

## **CHILDREN AND DISABILITY IN KAZAKSTAN**

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## DISABLED CHILDREN IN THE REPUBLIC OF KAZAKHSTAN

People are born possessing certain potential abilities. The objective of human development is to create an environment, where all people can realize their abilities, and the opportunities for this development ought to be further expanded. Each person and each generation of people should have a right to choose how to realize their potential abilities. The definition of human development as a process providing people with wider opportunities in all aspects of human life is behind a vast and ramified system of statistical indicators enabling an evaluation and analysis of human development. Since 1990, UNDP human development reports make attempts to present data on a wide spectrum of human potential development. The data come from the UN, its agencies, and several other international organizations engaged in a systematic data standardization effort. But there are some problems concerning country data availability and their international comparability. There are three basic human options: a long and healthy life, basic and continued education, and a sufficient income level for maintaining a decent standard of living. (Y.K. Shokamanov, *Human Development Trends in Kazakhstan*.)

But there are persons with certain physical and mental handicaps (disabled persons, persons disabled since childhood), who are often left on the sidelines of public and political life. It is estimated that around 10% of the world population, or nearly 500 million people, are disabled persons who are regarded as one of the more vulnerable population groups who for objective and subjective reasons enjoys highly restricted education, employment, income, medical care, etc., standards.

Even in developing countries, 80% of all disabled persons reside in rural areas and are often ranked among the poorest with a very limited access, or no access at all, to medical care and various rehabilitation and support services. Low-income disabled persons are unable to purchase artificial limbs and crutches that at least would enable them to move on their own.

Surveys reveal that disabled persons predominate in poorer social strata in developed countries as well. Having a disabled member confronts poor families with considerable problems. In accordance with ILO statistics, the unemployment rate is two to three times higher among the disabled than other categories of the population. Even working people with disabilities often hold low-paid jobs due to insufficient education and training as well as restricted mobility or discrimination in general.

Disability is a protracted or permanent, full or partial loss of the ability to work in consequence of persistent or hard-to-reverse impairments of body functions, induced by a disease, an injury, or a developmental defect.

In keeping with the classification accepted in countries of the former USSR, the following are considered as the most general causes of disability in the Republic of Kazakhstan:

- systemic disease;
- work injury;
- occupational disease;
- disability since childhood.

Depending on the degree of a person's inability to work, medical expert commissions assign his/her 1st, 2nd or 3rd disability categories.

The criterion for assigning the 1st disability category is a person's condition requiring social protection or help, as caused by his/her health failure involving some persistent major impairment of body functions as a result of diseases, injuries or defects that lead to a highly pronounced restriction of one of the vital activities or a combination thereof.

**Criteria for establishing the 1st disability category:**

- Incapacity for self-service or total dependence on other persons;
- Incapacity to move on one's own and total dependence on other persons;
- Incapacity for orientation (disorientation);
- Incapacity to communicate;
- Incapacity to control one's behaviour.

The criterion to establish the 2nd disability category is a person's condition requiring social protection or help, as caused by his/her health failure involving some persistent major impairment of body functions as a result of diseases, injuries or defects that lead to a pronounced restriction of one of the vital activities or a combination thereof.

**Indications for establishing 2nd category of disability:**

- Capacity for self-service with the use of aids and/or with the help of other persons;
- Capacity to move on one's own with the use of aids and/or with the help of other persons;
- Incapacity to work or capacity to work in a specially organized environment with the use of aids and/or a specially equipped workstation, with the help of other persons;
- Ineducability or educability at specialized educational institutions, or at home on the basis of a specialized syllabus;
- Capacity for orientation in time and space requiring help from other persons;
- Capacity to communicate using aids and/or with the help of other persons;
- Capacity to control one's behaviour, fully or in part, only with the help of other persons.

The criterion to establish the 2nd disability category is a person's condition requiring social protection or help, as caused by his/her health failure involving some persistent, insignificantly or moderately expressed impairment of body functions as a result of diseases, injury after-effects or defects that lead to a mildly or moderately pronounced restriction of one of the vital activities or a combination thereof.

**Indications for establishing the 3rd category of disability:**

- Capacity for self-service with the use of aids;
- Capacity to move on one's own, which requires longer time, respites, and shorter distances;
- Educability at general educational institutions, given compliance with a specialized instructional regimen and/or use of aids, and with help from other persons (other than the teaching staff);
- Ability to work doing jobs requiring lower qualifications or involving reduced production assignments, inability to do jobs in line with one's training;
- Capacity for orientation in time and space with the use of aids;
- Capacity to communicate, as characterized by a slower speed with which one assimilates, receives and gives information as well as by smaller information amounts one is capable of assimilating, receiving or giving.

