



Convention on the Rights of Persons with Disabilities

Distr.: General
11 July 2023
English
Original: Russian
Arabic, English, French, Russian
and Spanish only

Committee on the Rights of Persons with Disabilities

Thirtieth session

4–22 March 2024

Consideration of reports submitted by parties to
the Convention under article 35

Replies of Kazakhstan to the list of issues in relation to its initial report*

[Date received: 1 October 2021]

* The present document is being issued without formal editing.



Replies to the list of issues (CRPD/C/KAZ/Q/1)

Replies to the issues raised in paragraph 1

1. The evaluation of the implementation and effectiveness of the Plan of Action to Ensure the Rights and Improve the Quality of Life of Persons with Disabilities for the period 2012–2018 was carried out:

- Through annual monitoring of the progress made in implementing the Plan and hearings of the Ministry of Labour and Social Protection and other responsible ministries at meetings of the Government and Parliament, to which voluntary associations of persons with disabilities were invited
- Through the work of the Coordinating Council for the Social Protection of Persons with Disabilities attached to the Government, 73 per cent of whose members are representatives of non-governmental organizations (NGOs)

2. A working group was established to develop proposals for a national plan covering the period up to 2025; the group included representatives of central and local agencies of the State, non-governmental and international organizations, as well as advisers to ministers and heads of region (*akim*) on disability issues.

3. To ensure a broad discussion, a “suggestions box” was created on the Ministry’s website, and a questionnaire was conducted to gather citizens’ opinions and proposals for improving the quality of life and rights of people with disabilities. In total, over 400 proposals were gathered from government agencies, NGOs and persons with disabilities.

4. The National Plan for the period up to 2025 was approved by Government Decision No. 326 of 28 May 2019 (see <https://adilet.zan.kz/rus/docs/P1900000326>).

5. The country is working to gradually harmonize national legislation with the social and rights-based models of disability derived from the provisions of the Convention.

6. It is planned to take legislative and enforcement measures to eliminate barriers as much as possible and to assist persons with disabilities in exercising all the rights and freedoms guaranteed by the Constitution and provided for in the Convention.

7. The process of establishing disability status includes a review of documents, an examination of the person concerned and a comprehensive evaluation of the state of the body and the degree of limitation of everyday activities.

8. In the case of a persistent significant or acute impairment of body function caused by illness, injury or defect resulting in severe limitation of capacity in one category of everyday activities or in a combination of categories, the medical and social assessment results in a finding of category I disability; in the case of a pronounced limitation, a finding of category II disability is made; and in the case of a moderately pronounced limitation, a finding of category III disability is made.

9. The establishment of disability status is not based solely on an assessment of clinical and functional aspects and the degree of limitation of everyday activities but also involves the analysis and determination of a person’s need for social and vocational rehabilitation (habilitation).

10. The Senate, the upper house of Parliament, has prepared a bill on the amendment of various laws to improve the quality of life of persons with disabilities; the bill would remove derogatory language in relation to persons with disabilities and ensure respect for their rights. At the time of writing, coordination with all stakeholders is ongoing.

11. The bill contains amendments to laws in the areas of social protection of persons with disabilities, education, health care, transportation, architecture and urban planning, finance, elections, criminal, administrative and civil proceedings, employment, entrepreneurship, social assistance and special social services, and legal aid.

12. In August 2021, the bill on ratification of the Optional Protocol to the Convention on the Rights of Persons with Disabilities was submitted to the Majilis, the lower house of Parliament (see <https://adilet.zan.kz/rus/docs/P2100000577>).

Replies to the issues raised in paragraph 2

13. According to the Constitution, no one may be subjected to discrimination of any kind on grounds of origin, social status or financial status, occupation, sex, race, ethnicity, language, attitude towards religion, opinions, place of residence or on any other grounds.

14. The principles of equality before the law and the courts and the prohibition on discrimination are contained in all the country's codes and basic laws.

15. Discrimination on the basis of disability is prohibited under article 5 of the Social Protection of Persons with Disabilities Act.

16. The Senate bill provides for the introduction of a statutory definition of disability-based discrimination. This type of discrimination would be understood as "any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field, including denial of reasonable accommodation".

17. The bill also provides for the embodiment in law of the concept of "reasonable accommodation".

Replies to the issues raised in paragraph 3

18. In an address to the nation on 1 September 2021, the Head of State called for the fullest possible support to be given for women's economic and political empowerment in society. Measures are being taken to improve the situation of girls and women with disabilities and to expand their rights and opportunities.

19. The system for the prevention of torture and other cruel, inhuman or degrading treatment or punishment is implemented through the national preventive mechanism, whose statute was enshrined in law in 2019 (Special Social Services Act, chap. 3–1).

20. Participants in the mechanism conduct preventive visits to institutions where persons with disabilities, including women with disabilities, reside.

21. The participants are the Human Rights Commissioner (Ombudsman) and specially selected members of public monitoring commissions and voluntary associations engaged in activities to protect the rights and legitimate interests of citizens, along with lawyers, social workers and doctors.

22. The mechanism's preventive visits comprise periodic visits (at least once every four years), interim visits (to monitor implementation of recommendations made during previous visits) and special preventive visits (when reports are received of torture and other cruel treatment or punishment).

23. The Code on Public Health and the Health-Care System (the Health Code) guarantees the protection of maternity and childhood, accessibility of medical care, freedom of reproductive choice, protection of reproductive health and observance of reproductive rights.

24. The State allows women with disabilities to make their own decisions about the number of children they have and the timing and spacing of the births, on the basis of complete and accessible information; to register their pregnancies; and to give birth independently, with the support of qualified health workers skilled in managing pregnancies in women with extragenital conditions.

25. Information on ensuring the reproductive health rights of women with disabilities is provided in the replies to the issues raised in paragraphs 3, 12–15 and 21.

26. Kazakhstan submitted information on measures taken to eliminate all forms of discrimination against women, including asylum-seekers and stateless women, in its report on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (Government Decision No. 89 of 28 February 2018) and its second periodic report on the implementation of the International Covenant on Economic, Social and Cultural Rights (Government Decision No. 435 of 20 July 2017).

27. Persons with disabilities and parents and other legal representatives raising children with disabilities are included in the Entrepreneurship Code among the beneficiaries of social entrepreneurship (art. 79-3).

28. Employment legislation gives working-age persons with disabilities priority entitlement to State grants and provides for the organization of home-based social jobs for working-age mothers raising children with disabilities.

29. Under the Employment Programme, persons with disabilities have the right to apply for vacant social jobs on a priority basis.

30. As at 1 September 2021, 11,500 persons with disabilities had been placed in work through the Employment Programme, 4,500 in permanent jobs and 6,900 in temporary jobs (social jobs, youth internships and community work).

31. Through the Damu Foundation, about 2,000 women with disabilities have benefited from training courses on overcoming internal barriers and developing leadership skills; vocational training or retraining in in-demand and adapted specializations; courses on business plan preparation; advisory services; forums promoting dialogue with existing entrepreneurs and potential employers; business coaching systems; and workplace internships. As a result, 96 women have found employment and 56 have started their own businesses.

32. The State guarantees the provision of special social services free of charge, taking into account the principles of targeting and accessibility, and recipients have the right to choose the conditions of service delivery (permanent inpatient care, day care, domiciliary care, temporary care or round-the-clock care).

33. The Special Social Services Act sets out the rights to apply for special social services, to receive information on the rights of recipients and the conditions of service delivery, to accept or refuse special social services, to lodge complaints against the actions of officials and service providers and to have the confidentiality of their personal information respected (art. 12).

34. In 2021, the number of recipients of special social services totalled 121,000, of whom 46.1 per cent received services in the community, at home.

35. Additional information on accessibility of services to persons with disabilities is provided in the replies to the issues raised in paragraphs 4–6, 11, 16, 17, 19, 22 and 23.

Replies to the issues raised in paragraph 4

36. Disability status is established on the basis of a comprehensive evaluation of the state of the body and the degree of limitation of everyday activities. The criterion for establishing the category of disability is the degree of severity of the impairment of body function resulting in limitation of capacity in one category of everyday activities or in a combination of categories; these are: self-care, mobility, employment (capacity to work), education, orientation, communication and control over one's own behaviour.

37. In cases of persistent limitation of everyday activities, a lack of evidence of recovery or significant improvement of body function, increasing limitation of everyday activities, poor treatment prospects and the need for rehabilitation measures, the medical and social assessment results in a finding of disability. As at 1 January 2021, the proportion of the population with a disability was 3.6 per cent.

