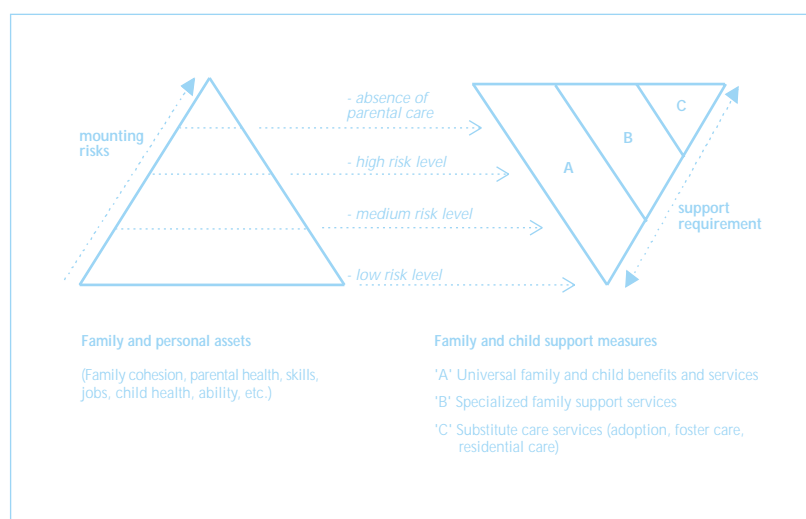


**CHILDREN AT RISK
IN CENTRAL
AND EASTERN EUROPE:
PERILS AND PROMISES**



CHILDREN AT RISK IN CENTRAL AND EASTERN EUROPE: PERILS AND PROMISES



designed by
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Data reported in the tables and figures are from the UNICEF-ICDC MONEE Database unless otherwise cited.

The green shoots of economic recovery are now pushing upwards in Central Europe, parts of South-Eastern Europe and the Baltics. Russia also seems to be over the worst of its economic turmoil, though here, as well as in other parts of the former Soviet Union, the transition-related depression is not yet over. Overlooked by the planners of economic reforms, however, the social crisis for hundreds, thousands and millions of vulnerable children across the region remains unchecked. Amidst economic stabilization and regeneration, the social reform is piecemeal and uncertain in its aims, strategies and funding.

Nowhere is the gulf between economic progress and social impoverishment clearer than in the worsening position of a group of children whose voice to the outside world is still rarely heard: children in public care. These are the children whose parent has in effect become the State, whether over the short- or long-term and whether through voluntary agreement or compulsory intervention. Despite sharp falls in the birthrate throughout the region since the late 1980s, the total number of children living permanently or temporarily in orphanages and similar child institutions or placed with foster parents has increased; currently there are about one million children in public care across the 18 countries of Central and Eastern Europe and the Caucasus monitored in this Report. These children are mostly still living in large-scale institutions: infant homes, orphanages, homes for the disabled and hospitals.

At the beginning of the transition, the sub-human conditions found in Romanian orphanages shocked the world. But institutional care in other parts of the region also carried major risks: high death rates, a downward spiral of disabilities and emotional harm, the withering of family ties, and several other deviations from the spirit of the United Nations Convention on the Rights of the Child. Born in the pioneering days of socialism, the institutional care model prevailing in Central and Eastern Europe still bore the mark of the early collectivist ideology and acted as a latter-day rescue system for destitute, neglected, disabled and unwanted children. This approach, even in its most enlightened form, was wholly unsuited to meeting child protection needs in the late 20th century. Indeed, as initial political changes opened windows to the rest of the world, it became evident that the whole network was in need of sweeping reform. Hopes for swift progress ran high.

Reality has proved rather different. With the exception of a very few countries in Central Europe, numerous difficulties — e.g. divided ministerial responsibilities, dwindling financial resources, uneven support for reforms — have inhibited any major improvements in institutional care or a shift to more humane placement options. Even more worrying, there has been insufficient support for a change in paradigm towards more preventive approaches. In countries like Moldova, Georgia or Armenia, the public child protection system has virtually collapsed. Numerous initiatives buoyed by international assistance in Russia and other countries of the former Soviet Union, as well as in Romania and Bulgaria, have not succeeded in alleviating the pressure on orphanages or in developing a coherent system of community support able to reduce the need for public care. Delays in these social care reforms are also a consequence of the fact that the social repercussions of market reforms have been underestimated, ignored or addressed in an old-fashioned manner.