There is some grim statistics to the effect that over 10% of disabled persons are children aged 0 to 16 years.

Protecting children's health is one of the government's main responsibilities. An important component of the governmental Public Health Protection Programme is a sub-programme called Mother and Childhood Protection, implemented with an active participation of UNICEF, population funds, CDC, Basics, USAID, and WHO, all of which provide technical and financial support. In late 1997, the National Children's Health-Building and Rehabilitation Centre for children from ecologically unfavourable zones, orphaned children, and kids from poor families and families with many children was opened on the initiative of S. Nazarbayeva, President of Bobek Children's Fund.

At the same time, Kazakhstan has quite a few challenging problems involving compliance with all the provisions of the Convention on the Rights of the Child for social, economic and environmental reasons. Some cases on record are a decline in accessibility of medical assistance, inadequate sanitary competence of the population, parents' increased inattention to their own health and to that of their children, and a rise in general child and adolescent morbidity rates.

Against the background of dropping fertility rates, there is a growing number of sick or weak children born each year, something that affects their condition in the first years of their life and occasionally leads to disability.

In 80% of children, disability is caused by epilepsy, as well as the congenital and hereditary pathology of the nervous system: Down's syndrome, microcephaly, and infantile cerebral palsy.

Child outpatient polyclinics play the leading role in carrying out a broad range of health-building measures designed to develop and bring up healthy children, prevent diseases, and reduce child morbidity rates. Continuous medical prophylactic supervision of the child population is still number one public health priority, which to a certain extent helps monitor the state of health in children from birth to 15 years of age. It is the initial preventive medical examination that accounts for most errors, which lead to the failure to register all the children from the risk groups or are fraught with the danger of chronic pathology formation.

The prevalence of nervous system diseases among children is presently a cause for serious concern. The inadequate medico-social rehabilitation of children and deterioration of the environmental situation in Kazakhstan are conducive to a rise in child disability rates. Studies have shown that more than 30% of preschool children are not ready for standard curricula schooling, because they have various nervous system and mental disorders.

The problems of nervous system disorders were discussed at the Second International Conference of Child Neurologists of the Central Asian Region. Leading scientists from CIS countries and elsewhere discussed matters related to improving child neurological services, diagnosis of neurological disorders, and of the nervous system and mental disorders in children, and their early rehabilitation.

The Conference was attended by educators and representatives of the social protection services and public organizations, which are also crucial to securing early rehabilitation and social adaptation of children afflicted with nervous system and mental disorders.

The baseline disability structure is dominated by disability cases resulting from circulatory diseases (18.6%); next follow malignant tumours (14.1%), mental disorders (12.1%), and various injuries (11.9%).

Factors causing child disability include biological (a high level of chronic, congenital and genetic diseases in parents, perinatal pathology), medico-organizational (late disease diagnosis, a lengthy period between the disease diagnosis, the establishment of disability and the beginning of rehabilitation), and socio-environmental (deterioration of the ecological situation, social troubles in families, restricted opportunities of a large number of families for receiving skilled medical services

and nutrition based on scientifically established norms). The population's psychological health has deteriorated as well, which, naturally, affects the progeny.

The prevalence of the main chronic non-infectious diseases in areas adjoining the Aral Sea is 50% or 100% higher than on average in Kazakhstan. Causing worry is the growing number of tumours among adolescents in the Kyzylorda Region and a high rate of young-age disablement.

The consequences of nuclear tests held at the Semipalatinsk Range are the sad reality. According to scientists, the forty years of nuclear tests resulted in an increase in the number of malignant tumour cases among the population. Observations (for 1970-1993) register a 22% growth.

Another worrisome circumstance is the aftermath of the tragedy of the Aral Sea, whose depth fell disastrously, causing an ecological catastrophe and the growth of various diseases. The result was an increased migration of the indigenous population and the scattering of lepers all over the country, something fraught with new outbreaks of that formidable disease.