38. In cases of insignificant limitation of everyday activities requiring rehabilitation measures and with potential for integration into society, children are classified by

psychological, medical and educational counselling centres as having special needs. As at 1 August 2021, there were 161,800 children with special needs, of whom 94,000 had disabilities.

39. The variation in disability rates between countries is clearly due to the use of different concepts and indicators of functional limitation, which are described by a single ambiguous term, “disability”. Different measurement approaches yield different results.

40. The main types of community-based service are medical rehabilitation, remedial and special educational support and social services.

41. Medical rehabilitation is provided by organizations offering outpatient and clinic care, inpatient care, rehabilitative treatment, palliative care and nursing care (Ministry of Health Order No. 630 of 31 October 2009).

42. There are 49 rehabilitation centres in the health-care system, and 567 health-care organizations provide medical rehabilitation in 9,500 rehabilitation beds, of which 3,600 are for children. In eight regions, children’s rehabilitation centres supplied with the latest medical equipment have been opened in medical organizations. From 2021 to 2025, it is planned to open eight such centres in 10 regions and two early intervention centres.

43. Remedial and special educational support (Ministry of Education and Science Order No. 17 of 19 January 2015) is provided by special education organizations reaching over 42,000 children (25.2 per cent), including 2,400 children (2.3 per cent) who do not attend school owing to severe mental disabilities.

44. Social services (Ministry of Labour and Social Protection Order No. 165 of 26 March 2015) are provided by special social service organizations in inpatient and outpatient settings, temporary-stay facilities and at home, reaching more than 20,000 children with psychoneurological pathologies and motor impairments.

45. Every year 12 per cent of children with special needs are sent free of charge to sanatoriums and rest homes. Over five years, speech processors for cochlear implants have been replaced or adjusted in 1,400 people, 277 of them children. A total of 153 children with cochlear implants are educated in schools, 171 attend special education organizations and 34 are homeschooled.

46. In accordance with the State supplementary education standard on medical rehabilitation (Ministry of Health Order No. 778 of 26 November 2009), relevant medical personnel receive postgraduate training over two years leading to the award of the qualification of “Doctor of physical medicine and rehabilitation” (annex 42 to Ministry of Health Order No. 647 of 31 July 2015).

47. Staff training is provided by medical and pharmaceutical education organizations contracted, pursuant to Ministry of Health Order No. KR DSM-329/2020 of 24 December 2020, to deliver educational programmes in the field of health (Health Code, art. 220 (1)).

48. There are rules governing the conduct of preventive medical examinations of minors (Ministry of Health Order No. KR DSM-264/2020 of 15 December 2020). Injuries and their sequelae are identified during the stages of the examination conducted by qualified specialists.

49. The Ministry of Health, with support from the United Nations Children’s Fund (UNICEF), has developed leaflets for parents on prevention of accidents due to falls from a height and prevention of child injuries, along with recommendations for teachers in preschools on instructing preschool-age children in the basics of safe behaviour in emergencies. In 2018, UNICEF conducted a survey of parents and guardians of children aged 0–14 years on knowledge, attitudes and practices with regard to unintentional child injuries.

50. The Ministry of Health plans to develop a road map for prevention and reduction of injuries and accidents pursuant to item 24 of the action plan to implement the State Health Promotion Programme for the period 2020–2025.

Replies to the issues raised in paragraph 5

51. On 26 June 2021, a bill to introduce amendments concerning inclusive education in various laws of Kazakhstan was adopted.

52. In the 2020/21 school year, more than 2,000 kindergarten teachers and 35,000 schoolteachers completed professional development courses on working with children with special educational needs.

53. Recommendations on supporting and including children with special educational needs in the educational process in inclusive conditions have been developed, along with recommendations on the organization of special conditions for students with special educational needs in higher education establishments.

54. About 500 teaching assistants provide support for children with special educational needs in schools. More than 3,600 special educators work in preschools and schools. In order to ensure the accessibility of technical and vocational education for persons with special educational needs, the classification system of technical and vocational specializations and qualifications provides for training in 70 specializations.

55. There is a Resource and Advice Centre for Inclusive Education.

56. The realization of the constitutional right of everyone freely to receive and impart information by any means not prohibited by law is defined in the Access to Information Act (art. 4).

57. The Access to Information Act defines the ways of ensuring access to information and specifies the activities of the Commission on Issues related to Restriction of Access to Information and Protection of the Public Interest (arts. 10 and 19).

58. The Public Services Act defines the procedure for assessing the quality of public services and regulates monitoring by civil society of the quality of such services.

59. The Act on the Protection of Children from Information Harmful to Their Health and Development empowers individuals and non-profit organizations to monitor the dissemination of information products and children's access to information; submit reports of violations of the Act to government agencies and local government bodies; conduct activities aimed at raising children's awareness of the opportunities, potential, risks and threats associated with information; and analyse information literacy among children and parents (art. 8 (2)).

Replies to the issues raised in paragraph 6

60. Code of Practice SP RK 3.06-02-2012 on designing buildings and structures with due regard to accessibility for persons with reduced mobility (general provisions) contains acceptable solutions justified by the best international practice for fulfilling the requirements established in Building Standard SN RK 3.06-01-2011 on the accessibility of buildings and structures for persons with reduced mobility.

61. In Building Standard SN RK 3.06-01-2011, the following groups are identified as people with reduced mobility: persons with disabilities, persons with temporary health conditions, pregnant women, older people and persons with baby carriages.

62. At the same time, a person with a disability is defined as: "a person with a health condition and persistent impairment of body function, including a motor, visual or hearing impairment, resulting in the limitation of everyday activities and the need for social protection".

63. The interdepartmental commissions responsible for organizing and conducting the stocktaking and certification process to assess the accessibility of social infrastructure facilities for persons with disabilities are guided by methodological recommendations approved by a joint order of the Ministry of Labour and Social Protection and the Construction, Housing and Communal Services Agency of the Ministry of National Economy.

64. The methodological recommendations define four accessibility criteria:
- Physical accessibility (ensuring unobstructed movement along communication routes, within premises and in functional areas; ensuring unobstructed access to places of residence, work or service delivery; ensuring access to rest places, waiting areas and related services)
 - Safety (ensuring that conditions in places of residence, work or service delivery are such that there is no risk of a person suffering injury or causing harm to other people or to public or personal property)
 - Accessibility of information (the possibility of receiving information in a timely manner and responding to it appropriately)
 - Comfort (the creation of conditions that minimize the cost and effort required of persons with disabilities to meet their needs)
65. The results of monitoring of facilities are reflected on an interactive accessibility map available to the entire population at <https://inva.gov.kz/ru#map-box>.
66. The Access to Information Act establishes for information holders an obligation, when providing information, to make it accessible to persons with disabilities (art. 9 (2) (7)) and to place, in their premises, information stands and/or similar technical devices displaying information about their activities and facilitate free access to those premises by persons with disabilities (art. 12).
67. A special publicly accessible module for persons with visual impairments has been installed on the e-Government Portal and the Open Government Portal.
68. Twenty-four socially important public services have been made available for persons with special needs through the e-Government Portal.
69. Offline public services are provided by the public service centres of Government for Citizens, a State corporation; the centres are equipped with ramps, call buttons, Braille signage, parking spaces for persons with disabilities and tactile paving.
70. Government for Citizens made 82,000 home visits and provided 75,400 public services to citizens in their homes during 2019–2020.
71. Government for Citizens employs 822 persons with special needs, of whom 282 use sign language and can provide sign language interpretation.
72. In 2020, proactive public services, provided at the initiative of the service provider, without an application from the service user, were introduced and, as at 1 September 2021, 15,900 persons with disabilities had received them.
73. The Ministry of Information and Public Development has made a number of recommendations to government agencies on ensuring that information published on their official websites and on websites of organizations working under those agencies is accessible to persons with visual and hearing impairments.

Replies to the issues raised in paragraph 7

74. According to the Committee for Legal Statistics and Records in the Office of the Procurator General, 50 persons with disabilities committed suicide in the three years from 2018 to 2020: 23 in 2018, 16 in 2019 and 11 in 2020.
75. The Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty, was ratified by Kazakhstan on 2 January 2021, with the following reservation: “The Republic of Kazakhstan, in accordance with article 2 of the Second Optional Protocol, reserves the right to apply the death penalty in time of war pursuant to a conviction for a most serious crime of a military nature committed during wartime”.
76. Under the Criminal Code, a person who commits a socially dangerous act while of unsound mind, meaning that he or she could not have been aware of the actual nature and

social harm of his or her actions or omissions or have been able to control them, owing to a chronic mental illness, a temporary mental disorder, an intellectual disability or any other cognitive impairment, is not held criminally liable. A court may order a person found to be of unsound mind to undergo coercive measures of a medical nature.

