CHILDREN AND DISABILITY IN KYRGYZ REPUBLIC

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Children and the Disability Problem in the Kyrgyz Republic

Introduction

Like many other countries, the Kyrgyz Republic recognizes the need for rehabilitation of the disabled, as it does their civil rights and the impact that disability (functional limitations) and inability to work (social, economic and cultural conditions which place a handicapped or disabled person at a disadvantage in comparison with other members of society) have on national health, education and economic prosperity indicators.

In the Soviet epoch, it was the government that bore the responsibility for supporting the children whose parents for some reason or other were unable to perform that duty. Kyrgyzstan has followed the tradition. Placing children in residential institutions is usually the only option that the government offers to families.

After independence, Kyrgyzstan as a sovereign state could guarantee only minimal financial support for the social, health and educational sector. The country found itself in an economic crisis, with single mothers with many children, sick persons and the disabled being hit particularly hard.

Despite Kyrgyzstan's efforts to improve the standards of living, medical care, education, and labour and occupational training for disabled persons, there remain a large number of outstanding social, economic, psychological, pedagogical, and medical problems. The coverage of adults and children with medical and genetic consulting is inadequate. Maternity homes services are formally free of charge as is treatment of children under 15 years of age, but hospitals and clinics now frequently impose charges for surgery and medications. Quite often parents have to buy medicines on their own during hospitalization. Growing poverty tends to drive down health standards of expectant and lactating mothers. Anaemia is a particularly widespread condition due to meager and vitamin-deficient diet.

If a child is born with defects, doctors at a maternity hospital usually advise parents to leave it there to be eventually handed over to a child-care institution. Society as a whole regards disabled children as incurably ill and without chances for improvement in the future. Most parents, however, do not lose contact with their children, as well as with children possessing slight defects, like cleft lip or palate, tip foot, and mild epilepsy.

Conditions at child-care institutions reflect societal attitudes as a whole and a lack of understanding of the need for the disabled to be reintegrated into their biological families along with normally developing children. The government is generally recognized as the best guardian. As a consequence, children are gradually isolated from the rest of society. Local rehabilitation initiatives aimed at reintegration and adaptation fail to get government support.

Among many reasons that cause disability, the main ones are environmental deterioration, unfavourable female labour conditions, inadequate living conditions, ignorance of healthy lifestyles, and high morbidity and infant mortality rates.

In Kyrgyzstan, the number of children with special needs is presently growing, whereas the network of institutions, which educate and care for these children, is shrinking. This long overdue problem calls for a solution. There are different ways out of the existing situation. One of these is broad-scale social integration enabling a child to live and grow in a setting that meets its needs the most.

This country regards the problem of training mentally retarded and physically handicapped children as part of its national objective of helping a person develop its abilities and find its place in public
life and the sphere of production. That is why rehabilitation, education, treatment, and social support for disabled children are all matters of national policy and are enshrined in the Constitution of the Kyrgyz Republic, the Law "On Education", and the UN Convention on the Rights of the Child, which Kyrgyzstan has ratified.

The approval of the Law of the Kyrgyz Republic "On Government Allowances in the Kyrgyz Republic" laid the foundations of a targeted system for assigning allowances to low-income families and individuals. The penury-based methodology uses a differentiated approach when calculating people's real incomes. A "social passport" arrangement is being introduced, something that helps to rule out almost entirely the unfounded privileges and benefits.

Within the framework of drafting a New Generation Programme, the Kyrgyz Government, jointly with UNICEF, conducted in 2000 a national survey to study the state of things in the childhood advocacy and protection sphere. The survey focused on the situation of children deprived of parental care, on assessment and analysis of the existing legal and regulatory framework, and on ways of reforming the family support system and strengthening the relevant services, drawing parents and the public into a drive to deal with childhood problems, and bolstering the guardian and foster agencies' effort to prevent social orphanhood.

In keeping with a Decree of the President of the Kyrgyz Republic, the Council for the Affairs of the Disabled under the President of the Kyrgyz Republic was set up in 1998. Thereby the government intends to actively support people with disabilities in all spheres of public life.

Many childhood-related measures carried out by the Government of the Kyrgyz Republic and other executive authorities enjoy organizational, methodological and financial support from international organizations. These were the terms on which the Government drafted and passed Kyrgyzstan's Comprehensive Development Framework for the Period till 2010 (UNDP), and the New Generation National Programme for Kyrgyzstan children's rights enforcement for the period till 2010 (UNICEF, European Children's Fund, U.K., Save the Children, Denmark, and others). In 2002, the Zhogorku Kenesh chamber of the Kyrgyz Republic Parliament approved the Law "On Ratification of the Treaty between the Ministry of Public Health of the Kyrgyz Republic and Save the Children charitable foundation (Red Barnet) on Cooperation in Establishing a Centre for Reintegration and Rehabilitation of Orphaned and Disabled Children in the Kyrgyz Republic". Since 1996, the charitable foundation has been aiding disabled children living in children's psychoneurological residential homes under the jurisdiction of the Ministry of Labour and Social Protection and the infant home under the jurisdiction of the Ministry of Health. This aid has been given in pursuance of the Treaty on Cooperation in Implementing the Project to Improve the Situation of Disabled Children in the Kyrgyz Republic, which this charitable foundation signed with the Ministry of Labour and Social Protection.

In 1999, Kyrgyz infant homes opened their first Day Care Centres for disabled children, the funds for their construction coming from the Mercy Corps, USA, and Save the Children, Denmark.

A lot of work is done by the Meerim International Charitable Foundation, whose activities are aimed at implementing educational programmes, supporting orphaned and disabled children, protecting motherhood and childhood, and promoting spiritual, moral and esthetic education of children, and helping young gifted people.

Within the framework of these programmes, ICF Meerim launched, in 1999, a new project: the Centre for Social Rehabilitation of Orphaned Children "House of Mother and Child Development Initiatives", where a small medical and teaching staff handles children with numerous developmental problems. The Centre helps children rated as "uneducable", socially isolated and having no access to education. Possessing no experience in child rearing (frequently extreme
sheltering was observed), their parents failed to inculcate in them the most elementary self-service skills or a capability to obey instructions, for they, too, need consultation and advice from teachers, psychologists and psychiatrists. No longer keeping their children within the four walls, mothers bring them to the Centre, where specialists do everything possible and even impossible to enable each child regardless of its condition to become a full-fledged member of society. The Centre wants to create the right conditions for their development so that they might catch up with their peers as much as they can and adapt to their social environment.

The Law of the Kyrgyz Republic "On Protection and Defence of the Rights of Minors" envisages that for purposes of personality development and social rehabilitation disabled children and physically and mentally handicapped children have the right to a general or vocational education in keeping with their physical status and abilities and ensuring their participation in feasible labour and creative work. Currently Kyrgyzstan is expanding a network of public/private rehabilitation centres for disabled children.

**Disabled Children: What Are They?**

The Declaration on the Rights of Disabled Persons (Resolution 3447 (XXX) of the Thirteenth Session of the UN General Assembly) says that "The term ‘disabled person' means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities".

In 1991, the Kyrgyz Republic passed the Law "On Social Protection of Disabled Persons in the Republic of Kyrgyzstan". Its Art. 2 defines the meaning of the term "disabled person" as follows: "A disabled person is a person in need of social assistance and protection due to his or her limited capabilities in consequence of existing physical or mental handicaps". This is expressed in the complete or partial loss of his or her capability or ability for self-service, movement, orientation, communication, behavioural control, as well as ability to work. The 1st, 2nd and 3rd disability category is established depending on the degree of failure of body functions, gravity of capability limitation (disorder), and causes of disability. A person is recognized as being disabled in accordance with the established procedure by the relevant government authorities.

There were around 91,000 disabled people of different categories in the Kyrgyz Republic as of the end of 2001, of whom 15,700 were disabled children aged under 16 years, or 17% of the total. About 16.7% of the disabled children have infantile cerebral palsy (ICP). Each year, about 1,500 children are recognized as disabled for the first time in their life (see Appendix, Tables 1-3).

