	1
Karaganda	2	1	1	1	1
Kostanay	4	2	1	2	2
Kyzylorda	2	1	3	0	2
Mangistau	0	0	0	0	
Pavlodar	2	1	2	1	1
North –Kazakhstan	2	1	1	2	2
South-Kazakhstan	4	2	6	3	2
Astana city	2	1	1	0	
Almaty city	2	1	1	1	1

Table 4.18

Number of disabled children living in homes, 2003-2007

	2003	2004	2005	2006	2007
Republic of Kazakhstan	5950	2988	5379	3357	3506
Astana	308	152	148	139	130
Aktyubinsk	0	0	150	150	150
Almaty	671	333	757	789	790
Atyrau	413	203	435	207	193
Eastern-Kazakhstan	220	109	209	107	324
Zhambyl	249	126	131	122	120
Western-Kazakhstan	228	114	111	104	107
Karaganda	720	360	358	359	360
Kostanay	749	376	268	374	367
Kyzylorda	248	126	453	0	134
Mangistau	0	0	0	0	0
Pavlodar	110	59	563	60	59
North –Kazakhstan	428	214	175	173	165
South-Kazakhstan	896	456	1297	620	449
Astana city	400	203	179	0	0
Almaty city	310	157	145	153	158

Table 4.19**Homes for Children**

	2006		2007	
	Number of Institutions	Number of Resident Children	Number of Institutions	Number of Resident Children
Orphanages	34	2,5	39	3,0
Children's homes	49	6,6	49	6,3
Family-type orphanages	23	0,3	22	0,3
Boarding schools for orphans	10	1,7	10	1,7
Boarding schools for children with mental disabilities	100	15,9	100	15,3

APPENDIX 5

Report on the Project “Living Conditions of Disabled Persons in Almaty Oblast” (pilot sampling survey)

1. Introduction

Improving the status of disabled persons is one of top-priority goals of social policy in Kazakhstan.

At present our country is becoming increasingly sensitized to issues, relating to needs of disabled persons for rehabilitation and their civil rights, and the influence disability and incapacity to work have on the health state, education and economic prosperity.

The scale and depth of each listed issue, in spite of their evident importance, requires special and deep research.

Information needs range from the number of disabled persons as a percentage of population to materials relating to such complicated issues as the difference in quality of life of disabled and non-disabled persons. As at the beginning of 2006 the number of disabled persons of all categories registered with the bodies of labour and social protection of the population, was 404,800 persons or 2.7% of the entire population of the Republic of Kazakhstan. Their living conditions are yet to be studied.

This project is an important step on the way to improving quality of the disability statistics and its integration in the process of the data collection within research and administrative reporting. The research was held in Almaty Oblast.

2. Project Goals of the Pilot Sampling Survey

“Living Conditions of Disabled Persons in Almaty Oblast”

Primary goals of the project:

– to detect the living level of disabled persons, by holding a pilot survey of:

– housing and household facilities;

– economic welfare and employment;

– healthcare accessibility;

– education accessibility.

3. Methodology

Reporting unit. Reporting units are disabled persons of all ages, living in households.

A household consists of persons, who live together and provide themselves with all essentials for living, that is keeping a house together, in full or partially combining and spending their funds. These persons can be related or not related or both. A household can consist of one person, living in a separate residential house or part of a residential house providing himself/herself with all essentials for living, and not combining funds for keeping a house together with any other persons, living in the same house.

Disabled persons living at boarding houses and other institutions were not examined.

The research tools include questionnaire and instructions for an interviewer approved by the Order of the Agency of the Republic of Kazakhstan for Statistics dated 10 October 2005 # 38-G “On Approving Questionnaire and Instructions for Non-Recurrent Sampling Survey “Living Conditions of Disabled Persons Registered with Bodies of Labour and Social Protection of Population of the Republic of Kazakhstan”.

The questionnaire consists of the introductory block, including an address to a respondent and main identification survey codes, and a block combining questions on main aspects of social – demographic characteristics of the respondent (housing conditions, economic welfare, health and healthcare, employment, education, leisure, safety and security).

Observation programme. The survey has been held by interviewing disabled persons or members of their households at the domiciles by interviewers. The following data was provided by disabled persons and recorded by interviewers :

- respondent profile: sex, age, category and group of disability, matrimonial state, marital status, number of cohabiting members at his/her domicile, relation to the first person written in the questionnaire;

- information on housing conditions: status of housing, availability and functioning of an elevator, availability of cold and hot water supply, heating;

- economic welfare: availability of a car, owned or leased land, availability of long-term use things, financial status of a household of disabled persons;

- health conditions: reasons of disability, medical rehabilitation, healthcare availability;

- occupation status: availability of a paid job or profitable occupation, including labour conditions, remoteness of the workplace from the place of residence, availability of transport;

- features characterising the primary job: occupation (profession, job title); way of getting to his/her primary work;

- job searching by disabled persons unemployed at the moment of the survey: readiness to start to work; registration with the employment service as an unemployed.

- past activity of persons unemployed at the moment of the survey: duration of the unemployment period;

- education: level of education, additional speciality, work matching the field of education, desire to obtain another profession or skill;

- leisure: preferences, visiting relatives and friends;

- safety and security: domestic violence or criminal offences on the streets, recourse for help;

Sampling basis. The Registrar of Disabled Persons provided by Almaty Oblast Branch of State Pension Payment Centre was used as the sampling basis for forming a sample of observation units.