77. In the country as a whole, there has been only one case in the last 10 years in which a court imposed the death penalty on a convicted person. Owing to the country's moratorium on the execution of the death penalty, the sentence was commuted to life imprisonment.

Replies to the issues raised in paragraph 8

78. The Civil Protection Act, No. 188-V of 11 April 2014, provides that, in the course of emergency response efforts, the necessary assistance must be provided to all citizens irrespective of their social category.

79. The Ministry for Emergency Response, while carrying out awareness-raising work with the population, recommends that, in an emergency, the most vulnerable should be prioritized in the provision of such mutual assistance as is possible: children, persons with disabilities, older persons and pregnant women.

80. Efforts to ensure the safety of persons with disabilities in social, natural or human-made emergencies are undertaken in accordance with guidelines approved by Ministry for Emergency Response Order No. 48 of 26 November 2020.

81. The Ministry for Emergency Response has developed draft rules for the safe operation of lifting devices for persons with disabilities and instructions for the inspection of the technical condition of elevators and lifting devices for persons with disabilities that have reached the end of their lifespan in order to determine whether they can still be used.

82. A state of emergency was declared in the country from March to May 2020. The Government adopted a number of documents related to the state of emergency and coronavirus disease (COVID-19) restrictions.

83. To keep the population informed, the Ministry of Health created a special website, <https://www.coronavirus2020.kz>, which contains official information, news, videos, answers to frequently asked questions, an infographics leaflet on COVID-19, a telephone hotline number, a patient symptom checker and home treatment guide, and statistics on incidence, recovery and vaccination rates by region.

84. Information related to the scope of the COVID-19 pandemic was disseminated through the mass media, social networks, mobile applications, websites of government agencies, information stands and booklets.

85. During the pandemic, government agencies delivered all services online through the e-Government Portal, using electronic digital signatures, and through WhatsApp Instant Messenger and Zoom. Consultations with doctors were provided by telephone or online. Medicines, medical supplies and foodstuffs were delivered to citizens in their homes using delivery services or taxis.

86. During lockdown, neighbourhood doctors checked on persons with disabilities via phone calls. Voluntary movements helped persons with disabilities with the purchase and delivery of medicines.

87. The Ministry of Health reports that COVID-19 incidence and hospitalization rates are monitored without the use of a separate category for persons with disabilities.

88. The Government made significant efforts to strengthen the material, technical and human resources of the national health-care system during the COVID-19 pandemic: bed capacity for COVID-19 patients has been increased; hospitals have been equipped with artificial lung ventilation machines and other necessary medical equipment; a two-month supply of medicines for COVID-19 has been stockpiled; the salaries of health workers have been raised; staff retraining has been carried out; vaccination of the population has begun; and clinics have organized mobile teams, call centres and advisory groups including specialists.

89. During lockdown:

- More than 550,000 families, including persons with category I disabilities and families raising children with disabilities, received a one-time financial payment in the amount of US\$ 121.1 from the Birgemiz Foundation, established at the initiative of the first President to support socially vulnerable segments of the population.
- Over 1 million people, including all persons with disabilities, received packages of food and household items worth US\$ 13.5.
- During five months in 2020, 740,900 persons with disabilities and one parent from each family raising a child with a disability received payments totalling US\$ 40.4 million.
- Socially vulnerable groups, including all persons with disabilities, had their public utilities paid for (for two months) from the State budget, in an amount of US\$ 36.3.
- Payment of pensions and benefits continued. As from 1 January 2021, State social benefit for persons with disabilities was increased by 5 per cent to between US\$ 86.4 and US\$ 159.5, depending on the category of disability.

90. During the emergency, the disability status of 55,400 persons with disabilities was automatically extended, with the maintenance of all payments, privileges and concessions to which they were entitled. Disability status was established remotely for 34,800 persons.

91. In a survey on COVID-19 conducted by the United Nations Development Programme (UNDP) among persons with disabilities, 50.1 per cent of respondents indicated that they were satisfied with the accessibility of health-care facilities and services, while 16.7 per cent of respondents (out of 12,000 persons with disabilities surveyed) said that they or their family members had had COVID-19.

92. The Ministry of Labour and Social Protection is working to enshrine in law the automatic extension of disability status and the remote establishment of disability status during emergencies. The Ministry of Health is developing a mechanism for dispensing medicines and medical supplies by electronic prescription without the need to visit a doctor, with the possibility of choosing the medicine and ordering a home delivery online. The project is scheduled to be launched in autumn 2021.

Replies to the issues raised in paragraph 9

93. Under article 26 of the Civil Code, citizens who are incapable of understanding the significance of their actions or controlling them on account of a mental illness or an intellectual disability may be declared by a court to lack dispositive capacity and consequently placed under guardianship, with transactions carried out on their behalf by a guardian. If such a citizen makes a recovery or his or her health significantly improves, he or she is declared by a court to have dispositive capacity and subsequently released from guardianship.

94. Article 27 of the Civil Code provides that a citizen who places his or her family in a difficult financial situation as a result of problem gambling or betting or the abuse of alcoholic beverages or narcotic substances may have his or her exercise of dispositive capacity restricted by a court under the procedure established in the Code of Civil Procedure and be placed under tutorship. Such a citizen has the right to make minor household transactions independently. He or she may perform other transactions, as well as receive and dispose of earnings, pensions and other income, only with the consent of the tutor.

95. Article 54 of the Code of Civil Procedure authorizes procurators to petition the courts to restrict the exercise of a citizen's dispositive capacity without a request or application from the person concerned.

96. If a citizen ceases to engage in problem gambling or betting or the abuse of alcoholic beverages or narcotic substances, the restriction on his or her exercise of dispositive capacity is lifted and he or she is released from tutorship.

97. As at 4 March 2021, there were 30,500 persons with disabilities in the country who had been declared by a court to lack dispositive capacity.

98. Under the law, a person who has made a recovery or whose health has significantly improved may, on the application of a guardian, a psychiatric treatment institution, a family member, a close relative, a procurator, a psychiatric (psychoneurological) institution or a guardianship or tutorship body, be declared by a court to have dispositive capacity on the basis of a finding to that effect made following a forensic psychiatric assessment. On the basis of the court decision, such a citizen is released from guardianship.

99. According to data from local government bodies, in 2018–2020, 18 persons with disabilities had the exercise of their dispositive capacity restored pursuant to court decisions.

100. The situation of persons declared to lack dispositive capacity was investigated by Amnesty International in 2018. The results of the research by Amnesty International were sent to all government agencies concerned, as well as being presented at a round table with the participation of government agencies, international organizations and civil society. The recommendations and proposals developed are under consideration by the Ministry of Labour and Social Protection.

Replies to the issues raised in paragraph 10

101. Article 13 of the Constitution establishes the right of everyone to judicial protection of their rights and freedoms and to receive qualified legal assistance.

102. National legislation contains norms to ensure that persons with disabilities have equal access to the courts. In criminal proceedings, suspects, accused persons, defendants, convicted or acquitted persons who, on account of a physical or mental disability, cannot independently exercise their right to a defence, must be provided with counsel. Ten articles and one chapter of the Code of Criminal Procedure regulate procedural accommodations in cases where a person with a mental or physical disability is a participant in the proceedings.

103. In civil procedure, civil-law dispositive capacity – the capacity of a participant in civil proceedings, by his or her actions, to exercise procedural rights and perform procedural obligations in court, either personally or through a representative – is provided for.

104. The services of interpreters, experts and specialists and the expenses of representatives of the victim and official and other witnesses involved in legal proceedings (including sign language interpreters) are paid for from the budget subprogramme entitled “Ensuring the protection of the rights and freedoms of persons participating in legal proceedings” (code – 114).

105. Judicial training is carried out by the Academy of Justice under the Supreme Court (<https://academy.sud.kz>), a higher education establishment with special status delivering postgraduate education programmes, retraining and professional development for staff in the judicial system and conducting research.

106. The Marriage and Family Code establishes that the views of a child who has reached the age of 10 must be taken into consideration, except where that would run counter to his or her interests.

107. Under the relevant laws, decisions concerning a child who has reached the age of 10 may be made only with his or her agreement (Marriage and Family Code, art. 62); an educator and/or a psychologist must be involved in determining the child’s views (Code of Civil Procedure, art. 77 (5)). In addition, the Code of Civil Procedure provides for the participation of an educator and legal representatives when a child is questioned (art. 206 (1)); the removal of individuals from the courtroom when during questioning of a child as a witness (art. 206 (2)); and the removal of the child from the courtroom when he or she has finished being questioned (art. 206 (3)).