The rise in the number of disabled children is due to better diagnostic and identification techniques. Previously, mentally and physically handicapped children were kept within the four walls, their parents bearing the burden alone as good as they could and without applying to the government for help. The market reforms of the last decade made it difficult for parents to support and bring up children with special needs, this causing a rise in the number of those applying to the government for help. Some other reasons behind the birth of children afflicted with diseases that induce disability are the weak health of mothers, hard work women have to do in agriculture, which leads to anaemia, and iodine deficiency in mothers, which induces the birth of mentally retarded children. Besides, pregnancy-period ailments (intrauterine infections, flu, etc.) and an unsatisfactory environmental situation lead to the birth of sick, weak and premature babies, who either fail to survive or later become disabled.
Iodine deficiency disorders (IDD) are a grave medical and social problem, as they are crucial to the population's state of health and the intellectual level of society as a whole. Sample surveys have demonstrated an increase in the incidence of goiter among children and adolescents and in the number of congenital hypothyroidism cases; there are cases of endemic cretinism as well. Biological monitoring conducted with the aim of evaluating severity of IDD in different areas of the country demonstrates that iodine deficiency is present practically in the entire territory of Kyrgyzstan, but is particularly pronounced in the south. Estimated on the basis of WHO criteria, the country's iodine deficiency is rated as medium verging on severe. Several factors also played a negative role in IDD growth, including the lack of domestic salt industry, loss of the government monopoly on the importation and sale of iodinated salt, disruption of seafood supplies to the provinces, and the exorbitant price of seafood that the majority of the population cannot afford. The child population in a number of southern areas was urgently put on preventive medication with iodinated oil (lipiodoil). IDD elimination is currently a priority for the Ministry of Public Health of the Kyrgyz Republic and international organizations.

One of the problems also causing particular concern is a high rate of female and child anaemia. It has been established that around 60% of women suffer from anaemia during pregnancy, or twice as many as in the early 1990s. The number of anaemic children also grew approximately 150% in that period, adding up, in 2001, to 16.5 cases per 1000 children aged 0-14. The spread of this disease is due to low living standards and insufficient and unvaried diet lacking in all essential nutritive ingredients.

The problem of fighting infectious diseases has always been an urgent one, acquiring top priority in some periods. TB rate, particularly high among children and teenagers (growing more than 3.5 times over the last decade), has remained problem number one as far as infectious diseases are concerned.

An analysis of data on primary child disability registration in the main groups of diseases over the last three years shows that children disabled as a result of general diseases predominate in the overall mass of children recognized as disabled (70%), including:

- nervous system diseases: over 28%, of which 59% are ICP cases;
- mental disorders: over 23%;
- diseases of the eye and its appendages: over 8%.

The number of conditions that led to disability is also considerable and has a tendency to grow. For example, congenital anomalies made up 13.9% in 2001, while injuries and poisonings added up to 3.6% (see Appendix, Tables 3-4).

It should be mentioned that growing pressures (computer training, hours-long PC handling, video-film viewing, enrolment in several sports clubs) increase chances of epilepsy developing in children born with a predisposing background. Of the total number of children applying to polyclinics in 1999 318 were registered with first diagnosed epilepsy (24.3% of those on the books), 295 (21.3%) in 2000, and 335 (26.4%) in 2001.

Congenital syphilis is one of the causes of child disability (blindness, hypoacusis, neurological pathology, and imbecility).

Infant mortality should also be mentioned as a most important characteristic of the population's health. Between 2,000 and 3,000 newborns die each year of various diseases, poisonings and injuries before reaching one year of age. Infant mortality rate is rather high (22.7 deaths per 1,000 live births in 2001). In spite of the general tendency for decline observed in recent years,
Kyrgyzstan's infant mortality level is twice as high as on average in Europe. It should also be kept in mind that the national live birth, and accordingly infant mortality, criteria differ from the international ones, something that considerably\(^1\) diminishes the country's child mortality indicator.

The causes of child mortality are closely linked with the widespread poor state of health in mothers, inadequate nutrition and medical care they enjoy, work conditions and poverty. All these factors have an impact on morbidity and disability rates as well as on the population's life expectancy (the 2001 life expectancy indicator was 65 years for men and 72.6 years women, with disability rate not taken into account).

The main causes\(^2\) of infant mortality are perinatal (postnatal) diseases: 38% of infant deaths in 2001; next come respiratory diseases (31%), infectious and parasitogenic diseases (12%), and congenital developmental defects (10%). In 2001, for the first time ever, perinatal diseases became the primary cause of infant mortality (earlier the respiratory diseases prevailed). There also was a considerable rise in the number of infant deaths caused by congenital developmental defects, which most probably is a result of better registration. Thus, currently almost half of the infants who died within a month of birth died of birth injuries, asphyxia, various congenital malformations, and respiratory diseases. It should also be kept in mind that in contrast to advanced European countries, most of the infants who die are full-term babies.

The problem of preserving infant lives is a sufficiently topical one. However, present-day intensive postnatal care implies the availability of advanced nursing equipment, and recourse to little practiced unique plastic operations designed to eliminate congenital defects.

For example, 218 children under one year of age died of congenital anomalies in 2001 alone, 97 of them – of circulatory system defects. Contemporary medical technology enables plastic operations in certain uncomplicated cases. But these are rather costly and little practiced in this country. Given successful outcome of operations, children would have remained handicapped, but survived. One of the less complicated operations is removing the cleft palate (uranoschisis): two child deaths. What causes even greater concern is the death of children from life compatible diseases, such as Down's syndrome: 9 deaths. Twenty-one children aged 1-4 died of infantile cerebral palsy (class of nervous system diseases).

Thus, upon reaching the appropriate modern international level in dealing with congenital developmental anomalies as well as that of medication and treatment, this country will be able to save many children, who are now doomed to die, and eventually assign them different disability categories.

**Government Responsibilities in Respect of Disabled Children**

In 1994, the Kyrgyz Republic ratified the UN Convention on the Rights of the Child and its Government works to achieve conformity with this Convention. The majority of families bringing up children with certain developmental defects have to bear all the costs involved in their upkeep and care. Yet, despite the fact that the Government is unable to provide all-round social support, the aid it renders is still of decisive importance for its recipients.

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\(^1\) According to some estimates, the indicator is twice as high.

\(^2\) Starting in 2000, state statistical encoding of causes of death, infant deaths included, is carried out in accordance with the International Statistical Classification of Diseases, Injuries and Causes of Death, Tenth Revision (ICD-10), WHO.
There is no doubt that the Government seeks to perform all of its child protection and development obligations. But the growing budget limitations have led to a rapid deterioration in the conditions, in which the disabled children have to live and receive treatment.

The country has no special legislation on the provision of appropriate conditions for the upbringing and education of mentally and physically handicapped children. The Government of the Kyrgyz Republic has drawn up the following legislative acts in respect of disabled persons, including children with disabilities:

– Law on Social Protection of the Disabled Persons in the Kyrgyz Republic;
– National Programme of Government Support for Persons with Disabilities;
– Statute of the National Basic Programme for Rehabilitation of the Disabled Persons.

These legislative acts determine the national policy of giving the disabled equal opportunities with all other citizens of the Kyrgyz Republic for exercising their rights and liberties, eliminating the restrictions of their life activities, and creating favourable conditions for the disabled to lead a full-blooded life, participate actively in society's economic and political life, and perform their civic duties as envisaged by the Declaration on the Rights of Disabled Persons approved by the UN General Assembly, the Constitution of the Kyrgyz Republic, generally accepted principles of international law, and international treaties.

The Government organizes and facilitates to put in place and develop a system of medical, occupational and social rehabilitation of the disabled, which is a set of measures aimed at restoration and compensation of failed or lost bodily functions and the capacity for self-service and for different types of occupational activities. These also make it possible for disabled persons to lead a full-blooded life and realize their rights and potentialities. The Government finances and organizes research efforts and the training of specialists in the area of medical, occupational and social rehabilitation of persons with disabilities, and disability prevention. It also guarantees disabled children the conditions necessary to receive an education and vocational training.

Jointly with healthcare and social protection agencies, the educational authorities are to secure pre-primary and out-of-school education of disabled children and to enable them to get a secondary (complete) general, primary vocational, and secondary vocational and higher education in keeping with the individual rehabilitation programmes.

There are specialized preschool child institutions for disabled children. These are designed to create most favourable opportunities for the upbringing of preschool-age disabled children and to give them the necessary rehabilitation assistance.

Children with disabilities get a secondary (complete) general, primary vocational, and secondary and higher vocational education at mainstream educational institutions and if necessary in specialized educational institutions.

Classes are also organized for disabled children who undergo treatment in preventive healthcare or rehabilitation institutions of the Kyrgyz Republic.