Survey sample profile: the sampling survey of disabled persons in Almaty Oblast covered 450 persons, or 1% of all disabled persons of Almaty Oblast.

4. Results

Disabled persons as by category of disability

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons(adults), total	208	101	182	127	85	224	309
including:							
persons disabled as a result of a general disease	148	69	132	85	55	162	217
persons disabled as a result of an occupational injury and illness	4	5	7	2	4	5	9
Persons disabled from childhood	56	25	42	39	25	56	81

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons(adults), total	100,0	100,0	100,0	100,0	100,0	100,0	100,0
including:							
persons disabled as a result of a general disease	71,2	68,3	76,7	73,3	64,7	72,3	70,2
persons disabled as a result of an occupational injury and illness	1,9	5,0	4,1	1,7	4,7	2,2	2,9
Persons disabled from childhood	26,9	24,8	24,4	33,6	29,4	25,0	26,2

Housing Conditions

people

	I+ II groups	III group	Men	Women	City	Village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	208	101	182	127	85	224	309
a separate house	171	80			58	193	251
an apartment in an apartment building	22	18			22	18	40
Other	15	3			5	13	18

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	100,0	100,0	100,0	100,0	100,0	100,0	100,0
a separate house	82,2	79,2			68,2	86,2	81,2
an apartment in an apartment building	10,6	17,8			25,9	8,0	12,8
Other	7,2	3,0			5,9	5,8	6,1

Cold Water Supply

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
cold water supply	208	101	-	-	85	224	309
Centralised water supply	58	27			38	47	85
Well / water pump in a yard	64	33			21	76	97
Public well / water pump	65	32			24	73	97
water delivered by a vehicle	14	6			1	19	20
Other	7	3			1	9	10

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3		5	6	7
cold water supply	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Centralised water supply	27,9	26,7			44,7	21,0	27,5
Well / water pump in a yard	30,8	32,7			24,7	33,9	31,4
Public well / water pump	31,2	31,7			28,2	32,6	31,4
water delivered by a vehicle	6,7	5,9			1,2	8,5	6,5
Other	3,4	3,0			1,2	4,0	3,2

Hot Water Supply

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
hot water supply	208	101			85	224	309
Centralised water supply	10	5			15	0	15
Own boiler / heater (gas, water pump)	14	7			6	15	21
No water supply	181	89			61	209	270
Other	3	0			3	0	3

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
hot water supply	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Centralised water supply	4,8	5,0			17,6	-	4,9
Own boiler / heater (gas, water pump)	6,7	6,9			7,1	6,7	6,8
No water supply	87,0	88,1			71,8	93,3	87,4
Other	1,5	-			3,5	-	0,9

Sewage

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Sewage	208	101	-	-	85	224	309
Centralised sewage	29	12			25	16	41
Local sewage	9	7			8	8	16
No sewage	168	81			49	200	249
Other	2	1			3	0	3

as a percentage

	I+ II groups	III group	Men	Women	City	Village	Total
A	1	2	3	4	5	6	7
Sewage	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Centralised sewage	13,9	11,9			29,4	7,1	13,3
Local sewage	4,3	6,9			9,4	3,6	5,2
No sewage	80,8	80,2			57,7	89,3	80,6
Other	1,0	1,0			3,5		0,9

House Heating

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
House heating	208	101			85	224	309
Centralised heating heated by an individual unit	13	9			18	4	22
Stove heating	8	5			7	6	13
Other	180	86			57	209	266
no heating	6	1			3	4	7
	1					1	1

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
House heating	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Centralised heating heated by an individual unit	6,3	8,9			21,2	1,8	7,1
Stove heating	3,8	5,0			8,2	2,7	4,2
Other	86,5	85,1			67,1	93,3	86,1
no heating	2,9	1,0			3,5	1,8	2,3
	0,5					0,4	0,3

Economic welfare

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	208	101	-	-	85	224	309
including those who have a:							
TV set	204	101			84	221	305
Refrigerator	164	80			66	178	244
Washing machine	123	60			57	126	183
Gas / electric stove	185	99			77	207	284
Telephone	72	40			37	75	112
Personal computer	5	3			2	6	8

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	100,0	100,0	100,0	100,0	100,0	100,0	100,0
including those who have a:							
TV set	98,1	100,0			98,8	98,7	98,7
Refrigerator	78,8	79,2			77,6	79,5	79,0
Washing machine	59,1	59,4			67,1	56,3	59,2
Gas / electric stove	88,9	98,0			90,6	92,4	91,9
Telephone	34,6	39,6			43,5	33,5	36,2
Personal computer	2,4	3,0			2,4	2,7	2,6

Owned or leased land and its use

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	208	101	172	116	85	224	309
including those who have:							
own or leased land	92	45			19	118	137
a vehicle in their household			45	17	10	52	62
household's incomes are enough for primary products, clothes and utilities	90	49			36	103	139

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	100,0	100,0	100,0	100,0	100,0	100,0	100,0
including those who have:							
own or leased land	44,2	44,6			22,4	52,7	44,3
a vehicle in their household			26,2	14,7	11,8	23,2	20,1
household's incomes are enough for primary products, clothes and utilities	43,3	48,5			42,4	46,0	45,0