108. Supreme Court Regulatory Decision No. 15 of 29 November 2018 clarifies the weight to be given to a child’s views in resolving disputes related to his or her upbringing.

Replies to the issues raised in paragraph 11

109. The Code on Public Health and the Health-Care System contains measures to preclude deprivation of liberty because of a person's physical, intellectual or psychosocial disability:

- The diagnosis of a mental or behavioural disorder (disease) must be established by a psychiatrist in accordance with the International Classification of Diseases (art. 167 (2))
- The diagnosis and treatment of borderline mental and behavioural disorders must be carried out with the patient's written consent, and the doctor's findings may not serve as a basis for restricting the patient's rights and freedoms (art. 168 (1))
- Where a patient has a mental or behavioural disorder (disease), hospitalization must be carried out pursuant to a doctor's decision and with the person's voluntary consent, except in the cases established in article 137 (art. 137 (1))
- Coercive measures of a medical nature must be applied pursuant to a court decision (art. 170 (1))

110. The legislation of Kazakhstan in the field of social protection does not contain the concept of "closed institution".

111. Persons with disabilities, including children, are cared for in organizations providing special social services, as follows:

- In permanent residential care (24 hours a day, 365 days a year)
- In long-term or temporary day care (from 4 to 8 hours a day for up to 6 months)
- In temporary round-the-clock care (for a period not exceeding 1 year)

112. The activities of organizations providing special social services are governed by the Standards for the provision of special social services in the field of social protection (Special Social Services Standards), which were approved by Ministry of Labour and Social Protection Order No. 165 of 26 March 2015, and the Regulations for the activities of organizations providing special social services, approved by Ministry of Labour and Social Protection Order No. 379 of 29 August 2018.

113. According to the Special Social Services Standards, the provision of special social services is aimed at socializing recipients and supporting them to achieve the greatest possible independence in the organization of everyday life, employment, leisure and social interaction in the community.

114. Temporary discharge home for (up to three months) may be granted to children with disabilities on the basis of an application from their legal representatives (Special Social Services Standards, para. 14). The provision of special social services in an inpatient setting does not deprive children's legal representatives of their rights and duties under the law.

115. As at 1 July 2021, more than 60,000 persons with disabilities were receiving special social services, including more than 15,000 persons with disabilities living in residential institutions, of whom 2,000 were children with disabilities.

116. Support programmes are in place to prevent institutionalization of persons with disabilities and return them to their families or move them to family-type settings.

117. Currently, about 10,000 persons with disabilities receive special social services in day-care units.

118. According to the Regulations approved in 2018, residential institutions may establish independent living units to help prepare persons with disabilities for independent living when they leave those facilities.

119. In two cities, pilot projects have been undertaken to organize accompanied independent living for persons whose disabilities are due to psychoneurological diseases and who are living in residential institutions (in Almaty, with funding from the State social

procurement budget) and in families (in Nur-Sultan, as part of a joint project of the Ministry of Labour and Social Protection and UNDP).

120. Provisions on the exercise of the rights of persons under guardianship or cared for in residential institutions, their protection from abuse and forced treatment and the facilitation of their discharge from specialized institutions are contained in articles 4, 12 and 17 of the Special Social Services Act and in the Marriage and Family Code.

121. The legitimate interests of persons living in residential institutions are represented by the administration of the institution concerned, pursuant to article 122 (4) of the Marriage and Family Code. The right to appeal against the actions of the administration is established in article 131 of the Code.

122. The Special Social Services Standards set out the right to file a complaint against the actions of employees and to receive free legal assistance and advice on violations of rights and on the conditions for discharge from organizations providing special social services.

123. Individuals can appeal against the actions of organizations providing special social services in the context of periodic monitoring of those organizations by the authorized body in the field of social protection or supervision by the procurator's office, as well as during preventive visits by the national preventive mechanism.

124. Persons guilty of violating the legislation on special social services are liable to the penalties provided by law (Special Social Services Act, art. 21).

Replies to the issues raised in paragraph 12

125. The requirements with regard to the holding of persons in pretrial detention facilities are set out in article 15 of the Act on the Procedures and Conditions for the Custody of Persons in Special Temporary Detention Facilities and Premises.

126. The internal organization of pretrial detention facilities operated by the Committee on the Penal Correction System is determined by the Internal Regulations of pretrial detention facilities of the penal correction system (Ministry of Internal Affairs Order No. 505 of 26 July 2017).

127. The Regulations stipulate general conditions of detention for all persons, without singling out persons with disabilities as a special category.

128. According to data from the Ministry of Internal Affairs, there are 16 pretrial detention facilities in the country.

129. The procuratorial authorities continuously monitor the activities of pretrial detention facilities.

130. There are complaint boxes in accessible locations in all temporary detention facilities, which are opened only by procuratorial staff. To simplify the procedure for receiving communications and complaints from citizens, the Committee on the Penal Correction System has set up a helpline, a Chair's blog and a hotline in WhatsApp. The Committee has official pages on social networks and monitors publications in the media.

131. The Ministry of Internal Affairs has begun work on the transfer of medical services under the Committee on the Penal Correction System to the health-care system, which will be completed by 2023.

132. Article 10 (3) of the Penalties Enforcement Code provides for the right of convicted persons with speech, hearing or vision impairments to use the services of specialists proficient in fingerspelling and sign language or Braille.

133. Article 115 of the Penalties Enforcement Code defines the requirements for premises and special cells where persons with disabilities are held; other convicted persons are encouraged to assist those with disabilities in meeting their everyday needs.

134. A procedure has been established for the provision of assistive devices and special mobility aids to convicted persons with disabilities serving custodial sentences (Ministry of Internal Affairs Order No. 1088 of 28 December 2015).

135. According to information from the Committee on the Penal Correction System, in 2020 there were 714 convicted persons with disabilities serving sentences, including 13 persons who were unable to mobilize independently. Twenty-three convicted persons were assigned a disability category for the first time while serving their sentences and 47 persons were re-evaluated when their disability status expired.

136. Fifty-eight penal correction facilities have special equipment or adaptations facilitating the detention of persons with disabilities: specially equipped bathrooms, ramps, handrails, special cells or dormitories.

137. Persons who, according to the findings of the medical commission, have a category I disability, have the opportunity to seek early release on the same grounds as other prisoners. As at 1 January 2020, two persons had exercised that right.

138. The country has developed a model design for penal correction facilities that provides for special equipment, adaptations and living quarters for persons with disabilities. The construction of facilities according to the model design will begin once budgetary funds have been allocated.

139. Under the Criminal Code, unlawful termination of pregnancy is an offence (art. 319) and penalties are provided for intentional infliction of physical and/or mental suffering (art. 146).

140. One of the elements used to classify offences is the commission of the act in question against a woman known by the perpetrator to be pregnant or a minor. The adjustment of this article to bring it fully into line with international standards is currently under discussion.

141. No cases involving the above-mentioned measures have been tried.

Replies to the issues raised in paragraph 13

142. The Domestic Violence Prevention Act provides for protection through tailored domestic violence prevention measures upon application by a person who has been subjected to violence.

143. Instructions on the conduct of preventive monitoring of persons on the internal affairs agencies' prevention register, including perpetrators of domestic violence, have been adopted (Ministry of Internal Affairs Order No. 432 of 15 July 2014).

144. A standard has been approved, within the social protection system, for the provision of special social services to victims of domestic violence (Minister of Health and Social Development Order No. 1079 of 21 December 2016); this standard provides for the delivery of services to help victims leave difficult living situations.

145. Within the health-care system:

- A standard operating procedure for health workers for identifying and responding to violence against children has been adopted; it contains step-by-step guidance on the provision of medical care to persons who have been subjected to domestic violence.
- A clinical protocol for the diagnosis and treatment of gender-based violence has been developed; it defines the signs of domestic violence against women and children, as well as the procedure for providing them with medical care.

146. Monitoring of institutions where persons with disabilities, including children and women, reside is carried out by the national preventive mechanism.

147. The main task of the mechanism is to detect and prevent torture and other cruel, inhuman or degrading treatment or punishment by conducting preliminary visits to closed institutions where citizens stay temporarily on the basis of decisions (judgments) of courts or decisions of government agencies.

148. The procedures for visits by the national preventive mechanism and the frequency of those visits are regulated by the Regulations on the conduct of preventive visits by teams from the national preventive mechanism, approved by Government Decision No. 266 of 26 March 2014. Based on the outcome of preventive visits, a report is prepared containing recommendations addressed to the competent authorities.