Domiciliary upbringing and schooling are practiced if disabled children cannot be educated at mainstream or specialized preschool institutions and schools and provided the parents' wish so. In this case one of the parents or a person substituting him/her is granted allowances and privileges in accordance with the procedure for and on conditions defined by the Government of the Kyrgyz Republic. Educational institutions render the parents help to school disabled children at home.
The year 1995 saw the publication of Kyrgyz Republic Government Resolution No. 555 "On Approving the Model Statute of Specialized Educational Institutions for Mentally or Physically Handicapped Children and Adolescents" which set the goal of correcting defects and the personality of handicapped children and providing them with free specialized medical, defectological and psychological aid, as well as a basic and vocational education with subsequent employment (in line with their capabilities) and social rehabilitation.

To provide an all-round and harmonious development for disabled children, to instil in them a socially active attitude and encourage an interest in labour, and to introduce them to science, technology, art and sports, the educational authorities and other government agencies have to ensure accessibility of out-of-school education to disabled children by creating the necessary conditions.

If permanently confined to residential institutions, disabled children get continuous education and upbringing in conjunction with social and labour adaptation.

The procedure for providing the disabled with pensions and allowances is set down in pension and social legislation.

Social allowances are paid to orphaned and disabled children and ICP patients. The average social allowance for a disabled child amounts to 304.6 soms, the monthly sum paid out in allowances nationwide adding up to 5 million soms.

The number of children receiving disability allowances grows with each passing year. According to the medical expert commission, the increase in the number of persons granted 1st category disability since childhood is due to inadequate nutrition, maternal anaemia, bad heredity, untimely diagnosis or treatment, and other reasons. But the social allowance is small, amounting to about 30% of the living wage per child (1,122.6 soms on average a month). Increasing the social allowance size depends on the economic situation in the country.

Under the Law of the Kyrgyz Republic "On Government Pensions", children, who became disabled before reaching the age of 16, are granted a survivor's pension for the entire duration of disability regardless of age. Mothers of children disabled since childhood, who brought them up till the age of 8, have the right to enjoy a superannuation pension scheme enabling them to retire five years earlier, with the relevant early retirement expenses borne by the state budget.

The healthcare legislation of the Kyrgyz Republic sets down the procedure for giving disabled persons free professional medical services.

Provision of medication, technical and other aids, and household services to disabled persons is free of charge or on easy terms and in accordance with the procedure established by the Government of the Kyrgyz Republic.

Under Resolution of the Government of the Kyrgyz Republic No. 121 of March 9, 2000 "On Medical Insurance of Citizens in the Kyrgyz Republic", all disabled children under 16 years of age shall be insured.

An additional programme was introduced in 2000, designed to provide medication to citizens at the primary level, with part of the cost of medication paid by the Compulsory Medical Insurance Fund (CMI). Resolution No. 5 of the Government of the Kyrgyz Republic of January 9, 2001 "On Introducing a New Mechanism for Financing Healthcare Institutions of the Kyrgyz Republic Starting in 2001" relieved infants and disabled children under 16 years of any contribution. One of the CMI principles is legal protection of insured citizens. With this aim in view, the CMI Fund and its territorial branches continuously monitor the quality of primary and hospital-provided healthcare services, and set up hotlines.
A Medical Insurance Policy was drawn up to expand medical services under the CMI Programme, the aim being to extend compulsory medical insurance to the country's entire population. Since 2000, free CMI policies have been granted to recipients of social allowances, disabled children included, with more than 6,000 of the latter getting such policies since the action was launched.

In keeping with Kyrgyz Republic Government Resolution No. 560 of September 26, 1997, handicapped juvenile outpatients are provided with the four minimum wages' worth of free medicines, with the funds for that purpose being allocated by local budgets via social protection agencies. Besides, CMI Fund launched an Additional CMI Programme, under which it started, in 2000, the introduction of a medication supply system through groups of family doctors (GFD). The measure is aimed at providing insured citizens, including recipients of social allowances, with physical access to affordable, safe, effective and high-quality medicines at the outpatient level. The Additional Programme enables patients to buy GFD-prescribed medicines, paying only part of the cost, the rest being reimbursed by the compulsory medical insurance funds.

In 2001-2002, a total of 455 disabled children under 16 years of age received hospital treatment under the Programme of State Guarantees.

Children requiring specialized protection are within the jurisdiction of several government authorities: Ministry of Public Health (children aged 0-4), Ministry of Education and Culture (orphaned children, children left without parental care, and children with slight deviations in mental and physical development), and Ministry of Labour and Social Protection (disabled children).

The total number of disabled children is cited in the Ministry of Labour and Social Protection statistics, where they figure as recipients of social disability allowances.

As of the end of 2001, the Ministry of Public Health ran three infant homes with 230 inmates, 121 of them having health problems. The Labour and Social Protection Ministry ran two disabled children's homes having 436 inmates. There were 18 specialized preschool institutions under the Education and Culture Ministry, where 1,648 children with different disorders live.

The national network of preschool institutions for mentally or physically handicapped children has seen a considerable change. Financial difficulties experienced in the last ten years were behind the closure of special groups for children with various health disorders at mainstream preschool institutions. Against this background, only a fraction of children with special needs have a chance to attend specialized institutions and receive specialized aid. Moreover, the operating institutions are in extremely dire straits, frequently lacking adequate housing and bare necessities to provide for normal development of disabled children.

Children with developmental problems prevail in the category of school-age children who do not attend school: their number grew from 1,575 persons in 1997 to 2,273 persons in 2002.

New alternative forms and methods of upkeep, education and upbringing of disabled children come to be practiced along with the traditional ones, which to a considerable extent assist in expanding the scope of mainstream upbringing. The emphasis in this connection is on corrective classes within mainstream schools, which make it possible to train children under ordinary school conditions without taking them from their families. There are presently 674 children attending such classes.

The Council for the Affairs of Disabled Persons under the President of the Kyrgyz Republic was set up in pursuance of the relevant presidential decree. Its chairman is a First Vice-Prime Minister and one of its members is chairman of the national Association of Parents of Disabled Children. The Council is a consultative body created with the aim of advising the President of the Kyrgyz Republic on problems of disabled persons in the country, drafting proposals for the Government of
the Kyrgyz Republic on an effective national policy to support disabled persons, mapping out preventive and rehabilitation measures, and assisting legislation enforcement in this area.

The following associations and societies are operating in Kyrgyzstan:

National Disabled Persons Society;
Centre for Social Rehabilitation of the Disabled;
National Association of Parents of Disabled Children;
National Society of the Blind and Deaf;
National Independent Association of Disabled Women;
Training Centre for Disabled Children;
Republican Independent Association of Disabled Persons.

The common aim of the abovementioned organizations is to pool the efforts of disabled persons and parents of disabled children in order to put through effective reforms, including legislative ones, with the purpose of protecting their rights and interests. For example, a number of nongovernmental organizations, jointly with the Government, are drafting the following bills: "On Protection of the Rights of Disabled Children", "On Family Welfare", and "On Child Health". Today, disabled persons receive wheelchairs and financial support at the expense of local budgets, sponsors and different foundations. They also receive humanitarian aid coming into the country.

The Government of the Kyrgyz Republic is looking for ways of improving the position of children with developmental handicaps. For example, jointly with the Save the Children, Denmark international organization it drew up and implemented, starting in 1996, a project designed to improve the upkeep and treatment of children at the infant homes and specialized residential institutions by way of modernizing their logistics and upgrading the skills of the teaching staff. Labour rehabilitation of children and adolescents is also in progress.

In 1996, the Ministry of Labour and Social Protection of the Kyrgyz Republic concluded an agreement with Save the Children, Denmark on measures to improve the situation of disabled children in Kyrgyzstan, including inmates of residential institutions.

The Mother and Child project carried out in 1998 jointly with an international organization, France Liberté, envisaged creating jobs for disabled adolescents; a comprehensive social protection programme, Invapomoshch, was drawn up for the 1997-1998 period for the purpose of providing labour rehabilitation for persons with disabilities, professional training of disabled children, and their subsequent employment.

Some forms of educating disabled children in nongovernmental institutions began developing as well, a case in point being the Umut rehabilitation centre financed with charity donations coming from Germany.

In Kyrgyzstan, there are also nongovernmental organizations seeking to improve social protection for children. One of the more active organizations of this kind is the Children's Fund, which was set up in the early 1990s and now has its branches in the provinces. The Children's Fund is financed by international organizations, such as UNICEF, as well as by foreign NGOs, local businesses, and private individuals. Some of its funds also come from charity telethons and lotteries. The Fund
distributes food and clothing and provides medical equipment for disabled children and children with certain developmental handicaps.

