

Simo Mannila  
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(eds.)

# Social Problems and Policies in Central and Eastern European Countries

REPORT



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## Preface

International Affairs at the National Institute for Health and Welfare (THL) organised a satellite workshop linked with the 8th Aleksanteri Conference of the University of Helsinki on 11 December 2008. This publication contains some key contributions based on the papers given during the workshop in Helsinki.

The Aleksanteri Institute of the University of Helsinki is the leading Finnish research and training institute in Russian and East European studies. It organises a yearly scientific “Aleksanteri” conference, and in 2008 the conference theme was “Welfare, Gender and Agency in Russia and Eastern Europe”. International Affairs at THL is a specialized unit implementing development projects in the field of social affairs and health in the countries of transition as well as in developing countries, in accordance with the general strategy of the THL. The idea of the satellite workshop was to promote cooperation between the two Finnish institutions as well as to present actual high-level research into social affairs and health. The programme of the satellite workshop was based on invited papers.

Child and family policies and child protection belong to the focus areas of the International Affairs at THL. We had the great pleasure to invite a paper from the UNICEF Innocenti Research Centre in Florence titled in this anthology Overview of Child Well-Being in the Countries of Central and Eastern Europe and the Commonwealth of Independent States, by Leonardo Menchini, Sheila Marnie and Luca Tiberti. The work is based on the data collected for the Innocenti standard reports on South-Eastern European and CIS countries. The authors point out new data needs as well as new vulnerabilities in the field of research into children’s living conditions as well as child and family policies.

International Affairs at THL has in the past worked extensively in Ukraine, and since those years we are proud of our relations with Ukrainian key institutions of social and health research. We are happy to include in this anthology the paper Poverty, Gender and Coping Strategies in Ukraine by Anton Grushetsky and Natalia Kharchenko of the Kyiv International Institute of Sociology (KIIS), attached to Kyiv Mohyla Academy, which is also a cooperation partner of the Aleksanteri Institute of the University of Helsinki.

Roma are a famous ethnic minority in the European Union with a large number of social problems but no state. This means that the role of civil society is of paramount importance for the development of the situation of Roma today. The paper Romani Civic Organizations in Central and South Eastern Europe (with a Special Focus on Romania and Bulgaria) by Elena Marushiakova and Vesselin Popov of the Bulgarian Academy of Sciences gives an overview of the development of Roma NGOs in selected new Member States of the European Union. The article

shows a large number of variations in the development of Roma NGOs and the interaction between Roma NGOs and public administration.

HIV/AIDS is a global health problem and a major development risk also in some European countries. HIV/ AIDS is also one of the key focus areas of the International Affairs at THL. There are, however, various ways how to tackle this problem. Dr Zaza Tsereteli, Independent Technical Advisor of the Northern Partnership previously working also with the International Affairs at THL, gives a personal view on international HIV/ AIDS cooperation. The view is based on extensive experience from two countries, Russian Federation and Ukraine.

This small anthology of the papers from the satellite workshop of the 8th Aleksanteri Conference 2009 has an equal interest in social research and policy-making. The key focus of the International Affairs at THL is on developing and giving advice on social and health policies and services. Adequate research knowledge is needed in order to do this work. Like in many other corresponding structures, the funding of International Affairs at THL is based on projects, and we spend a great deal of time running after funding. Sir Winston Churchill has said something to remember here: "We make our living by what we get, but we make our life by what we give." We hope this publication to be one contribution of what we can give for Finnish and international audience.

Simo Mannila  
International Affairs  
National Institute for Health and Welfare

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Dr VESSELIN POPOV co-founded Studii Romani, the Minority Studies Society in Bulgaria, together with Elena Marushiakova. Dr Popov chairs the Romani/Gypsy Studies Library with Archive and the Centre of Excellence in Romani Studies at the Institute of Ethnography and Museum of the Bulgarian Academy of Sciences.

Dr LUCA TIBERTI is a development economist and researcher in the Socio-economic Policy Unit of the UNICEF Innocenti Research Centre. His current work is focused on assessing the impact of economic shocks on different aspects of child poverty, looking in particular at Western African countries.

Dr ZAZA TSERETELI, MD, has been working as a health policy consultant in a number of countries including Albania, Lithuania and other Baltic states, Ukraine, North-Western Russia and other states of the Northern Dimension. He worked with the International Affairs Unit of the National Institute for Health and Welfare (THL) as an independent technical advisor for the HIV/AIDS programme of the Northern Dimension, and now he is an independent technical advisor in prison health.

# CHILD WELL-BEING IN EASTERN EUROPE AND CENTRAL ASIA A MULTIDIMENSIONAL APPROACH<sup>1</sup>

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*Summary:* After two decades of transition the countries of Central and Eastern Europe and the Commonwealth of Independent States face an increasingly diverse mix of old and new policy challenges to improving child well-being and realizing children's rights. While attempts have been made to reflect these challenges and diversities by constructing indices of child wellbeing, which measure and rank overall performance by individual countries, this paper proposes a simplified approach which examines five different dimensions of child wellbeing separately, using several indicators for each dimension which allow cross-country comparison. The dimensions included in the analysis are income, health, education, housing and deprivation of parental up-bringing. The results highlight a divergence of child well-being priorities in the selected dimensions for the different countries and for different age groups of children. The analysis shows that in the 2000-2008 period the situation of children improved in absolute terms in almost all dimensions in all countries, but that government interventions still face difficulties in reaching all children, and that across the region there are increasing differences in the character of problems facing the more vulnerable sections of the child population. The discussion shows that it is difficult to rank countries according to an overall level of child well-being, since performance varies significantly according to the choice of dimension or indicator considered. An overall index cannot therefore capture the open challenges, and indeed may distract policy attention away from them. The approach used in this paper shows that each country faces challenges which can be tackled only if they are monitored and fully understood with clear and meaningful indicators, analyzed individually and in their interaction.

*Keywords:* child well-being, poverty, transition countries, education, health, housing, child protection

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1 A version of this study has been released in the Innocenti Working Paper Series (IWP 2009-20) which constitutes a background document for the report "Child Well-Being at a Crossroad: evolving challenges in Central and Eastern Europe and the Commonwealth of Independent States" Innocenti Social Monitor 2009. The statements in this study are the views of the authors and do not necessarily reflect the policies or the views of UNICEF.



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# 1 Introduction

From the late 1990s onwards, the entire Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) region<sup>2</sup> experienced around ten years of steady, and in some cases impressive, economic growth, as well as an increasingly stable political environment. These trends were accompanied by a decline in income poverty and improvements in most social indicators, leading to suggestions that transition had entered a new stage. Economic and political events in late 2008 have challenged some of this optimism, and given rise to concerns about the resilience of economic growth to the shocks created by the international financial crisis, as well as the stability of political regimes in countries where geo-political interests are being contested.

After two decades of transition, child well-being in CEE/CIS is now at a crossroads. This paper argues that at this stage of transition a mix of old and new policy challenges exist to improving the well-being of children and young people; and that the priorities for governments in working towards the realization of child rights – in particular each child's right to an adequate standard of living, free and equitable access to different levels of school education, to survival and best possible health care, and to support regarding housing and nutrition – are diverging across the region and even within individual countries. Moreover, the economic crisis which began to unfold in the late 2008 is putting at risk key factors which have underpinned the progress in most child wellbeing indicators since the late 1990s, i.e. household incomes and the capacity of the state to finance social policies. The crisis is of necessity leading to an increased policy focus on macroeconomic indicators, and there is a risk that this focus detracts attention from social indicators, as was the case in the initial transition crisis of the early 1990s. This paper, in reviewing, analysing and discussing a range of child-relevant indicators, aims to highlight the nature and depth of the outstanding challenges for improving the living conditions of children in the region, and draws attention to the vulnerability of recent achievements to the aftershocks of the global economic crisis.

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2 For the purposes of this paper, 'Eastern Europe and Central Asia' and 'Central and Eastern Europe and the Commonwealth of Independent States' are used to indicate the same geographical entity, which includes 28 countries, grouped in the following six sub-regions. Central Europe: Czech Republic, Hungary, Poland, Slovakia and Slovenia; Baltic States: Estonia, Latvia and Lithuania; South-Eastern Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Serbia and the former Yugoslav Republic of Macedonia; Western CIS: Belarus, Republic of Moldova, Russian Federation and Ukraine; Caucasus: Armenia, Azerbaijan and Georgia; and Central Asia: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The countries of Central Europe and the Baltic States joined the European Union in 2004; Bulgaria and Romania in 2007. The data and analysis presented in this paper for Serbia do not include Kosovo; those for the Republic of Moldova do not include Transnistria, while those for Georgia do not include Abkhazia and Tskhinvali region. See also the tables in the appendix for basic information on levels of GDP and child population in the CEE/CIS.

## 2 Assessing the situation of children in CEE/CIS

The concept of child well-being covers physical, cognitive and social-emotional aspects of the child's current situation (being) and development (becoming).<sup>3</sup> Frameworks and indices to assess the well-being of children have been developed for various countries and regions, including the CEE/CIS.<sup>4</sup> These can provide a snapshot of the situation in any one country (within countries and/or over time), and also allow inter-country comparisons. They have proven useful in broadening the policy discussion on poverty among children: moving it away from a predominantly income-focused or mono-dimensional perspective, towards a better understanding of the multiple factors influencing and constituting the living conditions of children – as well as their interconnectedness.

The present analysis does not attempt to construct an index, but rather develops a simpler framework to assess the situation of children, by taking a selection of (mainly traditional) indicators and organizing them into five dimensions, namely income poverty, health and nutrition, education, housing and access to public utilities, and deprivation of family upbringing. The choice of both indicators and dimensions is not meant to be exhaustive or comprehensive. It is guided by their relevance to child well-being in the specific context of the CEE/CIS region, as well as by the availability of data which allows cross-country comparison. These dimensions and indicators are used to look at the situation of children within the region and at disparities within countries, but also to look at changes since the early 2000s. Efforts have been made to keep the set of indicators both as revealing and as manageable as possible.<sup>5</sup> The five dimensions are examined separately, although they are all interrelated. For example, income poverty can lead to reduced access to health care, or to poor maternal and child nutrition due to inadequate material resources to purchase products which permit an adequate diet. A young child's health status is also influenced by housing conditions, access to safe water, as well as access to and the quality of primary health care services, and also parents' (in particular mothers') education. At the same time the education outcomes of a child are influenced by the stimulations she/he receives in the family, the household socio-economic situation, housing conditions and her/his health status.

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3 See for example Ben-Arieh et al. (2001).

4 See, for example, Gordon et al. (2003), Bradshaw et al. (2006) and Richardson et al. (2008). These exercises vary in the choice and number of dimensions incorporated in the child well-being framework, and in the approach to defining the dimensions (e.g. there are obviously differences in the choice of dimensions and indicators according to the area/country/region being examined, but there are other differences in approaches, for example, some have incorporated an explicitly rights-based approach, taking key articles of the Convention on the Rights of the Child (CRC) as the basis for defining components; while others have emphasized the need to consult children in the process of defining key elements influencing their well-being).

5 See the recommendations for the definitions of measures of material deprivation reported in UNICEF (2005) p.9.

The first dimension considered is child income poverty. Data on household levels of income (or consumption) provide an important indication of the material means at the disposal of households, which, as previous studies have shown, are often positively correlated with other child well-being indicators. The second dimension, health, is central to children's overall well-being and is interconnected not only with income levels, but with household socio-economic background (including parents' education), community and environmental indicators, as well as coverage and quality of social services. Equal access to, and quality of, different levels of education (the third dimension) is crucial to child development and also influences the future opportunities for children in the labor market and in exercising citizenship, while being a vital part of policies aimed at inclusion of the marginalized. The fourth dimension, housing and access to basic utilities, has a strong influence on the child's chances of healthy development, education achievement and socialization. Quality family relations are vital for a child's development, but many children in the region experience disruptions in family life due to high divorce rates or migration, and extreme deprivation in this dimension is experienced by those children deprived of parental care and placed in institutions: a practice which is still widespread in some countries. The fifth dimension to be examined is therefore children's upbringing in a family context.

The dimensions and indicators discussed in this paper include many for which improvements depend not only on increases in household incomes, but also on increases in public expenditure, as well as changes in the way in which this is allocated and distributed. The indicators also include some which can be considered proxy measures for the more subtle problems of socialization and social cohesion which have emerged for children and young people in this period of change, when the withdrawal of the state from the organization of many aspects of education and leisure activities, has led to an increase in opportunities for some, but has left a vacuum for others. Families and young people have not always been equipped to compensate for the collapse of previous channels of socialization and integration, and either do not have access to alternative structures, or do not have the financial means to access them.

The results for the different sub-regions are summarized at the end of the paper in the form of a table, which highlights the open challenges in the selected dimensions in the various CEE/CIS sub-regions, and for different groups of children. Three main points emerge from the summary, namely that the policy challenges for improving child well-being vary considerably across the region; that economic growth (and reduction in income poverty) in itself has not led to consistent improvements in well-being across all its dimensions, for all children, in all countries; and that national averages, while necessary for international comparison, often mask considerable intra-country disparities and do not capture the position of marginalized groups of children and young people.

Overall, the analysis suggests that, between 2000 and 2008, the situation of children improved in average absolute terms throughout the region in almost all the indicators examined. However, it also points to increasing differences in the character of problems facing the more vulnerable sections of the child population in different parts of the region, and show that improvements in key aspects of child well-being are not always positively correlated to the levels of per capita GDP. This is especially true of indicators which provide proxy measurements for social cohesion and inclusion, such as mortality rates due to external causes (including suicide, and intentional and unintentional injuries) among young people, but also the rates of children living in institutional care.

These last points are illustrated graphically in Figures 1 and 2 which show on the one hand that levels of under-5 child mortality (U5MR) on the whole reflect levels of economic development, in that they are negatively correlated to GDP per capita, (i.e. those countries with higher levels of GDP per capita have lower rates of U5MR).<sup>6</sup> On the other hand, the example of mortality rates for 15–19 years shows that mortality due to natural causes decreases with increasing GDP per capita levels (as with U5MR, but with a weaker correlation); but that mortality due to external causes does not follow a similar pattern: the middle-income countries in the CIS and, to a lesser extent the Baltic states, have higher rates – in some cases strikingly high – than low-income countries of the region.

The results discussed in this paper show that in the low-income countries of the region child survival, widespread income poverty and low-quality education and underemployment, remain priority problems requiring firm policy responses. Transition has led to a worsening of these indicators, and despite some improvements in average levels, the overall level of child deprivation remains high, and is often worse for certain regions or groups of the population. In other countries where GDP levels are higher, deterioration in indicators of child socialization and protection, as well as youth unemployment and marginalization suggest that, despite impressive rates of economic growth and poverty reduction, many countries in the region still have a long way to go in order to build, or replace the previous mechanisms and institutions required to support families with children, guarantee access to services of decent quality, help young people make the transition to adulthood, and promote the inclusion of some minority ethnic groups.

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<sup>6</sup> There are few exceptions, including the Republic of Moldova, which performs well in terms of child mortality rates relative to its per capita GDP level; and Kazakhstan and Azerbaijan which show higher rates of child mortality, relative to those in other countries with similar levels of GDP per capita.

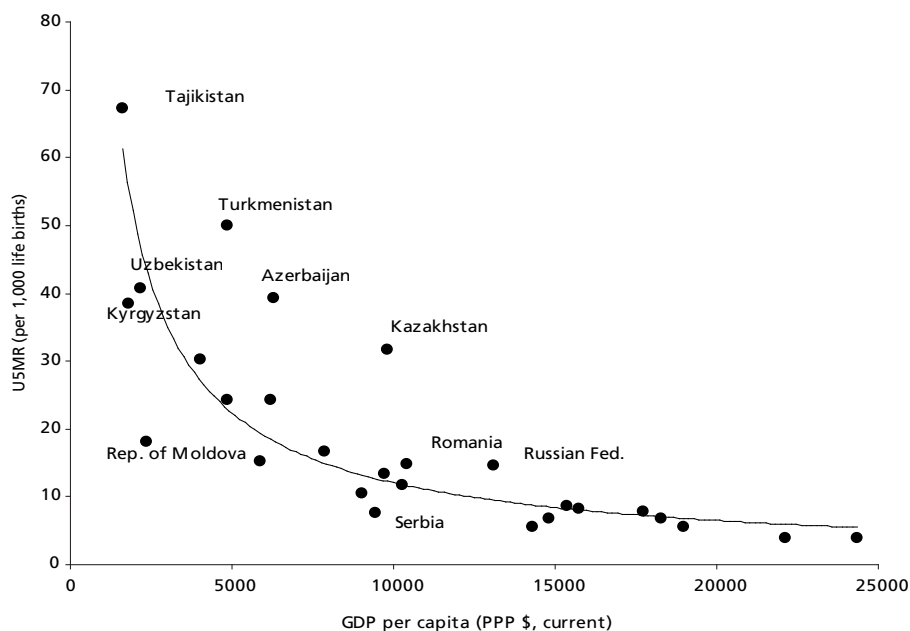


FIGURE 1. Under-5 mortality rates in the countries of the CEE/CIS by level of GDP per capita, 2006–2007

Source: data from [www.childinfo.org](http://www.childinfo.org) and from World Development Indicators 2008 (accessed in December 2008).

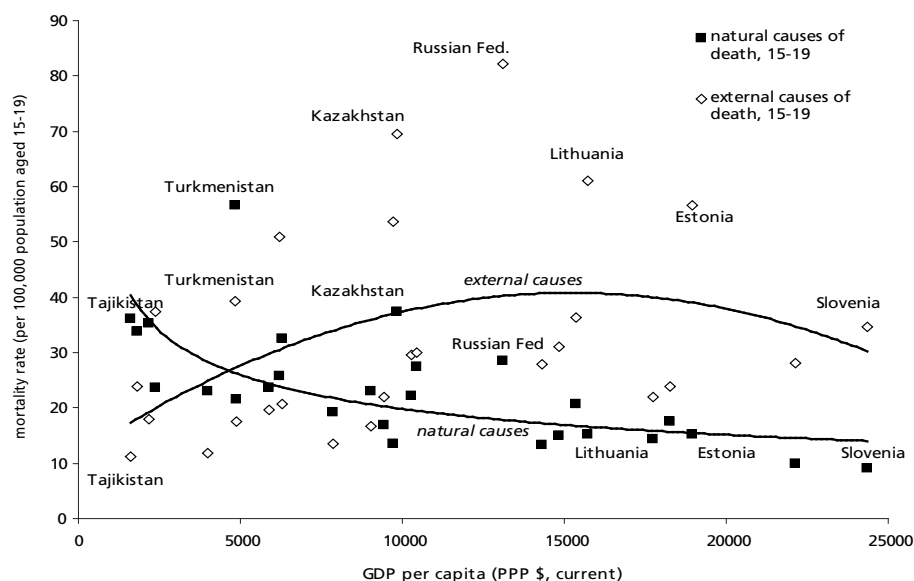


FIGURE 2. Mortality rates (natural and external causes) for 15–19 year olds by level of GDP per capita, 2006–2007

Source: data from TransMONEE database 2008 and from World Development Indicators 2008 (accessed in December 2008).

### 3 Child income poverty

Material deprivation is commonly measured using monetary indicators (income or expenditure) to identify those individuals and households living below a certain minimum threshold: i.e. income or expenditure levels are used as indicators of household means and resources, and those households and individuals which have levels under a minimum threshold, or poverty line, are considered to be poor.

Monetary indicators have certain known limitations, and are by no means perfect tools for assessing child well-being. Firstly, both income and expenditure indicators are measured at the household level and, by themselves, do not provide any indication of the extent to which the individual child within the household derives benefits from the given levels (relative to other household members). Secondly, poverty estimates based on income and expenditure can vary considerably depending on a series of choices and assumptions made by individual analysts, which – while various rational justifications may be provided – are ultimately made on the basis of subjective judgments<sup>7</sup>. Despite these limitations, poverty estimates based on either household income or expenditure play a key role in understanding the socio-economic situation of children, especially since they have been found to be strongly correlated with deprivations in other dimensions of child well-being.<sup>8</sup>

This section looks at levels of child poverty in CEE and CIS countries, using data on the share of children living in households with per capita consumption expenditure lower than Purchasing Power Parity (PPP) \$ 2.50 a day, which can be considered a threshold for measuring extreme poverty in the region. Estimates of the share of children living in households with per capita consumption of less than PPP \$ 5.00 a day are also provided. This is a less extreme poverty threshold, and the share of children living in households with a per capita consumption expenditure of between PPP \$ 2.50 and PPP \$ 5.00 can be considered as vulnerable to extreme poverty.

The poverty estimates provided in figures 3-5 are from the World Bank's Eastern Europe and Central Asia Regional Databank, and are calculated using a common methodology for all countries. They are based on consumption expenditure (cash and in-kind) data from household surveys, and the value of household consumption expenditure is divided by the number of household

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<sup>7</sup> For example, assumptions regarding economies of scale and differences in the needs of different household members (e.g. children may be assumed to need less than adults, or on the other hand may be assumed to require more expenditure) are reflected in the choice of equivalence scale used, which can have a considerable influence on the final poverty estimates. Poverty estimates will also vary according to whether income or expenditure is chosen as the indicator to measure household resources, and according to decisions on what components to include in the total household income or expenditure aggregate. And finally, the choice of poverty line chosen to distinguish poor from non-poor households will have an obvious impact on the numbers which are categorised as living in poverty.

<sup>8</sup> See for example UNICEF (2006) and Menchini and Redmond (2009).



members to derive a per capita consumption level (i.e. the equivalence scale is equal to one). International comparison is made possible by converting the household consumption expenditure in US \$ at the 2005 Purchasing Parity Power (PPP) rates, and by adopting two poverty thresholds used by the World Bank (2005 and 2008) for international comparison in the CEE/CIS region, namely PPP \$ 2.50 per person per day and PPP \$ 5.00 per person per day.<sup>9</sup>

The PPP \$ 2.50 a day and the PPP \$ 5.00 a day international poverty lines are so-called “absolute” poverty lines, i.e. they represent fixed amounts. They are useful for cross-country comparison, but not always useful for informing policy makers in the individual countries: in particular the extreme poverty line (at PPP \$ 2.50 a day) is too restrictive to provide meaningful estimates of poverty in the richer countries of the region. In fact, some CEE and CIS countries establish their own national poverty thresholds: for example, the Russian Federation calculates an official subsistence minimum, which is considerably higher than the PPP \$ 2.50 one, and is used both as the national absolute poverty line, and as a reference point for various social policy interventions, including eligibility of households for family allowances. On the other hand, the PPP \$2.50 a day line is close to the national poverty lines computed in some of the poorer countries of the region, such as Kyrgyzstan. Here, however, the opposite is true, in that use of this poverty line produces extremely high levels of poverty (over 80 percent, see figure 4), which may be useful for international comparison, but not for domestic policy making, since they cannot guide the concentration of policy efforts and resources on the most vulnerable.

Other countries, in particular those CEE countries which joined the European Union in 2004 and in 2007, use “relative” poverty lines, with income as the indicator to measure household resources. In line with EU practice, the relative poverty line is set at 60 percent of the median national per adult equivalent income. The former Yugoslav Republic of Macedonia also uses a relative poverty line to obtain its official poverty estimates, but sets the threshold at 70 percent of the median national per adult equivalent expenditure. Unlike absolute poverty lines, a relative line is not a fixed amount, but one which changes in line with the level of median income of the country. Use of this relative threshold can provide some indication of the extent of inequality in the distribution of income (more exactly in the poorest half of the distribution) in any given country, and relative poverty rates are sometimes interpreted as an indicator of social exclusion, i.e. those living in relative poverty can be considered at risk of being socially excluded, since they appear not to have the minimum resources required to participate in the consumption patterns and activities which are the norm in the country where they live.

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<sup>9</sup> For a basic description of poverty measurement techniques, see UNICEF (2006), Box 2.1. For a more detailed description of the methodology used by the World Bank, see Chen and Ravallion (2008). For a debate on the methods used to calculate global poverty rates, see for example Reddy (2008) for a criticism, and Ravallion (2008) for arguments in support of the methodology.

# *Extreme poverty and vulnerability to extreme poverty among children in CEE and CIS, 2000–2005*

Economic growth from the late 1990s to mid-2008 has led to a reduction in extreme poverty and vulnerability to extreme poverty for the total population, measured both in absolute numbers and as rates.<sup>10</sup> The absolute numbers of children living in poverty registered important reductions, partly because of improvements in household income and expenditure levels, but also due to a demographic effect, i.e. the considerable reduction in the total number of children in CEE and CIS countries.<sup>11</sup> Child poverty rates also declined, but at a slower pace than those observed for other age groups,<sup>12</sup> which meant that while there was an overall improvement in living standards, children (or to be precise, households with children, and particularly large households with children) benefited less from the impact of economic growth.

Figure 3 illustrates trends in the share of children aged 0–15 living in extreme poverty in selected countries from different CEE/CIS subregions. The data point

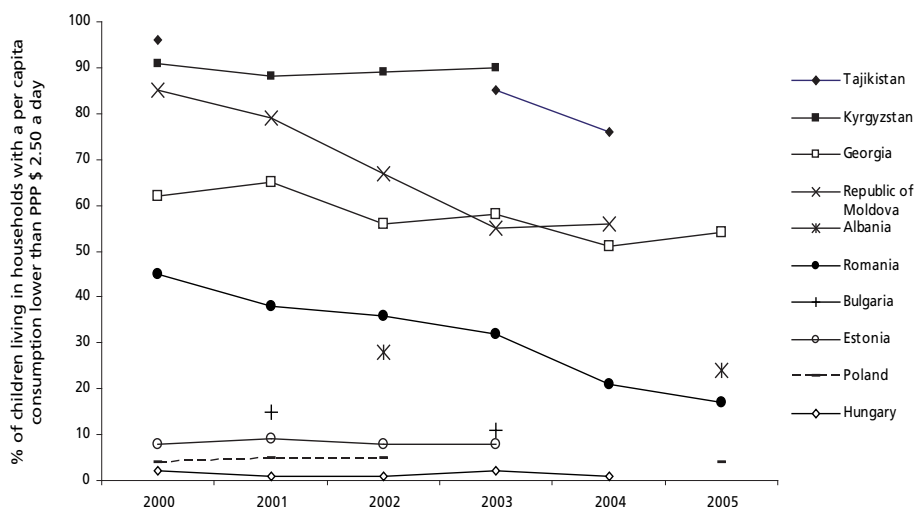


FIGURE 3. Extreme poverty among children: percentage of children (0–15) living in households with per capita consumption lower than PPP \$ 2.50 a day, 2000–2005, selected CEE and CIS countries

Source: World Bank's Eastern Europe and Central Asia Regional Databank (estimates received in December 2008).

Note: the 2000 data point for Tajikistan refers to 1999. The figure includes a selection of countries with data which allows an examination of trends over time. Estimates are derived from consumption data from household surveys, using a per capita equivalence scale (i.e. in the calculation of per capita consumption, a value of 1 is assigned to each member of the household irrespective of her or his age).

10 World Bank (2005) and World Bank (2008) pp. 87–90.

11 See Menchini and Marnie (2007).

12 See UNICEF (2006) p. 31.

clearly to the large disparities in living standards within the region, with the countries of Central Asia, Caucasus and the Republic of Moldova (where the majority of the population lives in rural areas) having very high or high rates of child extreme poverty (over 50 percent), while the rest of the region has intermediate to low levels. The data also show that the general pattern of decline during the period of economic recovery was neither uniform in all countries, nor continuous over time, despite the fact that economic growth has been continuous.