Chiefly, there are three departments – the public health authorities, the education authorities, and the social protection authorities – that are in charge of diagnosing the developmental defects in children, registering the latter, and catering to them. The three have the following functions:

Public health institutions shall carry out:

- "active" mass-scale screening examinations to reveal risk factors and diseases, which may cause various developmental deviations;
- early identification of various developmental defects in newborns, infants, young children, pre-school children, schoolchildren and adolescents;
- dynamic medical supervision, in-depth diagnosis with reliance on all the available paraclinical methods and the assistance of psychologists, defectologists (defectology is the study of mental and physical handicaps. – *Tr.*) and other specialists;
- treatment of diseases and developmental defects at outpatient policlinics and specialized hospitals;
- medical rehabilitation measures;
- decision-making at different stages, starting from the antenatal period, on a child's developmental defects and further tactics (abortion, recommendations on sending newborn infants from an obstetric hospital to a specialized baby house, on sending them to specialized hospitals, etc.);
- examination by a medical and occupational expert commission to consider grave deviations for referral to the social protection institutions and agencies.

Educational institutions shall carry out:

- pedagogical corrective interference in the development of children and adolescents with developmental defects and disorders by way of training them at various specialized educational institutions for preschool children, starting from three years and to the age of 18, including their upbringing, education, and labour and occupational training;
- psychological, medical and pedagogical consultations and diagnosis of children with developmental defects.

Social protection agencies, on the basis of a certificate issued by the medical and occupational expert commission, decide whether or not a child should be registered as a disabled person, and if so, on its pension provision and on its admission to some or other residential school for disabled persons. This does not happen before a child is three years of age and not before it is its turn to come up for consideration. Besides, the agencies provide disabled people with the means of conveyance free of charge.

Regrettably, the medico-social expert commissions held no medical and social examinations of disabled children under 16 years of age before 2000, for which reason the statistical agencies lack the comprehensive statistics on the disabled persons and disabled children under 16 and therefore are unable to analyse the situation as it develops.

This paper is based on some available separate data for 2001 and partially for 2000 and is attempting to make a comparative analysis of the numerical strength of disabled persons and their distribution by sex and age groups, and drawing on the annual report of the primary medico-social expert commission, also analyse the results of repeat examinations and original examinations in separate classes of diseases.

The number of disabled persons of all ages continues to grow: it increased from 266,500 people in 1995 to 386,400 in 2001, or almost 50%; in the same period, the number of disabled children also grew more than 50%.

In 2001, 47,121 adults came under the original examination, and 40,820 of them, or 86.6% (59.7% town residents, 40.3% country dwellers), were recognized as disabled persons. Of these 86.0%, or more than 35,000 persons, are of employable age. Women make up 41.7% of the same category, more than 80% of them being of employable age as well.

As compared with 2000, the number of those applying for original examination declined by 5,970 persons, or 11.3%. Accordingly, the number of those recognized as disabled persons declined as well – from 46,133 in 2000 to 40,820 in 2001, or by 11.5%.

### Original adult examination results

	Persons					
	2001			2000		
	Total	Of these of employable age	Proportion, %	Total	Of these of employable age	Proportion, %
Persons examined, total	47,121	40,599	86.2	53,091	46,149	86.9
Of these, recognized as disabled persons	40,820	35,104	86.0	46,133	38,210	82.8
Including women	17,020	13,633	80.1	18,892	15,153	80.2

As of January 1, 2002, there were 386,400 disabled persons in Kazakhstan, of whom 12.7% were children aged 0-16.

The dynamics of changes in the disability statistics is cited in the table below:

### Dynamics in the number of disability pension recipients for 1995 and 1999-2001

Years	Total number of disabled persons	Of these, children under 16 years of age	Proportion of disabled children, %
1995	266,509	32,000	12.0
1999	358,453	44,468	12.4
2000	383,703	49,806	13.0
2001	386,422	49,093	12.7

The children and adolescents with disabilities should be considered against the background of the National Strategic Programmes aimed to alleviate the problem. As we investigate the matter and

look for ways of designing such programmes, it is important to study different aspects involved, such as what causes child disability, its incidence, trends and dynamics, annual numbers of individuals first recognized as disabled persons, as well as consequences and losses for the sick child, the family and the public.

In addition, the country bears certain costs involved in the upkeep of disabled persons in residential institutions, in providing for their pensions, and in building an infrastructure and facilities for their life support, treatment, education, etc.

Along with that, child disability certainly has an impact on the family's economic and social status and produces a chronic psychological and emotional stress on its members, restricting their opportunity to work because they need to care for the sick child. It also leads to an increase in the number of split families. Likewise, it is of huge importance to study the negative consequences for the child itself, and the burden of suffering and pain it has to bear from birth to its dying hour.