In giving support to children, disabled children included, nongovernmental organizations and government agencies cooperate closely with international organizations, such as the Peace Corps, the Mercy Corps, USA, the International Red Cross, and the Soros Foundation. These organizations deal with a broad range of child problems, including urgent aid, school rehabilitation, and provision of first necessities, such as food, medications and equipment.

In 1994, Save the Children, U.K., a member of the international Save the Children Alliance started operations in Kyrgyzstan. Its support is focused on establishing long-term partnerships to forestall difficulties that may arise before children and their families, and on strengthening their self-awareness as independent, financially and otherwise, persons. The organization began supplying warm clothes and food for children in wintertime. Its present-day aim is ensuring access to education for all children. It also intends to work with schoolteachers, children, nongovernmental organizations, government agencies and ministries so as to alter teaching methods and improve children's living standards and conditions of study. The focus in this respect is on children with developmental problems. Currently, Save the Children, U.K., is implementing the Inclusive Education project which is to ensure equal access to education for children with special needs. Jointly with the educational institutions it set up a Resource Centre in one of the country's localities. The Centre is intended for headmasters and schoolteachers, parents of children with special needs, children themselves, doctors working with this category of children, as well as other specialists.

A number of measures designed to reduce the incidence of congenital diseases leading to disability are carried out in the Republic. In January 2000, it passed the Law "On the Prevention of Iodine Deficiency Disorders in the Kyrgyz Republic", which laid it down that iodinated salt alone should be used in its territory for food and feed.

Given a growth of iodine deficiency conditions, measures are being taken to increase the number of facilities manufacturing iodinated salt. As of today, Kyrgyzstan has five iodinated salt facilities that are able to meet only 12-17% of the nation's demand provided their stable operation. At the same time, a nationwide mechanism is yet to be created to prevent importation of non-iodinated salt.

The Kyrgyz Research Institute of Obstetrics and Pediatrics is introducing new safe delivery methods to eliminate birth injuries.

To reduce the congenital syphilis birth rate, the Government and the Health Ministry hold meetings to hear implementation reports on AIDS-and-STD-prevention programmes.

The country is carrying out a successful health system reform to provide each resident with timely and professional medical aid. Today, the Government and the Health Ministry focus on implementing the Health for All in the 21st Century Concept formulated by the World Health Organization, which calls on the world community and this country to eradicate measles and rubella, the two grave infections that do much harm to human health and inflict huge economic damage on this country.

Despite the existence of an efficient vaccine and a more than 30-year-long history of its use, measles is still an important health problem and a major cause of child mortality and disability. Measles cases develop one or several complications that cause child disability (blindness, post-infection encephalitis, etc.). For example, in epidemic upsurge periods occurring every three or four years, the national health authorities register more than 3,000 measles cases. Registered each year are more than 2,000 cases of rubella and as many as 200 cases of congenital developmental defects in infants.
Rubella, a harmless child infection, represents a particular danger to reproductive-age women in connection with possible intrauterine infection that may lead to spontaneous abortions, mortinatality, and a grave inborn fetal anomaly, the congenital rubella syndrome (CRS), which is likely to show in sensory deafness, eye lesion, congenital heart diseases (more often than not Botallo's duct patency, and aorta and lung artery anomalies), and neurological disorders, such as mental development and growth retardation. During pregnancy, the rubella infection may affect practically all the organs of a growing fetus. The gravity of rubella-induced fetal pathologies is determined largely by the pregnancy period in which contagion occurred. If a would-be mother contracted the rubella virus in the first 11 weeks of pregnancy, 90% of infants are likely to have some or other developmental defects described in terms of CRS.

In view of the size and urgency of the CRS problem, the WHO set, in 1989, the global goal of reducing the CRS morbidity and mortality rates. Since then more than 100 nations put the rubella vaccine on their national immunization programmes. There are real chances to radically reduce CRS-induced damage by integrating CRS prevention efforts into measles control programmes.

In keeping with the WHO Health for All in the 21st Century strategy and the European Region Strategic Plan for Integrated Measles Elimination and Congenital Rubella Syndrome (CRS) Prevention, the Kyrgyz Republic drew up and approved its Measles Elimination and CRS Prevention Plan for 2000-2007, which is mainly aimed at terminating the local turnover of measles and rubella viruses via mass-scale immunization and incorporation of an effective system of epidemiological measles infections and CRS control into national healthcare practices.

Strategically, the Plan focuses on the following:

1. Attaining and maintaining a very high (over 98%) first-dose measles vaccination coverage level in all administrative units;
2. Guaranteeing a high (not less than 95%) second-dose measles vaccination coverage level in all administrative units;
3. Ensuring protection for reproductive-age women by achieving a high level of one-dose rubella vaccination coverage;
4. Organizing and launching an effective epidemiological control system involving a thorough investigation of each particular case and its laboratory confirmation.

Backed by international donors, the country successfully implemented, in November 2001, the first of these strategies – the National Campaign of Immunization against measles and rubella in the 7-25 age group – as a result of which more than 1.8 million residents of the Kyrgyz Republic were vaccinated against measles and rubella.

Thanks to this large-scale campaign, only one case of measles has been registered in the country since November 2001. But rubella is still on record, particularly in the 3-6 age group.

A follow up and sine qua non of the National Immunization Campaign is the conduct of planned immunization against rubella to prevent the accumulation of under 6-year-old susceptibles and the resumption of virus circulation. In keeping with Kyrgyz Republic Ministry of Health Order No. 472 of December 27, 2001, the National Preventive Vaccination Calendar was amended to include, as of February 1, 1902, the routine immunization of infants at the age of 12 months with the MRM vaccine (measles, rubella, and mumps), and at the age of six years with the MR vaccine (against measles and rubella).
Given the risk of rubella virus proliferation among women of reproductive age and the threat of birth of CRS-infected infants, and also taking into account the high proportion (21.2%) of seronegative persons susceptible to rubella and the high percentage of births (40%) in the 26-35 age group, the country adopted a strategy of planned immunization of fertile-age females. September 16 of this year marked the start of nationwide immunization of women of reproductive age, which is scheduled to run till December 31. The campaign has the technical and financial support of the World Health Organization, the UN Children's Fund, U.S. Centres for Disease Control and Prevention, and the U.S. Fund for Congenital Defects. It is also backed by the Government of the Kyrgyz Republic. All told, more than 175,000 women out of the planned figure of 286,000, or over 61%, were given inoculations against rubella as of October 1, 2002.

The stage marked by a sustained effort to terminate propagation of the measles and rubella infections places substantially higher demands on epidemiological surveillance. Accordingly, by its Order No. 223 of May 28, 2002, the Health Ministry of the Kyrgyz Republic introduced a system of integrated measles, rubella and CRS surveillance, designed to identify the susceptible persons prone to natural circulation of measles and rubella viruses. As the final National Plan strategy, the system will make it possible to monitor all eruption-accompanied febrile diseases resembling measles, rubella and CRS. This will be followed up by mandatory laboratory examinations and official registration of confirmed cases.

The Disabled Persons Sports Federation, the country's organization of disabled athletes, also makes a definite contribution to the fostering of healthy lifestyles among disabled children. During its existence, it trained four Masters of Sport, International Class, in disabled sports, who have participated in all kinds of tournaments at different levels since childhood. Assisted by the country's Trade Union Federation and Social Fund, the Disabled Persons Sports Federation set up, in 1998, a sports school for disabled children and teenagers, which trained children in six sports. There were thrice-a-week training sessions that involved a total of 120 disabled children whom professional coaches helped gain confidence in their own strength and capabilities. The school does not function today, however, having neither steady funding nor necessary equipment. Coaches go on training disabled children at residential schools (internats), using their sports facilities and equipment. Federation coaches organize athletic competitions for disabled children, doing that on the pay-free basis with aid from whatever sponsors they can find.

Disabled Children in Care of Residential and Specialized Government-Run Institutions

Currently the national budget bankrolls almost a half of institutions for orphaned children, children left without parental care, and mentally and physically handicapped children.

It must be mentioned that financing these institutions is a priority for the Finance Ministry of the Kyrgyz Republic.