Own health estimation

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	208	101	172	116	85	224	309
Satisfactory	131	72	116	78	63	140	203
poor/ very poor	67	17	42	24	17	58	75

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Satisfactory	63,0	71,3	67,4	67,2	74,1	62,5	65,7
poor/ very poor	32,1	17,8	26,7	24,1	22,4	29,4	27,5

Reasons for disability

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	208	99	181	126	84	223	307
as a result of general disease	148	69	132	85	55	162	217
as a result of occupational injury and disease	4	5	7	2	4	5	9
Disabled from childhood	56	25	42	39	25	56	81

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	100	100	100	100	100	100	100
as a result of general disease	71,2	69,7	72,9	67,5	65,5	72,6	70,7
as a result of occupational injury and disease	1,9	5,1	3,9	1,6	4,8	2,2	2,9
Disabled from childhood	26,9	25,3	23,2	31,0	29,8	25,1	26,4

Legal awareness of disabled persons about paying for medical services

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	208	101	172	116	85	224	309
Aware of RK Law "On Healthcare", determining the guaranteed scope of free medical aid.	83	38			26	95	121
Heard of guaranteed free medical aid. but are not well informed	82	40			43	79	122
Not aware of RK Law "On Healthcare", determining the guaranteed scope of free medical aid.	43	23			16	50	66

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Aware of RK Law "On Healthcare", determining the guaranteed scope of free medical aid.	39,9	37,6			30,6	42,4	39,2
Heard of guaranteed free medical aid. but are not well informed	39,4	39,6			50,6	35,3	39,5
Not aware of RK Law "On Healthcare", determining the guaranteed scope of free medical aid.	20,7	22,8			18,8	22,3	21,4

Safety and Security

people

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons, total	208	101			85	224	309
Were subjected to household (domestic) violence and obtained injuries within the last 12 months, which became a reason for a visit to a doctor.	1	1			1	1	2
Were subjected to household (domestic) violence within the last 12 months, but didn't consult a doctor	4	1			1	4	5
Were a victim of a street crime within last 12 months	5	3			1	7	8
Know where to go for help, if their safety is threatened	150	77			58	169	227
Know who can help in a situation, if their safety is threatened	146	71			54	163	217

as a percentage

	I+ II groups	III group	Men	Women	City	village	Total
A	1	2	3	4	5	6	7
Number of disabled persons. total	100,0	100,0			100,0	100,0	100,0
из них:							
Were subjected to household (domestic) violence and obtained injuries within the last 12 months, which became a reason for a visit to a doctor.	0,5	1,0			1,2	0,4	0,6
Were subjected to household (domestic) violence within the last 12 months, but didn't consult a doctor	1,9	1,0			1,2	1,8	1,6
Were a victim of a street crime within last 12 months	2,4	3,0			1,2	3,1	2,6
Know where to go for help, if their safety is threatened	72,1	76,2			68,2	75,4	73,5
Know who can help in a situation, if their safety is threatened	70,2	70,3			63,5	72,8	70,2

Disabled children under 1

as a percentage

	boys	girls	city	village	Total
A	1	2	3	4	5
Number of disabled children under 16, total	55,6	44,4	22,2	77,8	100,0

Housing conditions of disabled children under 16

people

	City	Village	Total
A	1	2	3
Number of disabled children under 16, total	8	28	36
a separate house	5	24	29
an apartment in an apartment building	3	1	4
Other		3	3

as a percentage

	City	Village	Total
A	1	2	3
Number of disabled children under 16, total	100,0	100,0	100,0
a separate house	62,5	85,7	80,6
an apartment in an apartment building	37,5	3,6	11,1
Other		10,7	8,3

Own health estimation by disabled children under 16

people

	boys	girls	city	village	Total
A	1	2	3	4	5
Number of disabled children under 16, total	20	16	8	28	36
Estimate the state of their health, as:					
Good	1	1		2	2
Satisfactory	15	12	7	20	27
poor	4	3	1	6	7

as a percentage

	boys	girls	city	village	Total
A	1	2	3	4	5
Number of disabled children, total	100	100	100	100	100
Estimate the state of their health, as:					
Good	5	6,3	0	7,1	5,6
Satisfactory	75	75,0	87,5	71,4	75,0
poor	20	18,8	12,5	21,4	19,4

Safety and security of disabled children under 16

people

	City	Village	Total
A	1	2	3
Number of disabled children, total	8	28	36
including:			
Know where to go for help, if their safety is threatened	2	20	22
Know who can help in a situation if their safety is threatened	5	20	25

as a percentage

	City	Village	Total
A	1	2	3
Number of disabled children, total	100	100	100
including:			
Know where to go for help, if their safety is threatened	25	71,4	61,1
Know who can help in a situation if their safety is threatened	62,5	71,4	69,4

1. Integral human development indicators

In 1987 the UN Committee for Development Planning decided to review the human costs of structural adjustment in its 1988 report. The results of studies conducted in the preparation of this report under M. Ul-Haq's supervision were prepared by K. Griffin as a draft report published under the headline "Human Potential Development: Forgotten Measurement of Development Strategy". In 1989 the results were published by K. Griffin jointly with J. Knight in a special issue of *Development Planning*¹⁰² magazine and republished in 1990 as a book¹⁰³. These publications were the basis for the conceptual approach to human development.