The education authorities normally diagnose developmental defects upon (parents') application, more often than not as children get signed up for school or kindergarten or upon receiving a referral from a general school, signalling problems in a child's coping with the standard curriculum. The latter, of course, is a case of belated reaction, whereas children in the 0 to 3 age bracket are practically ignored. Besides, it should be pointed out that the education authorities neither identify disability nor see it as their duty to facilitate in-depth diagnosis or to register and help children who are in care of the health, social protection and interior authorities. What guides the education authorities in their identification and registration procedure is the existing structure and capacity of the specialized and auxiliary schools and kindergartens, more specifically, institutions for children with mental developmental delays, mentally retarded children, children with speech defects, infantile cerebral palsy and other paralytic syndromes, children with depraved sight and hearing, and the deaf. A considerable portion of the child and adolescent population requiring corrective aid and social adaptation, particularly those living in rural areas, is practically outside of the scope of vision of the educational institutions.

A dangerous tendency has been recently observed in Kazakhstan to shut down specialized institutions for children with developmental defects. Between 1993 and 1995, three auxiliary schools for mentally retarded children were closed in the city of Almaty alone, two in the Akmolinsk Region, one in the North Kazakhstan Region, etc., the total adding up to 14.

The majority of children with grave developmental anomalies (severe mental retardation, multiple handicaps, considerable impairments of the locomotor system, etc.), as registered by the education authorities, are not covered by the specialized education. It means that the existing system does not guarantee the rights of each child.

As is common knowledge, handicapped children display a greater range of individual differences in behaviour and ability to school than their able-bodied peers. Despite that, contemporary specialized schools offer standard curricula, which many of those children are unable to cope with in full. It is necessary to draw up differentiated curricula that take into account the mental and physical capabilities and educational requirements of students, and to introduce specialized courses geared at inculcation of practical knowledge about oneself as an individual, a personality, incorporated in the "society and I" system. Developing curricula, textbooks, and teaching aids for specialized schools in the Kazakh and Russian languages is still a major problem. Serious scientific studies are needed to compile them.

The overwhelming majority of children with mental and physical handicaps are not given specialized corrective assistance before they start school. The existing network of preschool institutions failed to meet the needs even in the period preceding the perestroika. Today, far from being expanded, it is on the decline.

In academic 1989/90, Kazakhstan had 126 residential schools (*internats*) for children with limited department opportunities, whose number scaled down to 99 in 2001. These had a student body of 29,917 in academic 1989/90 and 18,027 in academic 2001/02. On top of that, there were 4,884

students with limited opportunities trained at mainstream schools and specialized classes in academic 1989/90, whose number declined 40% in academic 2001/02.

Kazakhstan has 17 specialized institutions for disabled children with around 3,000 (2,878) inmates. There was 186,700 tenge spent on their upkeep and services in 2001, or about 5,400 tenge per child per month. In 1999 and 2000, the expenditures amounted to 163,400 tenge and 190,600 tenge respectively, or 5,000 and 5,800 tenge per child per month. From 1995 to 2001, the number of inmates mostly varied between 2,700 and 2,800 persons.

In Almaty, for example, there are specialized residential schools for children with developmental handicaps, like locomotor system disorders, ICP, defects of hearing and vision, etc. Being public schools, these are fully financed from the state budget. They admit children after the city Medico-Pedagogical Commission approves a decision to that effect. The schools provide nine-year secondary education spread over 10 to 11 years, the curricula being adjusted to the disabled children requiring continuous medical supervision and having to be admitted to hospital two or three times a year during exacerbation or for prophylaxis.

The said institutions enable some of the inmates to go through a rehabilitation course and go back to normal life. This sort of thing does happen, if not quite so often. Children are given occupational rehabilitation: some of the institutions run sewing, joinery and other shops. Besides, the charges can organize their own pastimes under teachers' supervision. Some of the disabled children are unique personalities, whose knowledge and talent might be of huge benefit to the public, provided the latter give the due attention to creating the necessary social conditions for their development. Society will only gain if disabled children have an equal access to education, medical services and other social benefits.

In the Republic of Kazakhstan, it is the health authorities that have a duty to protect the psychophysical state of infants and children aged under three years. These children are in public care from their birth.