Infant Homes

As of today, the country has three infant homes, which are within the jurisdiction of the Ministry of Health of the Kyrgyz Republic. An infant home is a rehabilitation and care institution for orphaned children, children left without parental care, and physically and mentally handicapped children.

Its main goals are providing for the timely and sound physical and psychological development of children, their optimal health status, preparing them for life in society, and facilitating their social adaptation.
Inmates of the infant home are aged from 0 to three years; of specialized infant homes – 0 to 4 years (see Appendix, Table 8). The specialized infant homes (groups) are for mentally and physically handicapped children.

The infant home accepts:

- orphaned children and children of single mothers (fathers);
- foundlings;
- children of parents incapacitated in accordance with the established procedure;
- children of parents divested of parental rights or in the case of there being a court order to take the child away;
- children whose parents have been judicially pronounced as missing;
- abandoned infants;
- mentally and physically handicapped children, regardless of the existence of both parents, who need constant care on account of incapability for self-service.

A development record or case history is made out for each infant home inmate; medical care is provided by in-house medics as well as by the staff doctors of an area polyclinic. There are also qualified specialists well versed in the healthy and sick child development specifics as well as in forms and methods of child medical and social rehabilitation. The infant home staff are responsible for the life, and physical and psychological development of their charges. Each infant home has a Board of Guardians who work, jointly with the staff, to identify reasons behind a child's institutionalisation. Board members also help doctors to talk to parents and, whenever necessary, appeal to international charities for help in dealing with problems facing concrete families.

When an infant home inmate turns four, he/she is transferred to other child institutions based on the opinion of a medical and pedagogical commission.

Depending on each child's development and health status, information about would-be transferees is communicated to the educational and social security authorities six months prior to the transfer. The infant home will provide the children transferred to other government-run child institutions with the necessities (clothing, seasonal footwear, etc.).

**Children's Residential Homes**

Until recently, the Ministry of Labour and Social Protection of the Kyrgyz Republic ran three residential homes for mentally retarded children aged from four to 18 years, their inmates totalling 400. Today, one of these has been converted to an adult residential home, with its former inmates sent to the other two children's residential homes (see Annex, Table 9).

Children's psycho-neurological residential homes are financed from the national budget. They are medical and social institutions intended for permanent or temporary residence of children needing constant care and cultural and everyday medical services.

Each residential home functions under the direction of the Ministry of Labour and Social Protection of the Kyrgyz Republic, regional social protection departments, and regional, district and city
administrations in whose territory it is located, and enjoys financing from the republican or a local budget.

Health authorities control the quality of medical services provided by the residential homes, their complying with the internal sanitary and anti-epidemic regulations, and the level of specialized medical aid they provide.

Medical specialists employed by the health authorities examine residential home inmates at least once a year. Each residential home has a well-equipped medical centre manned with the medical staff and offering physical therapy and other kinds of treatment. Children's residential homes accept disabled children aged from four to 18 years, whose health status makes them need institutionalised care, everyday services and medical aid and whose presence in such a home is not medically contraindicated.

The residential home for children with mental development anomalies accepts children characterized by the following deficiencies and conditions:

- oligophrenia with the grade of imbecility or idiocy;
- epilepsy (symptomatic included) with infrequent seizures (no more than five times a month), feeble-mindedness present;
- schizophrenia with an expressed defect, without productive symptoms;
- feeble-mindedness resulting from organic brain lesion;
- mental deficiency of all grades, including debility, compounded by severe impairment of motor functions, complicating one's training at the auxiliary classes of corresponding specialized residential schools (inmates who cannot move without outside help, cannot serve themselves by reason of grave motor impairment, require individual care);
- blindness or deafness coupled with mental deficiency of all grades, including debility, compounded by severe impairment of motor functions complicating one's training at specialized residential schools.

The following are contraindications to sending children with mental development anomalies to a residential home:

- schizophrenia with productive symptoms but without an expressed personality defect;
- epilepsy with frequent (more than five times a month) seizures, disposition to serial seizures, epileptic status, twilight states, dysphoria;
- psycho-similar symptoms of any nosologic attribution;
- mental diseases accompanied by grave libido deviations and behavioural derangements dangerous for both the case and people around;
- any mental disorders that make it possible for a child to be educated at a general education school or specialized educational institutions.

Admission to the children's residential home is on the basis of a voucher and a warrant issued by the Ministry of Labour and Social Protection of the Kyrgyz Republic or by regional social protection
departments. To obtain these, it is necessary to have the following documents made out by the district (city) social protection departments or health authorities:

- parents' written application for admission to a children's residential home;
- inoculation certificate or inoculation contraindication certificate;
- certificate stating the child allowance amount;
- certificate stating the number of family members;
- certificate on epidemiological environment status;
- certificate of bacteriological examinations for groups of pathogenic organisms;
- blood tests for Wassermann reaction and AIDS;
- results of phoroentgenographic or X-ray examinations of the chest;
- report by the area psychoneurologist and the medical expert commission, stating the detailed diagnosis and recommendations.

The residential homes primarily admit children of single mothers, mothers of many children, and children of disabled servicemen and workers, and of pensioners.

Residential home inmates form a number of groups depending on their age and physical or intellectual state. There is a permanent tutor attached to each group. Inculcated in the inmates is the sense of collectivism, organization and discipline. Children are inured to self-service, work, and learning skills in line with their individual capabilities within the bounds of social programmes and on the basis of specialized methodological and didactic aids.

Temporary leaves of absence from the residential home are possible if authorized by the headmaster and the in-house physician. The latter draws up a report stating that it is possible to let a child leave the residential home for a period of up to one month upon its parents' request. An order is issued to legalize the leave. Expenses involved in a disabled child's travel to visit its relatives or other persons are charged to the latter. Upon its return, the child goes through sanitation procedures and presents the required medical tests results.

An inmate of a residential home may be transferred to another one of the corresponding type on the basis of the opinion of a specialized medical expert commission after the inmate has reached 18 years of age and upon a decision to that effect passed by the Ministry of Labour and Social Protection of the Kyrgyz Republic or a regional social protection department. Also, personal and medical files and character references are prepared for a transfer package, and the residential home headmaster issues a relevant order, indicating the reasons behind the transfer.

Specialized Residential Schools and Day-Care-Centres

It is the government that provides the bulk of educational services in the area of preschool and basic education of these children, doing that through a differentiated network of specialized public schools and day-care centres.

As of the start of academic 2001/02, Kyrgyzstan had 18 specialized general education institutions, 12 of them of the residential type, under the Ministry of Education and Culture of the Kyrgyz
Republic. These have a total student body of 2,984, represented by children and adolescents with psychophysical development problems, all of them receiving free education and meals, and children from remote areas additionally free accommodation for the period of schooling. All students with special needs are deemed capable.

Placed in the new economic environment, the specialized public educational institutions experience considerable difficulties and undergo transformations. The comparative dynamics of these processes is the following: in 1993, Kyrgyzstan had 20 specialized residential schools (schools) for children with developmental problems; in 2001, there were 18 for 2,984 children, which means a 6.6% reduction in their numbers (see Appendix, Tables 5-6).

The reasons are budget shortages, the high cost of upkeep at residential schools, absence of any school-bus service, and social vulnerability of the majority of families.

Conditions vary considerably from one residential school to another, and, despite certain improvements, the worst ones are for the disabled children. The living conditions are not up to the special requirements of such cases, nor are the food, sanitary standards, or opportunities for person-to-person contacts. Disabled children are diagnosed by a commission, which decides to which type of institution to refer a child. Such diagnoses should be revised, but it is rarely done. Often diagnoses and revised diagnoses meted out to mentally retarded children prove sufficiently erroneous. Even if children have a good development record, nothing is done to move them elsewhere or to assign them a different status. They stay where they have been originally placed, so that more or less normal children have to live in institutions intended for severely mentally or physically handicapped children, which is absolutely inadmissible. The same is true of children who had cleft lip or soft palate surgery, because they can even live with their parents. Many children fail to develop in an optimal way for lack of care and encouragement during childhood and adolescence. Institutions for retarded children provide only general supervision, but no education or training of motor functions. Rehabilitation is not on the list of services offered by these institutions ever since normal children have been living among their mentally retarded peers in residential schools and been regarded as incurably ill.

Many parents of mentally retarded children are persuaded to place them permanently in residential schools. For reasons of ignorance of the consequences of infantile retardation, poverty and medical insistence, many parents place their children in permanent care of institutions for the mentally retarded and temporarily lose touch with them. The decision often proves an irreversible one, with retarded children remaining confined to a residential school till the age of 18-20, whereupon they are usually transferred to adult institutions, where they spend the rest of their lives without schooling or training.