The theoretical works of Amartya Sen, Noble Prize winner in economics, who published his work "Development as Capability Expansion"¹⁰⁴ in 1989, had a principal influence on the modern understanding of human potential. Sen considered the development process not as rise in material or economic well-being, but as a human capability expansion process, i.e. the capability to live a long and healthy life, the opportunity to have access to knowledge, the opportunity to do more etc. The capability expansion process is connected with the expansion of freedom of choice of a person. Thus, the human development concept set as a goal of economic development not GNP growth but opportunity for development of a person, expansion of his freedom of choice.

The conceptual approach to human development worked out by the group of UNDP experts was first published in the first *Global Human Development Report* for 1990¹⁰⁵. In this Report human development was defined as "the human choice expansion process and the achieved level of people's welfare". Income is one of such choices, but health, education, life environment, freedom of action and expression are equally important. The Report presented a new instrument for measuring social and economic progress: the human development index (HDI) integrating life expectancy, adult education level and income.

Such a definition of human development pre-determines an expansive system of statistical indicators allowing us to assess and analyze human de-

velopment. The general classification of statistical indicators reflecting human development can be represented by three groups:

1. Integral indicators providing a general assessment of human development.

2. Basic indicators characterising basic components of integral human development assessment.

3. Other indicators characterising other human development aspects.

2. Basic and integral human development indicators

Basic human development indicators correspond to the three basic human development components – longevity, education and living standards. Each of these components in general covers several important human capabilities. For instance, longevity means the capability to live a long and healthy life, education – to acquire knowledge, communicate, participate in social life, standard of living – to have access to the resources required for a decent life, live a healthy lifestyle, have conditions for physical and social mobility, participation in the life of society etc.

For these three human development components, a system of indicators regularly calculated and comparable practically for all countries of the world has been proposed. An increase in the values of basic indicators indicates expansion of choice opportunities in a certain aspect of human development.

Indicators characterising longevity. Longevity is defined as life expectancy at birth. It is often referred to as "life expectancy" for short. This indicator is one of the most commonly used indicators in international statistics and it is determined by calculations within the so called "mortality tables".

Life expectancy at birth - the number of years which one person of the born generation is expected to live provided that within the whole life of the generation the mortality rate for each age remains the same as in his year of birth.

¹⁰² Griffin K. and Knight J. (eds). 1989. "Human Development in the 1980s and Beyond." In: *Journal of Development Planning*. No.19 (Special number)

¹⁰³ Griffin K. And Knight J. (eds). 1990. "Human Development and the International Development Strategy for the 1990s". London: Macmillan.

¹⁰⁴ Sen A. 1989. "Development as Capability Expansion", In: *Journal of Development Planning*. No.19.

¹⁰⁵ UNDP 1990. *Human Development Report 1990*. New York: Oxford University Press.

This indicator is calculated in general for both genders and separately for men and women.

This indicator is added by the indicator of the share of population not surviving to a certain age, which is used in calculating human poverty indices and characterises the extent of deprivation of capability to live a long and healthy life.

For countries with a middle level of development the life expectancy indicator can be augmented with the indicator of child mortality of children under 5 years old, for highly developed countries – with the maternal mortality rate.

Indicators characterising education

Education is defined by the share of literate population of 15 years old or over, as well as by the indicator of school enrolment.

Literacy - ability to read, understand and write a short text regarding daily human life.

For developing countries literacy is the most important indicator of education attainment, therefore, in HDI calculation it is given a doubled weight as compared to the school enrolment indicator.

The global human development reports before 1995 the indicator of average duration of education calculated for persons of 25 years old or over was used instead of school enrolment indicator. However, later on starting from the Human Development Report for 1995 it was substituted by the school enrolment indicator.

School enrolment - ratio of the total number of students (enrolled) at all stages of education (primary, secondary, specialised secondary, higher, post-graduate) independent of their age to the total population at the age of 5-24 years.

It should be taken into account that different stages of education assist to a different extent in the human choice expansion. That is why Anand and Sen suggested to augment the recognised education attainment indicators with indicators specific for certain development levels; for countries with middle level of development – with the indicator of secondary education enrolment, for highly developed countries – with the indicator of higher education enrolment.

Indicators characterising living standards

Unlike the two indicators above this human development aspect only deals with the capabilities that a person has, but does not determine their use. This means that it is only a tool expanding choice opportunities but not the choice itself.

The ideal characteristic of living standard should consider a number of factors determining

the capability for development and realisation of human abilities: personal income; income distribution between the layers of the society; previously accumulated property; access to land resources and loans; infrastructure development and mechanism of access to public consumption funds (healthcare, education, transport, communal services etc.); individual lifestyle; household size and structure; welfare produced in the household; climatic and environmental conditions in the place of residence etc.

Due to difficulties in selecting a direct indicator for assessment of material level of life the indirect basic indicator is used - the value of the Gross Domestic Product (GDP) per capita. For the purpose of comparability at the international level GDP per capita should be converted into the real GDP per capita in US\$ by the Purchasing Power Parity (PPP) of the national currency in relation to US\$.

PPP is the quantity of units of the national currency needed for purchasing a similar representative basket of goods and services, which can be purchased for US\$1 in the United States of America.