On diagnosing behavioural disorders, speech, psycho-emotional or physical retardation in children under three years of age, paediatricians have to face the problem of how to correct these defects. The work of medical institutions is organized in such a way that from the moment of its birth a sick child or a child with special needs resulting from developmental deviations finds itself in a system programmed for its upkeep away from the family, which means segregation. A particularly striking example of the destructive influences affecting the psycho-emotional development of infants and young-age children is their existence in baby houses – specialized medical institutions – where right from birth they are doomed to be brought up away from their families, without maternal care, and in conditions of constant comprehensive deprivation, which in a radical and disastrous manner affects both their future prospects and their personality development.

Specialized children's preschool institutions controlled by the education authorities take upon themselves some of the burden of psychological and pedagogical correction of deviations in children older than three years of age, who are brought up by their parents and live in big cities. But these were always few and far between and in recent years their network has all but disappeared, and their capacity to admit children has also reduced. As for children living in the countryside, they have no access whatsoever to this kind of institutions.

In accordance with the legislation of the Republic of Kazakhstan now in effect, disabled persons enjoy social security benefits which are paid from the state budget and deductions by the enterprises, establishments and organizations of all types of ownership.

Under the Law of the Republic of Kazakhstan of June 19, 1991, No.692-XII "On Social Protection of Disabled Persons in the Republic of Kazakhstan," disabled persons receive social aid in the form of allowances, free provision of prostheses, orthopaedic footwear, special-type printed editions, sound amplifying equipment, signal devices, and compensatory technical devices in accordance with the procedure established by the national legislation. Government disability pensions is only one of the main types of that aid. The Law also states that besides the above kinds of support by the

decision of the local executive authorities "social and occupational rehabilitation of, everyday catering to disabled persons, and other aid" may also be provided. In addition, disabled persons shall be provided with skilled medical care in accordance with the procedure established by the legislation of the Republic of Kazakhstan.

Government Resolution No.382 of March 21, 1997 approved Regulations on Support of Children, which stipulated five types of allowances for targeted aid to the population:

1. Universal allowance for families with children;
2. Allowance for non-working mothers with four or more children under seven years of age;
3. Allowance for children of servicemen in active service;
4. Allowance for HIV-infected children or children with AIDS;
5. Allowance for the disabled since childhood, who are brought up and educated at home.

The average amount of monthly disability pensions was 3,153 tenge (one U.S. dollar is equal to 156 RK tenge) in 2001; it was 1,621 tenge in 1995, and 2,990 tenge in 2000 (the case in point is government social allowances for the civilian population, with special contingent allowances not taken into account).

An average amount of the monthly allowance per one disabled child is 2,325 tenge, which is 150 tenge, or 6.9% up on 2000.

The year 2001 saw the original examination of 8,486 children under 16 years of age, of whom 8,207, or 96.7%, were recognized as disabled persons. Their distribution by age groups was as follows: 0-3 years, 25.0%; 4-7 years, 23.7%; 8-14 years, 45.3%; 15 years, 6%.

Congenital anomalies (developmental defects), deformities and chromosome defects (23.8%), nervous system diseases (20.3%), and mental disorders (17.2%) account for the greatest proportion of disability causes.

Among urban and rural residents, the percentages of children first recognized as disabled are roughly equal (48.8% and 51.2%, respectively).

In addition, 2001 saw re-examination of 17,129 children under 16 years of age, of whom 15,973, or 93.3%, were repeatedly recognized as disabled: 28.2% on account of nervous system diseases; 21.4% and 21.2%, due to mental disorders and congenital anomalies, respectively.

Of the disabled children, 56.5% are boys and 43.5% are girls under 16 years of age.

Some 49.5% of children repeatedly recognized as disabled persons live in towns and 51.5% in the countryside.

There were 23,082 individual rehabilitation programmes compiled in 2001 as part of a medico-occupational (psychological and pedagogical) social rehabilitation project devoted to disabled children, including 8,248 for children aged 0-7, and 14,834 for those in the 8-15 age group. The lion's share of the rehabilitation programmes were geared to medical rehabilitation: 22,243 programmes, or 96.4%, of which 7,984 (35.9%) and 14,259 (64.1%) were for children aged 0-7 and 8-15 respectively.

A total of 1,394 individual programmes issued were targeted at social rehabilitation, of which 140 involved provision with technical rehabilitation facilities and 348 with wheelchairs.

A total of 957 individual programmes envisage occupational rehabilitation (guidance) in the 0-7 and 8-15 age groups.

Some 4,777 individual programmes were designed at psychological and pedagogical correction, of which 1,065, or 22.3%, involved education in specialized corrective pre-primary institutions; 2,268,

or 47.5%, involved schooling at specialized corrective residential schools; and 2,004, or 42.0%, education under special conditions (at home, in accordance with an individual programme).