The subregional patterns emerge clearly in Figure 4, which compares extreme poverty rates for children with those for the total population (i.e. children, adults

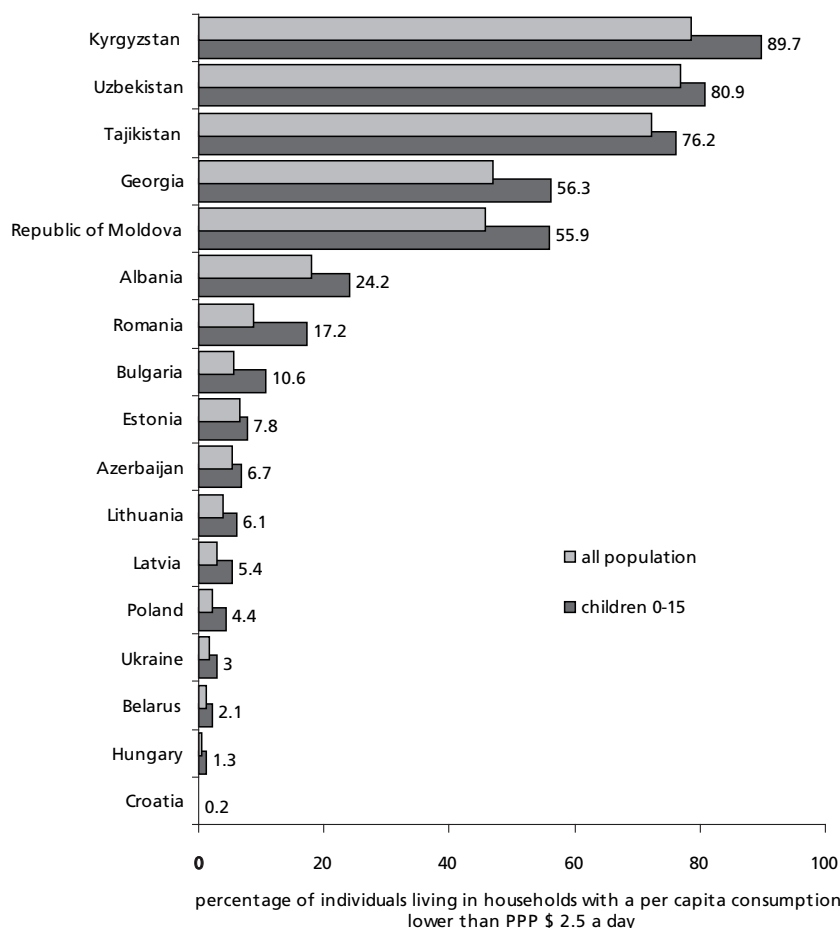


FIGURE 4. Extreme consumption poverty in CEE/CIS countries: percentage of the total population and percentage of children (0–15) living in households with per capita consumption lower than PPP \$ 2.50 a day, around 2005

Source: World Bank's Eastern Europe and Central Asia Regional Databank (estimates received in December 2008)

Note: data for Estonia, Bulgaria, Kyrgyzstan and Uzbekistan refer to 2003, data for Hungary, Lithuania, Latvia, Croatia, Republic of Moldova and Tajikistan refer to 2004, data for Poland, Romania, Albania and Azerbaijan refer to 2005, data for Ukraine and Georgia refer to 2006. Data for the Russian Federation and for other ten countries are not available. Estimates obtained using consumption data from household surveys, and a per capita equivalence scale.

and elderly together). The three countries of Central Asia for which data are available are those with by far the highest child poverty rates: about 90 percent of children under-16 in Kyrgyzstan were living in extreme poverty in 2003, followed by Uzbekistan (2003) and Tajikistan (2004) at around 80 percent. In these countries children aged 0–15 represent more than one third of the total population, most households contain children, households with 3 or more children are common, and the risk of extreme poverty is considerably higher for the latter.

In Georgia and the Republic of Moldova, children under 16 represent less than one fifth of the population, and more than half of them are living in extremely poor households, meaning that children are clearly over-represented in the poor population of both countries. Extreme poverty is more widespread in rural areas, followed by secondary cities.

In Albania, in 2005, extreme child poverty was estimated at 24 percent, compared with 18 percent for the whole population. Romania (2005) and Bulgaria (2003) have both seen reductions in the rates of children living in extreme poverty during the period of economic recovery, but still have rates of over 10 percent, which mainly reflect the difficulties experienced by children in the Roma population in exiting from extreme poverty. In these countries, the extreme child poverty rate is double that for adults: children under 16 represent around 15 percent of the whole population, but more than 30 percent of the population living in extreme income poverty.

In the other countries for which data are available, the share of children living in extreme poverty is lower than 10 per cent, with the lowest rates registered in Central European countries and Belarus. In fact, for the richest countries of the region, the PPP \$ 2.50 line is too restrictive to be useful as a tool to identify the poor in the individual countries.

Poverty estimates using the international poverty line of PPP \$ 5.00 a day show that a substantial share of children, even in the richest sub-regions of CEE/CIS, live in households which are vulnerable to extreme poverty, and that children face a considerably higher vulnerability (Figure 5). In the countries of Central Asia and the Caucasus for which data are available, as well as the Republic of Moldova, 90 percent or more of children live in households with per capita consumption lower than PPP \$ 5.00 a day, and the difference in rates between children and adults is very narrow. In the countries of South-Eastern Europe, the poverty rates for children range between slightly less than 50 percent (in Bulgaria) and 75 percent (in Albania), and the gap between adult and child poverty rates is large. In the countries of Central Europe and the Baltic states the percent of children under PPP \$ 5.00 a day ranges from 19 percent in Hungary (2004) to 39 percent in Poland (2005). In the two countries, where children under 16 represent one sixth of the overall population, there is a large gap between the poverty rate for children and that for the total population, confirming that poverty is clearly concentrated in families with children, in particular in large families.

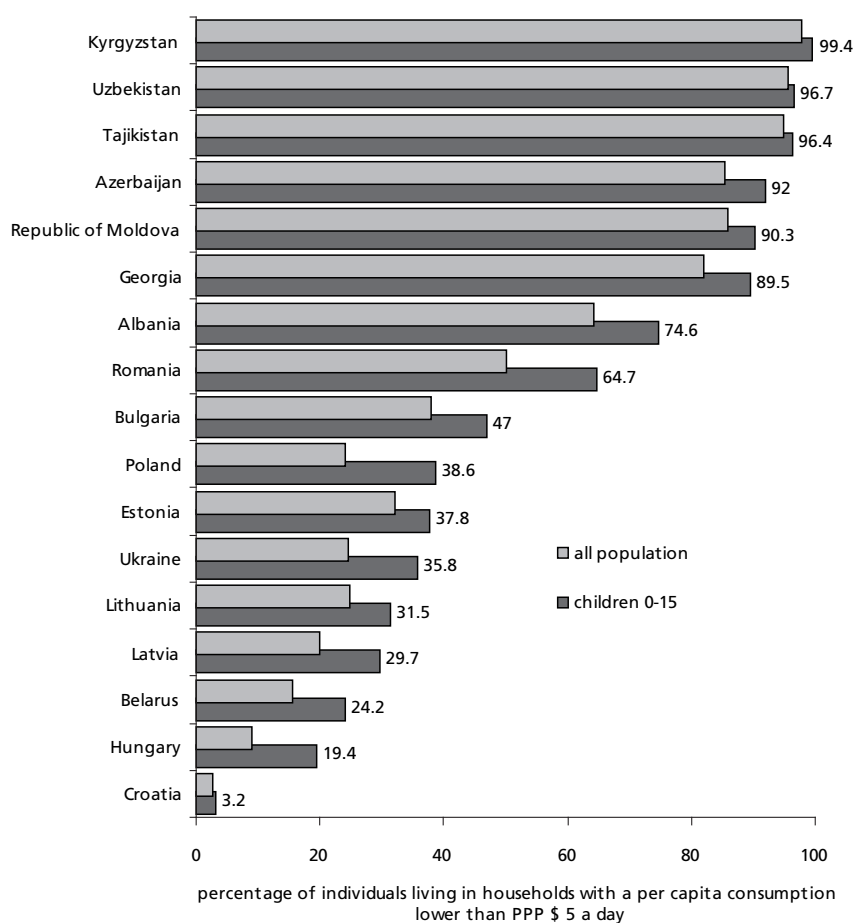


FIGURE 5. Shares of all population and of children (0–15) living in households with per capita consumption lower than PPP \$ 5.00 a day, around 2005

Source: World Bank's Eastern Europe and Central Asia Regional Databank (estimates received in December 2008)

Note: data for Estonia, Bulgaria, Kyrgyzstan and Uzbekistan refer to 2003, data for Hungary, Lithuania, Latvia, Croatia, Republic of Moldova and Tajikistan refer to 2004, data for Poland, Romania, Albania and Azerbaijan refer to 2005, data for Ukraine and Georgia refer to 2006. Estimates obtained using consumption data from household surveys, and a per capita equivalence scale.

### *Relative poverty in the CEE countries which are part of the EU*

Figure 6 provides data on relative poverty rates for children 0–15 in those CEE countries which are part of the EU. These data are not comparable with the absolute poverty estimates reported in Figures 4 and 5, not only because of the different approach to setting the poverty line, but also because they are based on income (rather than consumption expenditure) indicators, and a different equivalence scale

is used. The relative poverty line is set at 60 percent of the national median income (derived from survey data), and thus reflects the different living standards across countries: for example, in 2005 the value of the relative poverty line in the Czech Republic was 3.5 times higher than that of the relative poverty line for Romania.<sup>13</sup>

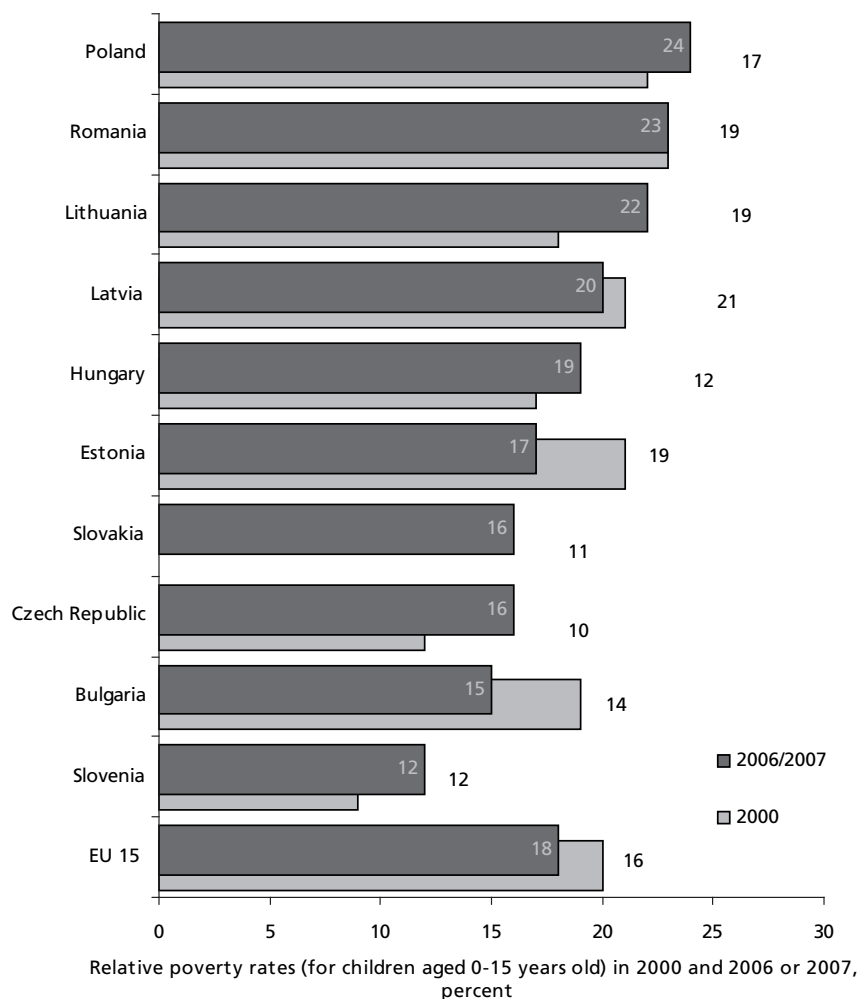


FIGURE 6. Child relative poverty, percentage of children (0–15) living in households with per capita income lower than 60 percent of the national median, 2000 and 2006 or 2007

Source: Eurostat online database (accessed in December 2008).

Note: 2000 data point for Czech Republic refers to 2001. Most recent data for Bulgaria, Romania and EU 15 average are for 2006, for the other countries 2007. The numbers outside the bars are the relative poverty rates for the total population in 2006/07. Poverty is calculated using income data (after social transfers) derived from household surveys, including EU-SILC for 2007. The modified OECD equivalence scale is adopted (it assigns a value of 1 to the household head, of 0.5 to each additional household member aged 15 or older, and of 0.3 to each child aged under age 15).

13 European Commission (2008) p. 15.

The relative poverty rates for children are over 15 percent in most countries included in Figure 6: Poland had a rate of 24 percent in 2007, which was the highest rate in the European Union. In Romania, Lithuania and Latvia, the relative poverty rate for children aged 0-15 is more than 20 percent, and in several countries relative child poverty actually increased or stagnated between 2000 and 2006/07. In most countries, including the Czech Republic, Poland and Hungary, children have a significantly higher risk of relative poverty than the overall population. In sum, the use of the relative poverty line and income indicators confirm that large households with children face a higher poverty risk, as do children living in single parent households.<sup>14</sup>

The results for relative child poverty suggest also that while economic growth has led to improvements in overall living standards in the countries of Central Europe and the Baltics, the economic conditions of a significant share of the households with children improved at a slower rate, and that households with more than 2 children experienced difficulties in keeping up with the rest of the country. These discrepancies in the rates of improvement of income poverty indicators are reflected in other child-relevant indicators, such as those on health status and education achievements discussed in the following sections.

## 4 Child health indicators: Diverging policy challenges

This section looks at changes in the health dimension of child well-being through the lens of child survival, nutritional status, access to key public health care programmes, and mortality rates for young people. Some of these can be considered measures not only of health outcomes, but also more generally of child well-being (e.g. child mortality rates) since they are influenced by many factors outside the health sector, including, for example, household income and wealth, mother's education and access to safe water and sanitation. Others, for example access to health care programmes, are measures of inputs or process, and are indicators of the extent to which certain policy interventions aimed at improving the health status of children have been successfully implemented.

The ways in which each indicator influences and interacts with other dimensions of well-being will vary according to the age of the child. Most of the indicators examined below concern children under 5 years of age. This is partly due to the availability of comparable data, but also due to the greater health vulnerability

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14 See also European Commission (2008) pp. 13–15.



of this younger age group to health risks, and the important spillover effect which a young child's health status has on his/ her subsequent growth and development. However, mortality rates for older children are also examined, as an important indicator of their health and safety, and also as a proxy indicator of social cohesion and integration, and one which can signal problems in making the transition to adulthood.

### *Early childhood survival*

The under-5 mortality rate (U5MR) is a central indicator for assessing the situation of young children. It measures the probability of survival of a newborn to her/ his fifth birthday, but also reflects more broadly the socio-economic conditions in which the child grows up, and the access of households to basic social services and infrastructure.

Infant mortality (i.e. mortality before the first birthday) represents the largest share of under-5 mortality. Child survival and infant deaths are strongly influenced by an interplay of different factors such as the health and nutritional status of mothers, their knowledge of basic healthcare and hygiene, levels of immunization coverage, the availability of maternal and child health care services (including pre-natal and neo-natal care), household income levels, the availability and nutritional value of food, safe drinking water and basic sanitation, and the overall safety of the environment in which the child grows up.

Under-5 mortality rates for most countries in the region went through a phase of accelerated reduction in the 2000s. The estimates reported in Figure 7 show that for some countries the reductions were substantial. However, the estimates for 2007 also highlight that the significant inter-country differences in levels which existed at the beginning of the transition have persisted and even increased over time.

There are striking disparities between, and even within, sub-regions: the countries of Central Asia and the Caucasus have levels of under-5 mortality in the range of 25 and 70 per thousand live births; an intermediate group of countries – mainly in South-Eastern Europe and the Western CIS – have levels of between 10 to 25 per thousand live births; and finally the other countries – mainly in Central Europe and the Baltics – have levels lower than 10 per thousand.

The Czech Republic and Slovenia now rank among those countries with the lowest levels of under-5 mortality in the world. They have managed to reduce their rates since the late 1990s by improving the survival chances for very pre-term children, as well as low and very low birth-weight children, and also reducing sub-national disparities. The other countries in Central Europe and the Baltics have succeeded in reducing the average under-5 mortality rate to below 10 per thousand, but further progress in reducing mortality for pre-term newborn infants, and risks in the pre-natal period, will be needed in order to achieve lower rates.<sup>15</sup>

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<sup>15</sup> Tragakes et al. (2008, p. 25) highlight that in Latvia, the difference in infant mortality levels with best performing countries is mostly due to the higher rates of perinatal deaths.

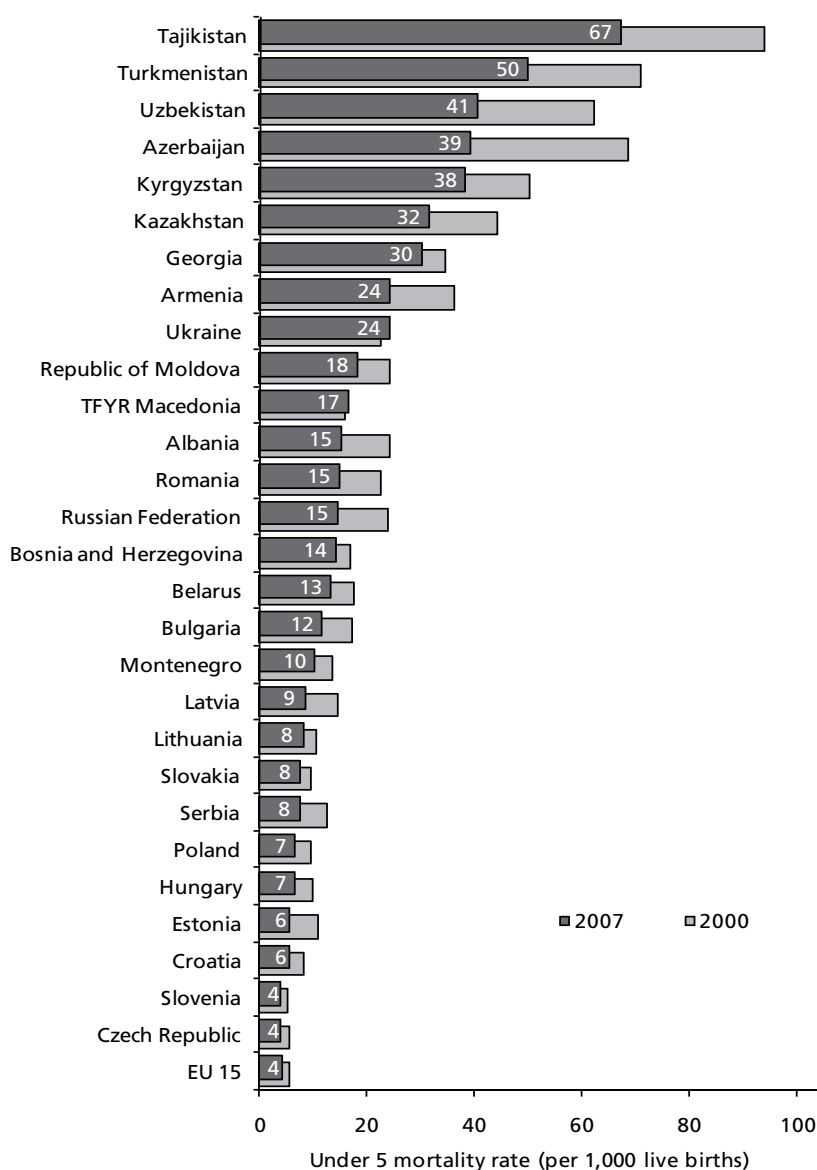


FIGURE 7. Under-5 mortality rates in CEE and CIS countries, 2000 and 2007 (deaths per thousand live births)

Source: [www.childinfo.org](http://www.childinfo.org), accessed December 2008.

Note: the figures for EU 15 are unweighted averages. The under-5 mortality estimates are derived using the model developed by the Inter-Agency Group for Child Mortality Estimation. This model combines data from vital registration, and direct and indirect estimations obtained from surveys and census; see UNICEF, WHO, World Bank and United Nations Population Division (2007). The Demographic and Health Survey (DHS) carried out in Ukraine in 2007 found an average under-5 mortality rate of 17 per thousand for the period 2003–2007. This new estimate is not included in the figure reported here for Ukraine.

Bulgaria and Romania are the only European Union member countries with under-5 mortality rates of over 10 deaths per thousand live births in 2007, more than three times higher the levels attained by Czech Republic and Slovenia. The higher levels of the two South-Eastern European countries which joined the EU in 2007 are in part a reflection of marked sub-national disparities, which in turn largely reflect the geographical concentrations of the Roma population: for example, in Bulgaria, the Sliven and Montana regions had infant mortality rates which were double that of the national average in 2005<sup>16</sup>. From the early 1990s these two countries have also reported levels of low-weight births<sup>17</sup> which – at 9.6 percent in Bulgaria and 8 percent in Romania in 2006 – are among the highest in the CEE/CIS, pointing to problems with maternal and pre-natal care.

Significant sub-national disparities in under-5 mortality rates are also found in other South-Eastern European countries, as well as some Western CIS countries. In the former Yugoslav Republic of Macedonia, survey results for the early 2000s point to continuing large differences between levels in urban (10 per thousand live births) and rural areas (26 per thousand live births).<sup>18</sup> On the other hand, official data for the Republic of Moldova seem to suggest that the improvements recorded since the late 1990s are due *inter alia* to successes in reducing the differences in child mortality rates between urban and rural areas.<sup>19</sup>

The highest levels of under-5 mortality are found in the Caucasus and Central Asia, although these two sub-regions are far less homogeneous than the other sub-regions. Armenia, for example, has an estimated under-5 mortality rate of 24 deaths per thousand live births for 2007, the lowest level of child mortality for this group. Improvements in primary health care interventions have contributed to the reduction in child mortality by about one third since 2000. All the other countries have levels which are above 30 per thousand live births, with Tajikistan (at 67 per thousand) registering the highest under-5 mortality rate, with persistent intra-country disparities in rates, both by socio-economic status and place of residence.

In many of the high and very high under-5 mortality countries, better data collection and more timely analysis in patterns of underlying trends are needed to strengthen policy responses. Official data on infant mortality, based on vital registration, are generally considered unreliable, and there are large discrepancies between survey results and the mortality statistics obtained from the vital registration system. This is partly linked to the continuing use of the former Soviet definition of live birth in parts of these countries, which leads not only to underestimates of neonatal deaths, but also to a lack of policy attention on the need to improve the quality of pre and neo-natal care.<sup>20</sup>

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16 Georgieva et al. (2007).

17 Share of newborns weighing less than 2,500 grams.

18 State Statistical Office of the Republic of Macedonia (2007).

19 National Bureau of Statistics of the Republic of Moldova (2008). The Republic of Moldova has a national average level of under-5 mortality which is similar to that of countries in South Eastern Europe and Western CIS with much higher levels of GDP.

20 Menchini and Marnie (2007). Most countries are now gradually transferring to actually implementing the WHO definition live birth (e.g. Armenia, Kyrgyzstan and Uzbekistan).

### *Child nutrition and growth*

Nutrition is a major component of child health, growth and development. Child malnutrition can manifest itself in different ways, namely chronic or current under-nutrition (low quantity of nutritional/food intake); or inadequate intake of micronutrients (resulting in poor quality nutrition). Another form, not discussed here due to the lack of comparable statistics, is excessive and/or bad quality nutrition, which manifests itself in obesity.

Data on child nutrition tend to be more available in the poorer countries of the region due to the greater identification of problems in this domain. Statistics on stunting (low height for age)<sup>21</sup> for the mid-2000s are available for a few countries in the region. One of these is Tajikistan which, with rates of stunting of more than 30 per cent for children under 5 years, stands at the threshold where, according to the WHO guidelines, stunting should be considered a primary national health concern.<sup>22</sup> Albania has the second highest level of stunting prevalence at 27 percent in 2005 (35 per cent for children in the poorest wealth quintile and 18 percent for children in the richest one), but prevalence has declined from 39 percent in 2000.<sup>23</sup>

Two other countries are in the medium prevalence range (indicating a moderate incidence), namely Azerbaijan and Uzbekistan. The first had a national average of 25 per cent in 2006, but with notable sub-national variations: i.e. lower than average levels in the capital city Baku, and particularly high levels in the Guba and Khachmaz districts where around half of the children under 5 years had low height for age.<sup>24</sup> In Uzbekistan, about 20 percent of children under 5 were stunted in 2005, which represents considerable progress since 1996 when the level was 39 percent. All the other countries in Central Asia and South-Eastern Europe reported in Figure 8 registered levels below 20 percent, but with evidence of disparities by both household socio-economic status, and place of residence, with some sub-national regions exceeding the level when this form of child malnutrition should be considered a public health priority.<sup>25</sup>

Another key indicator used for assessing the prevalence of undernutrition among children is the wasting rate, i.e. the percentage of children with low weight for height, which is considered to reflect recent food deprivation or illness. The evidence on national averages suggests that none of the countries for which data

21 Stunting is considered a measure of chronic malnutrition. Prevalence of stunting is the percentage of children under five whose height for age is less than minus two standard deviations from the median for the international reference population adopted by the WHO.

22 WHO (1995) p. 208.

23 Authors' calculations based on MICS microdata.

24 State Statistical Committee of Azerbaijan and Macro International Inc. (2008), p. 170.

25 For example, in Kazakhstan children under-5 in the poorest wealth quintile were twice as likely to be stunted than children in the richest quintile. In this country the highest prevalence was registered in the regions of Kyzylorda and Aktobe (at around 30 percent) both bordering the Aral Sea, while the lowest levels (less than 10 percent) were found in the Akmola oblast and in Almaty city. In Georgia, according to the MICS 3 results, the rate of moderate and severe stunting was 22 percent for children in the poorest quintile, compared to 8 percent for children in the richest quintile. Authors' calculations.

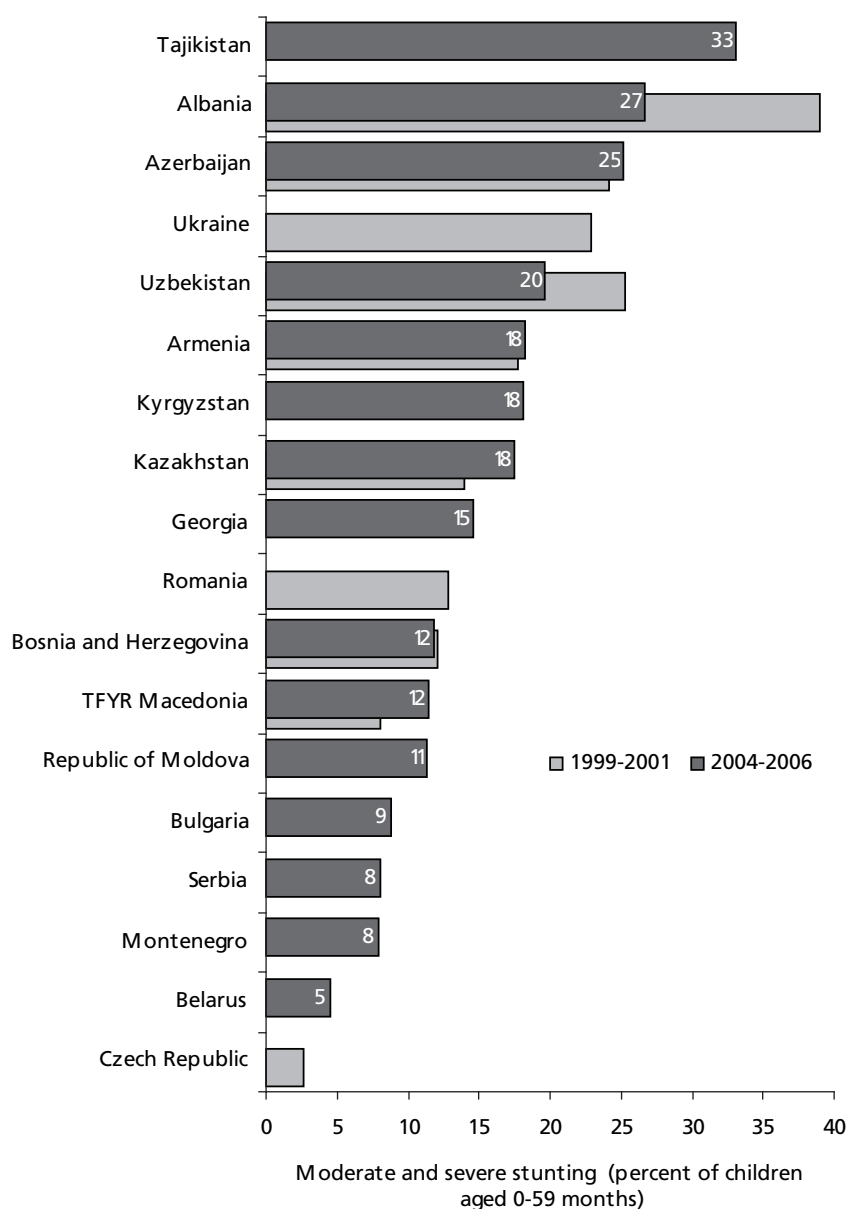


FIGURE 8. Moderate to severe stunting, children age 0–59 months (percent)

*Source:* Authors' calculations from Multiple Indicator Cluster Survey (MICS) for Albania, Belarus, Bosnia and Herzegovina, Georgia, the former Yugoslav Republic of Macedonia, Montenegro, Kazakhstan, Kyrgyzstan, Serbia, Tajikistan and Uzbekistan for the years 2004–2006. Data for Azerbaijan are from State Statistical Committee of Azerbaijan and Macro International Inc. (2008). All the other figures are from WHO Global Database on Child Growth and Malnutrition (accessed in December 2008).