Countries in different groups of states, depending on their level of economic development may be compared by using supplemental rates, allowing more objective differentiation of countries within the group depending on financial living standards. For example, for less developed countries real GDP per capita relatively adequately reflects the situation regarding access to resources required for a decent life. For the countries with a medium development level it is expedient to augment this indicator with the indicator of the share of population with income below the poverty line, characterising the extent of the problem mainly peculiar to less developed countries. For economically developed countries these two indicators can be reasonably augmented with the indicator reflecting the income inequality level¹⁰⁶:

$$Y = (1 - G) * Y^r,$$

where G - Gini coefficient;

Y^r - real GDP per capita.

With equal real income per capita, the Gini coefficient allows for the differentiation of countries by living standard.

3. Human Development Index (HDI)

The human development index is the arithmetic mean of three other indices: life expectancy at birth, education and income levels per capita. The education index is estimated based on the literacy index (weighted two-thirds) and availability

¹⁰⁶ Anand S., Sen A. *Human Development Index: Methodology and Measurement // Background Paper for Human Development Report 1993*. - New York: UNDP, 1992.

of education (weighted one-third).

The indices calculation is based on four indicators with the following tolerance range:

Indicators	Minimum	Maximum
Life expectancy at birth, years	25	85
Adult literacy, %	0	100
Enrolment, %	0	100
GDP per capita, US\$ (PPP)	100	40,000

Based on these indicators the indices (except for Income Index) are calculated by the following general formula:

$$I = \frac{\text{real value } x_i - \text{minimum value } x_i}{\text{maximum value } x_i - \text{minimum value } x_i}$$

The Income Index is calculated by the modified formula where logarithms of GDP per capita used in numerator and denominator:

$$I = \frac{\ln(\text{real value } x_i) - \ln(\text{minimum value } x_i)}{\ln(\text{maximum value } x_i) - \ln(\text{minimum value } x_i)}$$

The following demonstrates the calculation of human development potential index using Kazakhstan as the example, which had following values of the main factors in 2008:

Indicators	Value
Life expectancy at birth, years	67,11
Adult literacy, %	99,5
Enrolment, %	91
GDP per capita, US\$ (PPP)	10421

From here according to the above formula the life expectancy at birth index equals 0.682:

$$(67.11 - 25) / (85 - 25) = 42.11 / 60 = 0.702.$$

The Adult Literacy Index will be equal to 0.995:

$$(99.5 - 0) / (100 - 0) = 0.995.$$

Given that school enrolment equalled 91% the total, the Education Level Index will be 0.977:

$$(0.995 * 2 + 0.910) / 3 = 0.967.$$

The Index of income per capita according to the above formula will be:

$$\begin{aligned} & (\ln(10,421) - \ln(100)) / (\ln(40,000) - \ln(100)) = \\ & = (9,252 - 4,605) / (10,597 - 4,605) = 4,647/5,991 \\ & = 0.776 \end{aligned}$$

The Human Development Index calculated

based on these three indicators will amount to 0.815:

$$(0.702 + 0.967 + 0.776) / 3 = 0.815.$$

4. Gender Related Development Index (GDI)

In the Gender Related Development Index (GDI) the same indicators as in the HDI are used. The difference between them is that within the GDI the average, indicators for each country on life expectancy, attained level of education and income are adjusted to reflect inequalities between men and women for each of the three dimensions. To make such an adjustment a weighting formula based on average exponential function properties to take the lower value taking the average exponent is used (average majority rule).

To calculate GDI indices Anand and Sen proposed the formula given below¹⁰⁷:

$$I = [d_f \times I_f^{1-\epsilon} + d_m \times I_m^{1-\epsilon}]^{1/(1-\epsilon)},$$

where d_{eaw} and d_{eam} correspondingly women and men ratio in the total population;

I_{eaw} and I_{eam} – corresponding indices for women and men;

$(1-\epsilon)$ – average exponent.

Under different values of ϵ (average exponent $1-\epsilon$) we get various types of average value:

$\epsilon = 0$ – arithmetic mean;

$\epsilon = 1$ – geometrical mean;

$\epsilon = 2$ – harmonic mean etc.

The more distinctive accepted average exponent from the arithmetic mean exponent value, the more substantial the effect on reducing the average index is. The weighting parameter e in World Human Development Reports is assumed to equal 2 (“moderate odium to inequality”). The result is a harmonic mean of men’s and women’s “achievement” rates.

The GDI is also correlated regarding maximum and minimum life expectancy values given the fact that women live longer than men. Therefore the female maximum life expectancy is accepted as 87.5 years, and minimum as 27.5 years, and male are 82.5 and 22.5, respectively.

The equi-distributed average life expectancy index (using weighting parameter $\epsilon = 2$) is determined from the formula:

$$I = \left(\frac{d_f \text{ and } d_m}{I_{lef} \text{ and } I_{lem}} \right)^{-1}$$

¹⁰⁷ Anand S., Sen A. Human Development Index: Methodology and Measurement // Background Paper for Human Development Report 1993. - New York: UNDP, 1992.

where d_f and d_m – women’s and men’s ratios in the total number of people, correspondingly;

I_{lef} and I_{lem} – female and male life expectancy indices correspondingly

The equi-distributed education and income indices are calculated in the same way. The resulting GDI index is determined as the arithmetic mean of three equi-distributed indices.