149. Further information on the national preventive mechanism is set out in the replies to the issues raised in paragraph 3.

Replies to the issues raised in paragraph 14

150. The State guarantees citizens' freedom of reproductive choice, the protection of reproductive health and respect for reproductive rights (Health Code, art. 76).

151. Abortion may be performed at a woman's request and with her free and informed consent.

152. In the event that their rights are violated, women have the right to appeal to the judicial authorities.

153. The actions to be taken by the health authorities to prevent abortion are set out in articles 150 and 151 of the Health Code.

154. The procedure for performing an abortion and the list of medical and social indications and the contraindications for so doing are set out in Ministry of Health Order No. KR DSM-122/2020 of 9 October 2020, which rescinded and superseded Ministry of Health Order No. 626 of 30 October 2009.

155. The procedure and medical indications for surgical sterilization are set out in Ministry of Health Order No. KR DSM-185/2020 of 6 November 2020.

156. The Ministry of Health, with support from the United Nations Population Fund (UNFPA), has produced a parents' guide to adolescent and youth sexual and reproductive health entitled "Adolescent Development, or How to Get through Puberty".

157. Astana Medical University implements a training programme entitled "Extragenital pathology in pregnancy", which includes training in pregnancy management for women with disabilities.

158. Medical research is published regularly in the bulletin of Kazakh National Medical University.

Replies to the issues raised in paragraph 15

159. The apparent discrepancy between the figures contained in paragraph 255 of the initial report of Kazakhstan and those given in the 2019 UNFPA report is due to the fact that 213 is the number of reported abortions among women with disabilities, while 0.5 per cent is the proportion of women with disabilities of fertile age who gave birth in 2017.

Replies to the issues raised in paragraph 16

160. In order to ensure the accessibility of services to persons with disabilities at their place of residence, the State has automated the process of applying for services, through the e-Government (eGov) Portal and the Social Services Portal.

161. The e-Government Portal allows persons with disabilities, without leaving their homes, to apply online for 24 socially important public services and receive notification of the outcome.

162. The Ministry of Labour and Social Protection launched the Social Services Portal in 2020, thus giving persons with disabilities the opportunity to independently purchase prosthetic and orthopedic devices, hearing and vision aids, hygiene equipment, wheelchairs,

special social services, personal assistance, specialist sign language services and sanatorium and health resort treatment directly from the providers, without leaving their homes.

163. To provide access to electronic services and the Internet, self-service corners have been created and are in operation in employment offices, premises of social programme providers, population service centres and offices of local authorities (*akimat*) in rural areas, and advice and assistance have been organized.

164. Further information on access to community-based services is set out in the replies to the issues raised in paragraph 4.

Replies to the issues raised in paragraph 17

165. Since 2017, the country has been implementing the “Nýrly jer” housing programme, which provides for three types of affordable housing for socially vulnerable groups, including persons with disabilities: social rented housing for five years, with the right to extend the lease; housing under the “Bakytty otbasy” programme; and social housing for people who have a deposit with Otbasy Bank.

166. Local authorities provide housing certificates for low-income families to cover a portion of their down payments, in an amount of 1 million tenge.

167. A bill on the social protection of certain categories of citizen, which is under consideration by Parliament, provides for the right of families raising a child with a disability to retain their place on the housing waiting list after the child reaches the age of 18. This provision will keep 20,000 families on the housing waiting list.

168. From 2021, on instructions from the Head of State, socially vulnerable segments of the population (large families, orphans, families with children with disabilities and others) will be provided with housing through subsidies for private rented housing if their average per capita income is below the subsistence level.

169. Persons on housing waiting lists with incomes above the subsistence level (civil servants, public sector employees, single-parent families and others) will purchase housing through preferential loans for new homes.

170. As part of a deinstitutionalization process initiated within the existing network of residential institutions, and in order to increase the quality of special social service provision and enhance the social adaptation of citizens, small capacity homes (with up to 50 places) have begun to be developed. Small capacity homes operate in nine regions of the country.

171. Today, as a result of the policy pursued, alternative forms of special social service delivery have been developed to replace residential care: domiciliary care (51.8 per cent of all institutions, covering 46 per cent of persons receiving services) and day care in public- and private-sector units (12.2 and 19.4 per cent, respectively).

172. A process of gradual deinstitutionalization is planned at large residential homes (with more than 100 places), along with a transition to the delivery of services in family-type settings, in the context of the development of the draft Social Code.

Replies to the issues raised in paragraph 18

173. Every year, more than 200,000 persons with disabilities are provided with assistive devices and rehabilitation services.

174. Since the beginning of 2021, persons with disabilities have had the right to choose assistive devices and services freely and independently through the Social Services Portal.

175. When assistive devices and services are purchased through the Social Services Portal, the State reimburses their cost up to a guaranteed amount, which is determined in accordance with the legislation currently in force.

176. Complaints about the quality of assistive devices are handled through the Social Services Portal and lead to the exclusion of the supplier concerned from the register of suppliers of assistive devices.

177. Since the beginning of 2021, more than 113,000 persons with disabilities have obtained assistive devices, 6,000 individuals have obtained sign language services, 31,000 have obtained personal assistance and 36,000 sanatorium and health resort treatment through the Social Services Portal.

178. Some 859 medical and social care organizations providing special social services, 127 suppliers of assistive devices, more than 13,000 providers of personal assistance, 250 sign language specialists and 66 sanatoriums and health resorts have registered on the Social Services Portal.

179. The Ministry of Labour and Social Protection has developed standard technical specifications for assistive devices and a methodology for individual selection of such devices that takes into account the provisions of the International Classification of Functioning, Disability and Health; this methodology has been automated and is currently being piloted.

Replies to the issues raised in paragraph 19

180. The Access to Information Act establishes the methods for ensuring access to information, the types of accessible information and the rights and duties of information holders.

181. National standards for web accessibility are in place:

- ST RK 2191–2012. Information technology. Accessibility of Internet resources for persons with disabilities (Order No. 396-od of the Chair of the Committee for Technical Regulation and Metrology of the Ministry of Industry and New Technologies of 15 August 2012)
- ST RK 2994–2017. Internet resources. Accessibility requirements for persons with visual impairments (Order No. 275-od of the Chair of the Committee for Technical Regulation and Metrology of the Ministry of Industry and Infrastructure Development of 9 October 2017)

182. Current national standards refer to the relevant international standard, the Web Content Accessibility Guidelines (WCAG) 2.0, which were issued in 2008.

183. The provision of specialist sign language services is subject to the rules set out in Ministry of Health and Social Development Order No. 26 of 22 January 2015.

184. Since the beginning of 2021, specialist sign language services have been provided through the Social Services Portal, with the right to choose a sign language specialist in person.

185. For more than five years, sign language interpretation services in Kazakhstan have been offered through the Surdo-Online (SOL) Portal, which operates round the clock, in real time, through Android and iOS mobile applications and desktop computers, with a sign language interpreter who appears via video link to translate into sign language the words of the employee of the organization to which the person with a disability has applied.

186. The Surdo-Online service is available in all clinics, employment centres and offices, some hotels, universities, insurance companies and businesses, in Almaty international airport, hotels and the Magnum food store chain and offers simultaneous interpretation of concerts and events if there are persons with hearing or visual impairments in the hall.

187. A project involving a sign language interpretation dispatching service for persons with hearing impairments is being implemented in Nur-Sultan. Dispatchers receive messages from individuals with hearing impairments via SMS, social networks, email and video calls via Skype, WhatsApp and Viber.

188. The Act on the Procedure for Organizing and Holding Peaceful Assemblies was adopted in 2020.

189. In 2020, the Ministry of Information and Public Development adopted the Rules for the activities of journalists present at peaceful assemblies (Ministry of Information and Public Development Order No. 279 of 14 August 2020).

190. Since 2010, the Kazakhstan International Bureau for Human Rights and Rule of Law has been monitoring the situation in the country with respect to freedom of peaceful assembly.

191. In the course of the monitoring conducted by the Bureau, it was found, when measuring the level of citizens' compliance with the relevant law, that the majority of public actions take place without authorization. On average, 90 per cent of all assemblies held in the period 2010–2020 were unauthorized (100 per cent in 2018, 95 per cent in 2019 and 98 per cent in 2020). The reasons for the holding of unauthorized rallies are as follows: (1) citizens' ignorance of the fact that unauthorized rallies incur administrative liability in the form of a fine or administrative arrest; (2) citizens' reluctance to waste time as, in practice, local authorities do not give permits for peaceful assemblies; and (3) the fundamental unwillingness of some citizens to obtain permission to exercise their constitutional right to peaceful assembly.