*Note:* all these estimates are based on the WHO Child Growth Standards (see de Onis et al. 2006). Data labeled 1999–2001 for Uzbekistan refer to 2002.

are available registered high national levels of wasting (i.e. more than 10 percent according to the WHO guidelines) for children under 5 years in the mid-2000s. Some reported medium levels of prevalence (between 5 and 9 percent): in Tajikistan, for example, 9 percent of children under 5 years were classified as wasted using WHO standards (slightly more than 10 percent in Khatlon oblast), 7 percent in Albania and Azerbaijan, and 6 percent in Republic of Moldova and Armenia. In all the other countries with data, the prevalence of wasting is lower than 5 percent and subnational disparities are limited.<sup>26</sup> In general, current undernutrition does not reach levels of high public health concern in the region, even if some countries show signs of vulnerability, and in particular in some regions within countries, it needs to be carefully monitored.

While the prevalence of stunting and wasting shows some correlation with the country's levels of GDP, the prevalence of micronutrient malnutrition does not follow clear patterns. For the few countries where data on micronutrient deficiencies are available there are signs of improvement since the late 1990s, although in some cases levels of deficiency remain a cause for concern. This is the case, for example, of iron deficiency which was a matter of public health concern among children below the age of 5 in Georgia, Republic of Moldova and Kyrgyzstan in the early 2000s, and of "moderate" concern in Armenia, Ukraine and Uzbekistan.<sup>27</sup>

Iodine deficiency can impair a child's mental and psycho-motor development. Data reported by the WHO<sup>28</sup> show that average iodine intake among school-age children was insufficient in Tajikistan, Kyrgyzstan, Georgia, Latvia, and Albania in 2000-2005, with the latter having particularly high levels of inadequacy. On the other hand, two countries – the former Yugoslav Republic of Macedonia and Armenia – were found to have excessive average urinary iodine prevalence among children, which can also have adverse effects on child health. Although the region as a whole has made significant progress in improving the availability and use of iodized salt, just above 50 percent of the households across the region used it, which is the lowest level in the non-industrialized world.<sup>29</sup> This regional average is pulled down largely by the low rates of coverage in the Russian Federation, where only 35 percent of all households consumed iodized salt in 2002/03.

The picture emerging from the data discussed here is a mixed one: applying WHO guidelines, it would seem that the different forms of child under-nutrition are matters of primary public health concern in only a few countries, while others show signs of "vulnerability". Disaggregated data shows that the major challenges are concentrated at subnational levels and among specific groups of the population, suggesting the need for targeted policy responses, and monitoring efforts to evaluate their impact.

<sup>26</sup> For data sources on wasting, see the note to table 1.8.

<sup>27</sup> WHO (2008).

<sup>28</sup> WHO database on iodine deficiencies disorders (accessed on December 2008) and WHO and UNICEF (2007).

<sup>29</sup> UNICEF (2008b).

*Births attended by skilled personnel, immunization rates, and breastfeeding*

Many factors influence child survival and health. Among these, three play a widely recognized role in ensuring a healthy start in life, as reflected in the following indicators: the share of births attended by skilled personnel, breastfeeding and immunization rates. Ensuring that births are attended by skilled health personnel is important for reducing both infant as well as maternal mortality, while breastfeeding, in particular exclusive breastfeeding in the first 4–6 months of life, is generally recognized as having a positive effect on the health and nutrition of infants. Immunization is a cost-effective intervention which can make a significant contribution to reducing child morbidity and mortality. Although the countries of the region on the whole perform well in all of these indicators, there is evidence of problems concerning the quality of assistance provided by personnel in some countries; and in others, problems with the delivery of the immunization programmes, or lack of awareness of the value of breastfeeding.

Regarding the first indicator, official data<sup>30</sup> suggest that in 2007, in almost all the countries of the region, the rate of deliveries assisted by skilled attendants was almost 100 percent. The main exceptions were Tajikistan where coverage was around 85 percent; and Azerbaijan at 93 percent (compared with 99.6 percent registered in 2006), but also Romania where in 2005–2007 between 1 and 2 percent of all births were not attended by skilled personnel.

As for breastfeeding, survey results show that around 2005, the South-Eastern European and CIS countries for which data are available reported relatively low levels of exclusive breastfeeding for children less than 6 months. The highest level was found in the Republic of Moldova at 45 percent, while most of the other countries had levels under 30 percent. Continued breastfeeding (with complementary nutrition), at 12–15 months, is more common in the region, with rates of around 70 percent in Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan; all countries where fewer women work in the formal sector away from the home. At the other extreme, less than a quarter of children aged 12–15 months were still being breastfed in Belarus, Montenegro, Serbia and Ukraine in 2005.<sup>31</sup>

Almost universal rates of immunization are found in most of the region. For diphtheria, pertussis and tetanus (DPT), for example, only three countries, Bosnia and Herzegovina, Georgia and Armenia, had vaccination rates of less than 90 percent for children under 2 years in 2006. These countries also experienced a drop in coverage compared to 2000, especially in certain sub-regions: for example in Armenia in 2006, 10 percent of districts had coverage rates of between 50 and 79 percent for DPT, and two percent of districts had a coverage rate of below 50 percent. Similar sub-national disparities were found in Georgia.

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<sup>30</sup> TransMONEE data. Data from MICS for 13 countries broadly confirm the official estimates, see UNICEF (2008a).

<sup>31</sup> See UNICEF (2008a) pp. 37 and 77, reporting estimates derived from MICS.



Other countries have inconsistencies in the rate of immunization coverage for different years since 2000, pointing again to problems with the delivery of the programmes. For example, in Turkmenistan, the national DPT immunization rate dropped by 16 percent points for one year (in 2003), and in Kazakhstan it dropped from 99 percent in 2003 to 82 percent in 2004, before reaching 98 percent in 2005. Moreover, even when coverage rates are high, there is some evidence of interruptions in vaccine supply and delivery of immunization programmes in several countries: in 2006 interruptions in vaccine supply were experienced by all the countries of Caucasus and Central Asia, but also by richer countries such as Poland and Ukraine.<sup>32</sup>

### *Health indicators for children over 5*

Data to assess well-being in the health dimension for children aged over 5 years are more scattered and incomplete than for the younger age groups, making inter-country comparisons more problematic. However administrative data on mortality rates – although they refer to extreme events – are widely available.

Mortality rates for both the 5–14 and 15–19-year-old-age-groups show very large disparities across the region, but with patterns which differ strikingly from those observed for infant and under-5 mortality. Overall, there is almost no correlation between higher mortality rates for older children and per capita levels of GDP: this case is very different if compared with mortality rates for younger children.<sup>33</sup> As a result, the country ranking by levels of mortality for 15–19 year olds (see Figure 9) is different to that for infant and under-5 mortality rates (Figure 7 above).

The levels of mortality for older children and adolescents in part of the CIS and in the Baltic States are more than double those found in most the EU 15 countries. “External causes” (which include intentional and non intentional injuries) explain a large part of the differences in ranking for mortality rates among older children and young people. Mortality due to natural causes (for example, infectious and respiratory diseases) remains generally low across the region for this age group, and – as with under-5 mortality – are negatively correlated with levels of GDP per capita. On the other hand, the correlation between mortality rates due to external causes and per capita GDP is weak, but positive.<sup>34</sup>

<sup>32</sup> UNICEF and WHO (2008).

<sup>33</sup> In 2006 the correlation between the indicators of the under-5 mortality rate and the average country level of economic well-being, proxied by the level of GDP per capita PPP, was negative and strong (the value of the simple linear correlation index is -0.74). The negative correlation declines to -0.56 for mortality of children aged 5–14 and to a low - 0.07 for individuals aged 15–19.

<sup>34</sup> In CIS countries high mortality rates are also found in the adult age groups. The average adult mortality rate for the CIS is higher than the world average and is lower only than that of Sub-Saharan Africa. Despite some decrease since the early 2000s adult mortality rates in Western CIS remain high and are often attributed to lifestyle factors, including high rates of alcohol consumption. See USAID (2007) pp. 11–16.

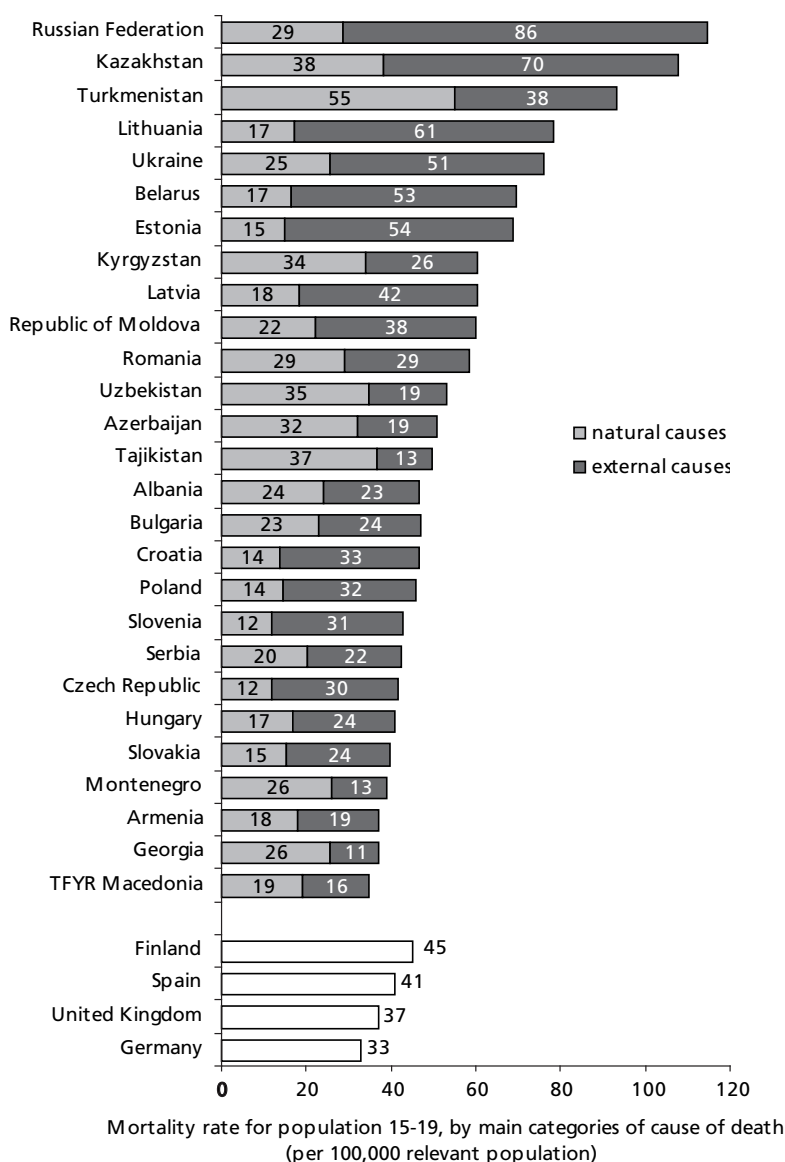


FIGURE 9. Mortality rate for children and young people aged 15–19, 2004–2006

Source: TransMONEE database 2008. Figures are averages for the three year period 2004–2006. Figures for Finland, Germany, Spain and United Kingdom are based on data from the WHO Mortality Database and are not disaggregated by natural/external causes.

Note: The figure for Spain is the simple average for the three year period 2003–2005. External causes of death include unintentional injuries (transport injuries, poisoning, injuries due to fall, fires and drowning and other) as well as intentional injuries (self-inflicted injuries, injuries due to violence and war and other). They include also suicides. The total mortality rate for males 15–19 in the Russian Federation for 2004–2006 was 161 per 100,000 population, compared with 66 per 100,000 for females. In Finland, in 2004–2006, the total mortality rate for males 15–19 was 62 per 100,000 compared with 27 per 100,000 for females.

Overall, the highest mortality rates for the age group 15–19 are found in the countries of the former Soviet Union. The Russian Federation and Kazakhstan have the highest levels at circa 110 deaths per 100,000 population aged 15–19 years (for around 2005). Although the correlation with levels of GDP per capita is weak, some sub-regional patterns can be detected, with the countries of the former Soviet Union having mid to high mortality rates, and Central and Southern European countries having mid to low rates. The exceptions to these broad sub-regional patterns are Armenia and Georgia (which are among the low mortality countries), and Romania (which ranks among the mid to high mortality countries). While mortality rates due to natural causes in Kazakhstan and Uzbekistan are very similar (around 40 per 100,000), Kazakhstan has dramatically higher (double) rates for deaths associated with external causes than Uzbekistan. The Baltic States also have exceptionally high mortality rates due to external reasons (accounting for about 80 percent of total deaths).

In the large majority of the CEE/CIS countries, male mortality rates for the age group 15–19 are double or more than double those for females, although there are some exceptions, mainly in the poorest countries of Central Asia. Around 2005, the mortality rate for males in this age group was circa 160 per 100,000 in the Russian Federation, compared to circa 60 per 100,000 for females. Again the difference is explained by the greater share of deaths due to external causes among young men. The high rates for (male) mortality due to external causes are partly driven by the high rates of suicides, which account for about one third of such deaths in the high mortality countries. According to civil registration data, the Russian Federation, Kazakhstan and Lithuania had some of the highest rates of suicide in the world for 15–19 year olds in 2005, at around 30 per 100,000.

In the 2000–2005 period there was a reduction in mortality rates among young people aged 15–19 years old in the entire region, with the exception of Turkmenistan, where there was an increase in deaths due to external causes. Data for the first five years of 2000s suggest that, in most countries, the reduction in mortality rates was due as much to improvements in the figures due to external causes as to those associated with natural reasons. But there were exceptions: in Latvia and Tajikistan, for example, the reduction in deaths for external reasons made a disproportionately high contribution to reducing total mortality rates, while the reduction in natural deaths played a greater role in Belarus and the Republic of Moldova.

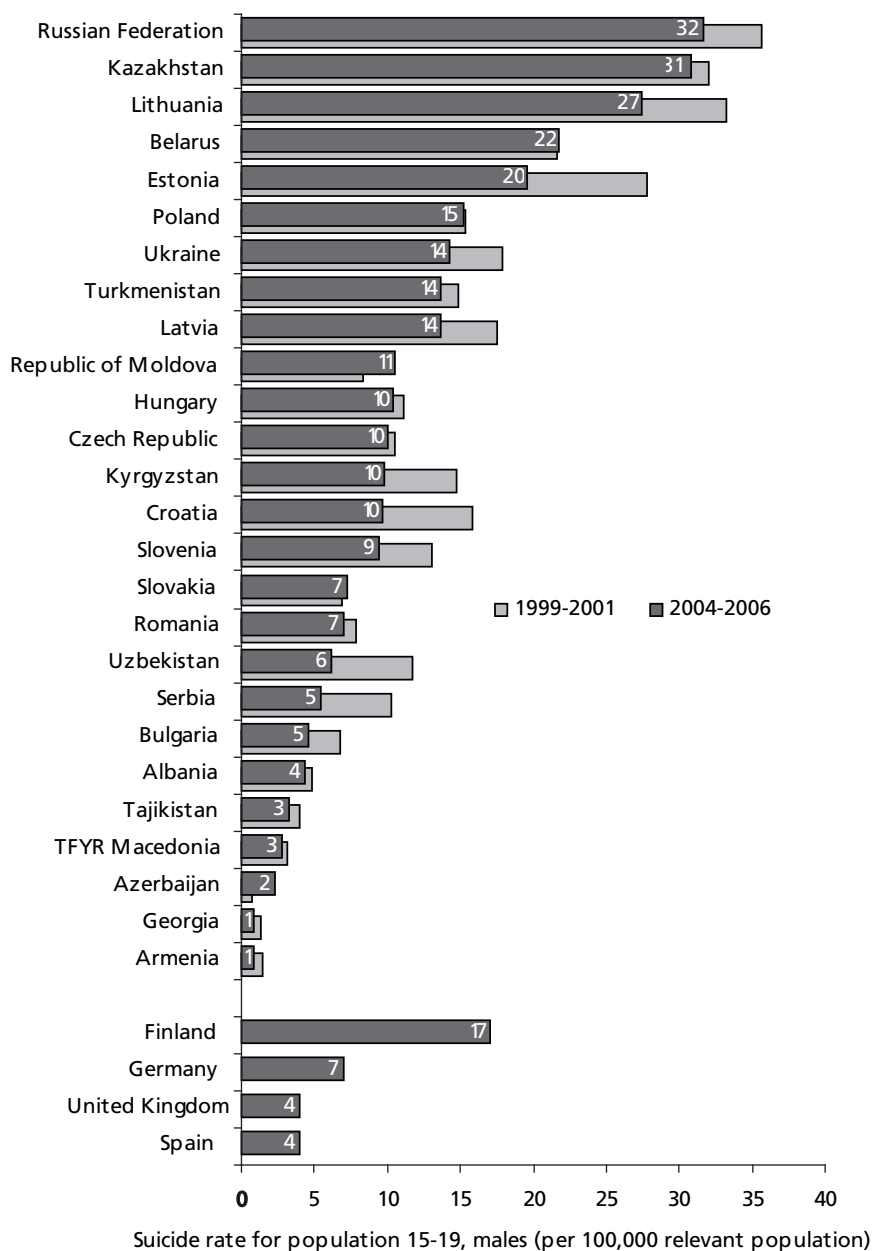


FIGURE 10: Suicide rate, males aged 15–19 (rate per 100,000 relevant population)

Source: TransMONEE database 2008. Figures for Finland, Germany, Spain and United Kingdom are based on data from the WHO Mortality Database

Note: figures are averages for the three year periods 1999-2001 and 2004-2006. The figure for Spain is the average for the three year period 2003-2005.

## 5 Education: Qualitative as well as quantitative challenges

Centrally planned economies achieved important results in the field of education, including universal enrolment for basic school (classes 1-9), free access (at least formally) to school and tertiary level institutions, and a strong emphasis on equity in access. The transitional crisis in the early 1990s put many of these achievements under threat, but nevertheless most of the countries in the region managed to maintain high enrolment rates for compulsory education even during the most difficult period of economic crisis. While there was some decline in enrolment for primary and lower secondary education levels in the first part of the 1990s, it was relatively small, more prevalent in the Caucasus and Central Asia, and tended to be concentrated in lower secondary education rather than in the primary levels. The high levels of formal enrolment did, however, mask slight decreases in attendance rates as the economic situation deteriorated, especially among children from poor households, which were less able to meet the increasing formal and informal costs of sending children to school.<sup>35</sup> The effects of the economic and social turmoil of the 1990s had a more visible impact on enrolment rates for the non-compulsory levels (pre-school and upper secondary), where there were not only declines in enrolment rates, but clear and growing inequality in access and also in quality.

The period of economic recovery has presented the countries of the region with an opportunity to invest in education, expand enrolment in the non-compulsory levels, and increase quality and equity. Since the beginning of transition the CEE and CIS countries have engaged in a long process of reform aimed at adapting the school systems to the new context, with a strong focus on establishing education standards and on introducing more diversified curricula.<sup>36</sup> In practice, coverage, quality and matching the curricula with the requirements of the labour market, remain challenges for all countries, although some have progressed further in reform implementation.

Despite some signs of increases, coverage of early childhood education services is still low in Central Asia and the Caucasus, where pre-school was not common even in the Soviet period, and where there is often a lack of suitable infrastructure. On the other hand, it has recovered and even surpassed pre-transition levels in most of the other countries.<sup>37</sup> There are also growing differences in enrolment in higher education, which has become the norm (i.e. with very high enrolment rates) in most of the countries of Central Europe and Baltics, but has been decreasing in other sub-regions. However, even in those countries with high levels of upper

<sup>35</sup> Marnie and Menchini (2007) p. 2.

<sup>36</sup> UNICEF (2007a).

<sup>37</sup> Here it should be noted that increased coverage of pre-primary education is only positive if the quality of education and care provided is adequate, otherwise it can damage rather than promote childhood development.

secondary and higher education, there are signs that the transition to the labour market is difficult for many graduates, signaling in some cases a mismatch between curricula and labour demand,<sup>38</sup> which is also confirmed by the high rates of long term unemployment among young people. Overall all countries have experienced problems in guaranteeing equity in the quality of education offered at all levels, and in guaranteeing equity in access for the non-compulsory levels.

### *Early childhood education and care*

Early childhood education and care facilities were widely available under central planning, but contrary to what is often believed, the network did not extend to all parts of the region, and there were considerable intra-regional disparities in the availability and use of nurseries and kindergartens. They were common in the European part of the USSR, as well as in Central Europe, Bulgaria and Romania, but were less prevalent in the former Yugoslavia and in rural Central Asia and Azerbaijan where there is also a strong cultural tradition of keeping children in the family until compulsory school age. This sub-regional pattern in coverage has become more accentuated in the late transition period, as is shown in Figure 11.

Considerable differences in enrolment rates exist between Western CIS, Baltic States, Central Europe, Bulgaria and Romania on the one hand, and the countries of the Caucasus and Central Asia on the other. The remaining countries of South-Eastern Europe, have seen an improvement in enrolment rates since the early 2000s and occupy an intermediate position. However, high average levels of enrolment rates do not necessarily mean equity in coverage: for example in the Republic of Moldova, where two thirds of children aged 3–6 years live in rural areas, enrolment rates in 2006 for rural areas were 59 percent compared to 86 percent in urban areas. The difference between rural and urban areas is even greater in Lithuania, where enrolment rates in rural areas are low at 27 percent, compared to almost universal coverage in cities (at 97 percent).

The MICS survey results for countries with average levels of pre-school enrolment confirm the intra-country disparities in access. In Georgia, for example, the 2005 data suggest that children belonging to the poorest wealth quintile have an enrolment rate of 17 percent compared to 70 percent of children in the richest quintile; in Tbilisi enrolment was 73 percent, while in rural areas only one preschool-age child out of four was attending pre-primary education. Similar disparities are found in Serbia, where the enrolment rate for 3–5 year olds in Belgrade was circa 57 percent compared with 14 percent in rural areas. Despite the fact that pre-school can play an important role in social inclusion policies, the estimated enrolment rate for Roma children was around 3 percent, less than one tenth of the national average. Overall for these countries with relatively high national levels of

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38 In other cases, there is quite simply a lack of demand for labour, due to capital-intensive forms of growth, and this also influences young people's choice to remain in education.

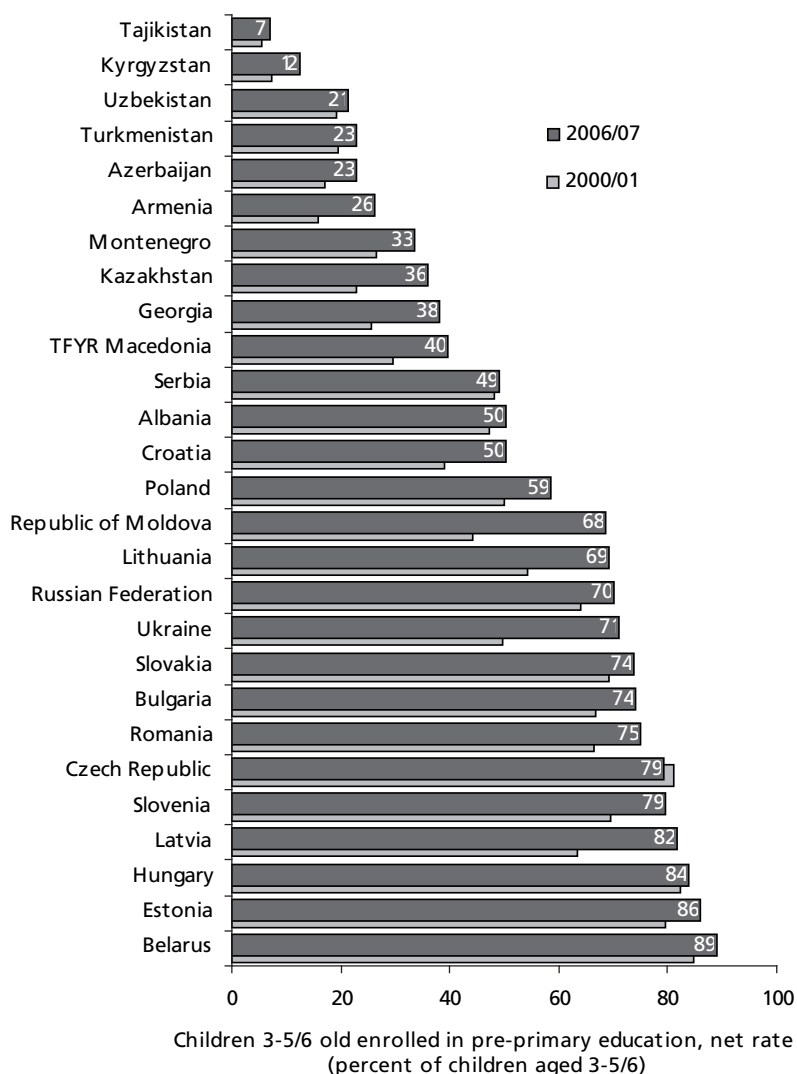


FIGURE 11. Enrolment in pre-primary education of children aged 3–5 or 3–6

Source: TransMONEE database 2008

Note: age 3–5 or 3–6 depending on the functioning of country's education system. Data for Albania, Russian Federation and Turkmenistan are gross enrolment ratios.

enrolment, it is common for high levels of enrolment in some areas to co-exist with lower coverage in remote and rural areas, and for there to be considerably lower coverage for children from the more disadvantaged population groups.

Finally, in Central Asia and to a slightly lesser extent in Azerbaijan and Armenia, early childhood education and care services cover only a minority of the child population (in 2006/07 the share of pre-school age children covered ranged from 7 percent in Tajikistan to 26 percent in Armenia). In this group of countries

preschool enrolment rates are low for every sub-national entity and group, but even within these very low national coverage rates, there are signs of disparities in access, with coverage in rural areas being extremely low or almost non-existent.