The personnel of hospitals and residential schools are trained within their frame of reference, but hospitals have no social workers or family advisers on their staff. Residential school personnel have even less training. Children are tended by women with no formal education, the only people with whom the children have daily contacts. These employees urgently need to be retrained as teachers and psychologists. Trained teachers, defectologists, psychologists and psychotherapists, who may enjoy a higher status and better pay in other spheres, believe there is little prestige in working with mentally retarded and abandoned children.

Kyrgyzstan has 18 specialized pre-school institutions with a total student body of 1,648 children, which are within the jurisdiction of the Ministry of Education and Culture (see Appendix, Tables 10-11).

Along with public institutions, there are rehabilitation centres for children with locomotor disorders, which are financed largely from international funds.
A graphic case in point is the Centre of Social Rehabilitation of Orphaned Children "House of Mother and Child Development Initiatives" of the Meerim International Charitable Foundation. Within the framework of family support services ("care for respite"), it works with disabled children not attending children's mainstream institutions, mostly those isolated from society. Those enrolled are aged from three to 16 years and marked with different pathologies, predominantly locomotor. Also accepted are children with epileptic conditions (a contraindication for other residential schools). The Centre practices an individualized approach to each child, based on the specifics of its learning processes. It employs a defectologist, a speech therapist and a psychologist, and relies on the collective forms of training (music, computer skills, pictorial art, applied art) in mixed age groups. For psychologically retarded children, for socially and pedagogically neglected children, the Centre is a transitional stage before their integration in mainstream day-care centres and schools. It gives them comprehensive training (with the participation of a defectologist, a speech therapist, and a psychologist) as well as basic self-care skills and social guidance (teaching them how to be self-reliant, take food, obey instructions, socialize, etc.). Twenty-minute group classes are practiced as a method of systematizing the educational process, something that keeps children really busy, while the narrow specialists conduct classes in accordance with individualized timetables. Thus children become more disciplined and organized.

Children with special needs require much attention and patience from their mothers. They also block their social advancement or adaptation. Such centres, therefore, facilitate better adaptation of mothers: enjoying more free time and employment opportunities has a positive effect on their psychological condition (they become less irritable and more tolerant to the manifestations of the child's disease, thus stimulating better relations in the family). Much focus is on work with parents, who are warned against excessive care and offered guidance as to the correct behaviour of all family members towards an afflicted child. Difficulties arise, when a child is in grip of frequent seizures and the seizures are protracted. There are regular seminars and consultations for parents and specialists. The staff also discuss each child's development programmes, positive results, as well as shortcomings in the organization of the teaching process.

The attendance schedules are individualized and take into account parents' circumstances: some stay till lunch, others the whole day; some come twice a week, others three times, while still others five times a week. Parents are often present during classes to see what problem their child has assimilating the learning material. Occasionally they interpret for the child if it cannot speak. If a child has special indications, it comes to classes only in company of its parents. The Centre's main operating principle is the triple alliance comprising the mother, the doctor, and the teacher. The teaching staff make every effort to discover each child's potentialities. Children participate in contests and exhibitions; often they give concerts to parents and guests. The Centre has set up a group that prepares children with minor developmental problems for school. There is a medico-pedagogical commission operating on a permanent basis, which examines children and gives advice on matters of education and upbringing.

As of today, Kyrgyzstan has no other institution of this kind. Receiving very small pay and making a tremendous physical and intellectual effort, the medical and pedagogical staff continue their slow, intuitive search for efficient methods of work. A serious factor impeding the teaching process is the lack of anticonvulsive, psychotropic, and sedative medications, as for that matter is the problem of poverty, with families unable to afford costly medical preparations and a balanced diet that children need.

Currently there are 30 children attending the Centre on a regular basis. Over three years of its existence, about 20 children have been integrated in mainstream schools and day-care centres and more than 100 parents have received consultations and recommendations on problems of education and upbringing.
Kyrgyzstan is promoting exclusive domiciliary education of children, both at school and at preschool institutions. This type of education enables disabled children to be educated jointly with their normally developed peers, to live in their own families, and to adapt to the social environment since early childhood. Twenty-three exclusive educational institutions have been created in the provinces and in the city of Bishkek.

But the majority of disabled children, particularly those from poor families, have practically no opportunity to visit paid rehabilitation centres.

Over past years, in keeping with Government Resolution No. 658 of December 2, 1999 "On Measures of Occupational and Social Rehabilitation of Minors from Low-Income Families, Orphaned Children, Disabled Children, Wards of Children's Homes, and Other Socially Vulnerable Categories", some vocational institutions have started training disabled children (children with hearing and speech disorders and those with physical and mental handicaps). Rehabilitation centres have been created on the basis of vocational lycees No. 14 and No. 18 in the city of Bishkek, which have devised a methodology for training children with hearing and speech disorders and worked out curricula to train physically handicapped children. Children are taught shoemaking and handicrafts. There are plans to create such centres in all regions of the country.

In recent years, the various forms and methods of social, medical and other work directed at physical and psychological recovery and social reintegration as independent areas in social protection of children have an added importance in connection with the difficult socio-economic conditions and other problems existing in the country. A comprehensive approach to their solution is reflected in the legislation regulating the sphere of social protection of disabled children and other categories of children.

At the same time, it does not seem possible, despite the existence of adaptation and rehabilitation centres for the homeless and other categories of children, to cover all children needing physical and psychological recovery and social reintegration.

Disabled Children in Families and Communities

The family bears the main responsibility for the upbringing and protection of children from birth till youth. Introducing children to culture, values and norms of society starts in the family. In order to develop as full-fledged and harmonious personalities, children must grow in a family environment in an atmosphere of happiness, love and understanding. Accordingly, all institutions of society must respect and support the effort to bring up and give care to children in the family environment as pursued by parents and others concerned.

Everything must be done to prevent separation of children from their families. Where children are separated from the family, everything must be done to provide alternative family care or institutional placement, with account taken of their interests. Families, relatives and institutions should be given support designed to help them satisfy special needs of disabled children. Efforts have to be made to create a situation, where not a single child would be regarded as a social outcast.

The Convention on the Rights of the Child specially recognizes the handicapped child's right to special care, including an effective access to services in the area of education, vocational training, medical care, and health recovery. It also recognizes the rights of all children to enjoy the most advanced services of the healthcare system and means of disease treatment and health rehabilitation.

Causing particular concern in this connection are disabled children who live with their families. Parents and guardians of disabled children encounter numerous problems, such as:
– a shortage of specialized shops (selling wheelchairs, hearing aids, etc.) and manufacturers of the necessary equipment;
– the absence of special educational programmes for healthy children teaching them to be tolerant and friendly to disabled children;
– inadequate education level and social isolation of disabled children;
– a shortage of teachers and training programmes for disabled children.

Only a small portion of disabled children have an opportunity to attend or be placed in specialized institutions and to receive the relevant assistance. The majority of disabled children, particularly those from poor families or remote areas, have practically no access to advanced treatment, care and rehabilitation facilities. The corresponding provincial institutions have insufficient finances, maladjusted accommodation, and frequently lack even the basic necessities for normal development of disabled children.

Six-to-eight-child families are quite common for Kyrgyzstan. Loss of a breadwinner, diseases, divorce, or other changes in social status may lead to the placement of children in children's residential institutions. Actually, between five and ten per cent of inmates in children's homes are orphans. Most children have been placed there because of the impossibility for them to live with their parents for subjective reasons, such as negative family environment and parental harassment.

As of today, families with disabled children are mainly one-parent families, as a rule, a woman caring for a disabled child, or a woman with a disabled child, bringing it up along with other children in the family. Single mothers without a family or relatives have no opportunity to place their children in care for a small pay, which means that their children can only be placed in residential schools. Usually they want to care for their children themselves, but more often they cannot combine earning a living with childcare. Residential schools don't have to maintain contacts between the parents and the child, the personnel discouraging parental visits, let alone the taking of children for stays at home. Where a mother lives far from the residential school, relations come to naught after a while.

The National Programme for Government Support of Disabled Persons maps out measures to improve the living conditions of families with disabled children. But there remains a whole set of unsolved social, economic, psychological, pedagogical and medical problems. There is no nationwide system of registration of disabled children in their families, no specialized methodological literature to help families and teachers work with disabled children, no occupational guidance and labour training methods for children with limited opportunities. No official registers are kept, no surveys of families with disabled children are conducted, and no guardianship is provided for such children. Also no early diagnosis is ensured, nor the finding of forms of further work with such children.