Replies to the issues raised in paragraph 20

192. Articles 8, 9, 11 and 17 of the Data Protection Act establish the procedure for granting consent to the collection and processing of personal data, as well as the cases in which the collection and processing of personal data may be carried out without the consent of the person concerned but with the application of protective actions not contrary to law (arts. 8, 9 and 11).

193. The specific steps taken to protect electronic information resources containing personal data must be carried out in accordance with the Act and the legislation on digitization (art. 23).

194. Personal medical data and data from the Social Services Portal and from mobile applications including DAMUMED are transmitted in anonymized form, in accordance with the rules on the collection and processing of personal data (art. 17).

Replies to the issues raised in paragraph 21

195. The legislative norms protecting the rights and interests of orphans and children without parental care are set out in chapters 17-1 and 18 of the Marriage and Family Code.

196. The procedure for and organization of the placement of children in foster care are regulated by Ministry of Education and Science Order No. 14 of 16 January 2015.

197. The procedure for the placement of children with foster families and for their material support were approved by Ministry of Education and Science Order No. 14 of 16 January 2015.

198. When a child is adopted, a one-time payment of 75 times the monthly calculation index is made, and when a child is placed under tutorship or guardianship, in foster care or with a foster family, a monthly allowance of 10 times the monthly calculation index is paid for the child's maintenance. In addition, foster carers and foster parents are paid for their labour.

199. The main criterion for placement in a foster family is the absence of one or both parents; disability status is not a criterion.

200. In 2020, the number of children without parental care was 23,400, of whom 17,000 were being raised in foster families. The proportion of children being raised in residential institutions was 18 per cent, half as many as in 2015.

201. No statistical records are kept on cases in which persons declared in a court decision to be incapable as a consequence of mental disease or intellectual disability have been prohibited from entering into marriage.

202. At the same time, according to information from local government bodies, in 2018 one such case was considered by the courts in North Kazakhstan Province.

203. The right to protection of maternity is reflected in the Health Code and is ensured through:

- Medical examinations conducted as part of the guaranteed package of free health care, dynamic monitoring and measures to improve the health of women of reproductive age
- Medical treatment of the major diseases affecting women's reproductive health and the health of children upon admission to hospital for the care of a sick child

204. Article 76 (1) (6), 77 (2), 78 (1) (9), 79, 92 and 148 of the Health Code define the rights of citizens to reproductive health care and family planning, including protection of their reproductive rights and acceptance of their right to have a child.

205. According to data from the Ministry of Health, 142,000 women of fertile age with disabilities had given birth to 776 children in the previous five years as at 2017, which means that only 1 in 183 women with disabilities in the country (0.5 per cent of women with disabilities of fertile age) is exercising her right to independent motherhood.

Replies to the issues raised in paragraph 22

206. The main areas of focus of the Education Programme are: development of human resources capacity in the education and science system; modernization of the content of education at all levels; infrastructure development and digitalization of education and science; transformation of the system of education management and financing; and upgrading of research activities.

207. Budgetary funding in the amount of 11,578 billion tenge will be allocated for the implementation of the Education Programme in 2020–2025.

208. There are 161,800 children with special educational needs in Kazakhstan. Of these children, 3.5 per cent are in early childhood (0–3 years), 29.9 per cent are of preschool age (3–6 years) and 66.6 per cent are of school age (7–18 years).

209. In 2020, 96.58 per cent of children with special educational needs were enrolled in inclusive educational settings: 13.3 per cent of such children were studying in special education organizations, 11.5 per cent in special groups or classes in schools and 43.2 per cent in inclusive groups or classes; 8.6 per cent were homeschooled; 2.7 per cent attended vocational schools or colleges; 13 per cent were enrolled in private or public educational organizations; and 0.7 per cent were studying in higher education establishments.

210. According to data from the Ministry of Education and Science, there are 444 special education organizations, including 42 preschools, 99 schools, 82 psychological, medical and educational counselling centres, 207 psychological and special education centres and 14 rehabilitation centres providing services in the areas of examination, psychological and special education and rehabilitation.

211. In 2021–2022, it is planned to establish 5 rehabilitation centres, 16 psychological and special education centres and 21 psychological, medical and educational counselling centres in the regions. The Bulat Utemuratov Foundation will transfer nine Asyl Miras centres for supporting children with autism into State ownership.

212. Within the framework of the Road Map for the Elbasy (Leader of the Nation) Foundation of the First President, under the Kamkorlyk initiative, 16 inclusion support rooms have been created in schools.

213. Admission to special education organizations takes place on the basis of the findings of psychological, medical and educational counselling centres, upon application by

children's legal representatives, and depends on the type of educational organization. There are six resource centres operating within psychological, medical and educational counselling centres (in the city of Almaty and in Akmola, Aktobe, West Kazakhstan and Karaganda Provinces).

214. For the 2020/21 academic year, special conditions have been created in 61.6 per cent of State preschools and 78.8 per cent of schools. Barrier-free access is provided in 2,449 State preschools (92 per cent) and 6,408 schools (92.4 per cent) and in 47 per cent of State colleges.

215. The provision of supplies and equipment for the education of children, including children with special educational needs, is regulated by Ministry of Education and Science Order No. 70 of 22 January 2016 approving the standards for equipment and furniture in preschools, schools and special education organizations.

216. According to data from the Ministry of Education and Science, 14,200 children with special educational needs are homeschooled, which is 8.6 per cent of the total number of children with disabilities.

217. The Ministry of Education and Science is working on the implementation of rules for the assessment of educational needs, which include a definition of what constitutes special conditions (barrier-free access, special educators, special textbooks, facilities and equipment).

218. The Ministry of Health has developed a draft list of diseases that may call for children to be homeschooled, and the list has been discussed on multiple occasions with government agencies of the education and social protection systems.

219. As part of the Education Programme, it is planned to introduce mobile advisory and methodological assistance for teachers, parents and children with special educational needs. The qualification requirements for teachers working in inclusive educational settings (subject specialists, teachers, teaching assistants and others) will be updated on the basis of the relevant professional standard. Schools and colleges will be provided with appropriate specialists to support children with special educational needs in inclusive environments.

220. According to the Ministry of Education and Science, more than 440 special curricula have been developed and approved for pupils with every type of special educational need, including model curricula for vocational and occupational training for children with special educational needs (Ministry of Education and Science Order No. 115 of 3 April 2013).

221. The State Standard for General Education takes into account standards for the instruction of children with special educational needs on the basis of individual plans and programmes.

222. The Ministry of Education and Science, together with the Foundation of the Samruk Kazyna Trust, as part of a social project entitled "Special Books for Special Children", has developed and issued 250 tactile books for preschool-age children who are blind or have visual impairments, which have been distributed free of charge to preschools and schools.

223. Textbooks and teaching materials covering the updated programme (Ministry of Education and Science Order No. 217 of 17 May 2019) for grades 0, 1, 2, 3, 5, 6, 7 and 8 and aimed at children with visual or intellectual impairments have been developed and authorized for use.

224. In 2021, it is planned to develop textbooks for pupils in grades 4, 9 and 10. The phased development of the remaining textbooks is planned for 2022.

225. By 2025, the model curricula for all levels of education will be updated, taking into account the characteristics of children with special educational needs.

226. Special textbooks and teaching materials for children with intellectual impairments will be developed in step with the timetable for the transition to the updated educational programme.

227. Currently, 2,700 students are enrolled at technical and vocational education organizations. There is no charge for receiving technical and vocational education in a college.

228. In 2017, Kazakhstan will join the Abilympics international movement and DeafSkills at the initiative of the Ministry of Education and Science and the Synergy Foundation.

229. Persons with disabilities have been awarded 387 grants to study in higher education establishments.

230. In order to provide a barrier-free environment for students with disabilities, the buildings of the academic blocks and dormitories at higher education establishments have been provided with ramps, entries to the blocks are equipped with special handrails, access roads, car parks and building entrances are stair free and accessible to all categories of person with special educational needs, classroom doorways provide sufficient passing space for wheelchair users, and elevators and lifting devices on stairs are in operation.

231. In the 2020/21 academic year, owing to the COVID-19 pandemic, all schools switched to distance learning, except for small remote rural schools and primary schools offering so-called “duty” classes; there was strict adherence to all health standards.

232. Pupils were taught through the Internet platforms Daryn.Online, Kýndelik and BilimLand, which were rolled out to schools.

233. A total of 247,000 computers were loaned to educators and pupils to organize instruction. Pupils who did not have access to the Internet were connected at public expense.