### *Basic Education and Upper Secondary Levels*

Almost all the countries of the region were able to protect formal enrolment levels of basic education (ISCED 1 and 2, legal ages 6/7 to 14/16 years) throughout the period of economic crisis, and have engaged in reforms which aim to increase choice and flexibility in the school system, even for the compulsory levels. In the CEE/CIS countries (in the second half of 2000s), compulsory education starts at 6 or 7 years of age and lasts from 8 or 9 years (e.g. in Albania, Czech Republic or the Republic of Moldova) to 11 or 12 years.<sup>39</sup> The longest compulsory schooling is found in the CIS where, since circa 2005, Ukraine and Uzbekistan have implemented reforms which extend compulsory school education to 12 years.

The vast majority of the countries in the CEE/CIS has attained universal, or close to universal, enrolment for primary education. Only Turkmenistan has a basic gross enrolment ratio below 90 percent for the school year 2006/07. Data on attendance derived from MICS for primary age children suggest that attendance is almost universal, even in the poorest countries of the region.<sup>40</sup> Moreover, almost all children who completed primary school in the region make the transition to lower secondary education.<sup>41, 42</sup>

At the upper secondary level (ISCED 3) there are clearer sub-regional patterns in enrolment rates, but different from those shown above for pre-primary education. Central Europe and the Baltic States have almost universal enrolment rates for young people aged 15-18 years, albeit with differences in school systems, i.e. in some general secondary education programmes are more common, and in other vocational school programmes prevail. Western CIS, as well as the South-Eastern European countries, have gross enrolment rates of circa 80 percent, while official data for the lower income CIS suggest that the average gross enrolment rate for 15-18 year olds in the mid-2000s was around 65-70 percent.<sup>43</sup> However, the high enrolments rates in upper secondary for Central Europe and Baltic States

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39 Azerbaijan has recently passed a law on the reduction of the duration of compulsory education from 11 to 9 years, in part responding to the virtual absence of vocational schools to accommodate those not going on to complete general education.

40 On the other hand, a study based on TIMSS data, reports statistics for 2003 on school headmaster's evaluation of attendance problems (including absenteeism, arriving late at school, skipping class) for 8th grade students. Problems of attendance were considered to be high in Baltic states and Bulgaria (Mullis et al. 2004).

41 UNESCO (2008).

42 It is worth mentioning here the international debate over the participation of children in agricultural work (in particular cotton field) in Uzbekistan, which is not only a major child protection concern, but means that children miss up to two months of school during the autumn harvest period. See Kandivoti, ed. (2008).

43 UNICEF (2007b) p. 19.



may also reflect lack of job opportunities for young people; while lower rates in Central Asia reflect higher poverty rates, and pressure on young people to work and contribute to household income.

Finally, official data for each level of education do not show any signs of gender imbalances in enrolments, the only exception in 2006/2007 being Tajikistan, where females represented around one third of the overall students enrolled in upper secondary education<sup>44</sup>. There is moreover some evidence from Central and South Eastern European countries that children from Roma households tend to be segregated at the obligatory school levels, and in worse cases sent to schools for children with “special needs”, or developmental disabilities. There has also been slow progress in including children with disabilities in mainstream schooling.<sup>45</sup>

### *Quality of education*

Enrolment and attendance rates give only a partial picture of the education challenges in CEE/CIS, since they provide no measure of the quality of education provided. Quality is however notoriously difficult to measure. Surveys of learning achievements can be used to look at learning outcomes, while indicators measuring the inputs and resources invested in the education system can sometimes be used as proxy measurements of quality. However, data for the latter are scarce and not usually available for all countries (at least not using the same definitions), and therefore not suitable for cross-country comparison. One exception is pupils per teacher ratios. The results for this indicator points to some differences between the richest and the poorest countries of the region, with greater differences at the primary rather than the secondary level. In the poorer Central Asian countries the average pupils per teacher ratio for primary education is 4–5 pupils per teacher more than in Central European countries, with the highest ratio observed in Kyrgyzstan (averaging 24 pupils per teacher). Faced with the need to maintain close to universal school enrolment rates and growing cohorts of school children, as well as shortages of classrooms and staff, some countries have increased the number of schools operating on more than one shift. This is the case in Uzbekistan, where between 2000/01 and 2005/06 the share of schoolchildren attending schools offering two shifts increased from 26 percent to 29 percent, although it decreased in 2006/07. Regional figures show large differences within the country: in 2006/07, the same figure for Surkhandarya was 34 percent, while in Bukhara it was 13 percent and in Tashkent city 22 percent.<sup>46</sup> On the other hand, in the Republic of

44 Partial data for Turkmenistan, referring only to professional and vocational schools, suggest the existence of strong gender imbalance also for this country.

45 Research sponsored by UNICEF Azerbaijan in cooperation with the State Committee for Family, Women and Child Issues, found that only 15.8 of children with disabilities were in inclusive class in mainstream schools, 24.1 per cent in general schools, 7.7 percent in boarding school and 3.5 percent in special school. For almost half of children with disability (48.5 percent) education took place at home (see UNICEF Azerbaijan and Center for Innovation in Education, 2008)

46 State Committee of the Republic of Uzbekistan on Statistics (2007) p. 64–68.

Moldova the rate of students attending schools operating shift systems decreased over the period 1997/8–2006/07, from 10 percent to 3 percent.<sup>47</sup>

Some countries in the region have participated in international comparative studies of learning achievement, although the poorer countries of the region are under-represented in these comparisons. The main studies are TIMSS (mathematics and sciences), PIRLS (literacy and reading) and PISA (reading, mathematics and sciences). The first two are designed to measure learning achievements or outcomes for particular aspects of the school curricula, while PISA is designed to assess children's ability to interpret words, numbers and aspects of science which they come across in daily life (including at school), and to provide a broader measure of the acquisition of "life skills".

The mathematics scores recorded in the PISA surveys for 2003 and 2006<sup>48</sup> suggest that the CEE/CIS countries included in the study saw no statistically significant change in their performance over this period (Figure 12). The highest average scores in 2006 were for Estonia and the Central European countries, which had levels similar to the OECD average. The Russian Federation and Azerbaijan<sup>49</sup> occupy middle positions for the CEE/CIS (with the latter showing very low levels of inequality in achievements), while Bulgaria and Romania perform less well than the other EU countries of Eastern Europe and Baltics, and are also out-performed by Serbia and Croatia. Bulgaria also shows high levels of inequality in performance and, with Hungary and Slovakia, shows the highest correlation between the education level of the parents and school achievement,<sup>50</sup> suggesting that existing socio-economic inequalities are strongly reflected in school achievements.

Only one Central Asia country was included in the PISA study in 2006, namely Kyrgyzstan, and it has far lower scores than the rest of the region (in fact the lowest of all countries participating in the study), with high levels of disparities in results between the best performing and the worst performing pupils.

Comparison of the PISA reading and sciences results confirm the general picture emerging from the mathematics study, but with some re-ranking, notably for Azerbaijan which is in the middle of the regional ranking for mathematics, but ranks low among the CEE/CIS countries for science and reading. The strikingly different performance of this country in the different subject areas deserves further study.<sup>51</sup>

PIRLS data on reading performance in 2006 (curricula based performance evaluation) for children at the 4<sup>th</sup> grade of education show significant and robust improvements since 2001 for the Russian Federation and also good scores for the

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47 National Bureau of Statistics of the Republic of Moldova (2008) p. 77.

48 The population sampled in the PISA surveys includes people between 15 years and 3 months and 16 years and 2 months. The average age of people surveyed is 15 years and 7 months. People which are enrolled at the 6<sup>th</sup> grade or lower are excluded.

49 OECD has acknowledged the existence of problems with the PISA mathematics data for Azerbaijan. See UNICEF (2009a) p. 24.

50 OECD (2008).

51 It is important to note that OECD acknowledged the existence of problems with the PISA mathematics data for Azerbaijan. See UNICEF (2009) p. 24.

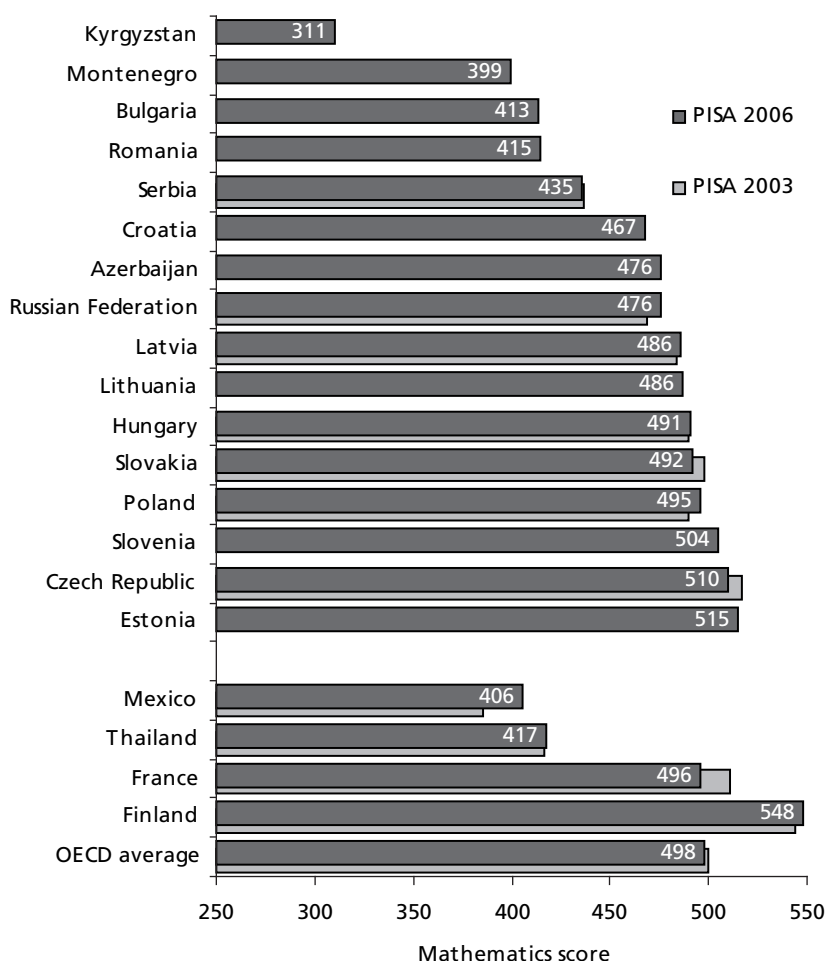


FIGURE 12. Student achievements in mathematics, PISA 2006 (CEE and CIS and selected other countries participating to PISA in 2006)

Source: Programme for International Student Assessment (PISA) database 2007.

Note: PISA covers students who are aged between 15 years 3 months and 16 years 2 months at the time of the assessment and who have completed at least 6 years of formal schooling (regardless of the type of institution in which they are enrolled and of whether they are in full-time or part-time education, of whether they attend academic or vocational programmes, and of whether they attend public or private schools or foreign schools within the country). The average age of the students participating to the survey was 15 years and 9 months.

countries of Central Europe and Baltics, while TIMSS data for 2007 also put the Russian Federation among the top performing countries for both mathematics and sciences tests, for students in the 4<sup>th</sup> and in 8<sup>th</sup> grade.<sup>52</sup>

52 See Mullis, Martin and Foy (2008).

## 6 Children and extreme forms of housing deprivation

The environment in which a child grows up influences her or his chances of having a healthy development, good education achievement and smooth socialization. Housing conditions represent an important and immediate aspect of the child's environment, and housing deprivation can manifest itself in different ways, including homelessness, dwelling in precarious, unsafe, or unhygienic conditions, overcrowding (lack of space/room), lack of or unreliable access to basic utilities (water, electric power, fuels for heating and cooking). These deprivations can be both a cause and a manifestation of material poverty.

Although there were housing shortages, quality problems, and overcrowding under central planning, the right to housing was one of the social guarantees provided by the state, and housing costs were minimal. As with most other commodities, the problem was access and availability, not cost; and priority was given to urban dwellers. With transition, the price of housing and housing maintenance services have shot up, making both access and cost a problem for low-income households, and representing one of the motivations for young people to delay family formation.

Data from household surveys are used below to look at evidence of households being affected by overcrowding, lack of connection to the piped water system, access to improved sanitation facilities, and the use of dirty fuels for cooking and heating<sup>53</sup>. Although these are measures of household rather than child deprivation, households with children, especially large households, tend to be over-represented among those suffering from various forms of housing deprivation. They are however proxy indicators for housing deprivation, and do not capture the full extent or all aspects of this dimension of child deprivation.

For example, the indicators derived from household surveys only rarely provide information on the most extreme forms of housing deprivation, i.e. the population living in informal settlements, the homeless or internally displaced persons (IDPs), and informal migrants living in abandoned or unused buildings. These categories are usually not covered by household survey samples, although some special ad hoc surveys have been carried out in selected cities or regions.<sup>54</sup> In fact the conditions faced by slum dwellers living in the outskirts of many important cities of the region, cannot be meaningfully measured using the traditional indicators used to describe housing conditions (for example, building materials used for the walls, floor, roof, sanitation availability, water connection etc.). In Central and Eastern Europe, Roma

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<sup>53</sup> "Dirty fuels" include firewood, charcoal, crop waste, coal, whereas "clean fuels" include liquid gas, natural gas or electricity. Dirty fuels tend to be associated with a greater incidence of respiratory infections among infants and children.

<sup>54</sup> Krashenninokov (2003).

people, with their large child populations, constitute by far the largest group living in such informal settlements. Apart from the sub-standard housing conditions, this group also suffers from precariousness in their housing solutions, and the constant threat of evictions.

In some cities, for example Belgrade and Baku, the pressure on housing increased during the 1990s due to the arrival of IDPs from war zones, who settled in various types of make-shift accommodation. In 2008, Azerbaijan had one of the largest IDP populations (circa 570,000), followed by Serbia (250,000), Bosnia (125,000), Armenia (8,400), Croatia (5–7,000), while the Russian Federation also has an IDP population from the war in Chechnya (for which estimates vary).<sup>55</sup> The former Yugoslav Republic of Macedonia also had refugees and IDPs following the armed conflicts in the area, but has one of the best records in helping IDPs to re-settle. The Azerbaijan government has in recent years increased efforts to re-house IDP households, but a section of the IDP population continues to live in improvised shelters of poor structural.

The above represent extreme forms of housing deprivation, however, housing shortages, and poor quality of housing, are problems facing large numbers of households in the region. The construction market stagnated in most of the region during the 1990s, in large part due to the fall in government investment in public housing, and the existing housing stock has suffered from lack of repair and maintenance work, as have the delivery systems for utilities. In general public policy on housing and social housing has been absent or been given low priority.<sup>56</sup> Economic recovery has been accompanied by a revival of activities in the construction sector, in particular in capital cities, and mainly driven by the private sector. As prices increased, it is not clear how the poorest have benefited from the construction boom in the 2000s. On the other hand, the concentration of economic activities in capital cities and urban conglomerates has led in some cases to the growth of slums around the outskirts, or in certain parts, of big cities, as a result of unregistered internal migration patterns. Lack of maintenance or reform of utility services mean that interruptions in heating, electricity and water supply are frequent in the multi-storey apartment blocks built in the central-planning era, and cases of flooding, leaks, and cracked ceilings are frequently reported.

Using survey data to evaluate different aspects of housing deprivation, the World Bank (2005) suggests that extreme overcrowding<sup>57</sup> was common in some CIS countries and in a few South-Eastern European countries in the early 2000s<sup>58</sup>,

55 All the estimates of and the information on IDPs are from the International Displacement Monitoring Center ([www.internal-displacement.org](http://www.internal-displacement.org), accessed in December 2008).

56 See UNECE (2007). In Georgia, for example, privatization of the housing stock progressed during the 1990s and early 2000s but without a clear direction and coherent institutional framework and there has been virtually no government housing policy since independence. The construction sector recovered only slightly after 2004.

57 Defined here as the percentage of individuals living in dwellings with space less than 6 square meters per person, or with more than 3 persons per room.

58 The highest levels of overcrowding, around 2003, are found in Tajikistan (with 37 percent of individuals living in dwelling with more than 3 persons per room), Kyrgyzstan and Albania (both at 17 percent).

and was in general higher in capital cities and in other urban areas than in rural areas. Other forms of housing deprivation (lack of access to public water network, lack of sanitation and use of unclean fuels) were more linked to low coverage of public utilities infrastructure and tended to be more common in rural areas. Both overcrowding and lack of access to the utilities network were, not surprisingly, more prevalent among low-income households. Lack of connection to the utilities' network was particularly frequent in the rural areas of the poorer countries of the region, but also in the informal settlements which have sprung up in urban areas.

However both UNICEF (2006) and World Bank (2005) point out that low levels of coverage are not only a problem in rural areas in the countries with the lowest levels of GDP per capita, but are also found in some middle-income countries. For example, data for Romania in 2003, show that 15 percent of the population of Bucharest and around 80 percent of the rural population did not have a connection to running water. In Lithuania in 2003 slightly less than 10 percent of urban dwellers (apart from those living in the capital city), and around 40 percent of the rural dwellers had no running water in their home. It should also be pointed out that in some low and middle-income countries connection to centralized water supply does not represent a guarantee of uninterrupted supply of water. The same is true of centralized electricity and gas supply. Neither is the quality of water supplied through the public network always satisfactory, especially in the poorer countries, meaning that connection is not necessarily a guarantee of safe drinking water. In some rural areas, households with access to wells may have better quality water than those connected to the public network. Again, the full extent of this aspect of housing deprivation is difficult to capture with the available survey data.

Figure 13 presents data derived from MICS and DHS surveys carried out in 2005 and 2006 and confirms that lack of water connection in the home is primarily a rural problem. The highest shares of households without a connection are found in Central Asian countries and the Republic of Moldova, where a significant share of the urban population also has no piped water connection. Armenia and the countries of the former Yugoslavia report lower average national levels of non-connection, but the share of households in rural areas without a connection always tends to be higher. The highest share of households affected is found in Tajikistan, where about two thirds of the total population lives in homes which are not connected to the public water network. However, here again large sub-national differences exist: the non-connection rate is 80 percent in rural areas, 24 percent in urban areas, and less than 10 percent in the capital city, Dushanbe.

Although the share of households connected to the water supply system tends to be correlated with the country's level of GDP per capita, there are two exceptions in the region: Kazakhstan has the highest GDP per capita level (among the countries for which data for 2005-06 are available), but it has among the largest shares of households without water connection. Armenia on the other hand, ranks

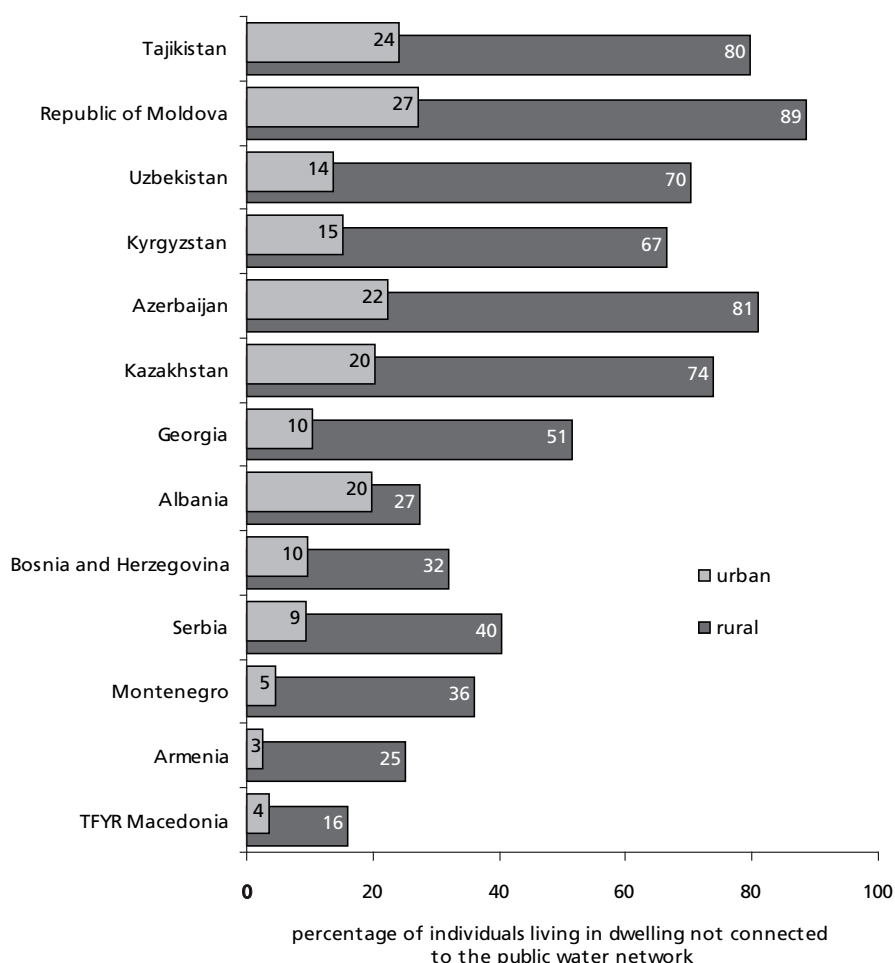


FIGURE 13. Population living in dwelling not connected to the public water network in urban and rural areas, 2005–2006 (per cent)

Source: MICS data; for Armenia, Azerbaijan and the Republic of Moldova data are from DHS carried out in 2005 or 2006.

Note: the household connection takes into account only piped water that is distributed in the house or just outside (yard) and that can be considered as used privately. Countries are ordered by decreasing levels of the national average of household water connection. Data from MICS refer to individuals; data from DHS refer to households.

better in terms of its share of households with a water connection, than in terms of GDP per capita.

Lack of piped water holds additional implications for children, since they are often involved in water fetching activities: in fact according to MICS results, children under 15 years in Kyrgyzstan and Tajikistan living in households without access to water in the dwelling or in the yard represent around 20 and 10 percent

respectively of the household members with the main responsibility for fetching water. This has implications for the amount of time available to children for study and play.

As with access to the public water infrastructure coverage, households living in rural areas in the poorest countries of the region are most likely not to have access to improved sanitation. DHS data for the Republic of Moldova, Azerbaijan and Armenia suggest that around one fifth of rural households had no access to improved sanitation facilities,<sup>59</sup> although coverage is also not complete in urban areas. In the Republic of Moldova in 2005, around 6 percent of households shared a toilet with other households, with a slightly higher prevalence of sharing in urban areas. In South-Eastern Europe, lack of access to improved sanitation is clearly more common in the rural areas of the former Yugoslav Republic of Macedonia and Bosnia and Herzegovina where, 13 percent and 10 percent respectively of individuals did not have improved sanitation facilities in their dwellings.

Finally, unlike the other housing indicators discussed above, use of unclean fuels is not only found in the lower-income countries. Use of solid fuels for cooking and heating is one of the main sources of indoor air pollution, and is associated with the risk of respiratory diseases among young children. The use of solid fuels for cooking is widespread in rural areas, but in many countries is also common in urban areas. The highest rates of use of solid fuels for cooking in rural areas are found in Georgia (90 percent), Albania (79 percent) and Bosnia and Herzegovina (67 percent), while in most rural areas in Central Asia the rate is lower than 50 percent. Urban rates are much higher in the European countries surveyed in MICS or DHS: in Albania and the former Yugoslav Republic of Macedonia around one fourth of the urban dwellers live in households which use solid fuels as a main source of fuel for cooking. On the contrary, the urban rates are very low in Central Asia: for example, this form of housing deprivation is found among only 8 percent of urban households in Tajikistan, 7 percent in Kazakhstan and 1 percent in Uzbekistan.

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<sup>59</sup> DHS reports define improved sanitation as means of excreta disposal which include flush toilet, ventilated improved pit latrine and latrine with a slab.



## 7 The family environment: Children growing up with only one parent or without parental upbringing

The family is the primary environment in which children grow and develop, in which they are cared and where they learn how to socialize and behave. The role of adults, in particular of parents, and the quality and stability of their interaction with children are important for children's physical, intellectual and emotional security and development. While there has been a long-term trend in most industrialized countries towards a smaller role for traditional families and a reduction in family stability, the strength and importance of the family unit varies between and within countries. The changes brought about by transition, including the initial economic crisis, have had a striking impact on family structure, and are reflected in the tendency to delay family formation and childbearing, increasing signs of family instability (divorce rates), and the growth in the number of children living with single parents or in state care.

Although there has been an overall decrease in the child population, several countries in the region – in particular those in Western CIS, Central Europe and Baltic States – have seen a growth in the share of children living with a single parent, and to a lesser extent without parents. There are several reasons for the growth in the number of single parents, including the increased share of children born out of wedlock, the increase in divorce rates and also, in particular in the Russian Federation, the growth in adult male mortality rates. In some countries there has also been an increase in the number of children left behind (for shorter or longer periods) by one or both parents migrating abroad.

With the transition some countries of the region – those in Western CIS, Baltic States and those in Central Europe – experienced a marked rise in the number of children living in single parent families.<sup>60</sup> For example, in the Russian Federation, in 2003, around 28 percent of children were not living with both parents, and the main cause for a parent's absence was divorce, followed by the death of the father.<sup>61</sup> Census data for Central Europe and the Baltic States for 2000/01 showed that circa 20 percent of children in Slovakia and Slovenia, 31 percent in Estonia and 37 percent in Latvia were living without one or both parents. For comparison, in the United Kingdom, the EU 15 country with the highest rate, 24 percent of children were living with only one parent in the early 2000s.<sup>62</sup>

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60 At the beginning of the 1970s several republics of the former Soviet Union (for example the Russian Soviet Socialist Federative Republic and the Estonian Soviet Socialist Republic) ranked among the countries in the world with the highest shares of children living in single parent households, but during the following two decades they experienced only very slight changes, while countries like Sweden, the United Kingdom and the United States rapidly outpaced them. See Klugman and Motivans (2001, p. 10).

61 UNICEF (2006) p.34.

62 European Commission (2008).

In countries with large levels of out-migration, the number of children left behind by migrating parents has grown. Data for Albania and the Republic of Moldova show that the share of children left behind – even if in some cases this is for short periods – is significant. For example, survey data for the Republic of Moldova in 2007 suggest that 37 percent of children aged 0–14 years were not living in families with both parents, and in slightly more than half of the cases this was due to the migration of one or both parents.

### *Children living in formal care*

Children living in institutions experience a more extreme form of deprivation of parental care. The increase in numbers living in public care institutions is partly due to the economic difficulties experienced by families in transition, but also due to the traditional ways in which the state has intervened to provide child protection in most countries of the region. Under central planning, placement of children in formal care – usually in large institutional structures – was the main way for the states to provide protection to children deprived of parental care. Such reliance on these structures was based on the underlying ideological belief that the state could substitute the family's role in child upbringing. In the transition period, this belief has lingered on, and has meant that in many countries formal care in institutions is still seen as a viable form of child protection, despite the fact that a large body of international literature points to the harmful effects of institutional care on the psychological and emotional development of children.

Children living in institutions include orphans, children of parents legally deprived of their parental rights, children of parents who consider themselves unable to fulfill their parental duties, and children with disabilities. But the total numbers also include children living boarding schools, mainly from rural or remote areas. For example, in Kyrgyzstan and Azerbaijan, almost three quarters of children living in institutional care are those enrolled in boarding schools (see Table 1 below).

The vast majority of children in institutions still have their biological parents, and only a small percent are orphans. The social and economic instability of the early transition period put family structures under particular stress, and in the absence of preventative measures and support mechanisms, led to an increase in the number and rates of children left without the parental care (mainly those with parents who considered themselves unable to fulfill their parental duties), and an increase in the rates of children being placed in formal care, usually in institutions.

There are large differences within the region regarding the rates of children in formal care, with the countries in the Western CIS, Kazakhstan and Lithuania having the highest rates, and those which were part of the former Yugoslavia and the Central Asian countries having the lowest prevalence. The increasing trends in

children being placed in formal care have continued even in the period of economic recovery in most countries of the region: high numbers of children continued to enter formal care each year throughout the first half of 2000s, and even in cases where the absolute numbers declined, the rates of children entering formal care often increased due to the shrinking size of the child population.