The evaluation of the gender-related income index is more complicated. It is presumed that income gained in the country is allocated between men and women pro rata to their salaries. Two types of data are used in the calculation of women’s and men’s earnings ratio: the ratio of women’s average wages to average wages of men and the percentage of women and men in the economically active population aged 15 or more. If there is a lack of data on the ratio between the average female wage and average male wage, a ratio of 75% is used, which is the average weighted ratio of wage rates for all countries with information on wages.

Salary per woman (S_f) is determined from the formula:

$$S_f = d_{eaf} \times I_{w_f} / (d_{eaf} \times I_{w_f} + d_{eam}).$$

where d_{eaw} and d_{eam} – the women’s and men’s ratios in the total number of economically active people, respectively;

I_{sf} – average woman’s salary index with relation to the average men’s salary

Taking into account the population sex-age structure, we get income volumes (GDP) per woman and man:

$$\begin{aligned} GDP_f &= GDP \times S_f / d_f, \\ GDP_m &= GDP \times (1 - S_f) / d_m, \end{aligned}$$

where GDP , GDP_f , GDP_m – are respectively GDP per capita, GDP per one woman and GDP per one man.

5. HDI adjusted for gender inequality (HDIGI)

GDI calculation (as the arithmetic mean of its three components) shows that gender inequality in GDP, production per capita and life expectancy at birth results in Kazakhstan’s HDI decline over the recent years by 0.004-0.006 points, which is comparable to the country’s drop by 1-2 positions on human development level among other countries.

In this context, for calculation of indices, taking into account inequality on alternative indicator it would be expedient to multiply the index of the indicator characterising a certain human development component by an index characterising gender inequality which is similar to accounting income inequality in calculation of GDP per capita by the

formula offered by S. Anand and A. Sen where Gini coefficient is replaced by Gender Inequality Index:

$$I_{p,corr} = I_p \times (1 - GI_p),$$

where $I_{p,corr}$ and I_p – corrected and uncorrected index on indicator P;

GI_p – gender inequality ratio for indicator P.

We have proposed to calculate Gender Inequality Index as ratio of actual deviation of alternative indicators to their maximum possible deviation:

$$GI_p = |P_m - P_f| / \Delta P_{max},$$

where P_m and P_f – values of indicator P for men and women correspondingly;

ΔP_{max} – maximum possible degree of inequality between men and women.

HDIGI, as well as HDI and GDI, is calculated as the arithmetic mean of its three component indices.

6. Human Poverty Index (HPI)

Depending on the social and economic conditions of some countries, there could be various selections of indices in the human poverty index. In the 1997 Global Human Development Report an HPI proposed for developing countries (HPI-1) described all three aspects of human life, which are already reflected in the HDI - longevity, knowledge and decent living standards:

$$HPI-1 = [1/3(P_1^3 + P_2^3 + P_3^3)]^{1/3}$$

where P_1 – ratio of people not surviving to 40 years,

P_2 – percentage of illiterate adults,

P_3 – arithmetic mean of people having no access to safe water and medical services, and also the ratio of children under 5 years, suffering from malnutrition.

Given the different socio-economic conditions in developed industrial countries the UNDP proposed another formula for measuring human poverty (HPI-2) for these countries in the 1999 World Human Development Report:

$$HPI-2 = [1/4(P_1^3 + P_2^3 + P_3^3 + P_4^3)]^{1/3},$$

where P_1 – ratio of people not surviving to 60 years,

P_2 – percentage of functionally illiterate adults,

P_3 – percentage of population having income less than 50% of the median income in the country (i.e. people income amid income distribution series),

P_4 – percentage of economically active people unemployed for over 12 months

Since 1999 for Kazakhstan the following formula for Human Poverty Index has been used in the National Human Development Report):

$$\text{HPI} = [1/4(P_1^3 + P_2^3 + P_3^3 + P_4^3)]^{1/3},$$

where P_1 – ratio of people not surviving to 60 years,

P_2 – percentage of 16-year olds dropping out of schools,

P_3 – percentage of population having consumption level below the subsistence minimum,

P_4 – unemployment rate

HPI calculation for Kazakhstan for 2008 is as follows: initial data have the following values: $P_1 = 27,4\%$, $P_2 = 3,9\%$, $P_3 = 12,1\%$, $P_4 = 6,6\%$.

Calculations based on the above formula show that Kazakhstan's HPI in 2008 was 17.8%, i.e. indicating a level of absolute poverty (poverty in the human development context) of over one in five people on the four selected indices.

7. Kazakhstan HDI by region

The HDI's use may be improved by its disaggregation. The country's general index may hide the fact that various groups of people in the country may have very different human development levels. Such differences may be according to location, sex or type of region (urban or rural).

For the HDI calculation by region, the main problem is the selection of a factor to describe the availability of resources for people in an unbiased manner. According to UNDP methodology, GDP per capita is used as a factor at the national level. At the regional level the equivalent measure is gross regional product (GRP) evaluated by the operational method. The weakness of the HDI evaluation method by region is the use of this factor for HDI estimation. The high weight in GRP production of

the export-oriented sector gives the impression of imaginary economic welfare of people living in that region.

Considering this criticism of using GRP per capita as a factor describing access to resources, providing a decent living standard, along with the regional HDI, a population income index has been used when acquiring data and regional HDI estimates for national human development reports.