234. Lessons were organized through the television channels Balapan and EL ARNA. Broadcasting of television lessons on local channels was arranged. More than 15,000 video lessons were produced for all grades.

235. In schools with pupils with special educational needs, lessons were conducted via foreign streaming systems: Microsoft Teams and Meet by Google Hangouts, among others.

236. Special education organizations (rehabilitation centres and psychological and special education centres) carried out their work in accordance with the guidelines for special education organizations on organizing remote activities – online video lessons, meetings and consultations involving specialists, children and parents – for children with special educational needs using the Zoom Internet platform. Therapeutic activities took place as scheduled.

Replies to the issues raised in paragraph 23

237. In accordance with article 26 of the Compulsory Social and Health Insurance Act, the State pays monthly compulsory social and health insurance contributions on behalf of persons with disabilities, as well as non-working persons caring for a child with a disability or for a person who has had a category I disability since childhood.

238. The Health Code of 2009 is no longer in force owing to the adoption of a new version of the Code in 2020.

239. Access to health-care organizations and their services for the purpose of establishing a causal link between diseases and exposure to ionizing radiation is regulated by Ministry of Health Order No. KR DSM-217/2020 of 30 November 2020 approving the list of diseases associated with exposure to ionizing radiation and the rules for establishing a causal link.

240. Article 65 (2) of the Health Code stipulates that the development of health-care infrastructure must take account of the accessibility of medical care for all population groups; this includes the adaptation of medical facilities for persons with disabilities.

241. Article 134 of the Health Code defines the rights of patients, including to be treated with dignity in prevention, diagnosis and treatment processes and to receive information about their rights and duties and the services available keeping in mind the accessibility of such information for persons with visual and/or hearing impairments.

242. Article 28 (2) of the Health Code states that sign language may be used as a means of interpersonal communication.

243. Sign language specialists accompany persons with disabilities visiting medical facilities and provide sign language interpretation.

Replies to the issues raised in paragraph 24

244. Screening is carried out in order to improve prenatal diagnosis, prevent congenital and hereditary diseases in children and reduce child morbidity and disability (Ministry of Health Order No. KR DSM-174/2020 of 30 October 2020).

245. For children with congenital functional limitations, medical habilitation is carried out until they reach the age of 3 years with the aim of helping children with disabilities acquire or compensate for functions and skills that they have yet to develop and facilitating their integration into society.

246. Medical rehabilitation for children in the first year of life is carried out in accordance with clinical protocols for diagnosis and treatment at the primary health care level.

247. In 2020, 55.7 billion tenge was provided for medical rehabilitation (compared with 4.6 billion tenge in 2018).

248. The Ministry of Health is planning to introduce catamnestic (post-discharge) follow-up of children who suffered a critical condition at birth (in catamnesis centres or units).

249. To provide early psychological and pedagogical support, health care organizations refer young children to psychological, medical and educational counselling centres.

250. The process of transferring medical form No. 031/u from the health care information system to the centralized database on persons with disabilities for the subsequent medical and social assessment of disability status has been automated.

251. In 2020, 287 health-care professionals were trained in implementing the International Classification of Functioning, Disability and Health and improving rehabilitation services. The National Plan for the period up to 2025 provides for the development of recommendations on the adaptation of the International Classification within the medical and social assessment system and the training of specialists in the fields of health care and social protection.

252. Medical rehabilitation is provided in accordance with the rules on medical rehabilitation and is carried out with the participation of a multidisciplinary team consisting of a rehabilitation doctor, an occupational therapist, a psychologist/speech therapist, a physiotherapy instructor, a social worker and a nurse (Ministry of Health Order No. 759 of 27 December 2013, para. 14).

253. Medical rehabilitation is provided as part of the guaranteed package of free health care, under the compulsory social and health insurance system and on a paid basis.

254. The Road Map for Improving the Provision of Comprehensive Assistance for Children with Disabilities in Kazakhstan for 2021–2023, approved by Prime Ministerial Order No. 2020 of 17 August 2020, provides for the following training:

- Training for specialists on modern approaches to rehabilitation for children with cerebral palsy and neuropsychiatric diseases
- Training for primary health care specialists on the theme “Issues related to the early detection of autism in children. Diagnostic screening”
- Training for medical and social assessment experts, social workers and specialists working with children with disabilities in rehabilitation centres, regardless of departmental affiliation, on the conduct of assessments taking account of the International Classification of Functioning, Disability and Health and the Gross Motor Function Classification System.

255. In order to improve medical care under the compulsory social and health insurance system, the provision of rehabilitative care will be incentivized and its accessibility will be increased. A new model of rehabilitation, founded on current evidence-based practices, will be implemented, with an emphasis on outpatient interventions. It is planned to expand the competencies of staff to reflect contemporary requirements with regard to physical medicine and rehabilitation; the International Classification of Functioning, Disability and Health will

be introduced to ensure an appropriate rehabilitation diagnosis by the multidisciplinary team and effective rehabilitation.

256. Since 2000, medical and social assessment experts have had the status of civil servants and have been part of the relevant committee of the Ministry of Labour and Social Protection. They work in provincial centres and cities of national status and in the capital.

257. There are 113 departments conducting medical and social assessments, which is a public service, and 17 departments providing advisory and methodological assistance, carrying out oversight of the medical and social assessment departments and undertaking certification upon appeal.

258. There are regulations governing appeals against decisions of medical and social assessment departments, which may be filed with the methodology and oversight departments within one month of the date of receipt of the decision or with the courts under the legally established procedure.

259. Work is under way to introduce remote certification of disability status, with the participation of independent experts. Medical and social assessments will be conducted without the participation of the person concerned, on the basis of anonymized documents from medical information systems.

260. The Ministry of Labour and Social Protection committee conducts monitoring and oversight of medical and social assessments.

Replies to the issues raised in paragraph 25

261. Today, there are 695,100 persons with disabilities in the country, representing 3.6 per cent of the total population.

262. Of the 695,100 persons with disabilities, 419,900 are of working age (60.4 per cent), of whom 126,000 are in permanent employment; 0.5 per cent of persons with disabilities are civil servants.

263. According to statistics, the workforce in the second quarter of 2021 stood at 9.3 million, of whom persons with disabilities accounted for 1.36 per cent.

264. The majority of persons with disabilities who are in work have category III (70.4 per cent) or category II (25.9 per cent) disabilities; a small minority (3.6 per cent) have category I disabilities.

265. As at 7 July 2021, a total of 49,900 women with disabilities were in work, representing 40 per cent of all persons with disabilities who worked.

266. The data are generated with the help of the centralized database on persons with disabilities.

267. In order to increase the employment of persons with disabilities, the employment quota has been revised. Today, the quota is set at from 2 to 4 per cent, depending on the number of employees in an enterprise and the branch concerned; jobs involving arduous work or work in harmful or hazardous conditions are not included.

268. In 2018, 7,400 persons with disabilities were employed under the quota. The largest number of persons with disabilities employed under the quota work in education, health care and social services, trade, agriculture and transport.

269. According to the Civil Service Agency, as at 1 July 2021, 724 persons with disabilities were employed in the civil service, including 371 women (51.2 per cent). Of these, 275 persons with disabilities, including 132 women, were employed at the local level and 449 persons with disabilities, including 239 women, at the central level. There is one person with a disability in a political position.

270. The Social Protection of Persons with Disabilities Act establishes a duty for employers with regard to the employment and professional rehabilitation of persons with disabilities.

271. Employers are participants in the disability prevention system (art. 12 (2)) and have the right to provide additional types of social assistance (art. 16), supply assistive devices and special mobility aids and sanatorium or health resort treatment in case of occupational injury and/or disease (arts. 20 (4) and 22 (2)), create special posts for the employment of persons with disabilities and participate in the provision of vocational guidance for such persons (art. 30 (2-1)), design and adapt posts and premises and furnish living spaces with special devices and equipment in accordance with individual rehabilitation programmes in case of occupational injury and/or disease (art. 33) and to provide persons with disabilities with the necessary vocational training or retraining (art. 34).

272. Persons who acquire a disability as a result of an occupational injury or disease when the employer is at fault are provided with compensation for the harm caused, in accordance with the law (art. 35).

273. The Employment Act stipulates that employers participate in the implementation of State employment policy by creating special posts for the employment of persons with disabilities (art. 28 (1) (7)) on the basis of agreements with employment centres (art. 25 (2)) and have the right to receive a subsidy for the creation of such posts (art. 28 (3) (5)).