As noted above, in some countries the increasing rates are due to the large shares of children attending boarding schools to obtain general education. In some cases, this might be done in the best interests of the child, for example, when the child lives in remote and rural areas of Central Asia. If the care provided in boarding schools is of good quality, and the schools are managed well, children can indeed benefit from increased access to schooling, especially girls who might otherwise be under family pressure to drop out of school at an early age. Children in boarding schools can also benefit from regular and nutritious meals, and those with socialization problems, especially those from poor households or from ethnic minorities, can benefit from integration with children from other backgrounds. However, boarding schools, if they are not properly staffed, equipped and managed, have the potential to do the same harm and have the same long term negative effects on the child's development as other forms of institutional care. There is some evidence that Central Asian countries, including Kyrgyzstan and Tajikistan are increasingly relying on boarding schools to help children from poor families benefit from obligatory schooling.<sup>63</sup> Here it will be important to ensure that the quality of care and staff training is adequate, and that policy makers are aware of the potential harm from the child protection perspective of pursuing this type of solution to guaranteeing access to obligatory education, and also of keeping close contact with the family environment.

In specific cases, institutional care for some severely disabled children may also be the best option, due to the need to guarantee support from professional carers at all times. In these extreme situations, it is necessary to ensure that the quality of care is appropriate in the best interest of the individual child, both from the medical and child protection point of view<sup>64</sup>. From the point of view of monitoring, it is important that numbers and rates of children in institutions are disaggregated in order to identify the different types of institutions (large residential, boarding school, family-type), and the reasons for placement.

Two indicators relating to the type of formal care are discussed below, namely the rate of children living in institutions and the rate of children living in guardian or foster care. As noted above, there is little tradition in the region of looking for alternative solutions to institutional care for children. However, as awareness of the damaging effects of institutional care has increased, foster care has gradually emerged as a viable alternative, but in some countries more than in others. But despite the increase in family-based care, there are no clear or consistent signs of a reduction in the rates of children being placed in institutions. In some cases, there

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63 UNICEF (2008c).

64 UNICEF (2008c).

has even been an increase in the latter, suggesting that the flow of children into formal care has not yet abated, especially in those countries which have traditionally relied most on residential care. Thus alternative family-based forms of child care may be expanding, but are not necessarily replacing the previous reliance on residential/institutional care. And the continuing high shares of children being separated from their biological families suggest that mechanisms to provide support to families in need are still underdeveloped.

Figure 14 ranks countries according to the rate of children living in institutions at the end of 2006 and compares it with data for 2000. In six countries, Kazakhstan, Lithuania, the Republic of Moldova, Russian Federation, Czech Republic, Belarus and Kyrgyzstan, more than one percent of the child population lives in some form of institutional care (including boarding schools). In most of the countries with the highest rates, the proportion of children living in institutional care actually grew between 2000 and 2006 (although in the most recent years some signs of decline in the rates were registered). On the other hand, the most positive trend can be seen for Romania, where the share of children living in institutions almost halved between 2000 and 2006, largely as a result of public and international support for the development of foster care, or smaller family-type care solutions. However, it should be noted that the rates of institutionalization for Romania also include children over the age of 18, and there is evidence that, with the reduction in the number of new entrants to the institutions, those are more and more populated by adult individuals (who grew up in institutional care) for whom it is difficult to find an alternative – family based – accommodation. Unlike the rest of the Western CIS countries, Ukraine performs relatively well. However if the data on children living in institutions are disaggregated by regions it is clear that some regions in the south-east of the country have the highest rates and also experienced the largest increases between 2000 and 2004<sup>65</sup>.

Table 1 provides information on the absolute numbers of children living in institutions, for selected countries, and of these, the numbers living in boarding schools. The data refer to the end of 2006, and illustrate clearly how the populous countries like Ukraine and Uzbekistan with relatively lower rates of institutionalization, are among the countries with the highest absolute numbers of children in institutions (occupying respectively fourth and fifth place in the region, after the Russian Federation, Kazakhstan and Poland). Table 1 also shows the impact of placement in boarding schools on raising the numbers on children living in institutional care: in fact, in the countries of Central Asia and Caucasus, children in boarding schools represent the majority of those living in institutions.

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65 Mykytyn (2005).

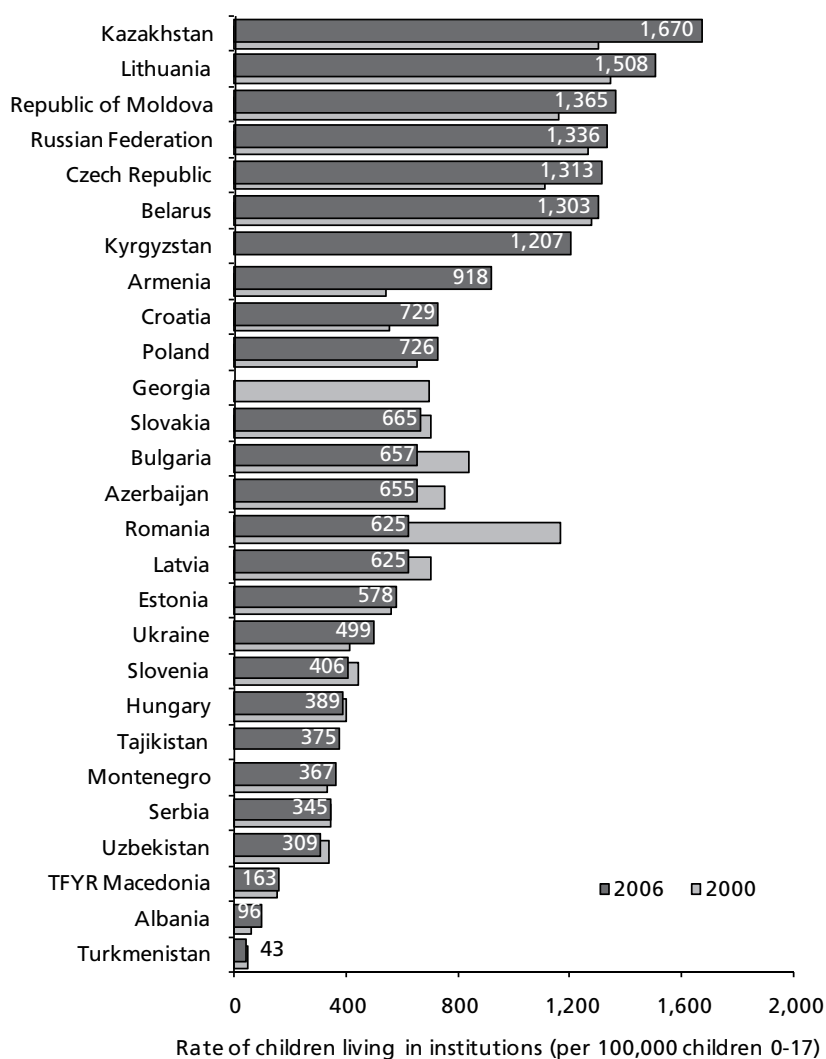


FIGURE 14. Children living in institutions (per 100,000 population aged 0–17)

Source: TransMONEE database 2008.

Note: definitions may differ among countries. Data for Western CIS, Central Asia and Caucasus countries, as well as Czech Republic and Lithuania include children living in boarding schools. In some countries data includes also individuals aged 18 and more residing in child care institutions, for example in the former Yugoslav Republic of Macedonia, Romania, Slovenia and the Baltic States.

TABLE 1. Children living in institutions in selected CEE and CIS countries, absolute numbers and rates (end of 2006)

	Total number of children living in residential care	- of which in general type boarding schools	Children living in residential care, including boarding schools (per 100,000 children 0–17)	Children in general type boarding schools (per 100,000 children aged 0–17)
Czech Republic	24,517	2,957	1,313.3	158.4
Lithuania	10,491	4,278	1,508.4	615.1
Belarus	24,349	8,968	1,303.1	479.9
Republic of Moldova	11,551	6,039	1,365.1	713.7
Russian Federation	360,942	112,746	1,336.1	417.4
Ukraine	42,634	10,553	499.5	123.6
Armenia	7,597	1,973	917.9	238.4
Azerbaijan	16,992	13,075	655.4	504.3
Georgia	8,155	4,696	761.6	438.6
Kazakhstan	76,859	48,418	1,670.3	1,052.2
Kyrgyzstan	23,390	17,974	1,206.6	927.2
Tajikistan	11,646	8,462	375.4	272.8
Uzbekistan	32,008	5,076	308.8	49.0

Source: TransMONEE database 2008.

Note: data for Georgia refer to end 2003.

Finally, rates of children living with guardians or in foster care (Figure 15) grew in most of the region during the 2000s, reflecting both the increase in rates of children left without parental care, but also in several countries the promotion of alternatives to institutionalization. In 2006, slightly less than 2 percent of children in Latvia and Hungary were living in foster care or with a guardian. In the Russian Federation the share of children in institutional care grew between 2000 and 2006, but there was also an increase in the share of children being placed with guardians. In Romania, the increase in the rate of children in foster care almost entirely compensated for the decline in institutional care. Here, there have clearly been policy efforts to prioritise more child-friendly solutions, but there is no evidence of effective preventative measures to reduce family breakdown, meaning that the actual numbers of children deprived of parental care are not decreasing<sup>66</sup>.

<sup>66</sup> Panduru, Pisićă, Molnar and Poenaru (2006).

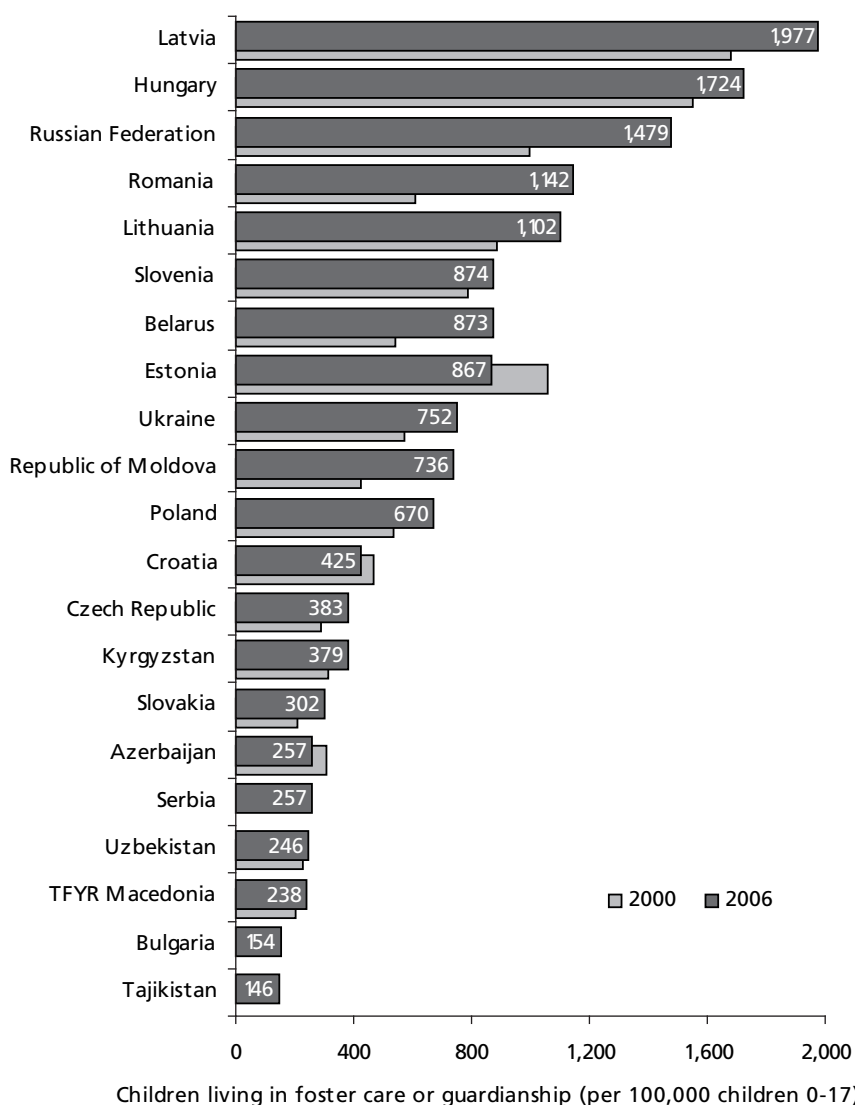


FIGURE 15. Children living in foster care or guardianship (per 100,000 population aged 0–17)

Source: TransMONEE database 2008.

Note: definitions and regulations differ country by country. The 2006 figure for Estonia refers to 2005.

## 8 Conclusions

The previous sections have provided an overview of child wellbeing across five dimensions for countries in different parts of the region. Table 2 summarises the conclusions emerging from the analysis, setting out priority child well-being concerns for the different sub-regions of CEE/CIS. The analysis shows that the period of economic recovery from the late 1990s to 2008 brought with it clear improvements in most average indicators of child well being throughout the region. There was a decline in child income poverty and child mortality (although there remain large disparities across the region), average improvements in education indicators, no obvious deterioration in housing indicators, and rates of child institutionalization also showed a modest improvement in the 2005–2007 period. However the analysis has also shown that significant challenges remain to achieving long term and sustainable improvements in the different dimensions, across all sections of the child population.

As the region entered, from mid-2008, a new period of economic uncertainty, the wellbeing of children is at a crossroads. Further progress towards realizing child rights will depend on a continuation of investments in children, in terms of public expenditure and also on the implementation of the long term and complex reforms needed to improve the efficiency of expenditure and its impact on child outcomes. However, there is a risk that the economic crisis will divert the policy focus away from necessary investments in, for example, improving primary health care services for mothers and children, expanding pre-school access and improving the quality of school education, and developing new systems of child protection as alternatives to the excessive reliance on institutional care. Unless these investments are protected and continued, there is a danger that the crisis will lead to a reversal not only in child income poverty trends, but also in some of the positive trends achieved in the other dimensions of child wellbeing since the beginning of the decade.

The results of the review have underscored the fact that economic growth has not and cannot on its own lead to improved indicators for all children across all dimensions but must be accompanied by long term policy efforts to improve access and quality of basic public services, and strengthen social protection for vulnerable families. This is further confirmed by the fact that the countries with high levels of GDP do not perform well in all child well-being indicators, and the fact that national averages for each indicator frequently mask significant intra-country disparities, even within the richer countries. While there have often been improvements in national averages in the period of economic growth, persistent intra-country differentials point to continuing difficulties faced by vulnerable families in certain regions or population groups.



The worrying outcomes for some proxy indicators for youth socialization (especially mortality due to external causes in middle-income countries) point to mixed results for young people in the middle income and richer countries during the period of economic growth, where not all have been included in the benefits of growth, and where there has been insufficient policy attention given to the need to replace previous channels of socialization in the vacuum created by transition. Exclusion among youth is often not perceived as a problem by policy makers, and there has been little investment in preventing delinquent behaviour, which is often perceived as a problem of individual irresponsibility rather than a collective problem. The lack of a tradition of professional social workers at the local level to help families is particularly a problem in those countries where communities and families show signs of instability and lack of cohesiveness.

Some countries with strong economic growth rates did not experience substantial progress in reducing the rates of children living formal care. The increase in rates in the initial transition period was usually attributed to the rise in income poverty. However the continuing high levels even in the period of economic recovery, despite an increase in awareness of the potentially damaging effects for the individual child of institutional care, point again to lack of effective forms of social protection for children in vulnerable families. Incomplete reforms aimed at providing alternative solutions for families which feel unable to provide adequate care for their children, mean that there are still no other options which would allow the best interests of the child to be respected.

While it is difficult to generalize for the sub-regions, since they are also heterogeneous across different indicators, an attempt is made below, and in the attached table 2, to identify and summarize the remaining open challenges:

1. For the five Central European countries, levels of extreme poverty are low, and the positive results in indicators relating to child health, education as well as housing point to successful policies regarding provision and quality of basic public services and infrastructure. However, the data for these countries also suggest problems of exclusion for some sections of the child population, as manifested in quite high levels of relative child poverty, and evidence of school segregation as well as a greater probability of living in public care institutions for children from the Roma population. The policy priorities in these countries should be aimed at ensuring an adequate standard of living and access to an equal quality of basic services for all children.
2. The three Baltic countries also have low rates of extreme child poverty and relatively good results for education and health, suggesting that overall access to basic services are not a priority concern. Here again, however, there are signs of inequalities and differentials in quality. Two of the countries (Estonia and Lithuania) have high levels of mortality for 15–19 year olds, pointing to problems of youth marginalization and moral disorientation in the face of the

- collapse of those institutions previously entrusted with the socialization of adults, lack of employment opportunities, and families under stress. Latvia and Lithuania have high rates of institutionalization, again suggesting continuing pressures and lack of support for vulnerable families.
3. The eight countries of SEE have relatively high rates of extreme child poverty, and problems of exclusion, with Roma in some countries being strongly over-represented among the extremely poor. Indicators of child health and education point to high levels of differentiation in the quality of basic services. Romania and Bulgaria are the only EU countries with U5MR of over 10 per thousand live births, and Albania has one of the highest rates of child malnutrition of the whole CEE/CIS region. Pre-school enrolment rates are under 50 percent in some of the Western Balkan countries. The quality of housing and utilities infrastructure also shows large differences, with the latter being less available in rural areas.
  4. The four countries of the Western CIS show a relatively high risk of extreme poverty (very high in the Republic of Moldova) for households with children, and large sub-national inequalities, pointing to lack of social protection and cash transfers for vulnerable families. The fact that large sections of the child population are vulnerable to poverty, in that they are living on less than PPP \$ 5.00 per day, points again to the importance of child benefits and other forms of support. Inadequate support for families under strain is also suggested by the high rates for children living in institutions in these countries, and in the Republic of Moldova, by the high rates of children being left behind by migrants. The large sub-national inequalities in income levels are mirrored in the large differentials in the results for infant and child mortality, pointing to differentials in employment and income opportunities, but also differentials in the quality of primary health care. The worryingly high levels of mortality due to external causes for young people aged 15-19 years confirm the lack of mechanisms, institutions to support family in the upbringing of children (many forms of deviance which are manifested in the adolescent phase have their roots in the experiences of the child in earlier phases of his/her development), and lack of policy attention to helping marginalized youth. Here pre-school coverage is relatively high, but there is possibly a need to work on improving the quality, and in providing other forms of parenting support.
  5. The three countries of the Caucasus have low rates of youth mortality rates and of children living in institutional care, pointing to the greater strength of traditional family structures and communities to help with socialization processes. However, a very high percentage of children are vulnerable to extreme poverty, and there is also quite a large share of children already living in extreme poverty, with evidence of significant sub-national inequalities. Lack of access to quality primary health care, and inequalities in access and

quality, are reflected in the relatively high levels of infant and child mortality and child malnutrition in some sub-national regions.

6. The five countries of Central Asia have high levels of extreme child poverty, and very high levels of infant and child mortality. Levels of child malnutrition are also high in some sub-regions. Again, the strength of traditional family and community structures seems to be reflected in the lower rates of children living in institutions. While the countries have managed to retain high rates of enrolment for basic obligatory schooling, there are low levels of pre-school and upper-secondary enrolments. The priority in these countries should be on broad based social protection measures for families with children (not targeted since the majority of child population lives in poverty), and efforts to improve the quality of primary health care.

The discussion in this paper reflects the difficulties to rank countries according to an overall level of child well-being and the limited interpretation that can be drawn from an overall ranking/index. The review of selected indicators which has been presented, has shown the degree to which the assessment changes according to the choice of dimensions and indicators, and that relatively good results in one dimension may be inconsistent with poor results or priority policy issues in another. For this reason, it is considered useful to examine each indicator and dimension separately and in their interaction in order to capture the open challenges, and to disaggregate data as much as possible in order to identify the most vulnerable groups within the child population.

The policy priorities and challenges for improving child well-being clearly differ between and within sub-regions and also within countries. Each country has its own mix of old and new child well-being issues to monitor and tackle: this underscores the need for all governments in the region to ensure that their monitoring systems are adequate to identify those sections of the child population at risk, to determine the nature and extent of exclusion and deprivation, and identify their main causes as a basis for efforts to effectively reduce persisting disparities, while giving priority to those in greater need.

TABLE 2: Child well-being challenges in the CEE and CIS sub-regions

	income poverty	health	education	housing	child protection / deprivation of parental upbringing
Central Europe (Czech Republic, Hungary, Poland, Slovakia and Slovenia)	Very low levels of child extreme poverty. More substantial percentage of children living on less than PPP \$ 5 a day. Relative poverty matters, as well as regional inequalities. Risk of social exclusion.	Low and very low levels of infant and child mortality. Low levels of mortality for older children. In some countries, some evidence of higher rates of overweight and obesity among older children.	High rates of enrolment in preschool, in particular for the year prior to the beginning of primary education (for 5 or 6 years old). High levels of enrolment in upper-secondary education. Average quality of education is good, good performance in international comparison studies. Exclusion of Roma children, segregation in school.	Low levels of extreme housing deprivation.	High rates of children living in institutional care in Czech Republic and intermediate rates in the other. Hungary has a high rate of children living in foster or guardian care. Over-representation of Roma children in public care institutions or in special schools for children with disabilities.
Baltic States (Estonia, Latvia and Lithuania)	Very low levels of child extreme poverty. More substantial percentage of children living on less than PPP \$ 5.00 a day. Relative poverty matters, as well as regional inequalities. Risk of social exclusion.	Low levels of infant and child mortality. No major nutritional challenge is evident. High levels of mortality for 15-19 years old in Lithuania and Estonia due to 'external cause' (voluntary or involuntary injuries and suicide)	High rates of enrolment in preschool, in particular for the year prior to the beginning of primary education. High levels of participation also to upper-secondary education. Average quality of education is good, quite good performance in international comparison studies	Low levels of extreme housing deprivation. Rural areas are disadvantaged in terms of access to basic utilities.	Latvia has a high level of children 0-3 living in infant home and a high rate of children in foster or guardian care. Lithuania has both high levels of institutionalization and foster care.
South-Eastern Europe (Bulgaria, Romania, Albania, Bosnia and Herzegovina, Croatia, Montenegro, Serbia and TFYR Macedonia)	Child extreme poverty is substantial in some countries and in some regions within countries. Roma children are over-represented in the population living in extreme poverty	Intermediate levels of infant and child mortality. Persistence of substantial subnational inequalities. Evidence of quite high levels of prevalence of undernutrition for children under-5 in Albania.	Quite high levels of participation in preschool in Bulgaria and Romania. Intermediate in the other countries. In Bosnia and Herzegovina levels of preschool participation are very low. Intermediate rate of participation in upper secondary education. Subnational inequalities in enrolment to non compulsory levels. Inequality in learning achievements.	Problems of overcrowding in some countries, in particular in urban areas and for the poorest sections of the population. Problems of quality of housing stock. Levels of non-connection to basic utilities (water and sanitation) vary across this sub-region. Rural areas are less covered by basic infrastructure, also in the richest countries of South Eastern Europe.	Intermediate rates of children living in institutional care in Bulgaria and Romania (this one, has high rate of children in foster care). Low rates of children in formal care in the other countries of the region.

Western CIS (Belarus, Republic of Moldova, Russian Federation and Ukraine)	High levels of extreme child poverty in the Republic of Moldova. In the other countries extreme, extreme poverty risk is higher in large households with children. Substantial sub-national inequalities. Substantial shares of children living on less than PPP \$ 5.00 a day.	Intermediate to high levels of infant and child mortality. Persistence of subnational inequalities. High and very high levels of mortality for 15-19 years old, especially due to external causes	High levels of participation to preschool education - in particular for the year prior to primary education - and intermediate levels for upper secondary. Subnational inequalities.	Problems of overcrowding in some countries, in particular in urban areas and for the poorest sections of the population. Problems of quality of housing stock. Levels of non-connection to basic utilities are very high in the poorest rural areas. Rural areas are less covered by basic infrastructure. In the Republic of Moldova quite high rates of non connection to the public water network are found also in urban areas.	High rates of children living in institution and in foster care in most of the countries of Western CIS. High rates of children left behind by migrant parents in the Republic of Moldova.
Caucasus (Armenia, Azerbaijan and Georgia)	Medium levels of extreme child poverty, but very high percentage of children vulnerable to extreme poverty. Regional inequalities.	High levels of infant and child mortality. Substantial inequalities. Monitoring challenges. Some evidence of nutritional problems for children under-5 at the subnational levels. Azerbaijan is one of the countries with the highest levels of mortality for 5-14 year olds. All the Caucasus countries rank among the countries with low levels of mortality for 15-19 year olds	Low levels of participation to preprimary education and intermediate to low levels in upper secondary school. Substantial subnational inequalities.	Problems of overcrowding in some countries, in particular in urban areas and for the poorest sections of the population. Problems of quality of housing stock. Levels of non-connection to basic utilities are very high in the poorest rural areas. Rural areas are less covered by basic infrastructure.	Intermediate rates of children living in institutional care, low levels of children in foster or guardian care.
Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan)	Very high levels of extreme poverty. Substantial subnational inequalities.	Very high levels of infant and child mortality. Subnational disparities. Monitoring challenges. High levels of undernutrition found in some countries and in some subregions within countries. High levels of mortality for 15-19 year olds in some countries, especially Kazakhstan	Very low levels of participation in preprimary education and in upper secondary school. Substantial subnational inequalities. In Tajikistan evidence of female disadvantage in access to upper secondary. Data on learning achievements from international comparative studies for Kyrgyzstan point to low quality of education.	Problems of overcrowding in some countries, in particular in urban areas and for the poorest sections of the population. Problems of quality of housing stock. Levels of non-connection to basic utilities are very high in the poorest rural areas. Rural areas are less covered by basic infrastructure.	High rates of children living in formal care in Kazakhstan and Kyrgyzstan (mainly in boarding schools). Quite low levels in the rest of Central Asia. Low rates of children living in foster care.

## Appendix

TABLE A1. GDP levels and growth, estimates and projections

	GPD per capita PPP \$ (constant 2005)		GDP per capita annual % growth rate	GDP annual % growth rate		
	2000	2007	2000–2007	2000–2007	2008	2009 projection
Czech Republic	16886	22953	4.5	4.6	2.7	-4.3
Hungary	13597	17894	4.0	3.8	0.6	-6.7
Poland	11743	15634	4.2	4.0	4.9	1.0
Slovak Republic	12722	19342	6.2	6.2	6.4	-4.7
Slovenia	19718	26294	4.2	4.4	3.5	-4.7
Estonia	11053	19327	8.3	8.0	-3.6	-14.0
Latvia	8533	16317	9.7	9.1	-4.6	-18.0
Lithuania	9417	16659	8.5	7.9	3.0	-18.5
Bulgaria	6854	10529	6.3	5.6	6.0	-6.5
Romania	6838	10750	6.7	6.1	7.1	-8.5
Albania	4787	6707	4.9	5.4	6.8	0.7
Bosnia and Herzegovina	5010	7088	5.1	5.4	5.5	-3.0
Croatia	10570	14729	4.9	4.9	2.4	-5.2
Montenegro	6707	10363	6.4	4.7	7.5	-4.0
Serbia	6785	10128	5.9	5.6	5.4	-4.0
TFYR Macedonia	7231	8350	2.1	2.3	4.9	-2.5
Belarus	5810	10238	8.4	8.0	10.0	-1.2
Republic of Moldova	1455	2409	7.5	6.2	7.2	-9.0
Russian Federation	8615	13873	7.0	6.6	5.6	-7.5
Ukraine	3696	6529	8.5	7.6	2.1	-14.0
Armenia	2290	5377	13.0	12.6	6.8	-15.6
Azerbaijan	2490	7414	16.9	17.9	11.6	7.5
Georgia	2342	4403	9.4	8.3	2.1	-4.0
Kazakhstan	5406	10259	9.6	10.2	3.2	-2.0
Kyrgyz Republic	1501	1894	3.4	4.3	7.6	1.5
Tajikistan	1003	1657	7.4	8.8	7.9	2.0
Turkmenistan	..	..	..	..	10.5	4.0
Uzbekistan	1632	2290	5.0	6.3	9.0	7.0

Source: Authors' elaboration of data from World Development Indicators 2008. Estimates of GDP growth for 2008 and projections for 2009 are from IMF (2009), accessed on October, 1<sup>st</sup> 2009.