There was a 2.9 – 4.1-fold difference between the GDP per capita and population income at the national level in 1993-2008. There are three reasons for this. First, according to household studies cash income has a systemic error connected with their underestimation. The underestimation at macro level was from one quarter to one third of the declared cash income in 1999-2008. Second, GRP comprises population income in kind, which is up to one quarter of the cash income of people, and the cost estimate of several amenities that households manage as their owners. For example, they include a notional value of people's own accommodation. Third, the GRP from the viewpoint of its end use includes income used not only for consumption, but also for accrual. In addition, it should be noted that the total gross value added (GVA) by oblast (GRP) does not give a GDP value at GVA, not allocated by region .

For these reasons the conversion of cash income per capita into US\$ at PPP will underestimate the assessment of access to resources. This is why in order to tally with results at the national level, cash income per capita converted at PPP into US\$ are multiplied by a ratio equal to that of GDP per capita to cash income per capita. The same ratio is used to adjust cash income per capita and by region. As a result, correlations of regional incomes with average national rates remain unchanged.

GLOSSARY

HABILITATION – a set of therapeutic and teaching actions aimed to prevent and treat morbid conditions causing persistent loss of capacity to work, study and be a useful member of the society in young children, who have yet to adjust to the social environment.

ASSISTIVE TECHNOLOGIES – technologies facilitating social adaptation of persons with developmental disorders.

LITERACY – ability to read, understand and write a short text concerning daily human life.

HUMAN DEVELOPMENT INDEX is calculated as an arithmetic mean of three other indices: life expectancy at birth, education and income per capita. Education is calculated on the basis of literacy rate (with two-thirds weighting) and education accessibility (with one-third weighting).

HUMAN POVERTY INDEX – a composite index of poverty measuring deprivations in the aspect of human development. The UNDP offers two variations of this index, one for developing countries and the other one for developed countries (HPI-1 and HPI-2 respectively). In Kazakhstan, a modified HPI index has been used in national human development reports since 1999.

HUMAN POVERTY INDEX FOR DEVELOPING COUNTRIES (HPI-1) – is calculated on the basis of the following four indices where:

P_1 - percentage of people not surviving to 40,

P_2 - adult illiteracy rate,

P_3 - arithmetic mean of population with no access to safe water and health care services and the ratio of underweight children under five years of age.

HUMAN POVERTY INDEX FOR DEVELOPED COUNTRIES (HPI-2) is calculated on the basis of the following four indices where:

P_1 - percentage of people not surviving to 60,

P_2 - percentage of functionally illiterate adults,

P_3 - percentage of population with income be-

low 50% of the country's median income,

P_4 - percentage of economically active people unemployed for 12 and more months.

HUMAN POVERTY INDEX FOR KAZAKHSTAN is calculated for Kazakhstan in national reports since 1999 on the basis of the following four indices:

where P_1 - percentage of people not surviving to 60,

P_2 – percentage of 16-year olds not enrolled in education,

P_3 - percentage of people with incomes below the subsistence level,

P_4 – unemployment rate.

INCLUSIVE EDUCATION – process of development of comprehensive education accessible for everyone towards adjustment to different needs of all children, thus securing access of children with special needs, in particular, disabled children, to education.

LIFE EXPECTANCY AT BIRTH – number of years a newborn infant would live if patterns of age-specific mortality rates prevailing at the time of its birth were to stay the same throughout the child's life.

EDUCATION – percentage of literate population aged 15 and above and the enrolment index.

ENROLMENT – ratio of the total number of students (enrolled) at all stages of education (primary, secondary, vocational, university and postgraduate education), regardless of their age, to total population aged 5-24.

PURCHASING POWER PARITY OF NATIONAL CURRENCY (PPP) – number of national currency units required to purchase a representative basket of goods and services similar to the one that can be bought for 1 USD in the United States.

HUMAN DEVELOPMENT - both the process of widening people's choices and the level of their achieved well-being.