Recent political and economic reforms have led to a plunge in the living standards of families that have children with various mental or physical handicaps. A lot of problems cropped up, which each separate family found hard to deal with. On top of that, the already difficult situation of disabled children was further aggravated following the abolition of benefits they had enjoyed previously. All of that gave parents the idea to set up an organization for survival in the present-day conditions. The year 1995 saw the establishment of a non-governmental organization, Association of Parents of Disabled Children (APDC).

Its main goal is the protection of rights and interests of disabled children and their parents, and their social rehabilitation; introduction of disabled children to studies, work, culture, and sports; creation
of favourable conditions enabling a fitting way of life, encouraging their creative endeavours and social activity as assisted by the government, trade unions, and public, charitable and other organizations.

Its mission is:

– to enhance disabled children's social potential through self-organization of parents;

– to integrate disabled children in society;

– to render social support to children with limited opportunities through implementation of educational and health-building programmes.

To support disabled persons, the Association helped organize the Educational Centre for Vocational Training, where disabled children are instructed in various skills. Work brought back hope and self-confidence to hundreds of disabled children and their parents. The Centre gives disabled children basic vocational skills with account taken of their interests, and physical and intellectual capabilities. It organized a festival in defence of children, Social Integration of Disabled Children, which drew a marked public response.

There are youth movements organized on the basis of initiatives coming from parents of disabled children. They give concerts and theatrical performances with the participation of the most gifted disabled children, thus giving them a chance to socialize and display their capabilities and talents.

The Association organizes contests, festivals and concerts of young talents aimed at children's adaptation to and integration in the open environment. It also holds training seminars for parents on domiciliary rehabilitation of children and gives consultations. Twice a year exhibitions are held of disabled children's creative works and arts festivals for handicapped children. If possible, joint events are held several times a year. Each year, the Association takes disabled children for rest and recreation at the Mother and Child Health Centre in the resort zone of Lake Issyk Kul. Since 1998, children have been participating in the international festival Young Talents; since 1995, in the Central Asian contest called The World of Enchanting Colours; and in the Central Asian athletic Olympiad.

On APDC's initiative a data base of disabled children's parents has been created for the purpose of revealing parents' social and psychological needs, parents are assisted in finding employment, a day-care centre has been opened, humanitarian aid in the form of food products and clothing is distributed, and provision of wheelchairs, hearing aids, and medication is carried out.

There emerged some non-public social rehabilitation centres, which assumed the function of providing instruction to so-called "uneducable" children, such as the Centre of Social Rehabilitation of Disabled Children "House of Mother and Child Development Initiatives" of the Meerim International Charitable Foundation. The Centre caters to children, who previously had no access to education. It has created conditions for revealing and developing potential capabilities of children with special needs.

There also operates the Ak-Tilek rehabilitation centre for children with locomotor disorders, which is financed from the state budget. It practices adolescent labour rehabilitation through job creation, occupational training and employment.

The 1998 Law of the Kyrgyz Republic "On Government Allowances" defined the area of government assistance to the most disadvantaged population groups, including disabled children.

The following groups are entitled to monthly social allowance:
– disabled children, ICP patients, HIV-infected children or AIDS patients under 16 years of age;
– persons disabled since childhood (1st, 2nd and 3rd disability categories).

The monthly social allowance is assigned regardless of the average aggregate per capita family income. If a person is entitled to different types of monthly social allowances, only one is assigned as chosen by the said person. The monthly social allowance for disabled children under 16 years of age is assigned on the basis of a medical report issued by a healthcare authority in accordance with the existing procedure. The amounts of the allowance are as follows:

(a) for disabled children suffering from infantile cerebral palsy: 200% of the guaranteed minimal consumption level;

(b) for disabled children: 150% of the guaranteed minimal consumption level;

(c) for HIV-infected children or AIDS patients: 150% of the guaranteed minimal consumption level.

The list of medical indications entitling disabled children to the monthly social allowance until they reach 16 years of age is approved by the Government of the Kyrgyz Republic.

The monthly social allowance for persons disabled since childhood and assigned 1st, 2nd and 3rd disability categories, measures up respectively to 200, 150, and 100% of the guaranteed minimal consumption level.

Children, who are entirely supported by the government, receive 25% of the monthly social allowance. Acting as guardians, heads of children's homes and residential schools can submit to the social security authorities the required documents for their wards to be assigned social allowances. Children enjoying partial government support are entitled to government allowance in full.

Families with a 1st disability category child under 16 years of age pay reduced public utilities rates: 40% of the gas bill, 25% of the hot water bill, and 25% of the electricity bill.

Children assigned 2nd and 3rd disability category do not enjoy reduced rates. No reduced elevator charges are envisaged for disabled children of all categories.

Practically everywhere the payment of ward money (allowances) is delayed and often it is not paid in full. Causing particular concern in this connection are disabled children, many of whom are left without guardians.

Parents caring for a disabled child and having no opportunity for employment cannot receive benefits. An urgent necessity in this connection is creating day-care centres for disabled children everywhere, which could provide care and development opportunities, offering parents an opportunity to work and not be entirely dependent on public handouts alone. The mechanism for assigning a government-paid specialist or social worker to a child with grave disability is yet to be streamlined.

Under the Labour Code, working mothers of disabled children are entitled to the following benefits:

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3 The guaranteed minimal consumption level is a social standard imposed by the Government of the Kyrgyz Republic. Calculated on the basis of the budget and the state of the economy as a whole and with reference to the minimal consumer budget, it makes it possible to secure, by paying subsidies, a vital level of consumption to low-income families and citizens.
– short-term leaves without pay;
– limitation of overtime work;
– an additional day-off;
– preferential right to sign labour contract and signing and termination guarantees, additional employment guarantees (quotas);
– the right to use annual leave at convenience.

The Law "On Social Protection of Disabled Persons in the Republic of Kyrgyzstan" envisages the following types of services for the disabled: cash payments (pensions, allowances, and lump-sum allowances), provision of technical and other devices (motor vehicles, wheelchairs, prostheses and orthopedic footwear, special print editions, sound-reinforcing equipment, and warning devices), as well as medical, social and occupational rehabilitation services, and household services. Moreover, medication, professional medical services, provision of technical and other devices, as well as household services shall be free of charge or on favourable terms. It is far from always, however, that all of that is discharged in practice. Most families that have children with certain developmental defects have to foot the whole of upkeep and care bill on their own.

Resolution of the Government of the Kyrgyz Republic No. 216 of April 19, 2000 "On Introducing in the Kyrgyz Republic of Social Passports for Low-Income Families and Individuals" started the issue of passports to low-income families at the level of bodies of local self-government throughout the Kyrgyz Republic.

The measure is designed:

• to identify the actual picture of poverty of a family and the extent of its needs; to check for this purpose the authenticity of data on the family incomes;
• to provide targeted social assistance to those who really need it;
• to motivate low-income families to look for their own ways out of poverty through income maximization;
• to define the framework of a scientific approach to the poverty problem with account taken of the specific features of each region.

The social passport survey was due to cover 535,300 families out of a total of 1,114,000 living in the country. As of today, passports are actually issued to 502,804 families (94%), with 452,500 low-income families (84.5%) subjected to examination. Of these 158,800 families, or 84% of all families enjoying government support, are recipients of state allowances.

The questionnaire will yield data on families' qualitative and numerical composition. Information collected during the filling out of a passport form will help reveal the causes of poverty of each particular family. One of the questionnaire sections deals with incapacitated family members, specifically children under 16 years of age, disabled persons and pensioners, including small preschool children and school-age children who for some reason do not attend school. The data will help trace school-age children living outside of the family, the whereabouts of each child, and the reason for the child's absence from the family. They will also help draw up fitting measures for bringing the child back to the family. Likewise, there will be information about family members enjoying some or other types of benefits and the monthly sum of allowances.
At the national level and the level of individual ministries and agencies, such information as "The Data on School-Age Children not Attending School" will help devise adequate social measures to improve rights enforcement and protection of children and give them access to education and health care.