TABLE A2. The child population in CEE/CIS countries

	Total child population (0-17), (thousand)			Proportion of children aged 0-17 in the total population (%)			Total fertility rate (children per woman 15-45)
	1990	2000	2007	1990	2000	2007	2006
Czech Republic	2,780	2,115	1,867	26.8	20.6	18.1	1.33
Hungary	2,611	2,119	1,904	25.2	20.7	18.9	1.35
Poland	11,350	9,614	7,661	29.8	24.9	20.1	1.27
Slovak Republic	1,613	1,336	1,106	30.5	24.7	20.5	1.24
Slovenia	506	402	349	25.4	20.2	17.4	1.31
Estonia	416	314	280	26.5	22.9	20.9	1.55
Latvia	682	539	420	25.6	22.6	18.4	1.35
Lithuania	997	871	696	27	24.8	20.5	1.31
Bulgaria	2,188	1,634	1,317	25	19.9	17.2	1.38
Romania	6,635	5,108	4,207	28.6	22.7	19.5	1.31
Albania	1,261	1,284	966	38.4	37.7	30.7	1.4
Bosnia and Herzegovina	1,311	942	887	29.4	23.6	19.6	1.18
Croatia	1,149	1,067	852	24.1	23.9	19.2	1.38
Montenegro	-	173	153	-	26.6	24.4	1.64
Serbia	-	1,541	1,412	-	20.5	19.1	-
TFYR Macedonia	595	556	482	31.4	27.5	23.6	1.46
Belarus	2,793	2,397	1,869	27.4	23.9	19.2	1.29
Rep. of Moldova	-	1,079	846	-	29.6	23.6	1.2
Russian Federation	40,178	34,583	27,014	27.2	23.5	19	1.3
Ukraine	13,325	11,143	8,536	25.8	22.5	18.4	1.3
Armenia	1,243	1,145	828	35.4	30.1	25.7	1.35
Azerbaijan	2,743	2,961	2,593	38.5	36.9	30.4	2.33
Georgia	-	1,165	1,007	-	26.3	22.9	1.4
Kazakhstan	6,066	5,053	4,617	37.2	33.9	30.2	2.36
Kyrgyz Republic	1,894	2,025	1,939	43.5	41.6	37.4	2.7
Tajikistan	2,588	3,034	3,102	49.4	49.5	43.9	3.27
Turkmenistan	1,721	2,182	2,158	46.9	45	39.9	2.6
Uzbekistan	9,522	11,011	10,366	47.1	45	38.9	2.39

Source: TransMONEE 2008 database. Note: data on population refer to the beginning of the referred year.



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## Sources of the data used for the analysis

### Databases

TransMONEE database, [www.transmonee.org](http://www.transmonee.org)  
Eurostat, online database, <http://ec.europa.eu/eurostat>  
OECD, Programme for International Student Assessment (PISA), database,  
[www.pisa.oecd.org](http://www.pisa.oecd.org)  
UNICEF, Child Info, [www.childinfo.org](http://www.childinfo.org)  
World Bank, Eastern Europe and Central Asia Regional Databank  
World Bank, World Development Indicators  
World Health Organization, Global Database on Child Growth and Malnutrition,  
[www.who.int/nutgrowthdb](http://www.who.int/nutgrowthdb)  
World Health Organization, Mortality Database,  
<http://www.who.int/healthinfo/morttables/en/index.html>

### Microdata from surveys

Multiple Indicators Cluster Surveys (MICS), round 3, 2005–06, for 11 CEE and CIS countries (see [www.childinfo.org](http://www.childinfo.org))

## Acronyms and abbreviations

CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
DPT	Diphtheria, Pertussis and Tetanus vaccine
EU	European Union
EU-SILC	European Union Statistics on Income and Living Conditions
GDP	Gross Domestic Product
IDPs	Internally Displaced Persons
IMF	International Monetary Fund
ISCED	International Standard Classification of Education
MICS	Multiple Indicator Cluster Survey
OECD	Organisation for Economic Co-operation and Development
PIRLS	Progress in International Reading Literacy Study
PISA	Programme for International Student Assessment
PPP	Purchasing Power Parity
TIMSS	Trends in International Mathematics and Science Study
U5MR	Under-five Mortality Rate
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

# POVERTY, GENDER AND COPING STRATEGIES IN UKRAINE

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## 1 Introduction

There is a great deal of research evidence on the discrimination of women on the labour market. The impact of such discrimination can be mitigated by government policies, by redistributing household resources and by individual efforts. This article focuses on the gender differences in individual coping strategies during the societal transition in Ukraine.

The labour market of post-soviet Ukraine has the following typical gender-based features:

- *Decrease in female labour participation, women's forced or voluntary exit from the labour market.* While unemployment among men is somewhat higher than among women (7% vs. 6%), discontinuation of economic activity is more common among women. According to data for 2008 compiled by the State Statistics Committee of Ukraine, labour market participation among women aged 15–70 was 58 per cent, compared with 70 per cent among men. The share of women among the unemployed is higher than that of men: 54 per cent of all unemployed people are women. In addition, it is more difficult to find employment for women than for men (Strychak & Martyn 2008).
- *The discrepancy between the individual incomes of men and women indicates a limited access to well-paid jobs for women.* While women have a higher average level of education than men, women's cash wages and salaries make up 69 per cent of those of men (UNDP 2008). Figure 1 demonstrates that a similar tendency is valid also for total individual income (incl. social benefits, income from sales and barter income), and the difference can be seen in all age groups. The total income for men is on the average 1.5 times higher than for women, and the gap is especially wide for the economically most active age group, that is, people aged 20–49.

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<sup>1</sup> Established in 1992, Kiev International Institute of Sociology (KIIS) is a private Ukrainian research organisation that works in close collaboration with the National University of Kiev-Mohyla Academy. KIIS is one of the leading research institutes in Ukraine, specialised in the design, management and implementation of large, complex, multi-year research projects in Ukraine in fields such as socioeconomic, political, health care and marketing research.

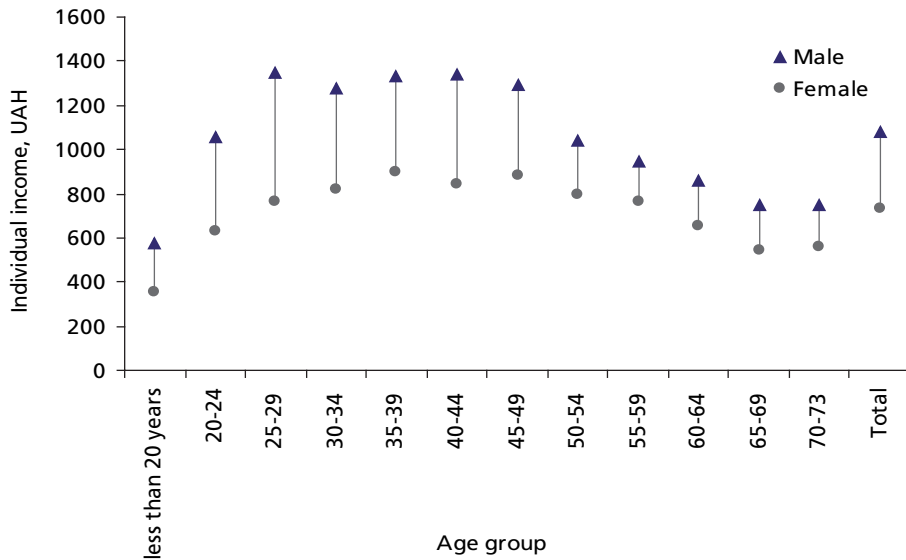


FIGURE 1. Individual income by gender and age group in Ukraine in 2007

Data source: ULMS 2007.

- Striking labour market and professional segregation by gender.* There is an explicit tendency towards a lower labour remuneration for the branches of industry where the employment share of women is higher (Blyzniuk 2004). This is especially true in the public sector, for instance, in education and health care (see Figure 2). In general, there is a rather strong negative correlation ( $r = -0.49$ ) between the share of women employed in industry and the average industry salary. There is also strong professional segregation. While among all employees the shares of men and women are approximately the same, the share of men is considerably higher among the self-employed and entrepreneurs/employers. According to data compiled by the Demographic Institute of the National Academy of Sciences of Ukraine, Ukrainian women comprise 38 per cent of all self-employed entrepreneurs, 26 per cent of those who manage small enterprises, 15 per cent of managers of medium-sized enterprises and 12 per cent of managers of large enterprises. Women clearly dominate among those who perform unpaid work or are employed in agriculture (see Figure 3).
- Limited representation of women at higher levels of administration and government.* Following the September 2007 elections, women make up just over 8 per cent of the Members of Parliament. With this figure, according to the indicator of the Inter-Parliamentary Union, Ukraine ranks 111th in the world (together with Samoa). Close to Ukraine are countries such as Ghana and the Democratic Republic of Congo. Despite the fact that a woman can become the Prime Minister of Ukraine, there have been few female ministers

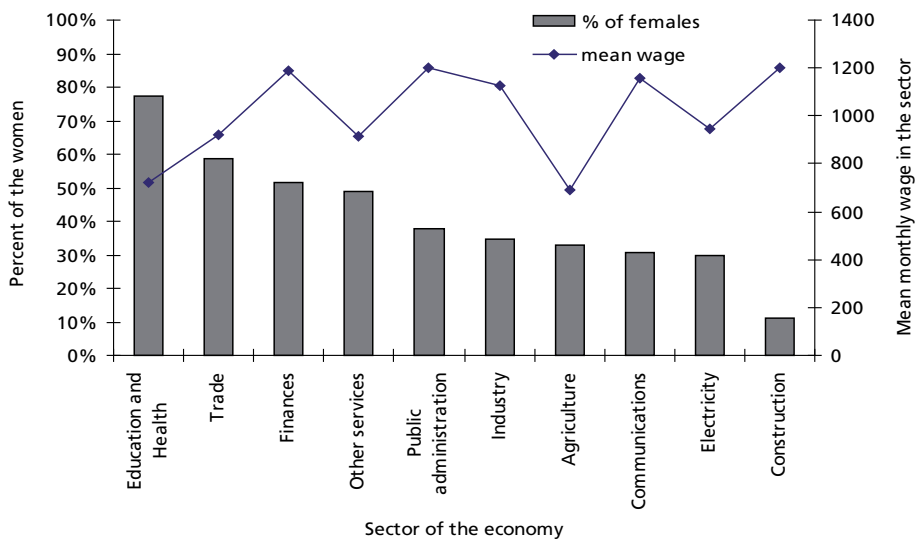


FIGURE 2. Mean monthly wage by sector and percent of women employed in Ukraine in 2007

Data source: ULMS 2007.

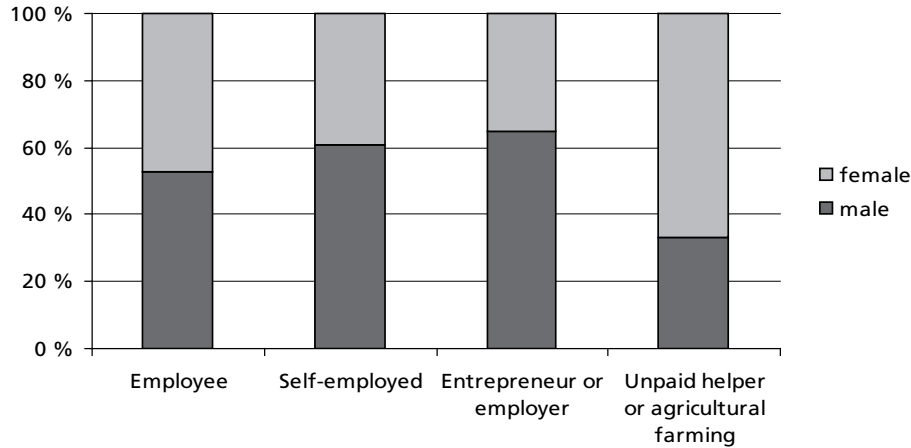


FIGURE 3. Current employment status by gender in Ukraine in 2007

Data source: ULMS 2007.

in the Government. Research shows that 58 per cent of the adult population in Ukraine agrees with the statement that men are generally better politicians than women. This view is held by 71 per cent of men and 48 per cent of women. In addition, 76 per cent of Ukrainian men and 38 per cent of Ukrainian women are in principle not ready to vote for a woman candidate.

The feminisation of low-paid jobs and the insufficient representation of women in high societal positions can be explained by the reproductive behaviour and the additional burden of housekeeping, which traditionally – and according to the existing stereotypes – is the woman's responsibility. We also see that considering women inferior on the labour market is typical not only of the majority of men, but is also common among women themselves (Myshchenko & Gnatiukov 2002). These tendencies on the labour market and in the socio-political sector have been extensively studied by Libanova (2004), Blyzniuk (2002) and Zhurzhenko (2008), for instance. Considerably less attention is drawn to the gender peculiarities of the microstrategies of coping with economic difficulties and gender-specific adaptation to changing economic conditions. We shall now focus on these issues neglected by social research in Ukraine.

Firstly, we shall describe the general dynamics of poverty in Ukraine and define the household types that are most vulnerable to poverty. Secondly, we shall consider multidimensional deprivation among Ukrainian households. Thirdly, we shall describe the most common coping strategies of Ukrainian households and their specifics by gender. Finally, we shall compare life satisfaction among men and women, which we consider one integral indicator of social wellbeing and un/successful adaptation to social change.

## 2 Poverty in Ukraine

### 2.1 Data source

The main data source of this analysis is the Ukrainian Longitudinal Monitoring Survey (ULMS). The survey was conducted by KIIS at the request of a consortium consisting of IZA (consortium leader), the Centre for Economic Reform and Transformation, the Economics Education and Research Consortium (EERC) Ukraine, and the German Institute for Economic Research DIW, Berlin. The scientific head and initiator of the project is Professor Hartmut Lehmann. The goal of the ULMS is to obtain information about employment, the reasons of unemployment and job-seeking strategies, education, migration, and the health of the active adult population in Ukraine. The survey gathers information about

household income and its sources, including cash and in-kind earnings, as well as household expenditure. The survey population consists of the working-age population (aged 15–72). The baseline ULMS survey was conducted in spring–summer 2003. The second wave was implemented in May–October 2004, and the last wave in May–December 2007. The final data set includes 3 100 household questionnaires and 6 700 individual questionnaires.

In addition, this article uses the results of the Household Budget Survey by the State Statistical Committee of Ukraine as well as regular KIIS monitoring surveys, which are conducted quarterly<sup>2</sup>.

## 2.2 Welfare indicator

For many years, household budget surveys conducted in Ukraine demonstrated significant differences between household income and expenditure (Kharchenko & Paniotto 2000). In ULMS 2007, household expenditure exceeded the reported income by nearly 150 per cent on average. This suggests that the incomes are underreported due to three factors: a) respondents' involvement in informal employment (incl. shadow income, and informal income from private land plots, etc.); b) respondents' doubts about confidentiality for reasons of security; and c) a lack of time and problems in terms of memory, since respondents tend to minimise their cognitive efforts. Accordingly, consumption expenditure is a better indicator of material wellbeing in Ukraine – as well as in other countries in transition – because it covers everything that a household has at its disposal, such as savings, stocks and self-production. In addition, the questions concerning expenditure are less sensitive than those concerning income.

## 2.3 Poverty measure

The following three poverty criteria based on statistics or research are most common in Ukraine:

- *Absolute poverty* is measured by the World Bank based on data from the Household Budget Expenditure Survey, which is conducted on a regular basis by the State Statistics Committee of Ukraine (e.g. World Bank 2007). Here, the indicator shows the share of poor people by a minimum consumption basket consisting of basic food and non-food goods and services.
- *Relative poverty* is measured by the Ukrainian Institute of Demography and defines the poor by those whose per-capita expenditure is less than 75 per cent of the median expenditure level. This indicator is also calculated based on

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<sup>2</sup> More details about KIIS monitoring surveys are available at <http://kiis.com.ua/index.php?id=13&sp=1>.



data from the Household Budget Expenditure Survey and is used in analysing poverty in Ukraine. The calculations are based on the scale of household-equivalent coefficients, which are 1.0 for the first household member and 0.7 for all other members, irrespective of their age.

- *Subjective poverty* is based on self-rated poverty where the situation is often compared to that of a reference group or to own past experiences. In the KIIS monitoring surveys, the interviewed respondents are asked to define which statement best reflects the financial situation of their household with the scale “We do not have enough money even to buy food”, “We have enough money to buy food, but it is difficult to buy clothes or shoes”, “We have enough money for food and clothes and we can save, but this is not enough to purchase a refrigerator, for instance”, “We can purchase some expensive goods (e.g. a television or refrigerator), but we cannot afford everything we want”, and “We can afford everything we want”.

Figure 4 shows that absolute and subjective poverty in Ukraine have decreased significantly since 2002, while the rate of relative poverty remains unchanged<sup>3</sup>. According to World Bank experts, the main cause of this decline, measured by two key criteria, is an increase in labour productivity, driven by an increase in the use of capital assets and both domestic and foreign investment. In addition, generous increases in public-sector wages and social transfers have also played an important role in poverty reduction (World Bank 2007).

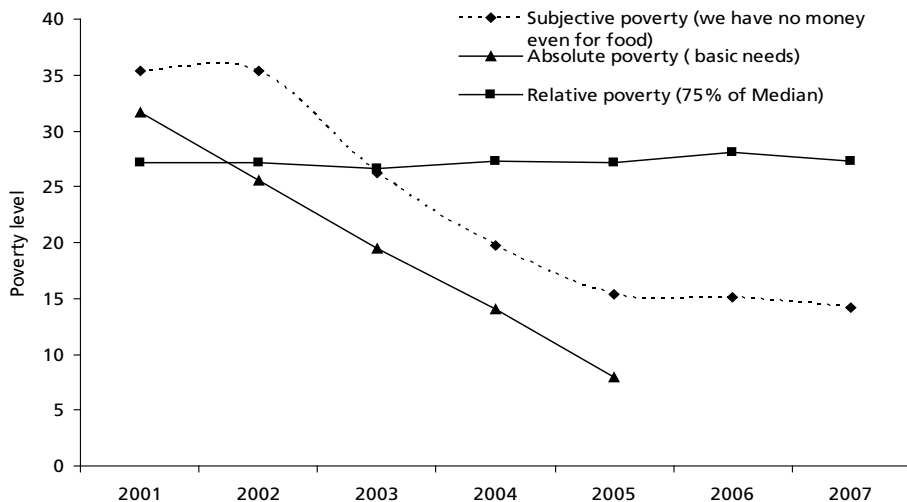


FIGURE 4. Dynamics of the poverty situation in Ukraine

<sup>3</sup> The data on absolute poverty are from the World Bank report “UKRAINE: Poverty Update” (20 June 2007, 1). The data on relative poverty are presented in “Poverty in Ukraine: methodology and analysis practice”, Institute of Demography and Social Surveys, Kyiv-2008, 14. The data on the dynamics of subjective poverty have been calculated by the authors, based on the data from the KIIS monitoring surveys.

The research results show that the position of poor people is not stable and has not remained unchanged. Only 12 per cent of all households (approx. 40% of those who were indicated as poor in 2004 or 2007) were poor in both 2004 and 2007, while quite a considerable part of the population has fluctuated around the poverty line.

### 3 Poverty risk, vulnerability and gender

#### 3.1 Socio-demographic types of the most vulnerable households

In Ukraine, the prevalence of poverty varies by socio-demographic group, and poverty is for the most part a problem for older people, children and people with disabilities. People of working age may be poor, but it is often primarily due to a large number of dependents. As shown in Figure 5, children increase the poverty risk and the risk is especially high if a person has two or more children, in spite of a considerable increase in child benefits as of 2005. It is worth noting that the pension age in itself is not a poverty risk, unless it is linked to other factors (e.g. bad health and inability to work). In general, the poverty level among women (37%) is almost the same as among men (36%).

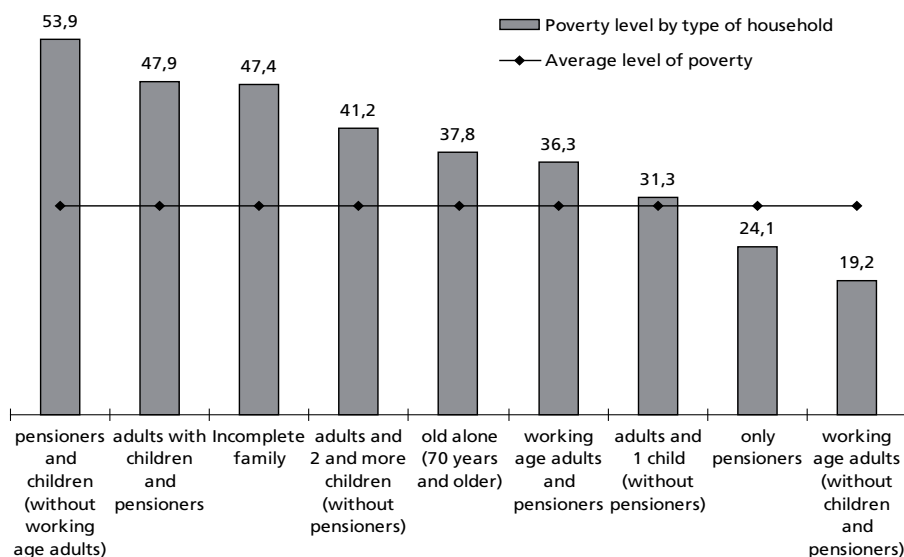


FIGURE 5. Poverty level by the household type in Ukraine in 2007

Data source: ULMS 2007.

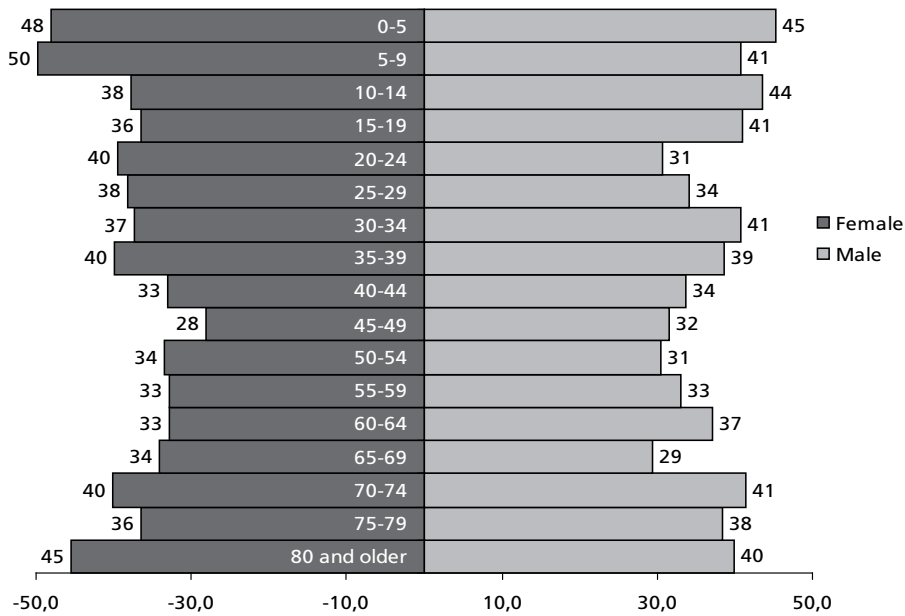


FIGURE 6. Gender-age pyramid of the poor population of Ukraine, share of poor by age group (%)

*Data source: ULMS 2007.*

Figure 6 demonstrates that poverty in Ukraine depends more on age than on gender.

Irrespective of this insignificant gender difference in poverty, other data indicate a higher poverty risk in certain female subgroups. This is due to a high mortality level and an increased divorce rate among working age men. A high male mortality rate is typical of Ukraine and many other post-Soviet states, and it has resulted in a large gap of almost twelve years in life expectancy at birth between women and men. Some of the reasons for such a high male mortality are alcohol abuse, drug addiction, occupational health problems, including culturally induced behaviour in traffic, and a higher probability of men to get dangerous diseases such as HIV/AIDS, cardiovascular diseases and tuberculosis. As a result, we see that about two-thirds of older people are women who are susceptible to poverty if they live alone and are not able to work. In Ukraine, children usually stay with their mother after a divorce, and incomplete families are also very vulnerable to poverty as shown in Figure 5. This is another factor increasing the poverty risk for women.

## 3.2 Multidimensional deprivation

Average per-capita household indicators are not adequate for studying poverty by gender, since they do not take into account the distribution of individual financial resources in the family. Available data from Ukraine do not allow for studying this subject in greater detail. In order to assess gender-specific differences in poverty or other vulnerability, we should focus on various life dimensions and look for differences by gender. This multidimensional deprivation approach is a product of international research into social exclusion (e.g. Townsend & Gordon 2006, Atkinson et al. 2009). Ukrainian (and Russian) interest in social exclusion is of rather recent origin (e.g. Ovcharova 2004 and authors such as Prokofieva, Holovaha, Panina, Khmelko and Oksamytna). Below we describe poverty defined as social and material deprivation by gender in Ukraine by using a list of activities that may be hampered due to a lack of money (Figure 7).

The results show that practically by all indicators women experience more deprivation and, for some very basic needs, the share of deprived women is very high. Strangely, the only field of activity where women seemed to have more opportunities was participation in political and social life. These findings could be interpreted so that the gender differences are caused by an unjust distribution of household resources, as well as by a voluntary choice by women to sacrifice their

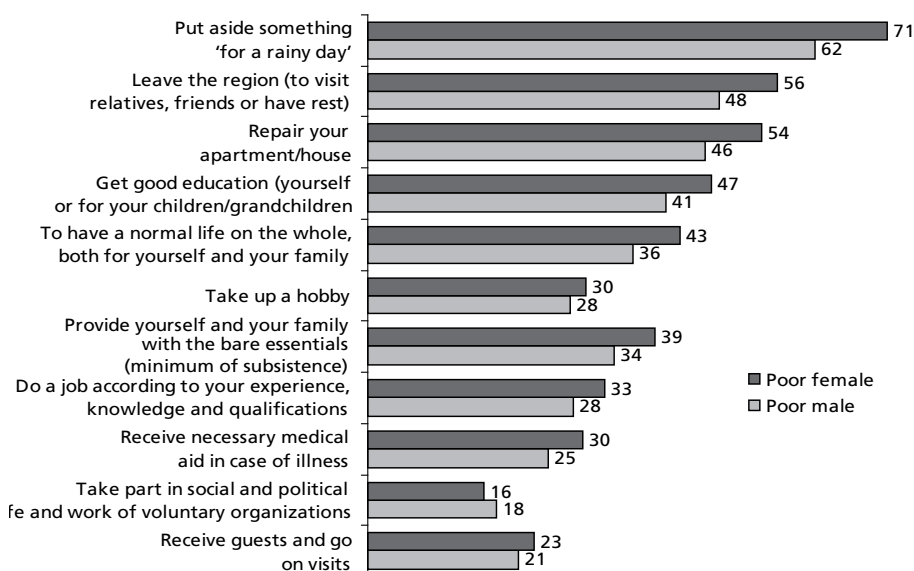


FIGURE 7. The share of poverty i.e. material and social deprivation by a number of activities and by gender in Ukraine in 2007

Data source: ULMS 2007.

own needs for the sake of other family members, first of all the children. According to the KIIS monitoring survey 'Omnibus 2006', children's success was considered very important by women but not by men.

### 3.3 Material coping strategies of Ukrainian households, by gender

There are some typical material coping strategies by which people attempt to maintain or improve their situation in Ukraine (Table 1).