REFERENCES

1. Burdzhhalov, F. E., Grishin, I. V., Svanidze, Z. Y., Soboleva, I. B., 'Social Policy Types: Concepts and Practice', *Obschestvo i Ekonomika (Society and Economy)*, 1997, vol. 5
2. Demographic Yearbook. Special Issue: Population Ageing and the Situation of Elderly Persons. New York, The United Nations, 1993.
3. 'Disabled People in Russia: Causes and Dynamics of Disability, Contradictions and Prospects of Social Policy. Final Report', 1999, The Economic Analysis Bureau Fund, Moscow
4. Dumbayev, A. Y., 'Report on Preliminary Research on 'the Convention on the Rights of Persons with Disabilities and the Kazakh Legislation'', Zhan Asian Society for the Rights of People with Disabilities
5. Dumbayev, A. Y., Popova, T. V., 'Disabled Person, Society, and Law', 2006, Verena, Almaty
6. Dumbayev, A. Y., Popova, T. V., 'Disabled Person, Society and Law', 2006, Zhan Asian Society for the Rights of People with Disabilities within the framework of the European Commission supported project, Almaty
7. Fedotovskaya, T.A., 'Priorities in Improvement of the Federal Legislation in the Domain of Social Protection of the Disabled People, 2003, *Analitichesky Vestnik Soveta Federatsii FS RF ('Analytical News of the Federation Council of the RF vol. 4 (197)*
8. From Isolation to Equality. Realizing the Rights of Persons with Disabilities. // Handbook for Parliamentarians: International Convention on the Rights of Persons with Disabilities and the Optional Protocol. N° 14 – 2007.
9. Groznaya, N., 'Inclusive Education: History and International Experience', Down-Side Up Charity Fund, Moscow
10. Kardash, T. G., 'Analytical Note on the Law of the Republic of Kazakhstan on 'Social Protection of People with Disabilities in Kazakhstan' dated 13 April 2007, 2007, Institute of Legislation of the Republic of Kazakhstan
11. Kavokin, S.N., Gaubrikh N.Yu. Comprehensive Expert System for Identification of Abilities and Demands of the Disabled. – Centre for Social Design of the Russian Academy of Sciences. – M, 2002.
12. 'Kazakhstan during the Years of its Independence. Research and Information Digest' 2006, Astana
13. 'Kazakhstan in 2007', 2008, Astana
14. Kostyunina, G. M., 'Social Policy in the Domain of Labour (Experience of the Republic of Korea)', 2000, vol.4, *Trud sa Rubezhom ('Labour Abroad)*
15. 'Labour and Social Law in Foreign Countries: Basic Institutions', comparative law research, 2002, edited by Frenkel, E. B., *Yurist ('Lawyer')*, Moscow
16. Martin, E., 'Research of an English Political Scientist – UK and France', 2005, vol.8, *Svobodnaya Mysl XXI (Free Thought: the 21st century)*
17. Mikhailov, A. A., 'Comments on the Laws on Social Services to and Social Protection of People with Disabilities in the Russian Federation', 2006, vol. 1, *Rabotodatel ('Employer')*
18. Muravyova, N. V., 'Transformation of the Professional Education and Training System', 2006, vol. 3, *Trud za Rubezhom ('Labour Abroad')*
19. National Human Rights Action Plan for 2009-2012
20. Problems of Legislative Support of Social Security of Disabled Persons in the Russian Federation (for a meeting of the Round Table of the Committee of the Federation Council on Social Policy «Implementation of Social Security of Disabled Persons in the Russian Federation »). *Analytical News/ Analitichesky Vestnic # 4(197)*. - Moscow, 2003.
21. Press clippings on the ILO report: http://www.ilo.ru/press/docs/KILM_Clips.pdf
22. Quinn Gerard. «The CRPD as an Engine of Domestic Law Reform» // Conference of States Parties to the Convention on the Rights of Persons with Disabilities. UN Headquarters, New York City, October 31, 2008.
23. Report of the Commissioner for Human Rights in the Republic of Kazakhstan "On Respecting the Rights of Old People in the Republic of Kazakhstan" http://www.ombudsman.kz/publish/docs/doklad_spec/detail_2.php?ID=1227

24. Rights and Benefits of Disabled Persons in Germany, 2006, vol. 7 (106) Partner
25. Right to Decent Work of Persons with Disabilities. Arthur O'Reilly, , Geneva, International Labour Office, 2007
26. Ringhart L. Introduction into Universal Design: Canada-Russia Disability Program . - Winnipeg, Manitoba, Canada, 2006.
27. Safronov, E. A., 'Transport Systems in Cities and Regions', Training Manual, 2007, Moscow
28. Shamonayeva I.I. ILO Conventions and Recommendations as Sources of Social Security Laws. // Omsk University News/ Vestnik Omskogo Universiteta. – 1997. -Issue 3. - p. 94-95.
29. Shmidt, V. R., 'Organising On-the-Job Training in Developed Western Countries', 2005, vol. 3, Trud za Rubezhom ('Labour Abroad')
30. Statement by Mr. Sha Zukang Under-Secretary-General for Economic and Social Affairs to the Opening of the First Session of the Conference // Conference of States Parties to the Convention on the Rights of Persons with Disabilities. UN Headquarters, New York City, October 31, 2008.
31. Statistics Digest of the Statistics Agency of the Republic of Kazakhstan, 2008, Astana
32. Tsyganov M.E. Integration of Disabled Persons into Employment: Experience of European Union Countries //Labour abroad/Trud Za Rubezhom - 2003. - N 4. - p. 50, 54 , etc.
33. United Nations Disability Statistics Compendium, (ST/ESA/STAT/Ser.Y/4).
34. Factsheet on Persons with Disabilities: <http://www.un.org/russian/disabilities/default.asp?navid=37&pid=1186>
35. Volkov, A. M., 'Sweden – Socio-Economic Model', 1991, Mysl ('Thought'), Moscow
36. <http://www.imcl.ru>.
37. <http://www.invalid.kz>.
38. <http://www.pravo.perspektiva-inva.ru>.
39. <http://www.union.kz>;
40. <http://www.un.org>;
41. <http://www.invalid.ru>;
42. <http://www.invalirus.ru>;
43. <http://helpforinvalids.narod.ru>;
44. <http://invak.info>;
45. <http://www.nashepravo.org>;
46. <http://www.fpgp.ru>;
47. <http://www.partnery.cn>.

Отпечатано в ТОО «Агроиздат»
г. Астана, пр. Победы, 48, тел./факс: 8/7172/ 59 17 51, 31 64 61,
e-mail: agroizdat@yandex.ru
Тираж 300 экз.