The National Programme of Support for Disabled Persons focuses on the necessity to adapt the buildings at the design, construction or reconstruction stage to the needs of disabled persons so they can live, work or receive everyday care. In this connection, a number of regulations were passed binding constructors to take into account definite rules while planning layouts, and to build in specialized devices for disabled persons. Reconstruction and re-equipment of rail terminals and airports have been carried out. Special passages and entrances with relevant signs have been set aside; specialized elevators and telescopic gangways are in use to facilitate disabled persons' embarkation on planes.

In a bid to adapt the public transport for use by disabled persons, the Ministry of Transport and Communications has drawn up regulations on the design and technical characteristics of special devices, equipment and systems, securing accessibility and safety of transport vehicles for disabled passengers. Since Kyrgyzstan has no bus and trolley-bus manufacturers of its own, the vehicles cannot be properly reequipped to suit the disabled.

Teaching and upbringing children with special needs is an inalienable part of the national education policy. A long overdue measure is an education system reform and a search for new ways and methods of making education accessible for children belonging to the vulnerable group. This is the thrust of the Education and Culture Ministry's effort to implement the Access to Education (Zhetkinchek) Programme, which focuses on the creation of corrective classes within mainstream schools, an arrangement enabling to keep the child in the family and teach him/her in a regular school environment.

As far as non-government institutions for children with health problems are concerned, their share in the education process is as yet insignificant, if tending to grow actively. Before the start of the new academic year, funds were allocated under the Access to Education (Zhetkinchek) Programme for purchasing Braille textbooks for the National Specialized Residential School for the Blind. Likewise, a certain amount of money was invested into the purchase of frontal hearing aids for specialized schools for deaf children.

With sponsor support from international organizations, the National Specialized Residential School for Blind Children purchased a dot-type printer. Already there are pilot Braille textbooks in the Kyrgyz language. The school has a computer class equipped with talking PC's for the blind. In 2001, the school held a presentation of an information centre for blind children.

A medical school specializing in training blind masseurs under the Medical Academy based in the Kyrgyz capital, Bishkek, announced that it would accept 17 persons in 2002; currently it has a student body of 16.

An analysis of education in the transition period has shown a steady tendency in recent years towards scaling down the number of specialized schools and that of enrolment of children with special needs, this against the background of a constantly growing number of mainstream school students.

A search is currently in progress for new flexible ways in ensuring accessibility of education under the market conditions.
New alternative forms and methods of upkeep and education of children with disabilities have received currency along with the traditional ones, which to a considerable extent assist in promoting those children's greater inclusion.

**Integrated education of children** is a leading method in this sense. The issue of integration of children with special needs stirs public concern and causes numerous debates. On the one hand, such integration forms as *cooperating classes* and *special classes* within mainstream general education schools have been quite a success for a number of years now.

Integrated education and upbringing of persons with special needs is a versatile system of measures designed not only and possibly not so much at academic achievements (something that not all of disabled children are capable of) as at improving their life competence skills, personality and socio-emotional development, self-awareness, and mastering public behaviour.

These goals must be assisted by a purposeful education and upbringing effort not only inside but also outside an educational institution. In this sense, integration implies not only, and in certain cases not so much acquisition of a certain amount of knowledge. It primarily implies acquisition of socialization skills.

At the initial stages of educating and rearing a child with special needs, it is the family (parents, brothers and sisters, grandparents) and the teacher that count the most and who must be purposefully coached by competent specialists to fit the child's pathology and personal traits in each particular case.

Kyrgyzstan has blazed new trails in child integration, ones involving a new attitude to children with special needs and to the problem of their socialization and integration. **Inclusive** education is a case in point. Setting up inclusive schools and preschool institutions implies acceptance of more flexible and easily adapted systems capable of taking into account the entire amount of children's various needs, which in turn will enhance academic achievements, and increase the enrolment.

One has to admit that Kyrgyzstan's general education schools are not ready to accept disabled children: teachers are yet to undergo specialized training, there are no social workers, psychologists, specialized equipment, and technical devices, all of which complicates integration.

Inclusive education postulates that all children are educable and implies a change in the entire system and structure of education, designed to remove obstacles isolating children with special needs from society. Inclusive education is based on adapting the education system to the use by all children and promoting the alternative forms of education: domiciliary education, rehabilitation and day-care centres for children with grave disabilities, external studies, correspondence and distant education, and cooperation. The Soviet period was dominated by the medical model of disability, which influenced the entire system of specialized education and approaches. As of today, we lack complete information on disability. The public has no idea about disabled children's potential, about their ability to learn and make a contribution of their own to societal advance.

The problem is, it is necessary to develop pedagogical methods geared to children's needs and capable of assuring successful education of all children, including children with severe mental and physical defects and deviations. The merit of inclusive education is not only in that it may provide high-quality education for all children. Its introduction is one of the decisive steps facilitating a change in the discriminatory attitude to building an inclusive society. The social prospects have to be changed.
For too long a time, the problems of people with mental and physical handicaps were compounded by limited capabilities on the part of society, which would rather focus on defects than potentialities of this category of persons.

Inclusive education may reduce the dropout rates and the number of class repeaters, the two phenomena typical of many education systems, which assure higher average academic ratings. Inclusive education may also help avoid senseless waste of resources and collapse of hopes, which only too often are the consequences of a stereotyped conceptual approach to education.

To improve the situation of disabled children, it is necessary to carry out a set of measures, including:

– drafting an independent legislative act (law) aimed at the protection of rights and social guarantees of disabled children;

– ensuring early detection of deviations in children's development for timely correction, adaptation and rehabilitation purposes;

– improving work methods of the psychological and pedagogical advisory service and the medico-pedagogical commission, including diagnostic methods and psychological testing techniques in diagnosing;

– establishing permanent inter-departmental medico-psychological commissions under regional, city, and district administrations;

– designing improved criteria for institutionalization of disabled children and a personnel hiring methodology for children's residential institutions.

It is necessary to enshrine in law the rights of disabled children staying in residential institutions under the Social Protection Ministry, with account taken of the age specifics and the graveness of the developmental defect.

In the present conditions, there is a contradiction between the reduced public spending on education and the desire displayed by the educational authorities and institutions to keep up previously achieved results and achieve targets with regard to education for all set forth in the legislative documents.

Conclusion

By and large, the regulatory and legal framework for children's rights and interests is in place and the agenda for now is to ensure its full and consistent implementation, including by developing administrative procedures and ensure financial and economic support of laws and regulations.

The positive tendencies in a number of indicators registered in previous years persisted as a result of consistent work and joint effort by all agents of society: the government authorities of different levels and public organizations.

Owing to preventive inoculation, infant mortality, under-5 mortality rates, and the incidence of infectious and parasitogenic diseases among children are on the wane. A sufficiently high level of school education is still maintained. Despite the changes that affect childhood's infrastructure, the proportion of children engaged in various types of creative pursuits does not decline. New forms of education and upbringing, nonpublic included, develop along with the traditional ones.
The government focuses on enhancing the efficiency of the social policy designed to improve the situation of children, build up its targeted nature, and provide tangible assistance to children and families with disabled children.

Much attention is given to efforts to improve the mechanism of ensuring government guarantees to families with children, primarily in working out conceptual approaches and experimental testing of targeted provision of benefits and social support. The function of decision-making on child allowances has been transferred to the social protection agencies, thus laying down the foundation of a targeted support of the more needy families with children.

The social service system got further impetus for its development: the number of social service institutions grew and so did that of children and families with children that received some or other types of social services.

Work continues to improve the legislation on the enforcement of children's rights and interests and to put it in conformity with international legal standards. Of fundamental importance in this connection are the ongoing preparations for the approval of the Family Code. All branches of government authority are active in drafting legislative bills on socio-economic support, education rights, and better training of children with limited health capabilities, including their integration in the mainstream education process. It would be opportune to publish the Law of the Kyrgyz Republic "On Protection of Rights of Disabled Children", which would help create grounds for rearing disabled children in the family (rather than in a children's institution) and their further social adaptation enabling self-sustained domiciliary living rather than existence within the walls of an institution for disabled people, which requires much government spending.

Kyrgyzstan pays more attention to the rights of the child, but it is still necessary to stimulate a responsive attitude to the disabled and better understanding of their problems to ensure compliance with the Convention on the Rights of the Child, starting from the most unprotected child groups.

Parents of disabled children living in families have set up an association of their own, but so far there is no association of parents of children with health problems, living in residential institutions for chronically disabled children.

An adequate solution of childhood problems is impossible without pooling the efforts of the government and the civil society, both at the national level and in the constituent entities of Kyrgyzstan.