From the point of view of human potential, poverty means the absence of some basic opportunities and options for an individual. A poor person is restricted not only in respect of meeting his/her basic requirements in food, clothing, and health care, but also in respect of a wider range of opportunities – a healthy and long life, sufficient education level, participation in public life, and an adequate income to satisfy other social and cultural needs.

It is only lately that nations and the international community as a whole have started paying attention to social, economic, political and scientific problems arising in connection with mass-scale child disability.

Both the Government and the public at large should take upon themselves the care of the disabled. By using advanced medical and scientific techniques, and technologies, it is necessary to create the conditions for disabled persons' full-fledged participation in public life. These may be charitable actions, government social rehabilitation programmes, etc.

The absence of specialized devices in public places (ramps, special lifts, etc.) designed to facilitate the movement of disabled persons confined to wheelchairs deprives the latter of chances to visit theatres, museums and other facilities.

Drawn up within the framework of Kazakhstan's pension reform project being implemented by IMCC (U.S.A., USAID) and based on the disability statistics of the Ministry of Labour and Social Protection and the Statistical Agency of the Republic of Kazakhstan, the report on the theme "Disability in the Republic of Kazakhstan: Problems and Solutions", comes to this conclusion: "Due to the lack of relevant statistics in the country, there is practically no opportunity of studying the causes and structure of child disability at the national level." The report also says: "The average disability rate among children in the 1990s was 1.2 per 1,000 population under 16 years of age, whereas in the 1980s it was 0.47 on average. It should also be taken into account that the share of the population aged under 16 has declined 2.2% in recent years. Persons disabled since childhood are the category enjoying the least support from the government, with the exception of those living in residential homes, specifically, disabled children under 16 years of age. Unless preventive measures with respect to persons disabled since childhood are expanded, it can hardly be expected that the said tendency for growth in this disability cases will cease. For example, during the first six months of 2000, the share of disabled children among the total number of disabled persons grew 0.7%, to 13.1% as of July 1, 2000. Whereas in 1983 disabled children under 16 made up around 4% of the total number of disabled persons, in 1999 their share exceeded 12%. On the whole, there were about 100,000 children recognized as disabled since childhood in 1999, or 27% of the total, including disabled children under 16 years of age."

In addition, the report provides recommendations on how to improve Statistical Form No.7 "Report by District, Interdistrict, etc... Medico-Social Expert Commission." Among other things, it is recommended that registration of the disability structure by types of diagnosis should be done separately for groups of persons disabled since childhood older and younger than 16 years of age.

Taking this recommendation into account seems to be highly important, because child disability in Kazakhstan tends to grow.

The Majilis of the RK Parliament passed the Law of the Republic of Kazakhstan "On Social and Medico-Pedagogical Corrective Support of Children with Limited Opportunities," which outlines the forms and methods of social and medico-pedagogical corrective support for children with limited opportunities, and is aimed to create an effective system of assistance to children with developmental defects and to deal with problems involved in their education, schooling, labour and occupational training, and prophylaxis of child disability. The Law lays down the following goals of

social and medico-pedagogical corrective support: early (from the moment of birth) identification of congenital and hereditary diseases, and deviations from normal development, prevention of developmental delays and disorders, prevention of severe forms of disability, reduction of child disability rates, as well as compensation or restoration of physical, mental, intellectual, social and other capabilities of children with limited opportunities, enforcement of their social rights, and their fullest possible social integration.

Acting on the Law will make it possible to create an integrated national system of identification and registration of children with developmental deviations, offer them comprehensive medical, specialized educational and social services, and open a network of rehabilitation centres and correction rooms. Those centres and rooms and newly introduced positions of social workers, will be financed from local budgets. The Law is to be realized stage-by-stage from 2001 to 2004.

To achieve sustained development, it is necessary to keep a balance between social, economic, and ecological factors, on the one hand, and shifts in the population growth, distribution, and pattern, on the other. Nations, if they wish to assure the optimal course of their own development, ought to take into account demographic trends in their population structure.

To realize the priority of and map out a strategy for improving the special policy designed at building up the health of the rising generations and shaping up the population is crucial to this country's development and strengthening. The policy should be focused not only on ensuring conditions for the birth, survival and development of children but also on creating an environment facilitating the development of the child as an individual and a personality that enjoys full rights and consciously and freely participates in society's life.

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