Replies to the issues raised in paragraph 26

274. As at 1 July 2021, there were 853,400 recipients of targeted social assistance, including 13,300 persons with disabilities (1.6 per cent of the total number of recipients).

275. Persons (families) with an average monthly per capita income below the poverty line established in the provinces, cities of national status and the capital city are eligible for targeted social assistance. On 1 April 2019, the poverty line was increased from 50 to 70 per cent of the minimum cost of living.

276. A sum of 122.8 billion tenge was approved for the provision of targeted social assistance in 2021, 96.3 billion tenge from the national budget and 26.5 billion tenge from local budgets.

277. On account of the pandemic, in the first quarter of 2021 payments to all existing recipients of targeted social assistance were automatically extended without their having to reapply. Some 525,000 people from 106 families benefited from the measure.

278. From the beginning of 2021, for the first time targeted social assistance began to be delivered through the e-Government Portal.

279. State social benefits depend on the amount of the minimum cost of living, which is established in the law on the national budget for the fiscal year in question, as well as the category and cause of disability. In 2020, expenditure on State social benefits totalled 291.8 billion tenge.

280. The amount of State social benefits is guaranteed to increase each year in line with the rate of inflation, as the minimum cost of living rises. From 2016 to 2021, the amount of State social benefits was increased eight times, and in 2020 the average amount of such benefit was 46,219 tenge (about US\$ 108).

281. Payment of State social benefits, pensions and other guaranteed entitlements was not suspended during the state of emergency associated with the COVID-19 pandemic. All payments were made in full.

282. Measures taken to inform persons with disabilities about services provided by the State are outlined in the replies to the issues raised in paragraphs 3, 5, 6, 11, 16, 17, 19, 22 and 23.

Replies to the issues raised in paragraph 27

283. The Senate initiated a draft constitutional act on the amendment of various constitutional laws of Kazakhstan to improve the quality of life of persons with disabilities; the draft provides for amendments to the Constitutional Act on Elections in the Republic of

Kazakhstan and the Constitutional Act on the Judicial System and the Status of Judges. The proposed amendments are aimed at realizing the rights of persons with disabilities to vote and to participate in political and public life. The draft is being coordinated with the central government bodies. The granting of the right to vote and to be elected to persons with disabilities who have been declared by a court to lack dispositive capacity is not addressed in the draft.

284. Articles 39 (1-1) and 48 (2-1) of the Constitutional Act on Elections in the Republic of Kazakhstan stipulate the requirements for equipping voting premises for voters with disabilities.

285. Chapter 3, on “Equipping voting premises for citizens with disabilities”, has been added to Central Electoral Commission Instruction No. 21/183 of 23 October 2012 on the equipping of polling stations and voting points.

286. The Central Electoral Commission has approved recommendations on ensuring the electoral rights of citizens with disabilities (Central Electoral Commission Decision No. 24/217 of 21 December 2018).

287. Sign language interpretation is provided for sessions of the Central Electoral Commission broadcast live during election campaigns.

288. Some 23 per cent of all persons with disabilities working in the civil service occupy leadership positions in local government bodies (9.7 per cent) and central government bodies (13.4 per cent).

289. The institute of external advisers to ministers and heads of provinces, districts and cities, which comprises persons with disabilities, is continuing its work and actively promotes issues related to the protection of the rights of persons with disabilities at the central and local levels of government. To date, advisers on disability have been appointed by the heads of 16 regions (all provinces, with the exception of Atyrau Province), the Ministry of Labour and Social Protection, the Ministry of Education and Science and the Ministry of Industry and Infrastructure Development.

290. Persons with disabilities are participants in consultative and advisory bodies and public councils established under ministries and the Government.

Replies to the issues raised in paragraph 28

291. Ratification of the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled is under consideration by the Government and will be undertaken once conditions are in place in the country for the reproduction, distribution and publication of works in formats that are accessible to persons with visual impairments.

292. Currently, access to information for persons with visual impairments is ensured through legislative requirements for the development of information accessibility and introduction of web accessibility standards, and free provision of vision aids.

293. At present, 711 persons with visual impairments are provided with screen readers (for reading flat-printed texts) with funding from the State budget, 2,015 persons are provided with laptops with screen access and speech synthesis software and 3,318 persons are provided with mobile telephones with sound messages and a voice recorder.

294. Rules on the expenditure of funds allocated for sports events, including training camps, for physical fitness and sports organizations funded from the budget are established in Ministry of Culture and Sport Order No. 100 of 24 April 2020.

295. The State recognizes and supports the national Paralympic and Deaflympic movements, providing all possible assistance with the realization of the goals set in their charters.

296. In 2020, 3.5 billion tenge was allocated to finance sports activities for persons with disabilities.

297. In 2021, 735.8 million tenge will be allocated from the national budget for one-time payments to athletes who performed well at the Sixteenth Summer Paralympic Games in Tokyo and their coaches.

298. According to information from the Ministry of Culture and Sport, cultural facilities, concert halls, theatres, museums and libraries are accessible to persons with disabilities.

299. There are 13 sports clubs, 3 specialized schools, 1 children's and youth sports school for disability sports and 1 disability sports department for persons with disabilities in the regions.

300. The Saryarka national cycling track, the Baluan Sholak sports hall and the Alatau National Sports High School for Winter Sports provide free classes for persons with disabilities.

301. In 2018, the first Paralympic training centre in the country was opened in Nur-Sultan, with the participation of the Head of State, to train national teams and squads in summer and winter Paralympic sports.

302. Every year, more than 40 international and national championships and tournaments take place for various categories of persons with disabilities, with the participation of more than 5,000 athletes with disabilities.

303. Many private sports facilities are open to persons with disabilities at no cost.

304. Pursuant to the Head of State's instructions to build an inclusive society, create a barrier-free environment and ensure infrastructure accessibility, the Ministry of Culture and Sport is working to introduce inclusive forms of instruction in cultural, artistic and sports organizations, launch inclusive education classes and increase the holdings of libraries for persons with visual impairments, including in the State language, by 2 per cent each year.

Replies to the issues raised in paragraph 29

305. The centralized database on persons with disabilities is integrated with all State information systems through which public services are provided to persons with disabilities, including the e-Government Portal and the Social Services Portal.

306. Government agencies, when providing public services, have the opportunity to request and receive information on disability through the e-Government gateway in the form of electronic documents certified by an electronic digital signature. In accordance with legislation, the transfer of data of persons with disabilities between the information systems of government agencies is carried out with the consent of those persons.

307. Data on persons with disabilities (aggregated by region, category of disability, sex, place of residence, degree of loss of capacity to work and so forth) are posted on the open data web portal of the e-Government Portal.

308. Data from the centralized database on persons with disabilities are used in anonymized form for analytical and statistical activities and scientific and other research.

309. Work in the centralized database on persons with disabilities is carried out in accordance with the requirements in the fields of information and communication technologies and information security set out in Government Decision No. 832 of 20 December 2016.

310. Currently, efforts are being made to improve the integration of the centralized database on persons with disabilities with the information systems of the health-care sector with a view to introducing remote certification of disability status; this will mean transitioning to electronic certification without the participation of the patient in the medical and social assessment.

311. The third national population and housing census will run from 1 June to 30 October 2021. For the first time, an online format is being used, along with the traditional method of visiting households.

312. Section 9 of the 2021 census form includes the set of core questions recommended by the Washington Group on Disability Statistics:

- Question 36. Do you have difficulty seeing, even when wearing your glasses? (for respondents aged 5 years or older)
- Question 37. Do you have difficulty hearing even when using a hearing aid? (for respondents aged 5 years or older)
- Question 38. Do you have difficulty walking or climbing steps? (for respondents aged 5 years or older)
- Question 39. Do you have difficulty remembering or concentrating? (for respondents aged 5 years or older)
- Question 40. Do you use someone's assistance? (for respondents aged 5 years or older)
- The content of questions 36–40 is explained in the annex to the census form.

313. Information on planned sample surveys involving persons with disabilities will be provided once the national census data are available.

Replies to the issues raised in paragraph 30

314. The Office of the Human Rights Commissioner was established in 2002 and accredited by the then International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights. The National Human Rights Centre is attached to the Office.

315. Since 2014, a national preventive mechanism, based on the ombudsman model, has been operating under the leadership of the Office of the Human Rights Commissioner.

316. In 2016, the institution of Commissioner for Children's Rights was established by presidential decree to enhance the system of protection of children's rights and uphold the rights and legitimate interests of children in cooperation with State and civil society institutions.

317. The Human Rights Commissioner and the Commissioner for Children's Rights enjoy direct access to all branches of government for the purpose of raising important issues and influencing human rights policy.