According to our data, work on private land plots ("the dacha economy") is the most wide-spread coping strategy in Ukraine. More than 70 per cent of the economically active population are engaged in this activity to some extent, including more than half of the urban population who own plots of land for growing vegetables for personal consumption and sale. This strategy is very common among both poor and non-poor households. Nevertheless, for a considerable part of the population, this poverty-mitigating strategy leads to a self-subsistence economy, which in today's society is very questionable (e.g. Piirainen 1997).

Another very common coping strategy is applying for state social assistance. The results show that the share of social subsidy recipients is somewhat higher for non-poor households. It is therefore important to work towards a better allocation of state social assistance. The results also revealed an interesting trend:

TABLE 1. Coping strategies of Ukrainian households; the shares of poor and non-poor population utilizing each strategy (%)

	Non-poor	Poor	Total
Work on private land plots	69	74	71
Additional job	6	3	5
Labor migration	6	8	6
Renting a dwelling, assets, land, etc	6	4	5
Sale of property, durables	2	1	1
Borrowing of money, postponing of obligatory payments	33	26	31
State social assistance	32	29	31
Informal help (NGOs, social networks)	11	10	11
None of above	4	5	4

Data source: ULMS 2007.

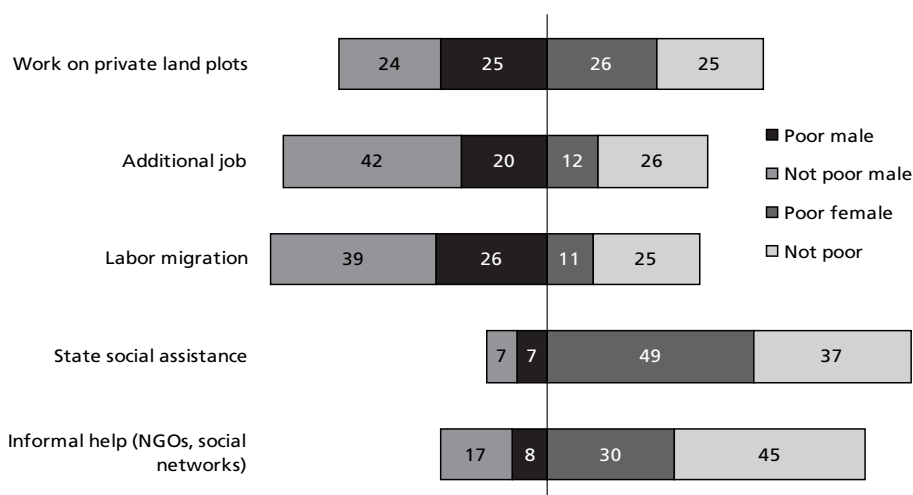


FIGURE 8. Gender structure of people utilizing various coping strategies (% out of all using this strategy) in Ukraine in 2007

Data source: ULMS 2007.

in comparison to poor households, non-poor households are significantly more likely to delay necessary payments and borrow money. In addition, migration was more popular among poor households. According to State Statistics Committee data, most migrants from Ukraine have a lower educational level than the general population, and Ukrainian labour migrants overseas are engaged in low-qualified manual labour, mainly in private households and the construction industry (Libanova 2008). Resorting to various coping strategies has a clear gender-specific character (see Figure 8).

As we can observe, gender parity is found only for the work on private land plots. Finding supplementary work or emigrating are predominantly male strategies: female perspectives are rather limited in this respect, due to discrimination on the labour market and a cultural tendency towards housekeeping and family. Women's strategies are more often oriented towards receiving external help, applying for social benefits or privileges, as well as towards relying on various informal sources such as seeking assistance from NGOs or relatives and friends.

### 3.4 Gender differences in social wellbeing

Life satisfaction can be considered to be an integral measure of social wellbeing, an indicator of successful adaptation to ongoing social changes. For Ukraine and other post-Soviet societies, the European Social Survey (ESS 2006)<sup>4</sup> shows a lower

<sup>4</sup> The online data analysis is available at <http://nesstar.ess.nsd.uib.no/webview/>.

level of life satisfaction as compared to other European societies. According to data gathered for this article, only 6 per cent of people defined themselves as completely satisfied with their lives, while 34 per cent felt rather satisfied. It is worth noting that there is a significant negative relationship between life satisfaction and age: older people are less satisfied with their lives than young people. This can be interpreted from the perspective of transformation. The older people are, the deeper they stick to Soviet norms and values, and the radical changes of the 1990s affect such people in a more negative way.

Gender differences in life satisfaction may be more difficult to interpret. The share of those completely happy with their lives was statistically higher among men than women, and the share of those who were dissatisfied with their lives was statistically significantly higher among women. To elaborate these findings, we first looked at life satisfaction by age group and gender, and then at the importance of various life components by gender and age group (see Figure 9).

We carried out a multiple regression analysis looking for various aspects of life satisfaction for two contrasting age groups where the difference in life satisfaction between men and women was most significant: young people (aged 15–17) and older people (aged 59 and over). We found that material aspects of life, such as income, the stability of material wellbeing, future financial perspectives and housing, were more important to young men than to young women. It is evident that it is easier for young people to satisfy various non-material than material needs in today's Ukraine. Therefore, it is understandable that young women, with less material orientation, were more satisfied with their lives than young men.

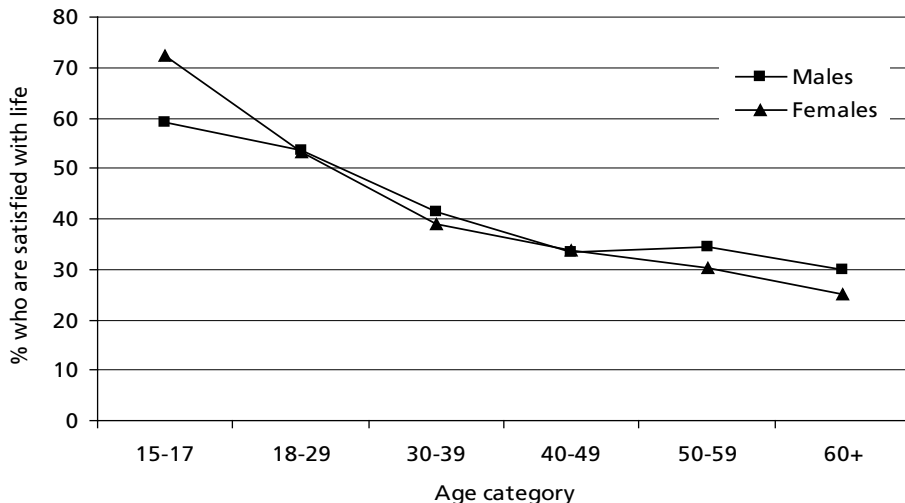


FIGURE 9. Life satisfaction by age groups and gender in Ukraine in 2007

*Data source: ULMS 2007.*

The relative importance of income increases considerably for older people of both genders. In addition, for women, stable material conditions and future financial perspectives grow in importance. Nevertheless, the options of real improvement are limited, in particular for women. In general, gender differences between the main components of life largely dissolve with age.

## 4 Conclusions

It can be argued that women on the Ukrainian labour market experience both segregation and discrimination. As a result, women tend to work in less profitable sectors of the economy and have lower-paying jobs. Their access to financial and other resources – such as political power – is also very limited. A possible conclusion is that this must lead to a feminisation of poverty. However, this cannot be proved by standard poverty data. Female poverty is mainly associated with two subgroups where women dominate: incomplete families with at least one child (i.e. single mothers) and pensioners living in single-person households (this is typical in transition countries, see Braithwaite & al. 2000).

Nevertheless, looking at a range of indicators we see some evidence indicating a higher material and social deprivation among women than among men. According to our interpretation, the reasons for this include an unjust distribution of household resources for the benefit of men and the voluntary choice of women, who often sacrifice their needs for the sake of other family members, above all their children.

Poverty can be mitigated by various coping strategies. Still in 2007, the dominant strategy in Ukraine was to work on private plots of land, with two-thirds of all households – both poor and non-poor households – relying on it. Men mostly use market-based strategies (looking for supplementary earnings, labour migration), while women rely more on social benefits, assistance from NGOs and social networks.

An integral indicator of wellbeing is overall life satisfaction, which in Ukraine is considerably lower when compared to most other European countries. Life satisfaction depends on age: the older the person, the less satisfied he/she will be. Gender differences are observed among young people and – to a lesser extent – also among older people. Young girls (aged 15–17) were the most satisfied with their lives, while older women (aged 60 and over) were the most unhappy of all gender/age groups. These findings can be explained by young girls' emphasis on immaterial aspects of life and the increased importance of material wellbeing, financial stability and perspectives for ageing women, in a situation where the possibilities to improve one's personal wellbeing are critically limited.



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# ROMA CIVIC ORGANISATIONS IN CENTRAL AND SOUTH EASTERN EUROPE

(with a special focus on Romania and Bulgaria)

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## 1 Historical background

During the past 10-15 years the 'Roma' Theme<sup>1</sup> became very topical in the public sphere – first in Central and Eastern Europe and in the enlarged European Union – also in all-European scale. In this paper we describe the development of Roma civic organisations in some Central and South East European countries.

Roma Non-Governmental Organisations in the countries of Central and South Eastern Europe are only one segment of the overall civic movement of the Roma. This movement did not come into existence thanks to the introduction of Western democratic values during the post-socialist transition. The development does not take place from scratch and we should describe the historical background.

The Roma people do not live as an isolated and self-sufficient social and cultural system. Everywhere in the world they exist at least on two dimensions or levels, as a separate **community** and as a part of the **society** (i.e. as an ethnically-based integral part within respective nation states). The Roma are internally segmented as a community and they live in different countries in different social and political environments, nevertheless, the idea of the unity of Roma people and their equality to all nations emerged in modern times. The Roma national ideas are often perceived under the influence of the societal environment and the discourse seeks analogies from the national discourse of other nations.

Chronologically speaking the first documented Roma aspiration towards civil emancipation and equal status among nations can be found in the XIX century on the Balkans in the Ottoman Empire. The Balkan nations, who were part of the Empire, began to strive for national states and national churches according to Christian Orthodox traditions. In 1868, the Bulgarian newspaper Macedonia published in Istanbul, printed "A letter to the editor" signed by an "Egyptian" (i.e. Roma). The author of the letter pleaded for the right of the Roma as an ancient people, who should have religious worship in their own language, and for the

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1 Editors' note: The term Roma has been used systematically in this article and it sometimes replace the historical terms of "Egyptians" or "Gypsy" referring to Roma people. The term Romani has been used in the names of documents and organisations in compliance with the original text.

necessity of “making a Roma society and taking care of education”. As a whole, the logic of the letter showed a pattern similar to the development of many Balkan nations in the XIX century, emphasizing the need for an own system of education, own church with service in the own language, and eventually, without especially mentioning, the implied perspective for an own state. Whether these ideas were realistic in view of the situation of the Roma community on the Balkans of the XIX century is another question.

It was normal that these ideas emerged on the Balkans where the Roma had lived for centuries in the Ottoman Empire. The Roma were integrated in the Empire and had social and civil status very similar to that of people belonging to other nations of the Empire. The Roma had civil rights in the Ottoman Empire since the XV century unlike the Roma in Central and Western Europe, who achieved this social status much later. That explains why the development of the Roma, at least on the level of ideas, was very similar to that of other Balkan nations among whom they lived.

This also explains why the first Roma organisations in the first half of the XX century emerged in many Balkan countries. The Roma wanted to be equal citizens of the new nation states and in their social environment without losing the specific characteristics of their community. This was the main strategic goal of the Roma organisations, which were founded on the Balkans in XX century.

The first manifestations of an organized Roma movement appeared in Bulgaria related to the new electoral law of 1901. This law denied some Roma (e.g. Muslims) the right to vote, which had been guaranteed in the Bulgarian constitution of 1879. The Roma Congress, held in Sofia in 1905, and the protest campaign organized subsequently were directed against this discriminatory law. The first Roma organisation in Romania was established in 1926, soon there were several local or regional organisations, and the General Association of the Roma in Romania and the General Union of the Roma in Romania were established in 1933.

The first Serbian Roma association worked for mutual assistance in the cases of sickness and death and it was founded in 1927. The Association of Belgrade Roma for the Celebration of the Aunt Bibia was established in 1935. Later in the 1930s the Educational Club of Yugoslavian Roma Youth was established. In 1939 Pan Hellenic Cultural Association of the Greek Roma was founded in Athens.

All Roma organisations on the Balkans were established independently of the state influence and without state support: their main goal was often to be critical of and work against the state policies. In this period, the Roma were seen through the lens of state nationalism typical of the Central and Eastern Europe countries. Roma issues were considered relatively less important compared with major national ideals, i.e. the governments of these countries did not regard a special “Roma policy” as a priority, and if there was any, this policy was subordinated to the major national priorities. For example, the Roma policy in Bulgaria was overshadowed by the predominant attitude towards the Turks; in Slovakia and Romania by the

attitude towards the Hungarian minority; in Hungary the key issue was the attitude towards the Hungarian minorities outside of Hungary.

A new phenomenon emerged in the Soviet Union, where Roma organisations were initiated by the state and functioned under the total control of the state. The Roma organisations in the socialist countries of Central and South-Eastern Europe after WWII were based on the same principle.

There were also policies in the countries of Eastern and Central Europe stimulating and supporting the development of the Roma community, but these were often limited in duration and contradictory in implementation. The established national patterns of attitude towards the Roma dominated; in most of the cases the main political aim was assimilation. Nevertheless, due to these Roma policies – and in spite of their strategic goals – and their interaction with the overall political and social environment, the Roma were able to participate in society and develop their civil consciousness.

The development of the organized Roma movements in Central and south-eastern Europe during the socialist period has so far been seen in a rather one-sided manner, in the spirit of the cold war with an emphasis of the (real and alleged) violation of human rights. It would not be far-fetched to say that the state policies in the region and the subordinated Roma organisations were key driving forces for the implementation of new civil ideas in Roma communities, though this was far from the goals of the state policies. History has witnessed quite a few such seemingly paradoxical processes.

As a result of these processes for the Roma of Central and Eastern we see a large number of Roma with relatively good education and respectable professions such as teachers, medical doctors, lawyers, members of the military and the police, journalists, artists, and scientists. In the socialist era that a new “Roma elite” was created with new dimensions and values radically different from those of the traditional Roma elite. Despite some weaknesses, this new elite (including children and grandchildren) is now an important factor in the overall development of the community, although its members should not be considered the only or leading representatives of the Roma. In this light, the statements of some major donor organisations that only thanks to their support in Central and south-eastern Europe a new Roma elite was created, sound rather bewildering.

The wind of change from the end of 1980's brought about the collapse of the totalitarian regimes in Central and south-eastern Europe into a period transition. Also the Roma movements undergo rapid development during transition. We should underline that Roma movement includes not only Roma NGOs but also the complicated relation of Roma civic organisations with Roma (and non-Roma) political parties, which bears an influence on state policies in regard to the Roma.

## 2 Country case: Czech and Slovak Republics, Poland

In the former Czechoslovakia, after the so-called “velvet revolution” of the autumn 1989, Roma representatives participated actively in public and political life. In the first democratic elections of 1990, Klara Samkova (non-Roma lawyer married to a Roma person) representing *Romani Civic Initiative* was elected to the Federal Assembly of Czechoslovakia, and four Roma persons were elected to the Parliament of Czech Republic from the list of *Civic Forum*; one person represented the *Communist Party of Czechoslovakia* and still one represented the *Association for Moravia and Silesia*. After the Czech Slovak split in 1993 the only Roma deputy in the Czech parliament was Monika Horakova elected from the list of the *Freedom Union* (1998–2002).

In the Czech Republic, the Roma are a national minority, and Roma are represented in the *Council for Nationalities*, who, however, does not have direct governing functions. In 1996 Roma activists protested against this, and in the next year *Interdepartmental Commission for Romani Community Affairs* was created, in which there were six Roma representatives (selected, not elected). The *Commission* prepared the concept paper for “Romani Integration”, which in 2000 was accepted by the Czech government as the principal document of the new “Romani Policy” of the Czech state. According to the document main problems of the Roma (e.g. unemployment, housing, social welfare) were not to be regarded and solved separately, they were to be mainstreamed in the context of the whole social policy of the country. In 2001 the *Interdepartmental Commission* was reorganized as *Government Council for Romani Community Affairs* and the Roma representation was now 14 persons; the Council head was the Government Commissioner for Human Rights. In 2008 a well-known Roma activist, head of Dzeno Association, Mr. Ivan Vesely became Deputy Chair of this Council.

Together with the development of the state Roma policy the activities of the NGOs (Roma and Non-Roma) developed in the Czech Republic, aimed at improving the situation of the Roma. In some cases the role of the NGO sector was particularly important and influenced positively state policy. This was the case firstly in 1990s when a campaign for the law on citizenship and the situation of Roma migrants from Slovakia was organised; another positive case was the human rights campaign against the sending healthy Roma children into special schools for persons with intellectual disabilities. Thanks to these campaigns (with an active participation of international human rights organisations) the problem with the citizenship of Roma was solved and later the procedure for allocating children to special schools was changed and the number of Roma children in them decreased. In some other cases the influence of NGOs (Roma and non-Roma) on

state policies has been rather controversial. In the government declarations the underlining principle is to avoid the segregation of Roma from the mainstream society, but some measures lead to segregation. An example of this kind of measure is the assistant-teachers training programme, carried out by a project of Minority Rights Group and Foundation Nova Skola, which aims to support Roma children's education. This programme is now yedmultiplied by many NGO projects with the participation of and public education facilities and the programme is funded also by the state budget.

Today in the Czech Republic there are about 200 Roma NGOs, most of them working irregularly on different projects, funded by various donors and state programmes. There have been initiatives to establish an association or some other form of cooperation between the Roma NGOs and Roma political movements, but until now they have not been very successful.

In Slovakia, after the transition in 1989, the Roma also wanted to be represented in the community and political life. On the first democratic elections in 1990 three Slovakian Roma persons were elected in the two chambers of the *Federal Assembly of Czechoslovakia*, one was elected from the list of *People against Violence* (the Slovak equivalent of the *Czech Civic Forum*), and two from the list of the Communist Party of Czechoslovakia. One female Roma deputy was elected in the Slovak Parliament from the list of *People against Violence*. After the Czech Slovak split representatives of Roma were not chosen any more in the high bodies of power of the Slovak Republic, although they were politically active in separate parties as well as on the lists of other parties. At the beginning the Slovak Republic did not pay a special attention on the problems of Roma. In 1998 the new government of the *Slovak Democratic Coalition* changed this approach and a new position was created, *Deputy Prime Minister for Human Rights, Minorities and Regional Development*, among whose responsibilities also Roma are included. A new body *Government Council on National Minorities and Ethnic Groups* and a new position, *Plenipotentiary for the Solution of the Problems of the Romani Minority* were also subsequently established.

In 1990 the political movement *Roma civic initiative (ROI)* was established in Czechoslovakia, and during 1990-1994 eleven new political parties were registered in Czech and Slovak Republics. Initiatives to unite Roma political movements appeared also in the Slovak Republic, but they as well as the work for a coalition with main political forces have largely ended without results. Together with the Roma political parties and public sector organisations also Roma NGOs have developed in Slovak Republic. They address regional and local levels and implement projects in various spheres, financed by various sources, during the past few years increasingly by the state. Up till 2003 according to the data from Ministry of the Internal Affairs, there were 421 Roma NGOs registered in Slovak Republic. There have been attempts to establish an "umbrella" network of these organisations, but they remain without significant results. \_



In Poland the Roma movement is less developed in comparison to other Central European countries, due to the relatively small number of Roma. Nowadays there are about 20 Roma organisations in Poland; most of them work on a regional or local level, though many define themselves as national ones. Almost all Roma organisations are represented in the consultative Council at the Council of Ministers of Poland, where all of government activities related to Roma are discussed and approved. In August 2002 the Polish Ministry of Interior prepared the *National Programme for Polish Roma* in cooperation with provincial governors, Roma activists, and NGOs. The Polish government adopted on August 2002 the Draft National Programme for Polish Roma for the years 2004–13.

### 3 Country case: Hungary

In Hungary after 1989, many Roma persons participate actively in the political life of the country. On the election in 1990, two Roma deputies were elected into the Parliament through the list of the Alliance for Free Democrats and one was elected from the Socialist Party; on the elections of 1994, one from Alliance of Free Democrats and one from Socialist Party were elected; since 1998 there were no Roma Members of Parliament, but in 2002 three Roma deputies from the lists of FIDESZ - Hungarian Democratic Forum, and one from the Socialist Party were elected. In June 2004 Livia Jaroka (from FIDESZ – Hungarian Democratic Forum), and Viktoria Mohacsi from Alliance of Free Democrats came into the European Parliament.

Roma Parliament was established in 1991 to work for better public policy in regards to Roma. Minorities Law was accepted in Hungary in 1993: this law provides a specific form of self-government for the ethnic communities, and national Roma minority self-government with some subdivisions was created. The system of self-governments of national minorities – including the one of the Roma – provides a forum for consulting and cooperation. These self-governments are funded by the state budget, and they are mainly oriented towards cultural activities.

Public *Foundation for Roma* was established in the beginning of the 1990's in Hungary, financed by the state, with the aim to support Roma projects carried out by local authorities and NGOs (Roma and non-Roma). In 1989 before the political change, NGO forum Phralipe was created in order to unite Roma organisations in Hungary. In 1990, there were six such organisations, 34 in 1991, and today the number of Roma NGOs in Hungary is over 300. Most of them function rather irregularly and carry out projects in various spheres.

## 4 Country case: Romania

The new political reality of Romania with the collapse of Nicolae Ceausescu's regime prompted also the formation of Roma civic organisations and political parties in Romania. This process started in December 1989 and it continues today. It was prompted by various factors; in some cases the process was influenced by internal divisions within the Romanian Roma community, as well as by the regional diversity of the country.

Parliamentary and presidential elections were held in Romania in May 1990. Gheorghe Raducanu was elected a Roma deputy on the ticket of the newly founded Democratic Union of Roma in Romania. Other Roma parties participated in the elections as well. According to the new Constitution, adopted on the 21<sup>st</sup> of November 1990 by the Parliament, the Roma had an official status of a national minority. Thus they have special rights in the general parliamentary elections on various party tickets according the minority quota, following to the provisions of the Electoral Law. New political parties and public organisations have been founded with the each parliamentary election in Romania, reflecting the political ambitions of the Roma. On the basis of the Romanian Electoral Law there is always at least one Roma Member of Parliament. The most successful of Roma parties in Romania since 1992 appears to be *Partida Romilor*.

A new phenomenon emerged in Romania at same time - the so called "Roma kings", who wanted to emphasise on their status as traditional leaders of the Roma and to be also their political representatives. It was announced in December 1991 that the council of the "respected Roma" at Targu Jiu, had elected "the great *bulibasa*" Ioan Cioaba from Sibiu to represent them in negotiations with the Government and abroad, giving him the title of "king". However, Iulian Radulescu of Sibiu, a close relative of Ioan Cioaba, asked the Constitutional Court of Romania whether the decision declaring Ioan Cioaba "the king" of the Roma conformed to the constitution. According to the Constitutional Court, this self-appointment was not valid. Irrespective of this, Ioan Cioaba was solemnly crowned as "King of the Roma" at the traditional Roma gathering on the Day of the Birth of the Holy Virgin at Bistrita Monastery. A few days later, however, Iulian Radulescu announced in the media that the highest title with the Roma was that of "an emperor", not that of "a king" and that he himself would be crowned "the Emperor of Roma."

In Romania, the establishment of Roma NGOs took place alongside with the development of the government Roma policy and was accompanied by calls for an active policy to tackle with the problems of the Roma. The NGO *Rromani CRISS* – the Roma Center for Social Intervention and Studies headed by Nicolae George was created in April 1993. Local NGOs sprang gradually up and in the second half of the 1990s the Roma NGO-sector grew considerably in Romania. At first *Rromani CRISS* was the leading force, attracting most foreign donors' inputs



because of the international status and popularity of Nicolae George, who at that time was Secretary General of the *International Romani Union* and participated in a number of high level international forums. Rromani CRISS started with the ambition to be an academic organisation, but it rapidly became a NGO with offices all over the country, activities depending on the market situation and the priorities of the donors – it documented the *pogroms* against Roma, built housing for their victims, trained Roma leaders – above all how to establish an own organisation and how to work out projects – and “social mediators,” held seminars and training courses on citizen’s education and human rights, carried out local projects for e.g. small business, media projects and public campaigns.

*Open Society Foundation* and its subsidiaries as well as other sponsors came to Romania during the same period. International NGOs came with their projects, looking for local partners and implementing organisations. Under these circumstances new Roma organisations sprang up and multiplied in number. In 1999 there were 48 Roma organisations of various kinds such as parties, national, regional and local NGOs as well as foundations, and in a year’s time the number grew up to 110 and went on growing in a similar way later. The activities of the major part of the Roma organisations in Romania have depended on the situation and the availability of specific projects. A coalition of *Aven Amenta* Centre for Public Policies and *Šatra – A.S.T.R.A.*, headed by Vasile Ionescu, Maria Ionescu, Lavinia Olmazu-Ionescu and Delia Grigore gradually has acquired the status of a leading structure on a national scale alongside the *Rromani CRISS*.

The Roma NGO-sector gradually in the 1990s acquired public influence and began to intervene actively in government Roma policies. In 1998 *Partida Romilor*, *Aven Amenta*, and *Rromani CRISS* signed a “Framework Convention for Cooperation of Roma Associations in Romania,” which started negotiations with the Government. The outcome of these negotiations was that in August 1998 the Government set up Inter-Departmental Council for the National Minorities, chaired by a state representative. In November 1998 the Romanian Government formed a special Sub-Commission on Roma Issues as well as the Department for Protection of the National Minorities. The appointment of Roma as experts began in various state departments and the local authorities.

*Partida Romilor* took part in the parliamentary and presidential elections in 2000 after long and complicated preliminary negotiations with other Roma Parties. The victory of the *Partida Romilor* and the other Roma parties of its coalition was obvious, and the same tendency was to be seen in local elections, and *Partida Romilor* as well as other Roma parties received significant presence in local councils.

A special agreement was signed on April 2001 after the negotiations of the Government with *Partida Romilor*, which was supported by the partners within the Framework Convention for Cooperation of the Roma Associations in Romania. According to this agreement the “Strategy of the Government of Romania for

Improving the Situation of the Roma” acquired an official status, while the Roma parties and organisations pledged their support for it and started to cooperate in its implementation. The Strategy foresees active Roma involvement in the implementation of the strategy, starting with the National Roma Office, and it resulted in the opening of Roma agencies in each administrative and territorial unit, as well as the inclusion of Roma experts at local level. In 2001 already forty Roma offices in the administrative districts and the corresponding number of Offices for Monitoring, Prevention and Fighting Racial Discrimination against Roma were established with Roma activists in their staff. Besides this the Romanian Government has implemented an academic education programme for Roma and a total of 2 000 Roma students have received education and training subsidized by the Romanian Government.

Important changes have taken place in the development of the Roma parties and organisations with the start of the implementation of the Strategy of the Government of Romania of Improving the Situation of the Roma. A number of activists of the *Partida Roma* and *Aven Amenta* have entered civil service such as the National Roma Office and the various ministries in compliance with the agreement on the implementation of the Strategy. *Partida Romilor* has actively established its divisions throughout the country, and its representatives cooperate with regional and local authorities. A Roma News Agency was also created with government assistance. The leader of the *Partida Romilor*, Parliamentary Deputy Nicolae Paun achieved by talks with various Roma parties and organisations that most of them have entered various forms of partnership with the ruling Roma coalition, or merged into its structures. A new Roma Social-Democratic Party, headed by Nicolae Paun and with Madalin Voicu as its honorary president has been founded in Romania.

The National Roma Agency of Romania was created at the Council of Ministers in 2004 to coordinate the Government policies, and the organisation took over most functions of the National Roma Office. The growing Government Roma activities brought about changes in the Roma NGO-sector. There were 519 Roma NGOs in Romania, implementing 1 013 projects and financed by various donors. In 2003 the National Roma Agency initiated the establishment of the Forum of the Roma NGOs with representatives of 64 Roma NGOs as a national structure. The Forum was to cooperate with the Romanian Government in the implementation of various projects within the framework of the Strategy for Improving the Situation of Roma. Also Federation of the Roma Organisations was established that same year, headed by Vasile Ionescu, the leader of *Aven Amenta*.

The fact that most Roma parties, public and political organisations and NGOs were now bound to the co-ruling Roma Social-Democratic Party in Romania, however, provoked a reaction from some of the most active - and best financed - Roma NGOs, which had thus lost some of their influence. The report presented at the meeting “The Roma in Enlarging Europe”, held in Brussels in 2004 on behalf

of the Resource Centre for the Roma Communities of Cluj-Napoca – a NGO, established and financed by the *Open Society Foundation* – accused the Romanian Government and the Roma Parties and NGOs cooperating with it of inefficiency and make-believe implementation of Roma projects, financed by various European programmes. The report demanded, naturally without any success, that the financing of such projects should be stopped and the European funding should be re-allocated to “independent” Roma NGOs.

Presidential and parliamentary elections were held in Romania on November 2004. *Roma Social-Democratic Party* supported the ruling Social-Democratic Party, and its leader Nicolae Paun got a deputy in the Parliament. The Alliance for Roma Unity was an alternative Roma choice but without success. In the elections of 2008 the most active party was, again, the former *Partida Romilor*, now with a new name *Roma Party pro-Europe*, headed by Nicolae Paun. The Roma NGO field participated in the election with one candidate, who had of special long-term personal fellowship from the Open Society Institute supporting this participation. The results in 2008 confirmed the inability of Roma NGO's and their representatives in Romania to win a political game. Nicolae Paun from *Roma Party pro-Europe* and Madelin Voicu from the list of Social-Democratic Party entered the Romanian Parliament.

The official Roma policies of Romania as well as those of the Roma NGO-sector have developed above all by a strong influence of various external factors. Specific state policies were initiated under an external pressure due to a mass migration of Roma to Germany, and also in the implementation of the “Strategy of the Government of Romania for Improving the Situation of the Roma,” foreign experts have played a considerable role. However in its approach to Roma the Romanian government does not stick to foreign models solely. In some respects it has developed an own approach, for instance with the public sector quotas for the Roma, which have grown, and offering education in various professional spheres to the Roma. The advantages of this system stand out, in particular, when compared to the scholarship programmes for Roma of the *Open Society Foundation*, which supports training connected with the discourse on human rights, the leading component in their ideology.

The Roma social and political movement in Romania has underwent a complicated development within a comparatively short period of time. The emergence and development of Roma NGOs follow the models and the generous support of foreign donors mainly from the USA and Western Europe). The NGOs were quickly joined to the international “Roma industry” in the NGO sphere. Towards the beginning of the 21<sup>st</sup> century many Roma NGOs became aware of the increasing perspectives of the EU membership of Romania for their organisations.

## 5 Country case: Bulgaria

In Bulgaria, after the transition in 1989 the Roma also try to find a place in the political life of the country. In 1990 *Democratic Union Roma* was created, whose chairman Manush Romanov became also a deputy in the *Great Assembly of the People*, where there were two another Roma deputies, elected from the lists of Bulgarian Socialistic Party (BSP). In the elections of 1991 no Roma came into the parliament. There was an interest to unite existing Roma organisations, regardless of their political views and sympathies, and in 1992 *United Roma Union* was established in Bulgaria. However, it was not the case that all Roma activists enter the union, and 1993 *Confederation of Roma in Bulgaria* was established as a parallel organisation. In the elections of 1994 only one Roma deputy, Petar Georgiev, from the list of Bulgarian Socialistic Party, got into the parliament.

There was practically no government policy towards Roma in the first half of the 1990es. The subsequent disappointment gave a strong push to the development of Roma movement in a new direction. Non-government movements were founded, and because of the specifics of the Bulgarian legislative system of that time, they were registered mainly as foundations. Most bodies came into existence by the activity of non-Roma NGO activists. The development of the Roma NGO-sector in the countries of Central and Eastern Europe contributed to what happened in Bulgaria, too. One of the first and most active Roma programmes was within the *Open Society* network in Bulgaria. At present there are around eight hundred Roma NGOs in Bulgaria.

Alongside with the Roma NGO boom in late 1990s, some Roma organisations claimed a national status, but despite these claims the organisations in question consisted more or less of their leaders and a handful of activists, and usually operating at one or two sites, and they had hardly any organisational activities. Their popularity among the Roma in general is negligible, or, to be more accurate, the overwhelming majority of the Roma has not even been aware of their existence. There have been frequent declarations that their aim is to create an independent Roma party, but the Bulgarian Constitution prohibits political parties on ethnic or religious grounds and provides them with an alibi.

The political crisis and the elections of the spring 1997 did not lead into major representation of Roma in the Bulgarian political life. Asen Hristov from the lists Union of Democratic Forces Party, which won the elections, was the only Roma deputy in the parliament. His political career was marked by a rather strange episode - he had asked for political asylum in the United Kingdom while being a member of the Bulgarian parliament and a deputy of the ruling party. The case was resolved along diplomatic channels with the active help of the Foreign Office. The new government of Bulgaria proclaimed new policies towards Roma and created the *National Council for Ethnic and Demographic Issues* (NCEDI) at the Council

of Ministers, but for a long period of time there were no significant activities. In this situation one of the oldest and most active Roma NGOs in Bulgaria, the *Human Rights Project* initiated a working group, which prepared the *Framework Programme for Equal Integration of Roma in the Bulgarian Society*. This document was widely discussed in the Roma community and in 1998 it was approved in the national Round Table of the representatives of the Roma organisations. After long negotiations in 1999 an agreement was signed between the Roma organisations and the Council of Ministers, and as a result of this the *Framework Programme for Equal Integration of the Roma in the Bulgarian Society* achieved an official status.

In the *Framework Programme* the unequal position of the Roma in the society is seen as the main reason for the social and economic problems of the Roma. The main directions of the state policies are outlined as prevention of discrimination, social and economic policies, health care, education, development of ethnic culture, increased Roma presence in the media, and addressing the problems of Roma women. After the *Framework Programme had been accepted*, however, no active policies for implementing the programme were undertaken. This led into a disappointment in the NGO movement and new tendencies in the community movement were developed, towards active participation in political struggle. A very popular Roma political movement *National Association Euro-Roma* came into existence, headed by Tsvetelin Kanchev. On the eve of the local elections in 1999 in total more than 20 Roma Parties were registered, among them *Free Bulgaria Party* that is associated with famous Kiril Rashkov of the *Kaldarashi* community, widely known as “Czar (i.e. King) Kiro”.

The Roma parties received in the local elections of 1999 a total of 7–8% of the support, and showed that the Roma have potential for political presence. The most successful was Free Bulgaria Party, which attracted 51 860 voters (1.6 per cent of all votes). It got 83 members of municipal councils (plus nine additional members in various local coalitions) and two village mayors. Free Bulgaria Party was among the ten most popular political forces, ahead of some other well-known parties.

In the 2001 parliamentary elections some representatives of the Roma NGOs and the other NGOs belonging to the “Roma industry” attempted to gain the lead of the Roma political movement. Some young Roma politicians, trained in the so-called political academies organized by the Roma NGO sector wanted to join the main political forces of the country, which however were not interested. In the spring of 2000, a new party was founded – *April Eighth*, the name referring to the International Roma Day. Its leadership included non-Roma human rights activists such as the leader of the Bulgarian Helsinki Committee Krasimir Kunev and Dimitrina Petrova, chair of the European Centre of Roma Rights based in Budapest as well as some Roma NGO activists and young Roma politicians.

The parliamentary elections of 2001 dashed the expectations for an independent political involvement of the Roma, as well as the ambitions of the Roma NGO sector to lead the Roma movement in Bulgaria. Two Roma deputies were elected

in the new parliament, one from the coalition led by the former Bulgarian Czar Simeon Sax-Koburg-Gotha, which won the elections, and one from Party Roma, which was in a coalition with Bulgarian Socialist Party. The involvement of the Roma NGO sector in the Roma political movement led to an overall failure and loss of the positions already won.

In 2001 due to the pre-accession process to the European Union the situation in Bulgaria underwent a radical change. A key requirement of the European institutions and programmes was active community participation, so the government needed something of that for its new line toward the Roma. But what did this participation mean was not stipulated and the government created its own “partners” for its policies. In March 2003 the National Council organized a meeting of Roma activists - two Roma parliamentary deputies were not invited – and proclaimed the establishment of a new structure – the Roma Parliament with five chairpersons. The Roma Parliament was advertised as a partner of the government, although it was not even officially registered and, was unable to prepare and conduct any action or carry out any programmes.

In the parliamentary elections held in 2005 the Roma parties and activists did not fare very well, and they had to give up some of their previous positions. The only one Roma parliamentary deputy in Bulgaria is from Party Roma, which was in the coalition with Bulgarian Socialist Party. One Roma person of the *Simeon II National Movement* became Deputy Minister of the Ministry for Emergency. Today the Roma issues in Bulgaria continue to be addressed by governmental programmes, mainly financed by the European Union; however, the real results till now are not impressive.

Generally speaking since 1989 the Bulgarian governments’ approach to the Roma and their problems can be characterized as lacking effective policies. Various explanations have been given in the initial years for doing nothing, the standard one being the lack of financial resources. Later when Bulgaria gained access to various European programmes and funds the line was changed. At present the Bulgarian government regularly reports of “success” of its policies towards the Roma and emphasizes the cooperation with the Roma NGO sector, which actually validate these “successes”. In fact the Bulgarian government simply follows the centuries old indifferent attitude to the Roma and their place in the Bulgarian society.

At this stage it is difficult to map out the trends of development of the Roma community in Bulgaria. The situation could be characterized as a disillusion with the existing models and a search for new prospects. With their bitter experience the Roma have come to the conclusion that the paths they have tried so far have not achieved real results, and, which is even more important, they do not lead into a genuine development of the community. The paternalistic approach, which underlies the activities of the state and the NGO-sector, lays the emphasis on the problems of the community. It sees that society should help resolve the problems of the community; it puts the Roma in the position of the beneficiaries. It meant



that the Roma should expect to be patronized and “looked after” all the time, which has a negative impact on the community’s adaptive mechanisms, and in the long run prevents its normal and natural development, which is what the Roma activists seek to achieve. It is clear enough as well, that the international institutions are unable to resolve the problems of the Bulgarian Roma. This conclusion is confirmed by abundant cases in the sphere of the “Roma industry” at various levels of both government organisations and NGOs.

At present it is difficult to say whether the Bulgarian, as well as other Central and South Eastern European Roma in general will be able to take their destiny in their own hands. In any case, it is obvious that a new course of development has already emerged. The situation of the Roma community and its professional representation (the so-called “Roma by profession”) will undergo serious changes in the European Union. The leading European approach in regard to Roma, too, emphasizes mainstreaming, i.e. the Roma issues should not be addressed by special programmes, but as part of general social and other policies. In these conditions the approach of the “Roma by profession”, who have been used to donor policies and programmes during transition will mostly be uncompetitive.

From several thousand Roma organisations in Central and South Eastern Europe today continues to function only some dozens. The ambitious Roma activists increasingly leave the NGO movement, and look for political influence through main parties. This tendency is at the moment the political activists’ leading strategy, and significant changes in the nearest future cannot be expected.

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# INTERNATIONAL HEALTH ASSISTANCE TO COMBAT HIV/AIDS – DO WE TAKE INTO ACCOUNT NATIONAL INTERESTS?

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## 1 AIDS – A new disease

On 5 June 1981, the United States Centers for Disease Control and Prevention (CDC) reported on a rare pneumonia seen in five gay men and “the possibility of a cellular-immune dysfunction related to a common exposure that predisposes individuals to opportunistic infections such as pneumocytosis and candidiasis”<sup>1</sup>. No one could have imagined that after a decade this rare disease would transform into a pandemic, killing millions each year. Unknown 27 years ago, HIV has already caused an estimated 25 million deaths worldwide.

According to the 2008 UNAIDS Global Report<sup>2</sup>, there were an estimated 33 million people living with HIV in 2007, and tens of millions have died from the disease. The HIV epidemic eventually appeared as a big challenge for several countries, calling for unprecedented action in order to confront this new threat. The sixth Millennium Development Goal provides that, by 2015, the world will have halted and begun to reverse the global HIV epidemic<sup>3</sup>. By making the HIV response one of the overriding international priorities for the 21st century, world leaders acknowledged the utmost importance of the HIV response to the future health and wellbeing of our increasingly interconnected nations.

However, at least initially, the international society was slow to respond to this new global challenge. An internal WHO memo noted in 1983 that the organisation did not need to be involved in AIDS because the condition “is being well taken care of by some of the richest countries in the world where there is the manpower and the know-how and where most of the patients are to be found”<sup>4</sup>.

At the beginning of the 1990s, it became evident that in order to ensure a comprehensive response to global HIV/AIDS, multilateral institutions and international organisations were to launch coordinated action to support host countries’ national strategies. The main goal was to develop effective and complete HIV/AIDS assistance. All international bodies underlined that one of

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1 Morbidity and Mortality Weekly Report, CDC, Vol30, No 21.

2 2008 Report on the Global AIDS Epidemic, UNAIDS.

3 UN Millennium Summit, 6–8 September, 2000.

4 Soni (1998).

the most important preconditions for successful HIV/AIDS assistance was a close engagement with local authorities and partners.

## 2 Engagement with national partners

The effectiveness of international assistance has been increasingly questioned. Some scientists have even started to think that the money allocated to HIV and AIDS could be better used elsewhere<sup>5</sup>. Their argument is that HIV is receiving relatively too much money; much of it is used inefficiently and sometimes counterproductively. Data from the Organisation for Economic Cooperation and Development (OECD) show that 21 per cent of health aid in 2004 was allocated to HIV, compared with 8 per cent in 2000<sup>6</sup>. In 2006, a UN General Assembly high-level meeting on AIDS called for the annual HIV expenditure in low- and middle-income countries to be raised from \$8.3bn in 2005 to around \$23bn by 2010<sup>7</sup>. This would mean that HIV would claim half of all health aid.

The main factor behind this financial success was the promotion of HIV as an exceptional disease<sup>8</sup>. This status has produced one of the largest vertical programmes in health care, with its own staff, systems and structure. In addition, several organisations have been created around the topic: national AIDS commissions, country coordinating mechanisms, UN agencies, NGOs, etc. With its own UN agency, HIV has been treated like an economic sector rather than a disease<sup>9</sup>.

Nevertheless, in spite of more than 20 years of fighting AIDS and billions of dollars spent on international assistance, most of the national problems remain unsolved. One explanation can be that in the race for funds, international organisations forgot one of their main principles – collaborating with local authorities. The assistance shifted their objective, from helping in building local capacities and improving the performance of national AIDS efforts, to advancing their own agendas and interests. This resulted in less sustainable programmes and in a lack of government interest in partnerships.

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5 Roger England, *BMJ* 2007;334:344.

6 Kates J, Morrison JS, Lief E. Global health funding: a glass half full? *Lancet* 2006;368:187.

7 United Nations. Resolution adopted by the General Assembly, 60/262 Political Declaration on HIV/AIDS. 15 Jun 2006.

8 Piot P. Why AIDS is exceptional, speech given at the London School of Economics, London, 8 Feb 2005.

9 Roger England, *BMJ* 2008;336:1072 (10 May), The writing is on the wall for UNAIDS.

### 3 Barents Health Programme – An example of good practice

By the end of 2004, some 300 000 HIV cases had been officially registered in the **Russian Federation** since the beginning of the epidemic<sup>10</sup>. However, the actual number of infections is much higher: an estimated 860 000 people (420 000–1 400 000) were living with HIV in the Russian Federation at the end of 2003<sup>11</sup>. In early 2004, more than 80 per cent of all officially reported HIV cases since the beginning of the epidemic had been among injecting drug users<sup>12</sup>. Unsafe drug-injecting practices still account for most HIV transmission, with an estimated 30–40 per cent of injecting drug users using non-sterile needles or syringes, which greatly increases the risk of HIV transmission.

This was one of the main reasons why the decision was made to make HIV/AIDS the focus of activities of the Barents Euro Arctic Council (BEAC) for that period. An ad hoc group, Preparing the Multilateral Project on HIV/AIDS, was created, and International Development Collaboration at STAKES was asked to lead the process. The first group meeting was held in Helsinki in 2004<sup>13</sup>.

The aim of the meeting was to make decisions-in-principle regarding the approach to be used during the preparation period, and to agree on the scope of the project. Several main principles of future work were agreed. It was underlined that countries and the respective local authorities need to be in charge of their own projects. In order to create a sustainable programme and effective national responses, national representatives must be responsible for setting the agenda and leading the entire strategic planning process. Another principle was related to the widespread recognition of the multifaceted nature of HIV/AIDS and the need for a multisectoral, broad-based programme that goes beyond the health sector and engages all communities concerned. Key stakeholders, including a wide range of national participants and international partners, must be genuinely and strongly engaged throughout the planning process.

It was proposed and agreed that the Logical Framework Approach (LFA) would be used during the planning process. The idea was that LFA would provide an opportunity to use neutral and analytical analysis for purposes of planning and implementation. Preparatory discussions with target area representatives, comprising interviews and observations, were held during the first three months. The overall aim of these interviews was to meet as many institutions as possible and preliminarily identify the problems that would be addressed later in the programme.

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10 Russian Federal AIDS Centre, 2005; Euro HIV, 2005.

11 UNAIDS, 2004.

12 Russian Federal AIDS Centre, 2004.

13 Ali Arsalo, Zaza Tsereteli – Perspectives of Regional Health Sector Collaboration around the Baltic Sea. Väestöliitto, Helsinki, 2006.

Later, in mid-October, a special seminar was organised in Petrozavodsk, Karelia. All stakeholders and future partners of the project participated in the seminar. During the two-day meeting, the problems identified during the first visits were specified in more detail, their cause-effect relationships were analysed and the possible areas, components and objectives of the project were estimated. Because of this process of extensive consultation and participation, a sense of ownership among the Russian participants was established, which later guaranteed their commitment to future work.

At present, the programme and several projects are successfully being implemented in several North-Western Russian regions, and their results have started to have a positive impact on the overall HIV/AIDS situation in these regions. Activities that were started under the programme have slowly been adopted by Russian authorities. This proves that the continuation and sustainability of the projects very much depends on the active involvement of national and local actors from the very beginning. This involvement refers to practical and concrete input from these actors, not merely listening to and hearing suggestions and ideas from foreign actors.

## 4 Pushing forward one's own agenda – What does it achieve?

Another example of international collaboration and assistance comes from Ukraine, and relates to the work performed by UNAIDS.

The HIV epidemic was first recognised in Ukraine in 1987. At the end of 2007, a total of 122 674 people had been diagnosed with HIV since the beginning of HIV surveillance twenty years earlier<sup>14</sup>. The number of officially reported cases of HIV infection does not reflect the real situation, as official numbers include only HIV infections diagnosed among people who have been officially tested. Based on the latest estimates by the Ukrainian Ministry of Health, at the end of 2007, there were 440 000 people (range 255 000–640 000) living with HIV in Ukraine. This is equal to an estimated HIV prevalence of 1.63 per cent among the adult population in Ukraine (aged 15–49), indicating that Ukraine has the most severe HIV/AIDS epidemic of any country in Europe or the Commonwealth of Independent States. An increasing number of people have been diagnosed with clinical symptoms and AIDS. The number of new reported AIDS cases totalled 4 723 in 2006 and 4 573 in 2007<sup>15</sup>.

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14 Ukrainian AIDS Centre.

15 Ukrainian AIDS Centre.

The severity of the problem in Ukraine is well known. Therefore, Ukraine is a good example to look at when studying how the philosophy of support by international organisations to overcome local HIV/AIDS problems is implemented. The UN and especially UNAIDS, which was created to ensure a coordinated response to the HIV/AIDS epidemic from UN system programmes and agencies, are seen as major players in this field.

At the beginning of 2007, the UNAIDS Secretariat announced that the National Council for the Prevention of Tuberculosis and HIV/AIDS of Ukraine had requested an external evaluation of the national AIDS response and asked UNAIDS to assist. At first, the plan was to start the evaluation in May 2007, so as to present the results of the evaluation to the Ukrainian Government by end of the year. However, from the very start of this exercise, problems started to mushroom. First, there was a lack of interest from the Ukrainian side towards the evaluation. All of the small details, starting from the scope of the evaluation, including some letters from the Ministry of Health, started to be prepared by the UNAIDS Secretariat. It looked like they were working as a secretary for the Ministry of Health, and on some occasions the letters asking for UNAIDS assistance were produced with the support of UNAIDS itself. Unfortunately, this is a rather common practice in cooperation between international organisations and government bodies in Ukraine. Pushed too hard, the ministries established an interesting defensive mechanism – since there were too many requests and the Government had no adequate capacity or time to follow all of them, international organisations worked on the Government's behalf in order to assist it.

However, the UNAIDS Secretariat itself had a very small staff, and it soon became clear that it was impossible to manage the evaluation alone. As a result, a possibility to postpone it appeared on the agenda. Then, once again, political difficulties emerged in Ukraine, and the evaluation was automatically postponed. The country, which expected to learn “what is the current status of the HIV/AIDS epidemic in Ukraine and what are the key determinants of the continued growth of the epidemic”<sup>16</sup>, was asked to wait. Finally, in November 2007, UNAIDS managed to start the evaluation.

A large share of the evaluation team was composed of staff and consultants of various international organisations and agencies working in Ukraine. In practice, they were asked to evaluate programmes mostly supported by their respective organisations. It was assumed that these team members would not represent their affiliated agencies, and that their observations would be objective. However, in the light of financial interests in the field of international HIV/AIDS activities, it is difficult to imagine that anyone involved in such programmes for several years would make any new and critical findings. The team members defined a number of problems in implementation, but these were already well known and described in the mandates of the respective organisations. In addition, most consultants were

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16 UNAIDS, Comprehensive External Evaluation of the National AIDS Response in Ukraine Consolidated Report. Kiev, 2009.

well known to many Ukrainians, and the interviewees knew how to answer them correctly.

In March 2007, when the UNAIDS Secretariat announced that the UN will run an evaluation, it was planned that the results of the evaluation would be used by the National Council and other national partners to inform and guide the development of the new All-National AIDS Programme (2009–2013). However, at the end of November, as the evaluation was coming to an end, the Ministry of Health decided that the development and approval of the new programme would be finalised by February 2008. This meant that there would not be adequate time (if any) to fully reflect on and apply the results of the evaluation. Thus, the institution, which requested the evaluation, decided not to wait for the results and analyses. It may be that they were right in doing so, as the final version of the evaluation report has not been completed by the end of 2009, though some preliminary results have been shared with the Ukrainian Government.

## 5 The complexity and coordination problems of the national response

Officially, the Committee on HIV/AIDS and other Socially Dangerous Diseases of Ukraine largely coordinated the drafting and development of the current national HIV/AIDS programme. Officially, this was done in coordination and based on feedback provided by government ministries and institutions, with the aim that their plans and activities would be reflected in the programme. Based on comments from UN organisations on the submitted draft national programme, the UNAIDS Secretariat drafted a new version. It was different from the one prepared by the government working group and the Ministry of Health, and was purely a UNAIDS vision. The UNAIDS Secretariat started active lobbying for the new version.

In order to improve the new draft as a document prepared in coordination with national counterparts, the UNAIDS Secretariat decided to organise a one-day event, to which it invited key organisations and NGOs working in the field of HIV/AIDS in Ukraine. The aim of the event was to comment on the presented UNAIDS version of the programme, and to develop national indicators and a budget for the programme within a single session of several hours. Thus, representatives from international organisations and NGOs, implementing the Global Fund Project, attempted to decide on behalf of Ukrainian authorities what they would like to achieve. No one from the group of authors that had drafted the national programme prepared by the Ministry of Health was invited to the discussion, and

most decision-makers from the Ukrainian ministries were also absent from the meeting.

The UNAIDS Secretariat presented its version of the national programme as a product of joint discussion and close collaboration. However, it was clear that implementing it would be difficult, as decisions were made on behalf of Ukraine, without its genuine participation. The version of the national programme that was eventually endorsed by the Ministry of Health had nothing to do with the UN recommendations. This example of international cooperation and donor-beneficiary relations is, unfortunately, quite common in Ukraine.

At present, under the Global Fund programme, services for injecting drug users in Ukraine are provided by more than 100 non-governmental organisations, and additional prevention programmes are provided by 217 branches of the EU-funded 'services for young injecting drug users'. In practice, local NGO subrecipients of Global Fund money manage the planning and programming of projects related to injecting drugs users, without any guidance or involvement from the oblast government or other service providers. One serious shortcoming of some of the activities implemented by NGOs is a full absence of data sharing. Targets planned by the active NGOs have not been effectively disaggregated for the regional level. This means that regional or oblast authorities have not been able to plan the shares of national targets they are expected to reach within a specific period. This problem is reflected in various forms at the national level.

## 6 The sad conclusion – Does money come first?

Famous and fashionable activities under the umbrella of international assistance are financially driven, and country interests are regarded as second priority. Most international organisations such as UNAIDS and the Global Fund address issues that can be popular and can assure financial inputs to the organisations themselves<sup>17</sup>. This may be why international organisations are eager to produce documents and plans on behalf of governments; because it allows them to promote their own organisational and funding interests. May be this is why NGOs do not share information with government officials, and UN organisations between each other, as they all compete for funds.

Does this mean that there is a free market philosophy in international HIV/AIDS work? Maybe, but as it has been said, "the AIDS industry isn't a free market"<sup>18</sup>.

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<sup>17</sup> Putzel, J. 2004. "The Global Fight Against AIDS: How Adequate Are the National Commissions?" *Journal of International Development* 16: 1129–40.

<sup>18</sup> E. Pisani, "The Wisdom of Whores", 2008.



The international community needs to realise that behind the reported numbers there are real people, with real lives, families, children and futures.

International aid in the field of HIV/AIDS, and especially working with injecting drug users, is very fashionable these days in Ukraine. But the problem remains whether all the work being done is of any real help to the people. For instance, organisations are trying to push for popular projects, such as increasing the use of substitution therapy in Ukraine, instead of first analysing if the country and its human resources are capable and willing to do it. Instead of discussing with local institutions what should be done in order to improve the situation, too much focus is placed on reporting on the fulfilment of their mandate in the country. Lately, for instance, prison authorities have declined to introduce pilot projects on needle and syringe exchange, explaining that they do not want to accept any more work from foreign consultants. Unfortunately and sadly, there is a high risk of the current support ending, which will mean that the HIV/AIDS problem in Ukraine will remain the same or even worsen.

A large number of NGOs, which mushroomed after the Global Fund Programme in Ukraine, concentrate very much effort on reporting back to the Global Fund, not focusing adequately on the needs of the regions in which they are working. The coordinating meetings discuss numbers and success, for example in terms of how many people are reached by methadone treatment and how many centres are opened. Unfortunately, the meetings seldom address how to build human resources and a more effective health care system<sup>19</sup>.

When it all boils down, there are basically two different ways of working with countries, two different strategies – listen to local authorities or decide on their behalf. The first approach entails engaging local stakeholders, setting priorities based on local realities, supporting capacity building – not capacity replacement – and treating local authorities as valued partners and not as inexperienced trainees. The second approach is ineffective. In order to build confidence in international assistance, donors need to show confidence in their local partners, encourage them to seek the best in themselves. This is difficult, but necessary. What is needed now is not “more of the same”, but change, as time is running out and international assistance is at risk of losing face.

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19 Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance. An OED Evaluation of the World Bank's Assistance for HIV/AIDS Control. Yje World Bank, Washington , D.C. 2005.