Children born during the transition years have been facing a higher rather than reduced risk of entering public care. In 10 out of the 14 countries of Central and Eastern Europe in which it was possible to obtain data over the period, the rates of infants and toddlers living in institutional care have risen since 1989. In eight of the countries — Slovakia, Bulgaria, Romania, Estonia, Latvia, Belarus, Russia, Ukraine — the rates of children aged 0-3 placed in infant homes have risen substantially: by between 35-45 per cent in Romania, Russia and Latvia and by as much as 75 per cent in small Estonia. This is a profoundly worrying development, contrary to all policy intention; but the drop in child cohorts born since the transition has tended to mask the problem. The chances of being adopted abroad, often under dubious conditions, have also increased substantially. In some countries, international adoption has developed into a profit-driven business, which provoked international concern in the 1993 Hague Convention on the protection of children and intercountry adoptions. But it is not only the ‘infants of the transition’ who face greater risks of losing their family ties. In Lithuania, for example, institutions now look after more children above the age of three. Even in the Czech Republic, a country with more coherent reforms, stronger family benefits and community services and declining rates of children in infant homes, the proportion of older children in public care has risen since 1990. In most countries, however, both younger and older children have been exposed to heightened family and personal risks. The persistence of greater vulnerability for children and families in countries that have shown economic growth over the last few years is a clear warning that many types of childhood risk will not vanish with economic recovery; apparently only Hungary, despite its somewhat disappointing economic record, has been able to avoid higher institutionalization or fostering rates to date.

The increasing rates of children in public care, beyond being a serious problem in their own right, are also an outcome — and thus a barometer — of the higher risks many children have been facing in families and the community during the transition years. The historical changes somewhat simplistically denoted by the phrase ‘transition from the planned to a market economy’ have altered almost every aspect of life in Central and Eastern Europe. Many families have had to cope with a devastating deterioration in their material conditions. In many situations, the skills, social values and life strategies developed in earlier decades have proved to be vastly inadequate for the new circumstances. It is not easy to identify, and, due to gaps in the reporting systems in the region, it is even harder to monitor, risks for children during this period. Clearly the main — but not only — risk factors that have emerged most dramatically are poverty and social dislocations. These tend to correlate with, and to a great degree determine, other risk factors as well.

Millions of families with children have suffered huge income drops. With the exception of a very few countries (e.g. the Czech Republic and Slovenia), children in the region have been more affected by poverty increases than have other traditionally vulnerable populations, such as the elderly. In several countries, child poverty rates have increased one-and-a-half times more than the overall poverty rates. Consequently, a higher proportion of children live in deep pockets of poverty, even in the better-off countries. While in Central and South-Eastern Europe unemployment and losses in family benefits have especially penalized families with children, in the countries of the former Soviet Union child poverty has been increasingly associated with sky-rocketing wage inequality and increases in the number and share of single-parent households. Although most families find ways to manage with the increased hardships, coping strategies may also heighten risks for children. For example, responses to the more competitive labour market can take a toll on parental duties. In Poland, nearly one in ten 7-to-9-year-olds were reported to be left without adult supervision for more than two hours per day in the mid-1990s, a several-fold increase over the beginning of the decade. Several countries show evidence — even if sporadic, anecdotal or indirect — of growing child maltreatment, including the detrimental use of child labour. These phenomena may be associated with loosening social controls and day-to-day tensions related to making ends meet.

Children exposed to war and children forced to leave their homes because of armed conflict are among those most exposed to risk in the CEE and CIS countries-in-transition. Thousands of children have been killed and millions more have suffered severe hardship, which has left many of them traumatized. Those who have left home, either forcibly or voluntarily, often live in humiliating conditions and depend chiefly on humanitarian assistance or help from relatives for their basic needs, including shelter. In Georgia, for example, although the hostilities ended several years ago, there were still 268,000 persons, a third of them below the age of 16, registered as refugees or internally displaced in the first half of 1996; of these almost 90,000 virtually homeless children, about 1,700 had disabilities and nearly 8,000 were orphans.

The main killer of parents over the transition period, however, has not been war. Rather, it has been the silent accumulation of factors like poor nutrition, alcoholism, smoking, stress in the workplace and at home, less safety in the streets, less protection from the cold and infectious diseases, and so on. Crude mortality rates have increased in 15 of the 18 countries monitored in this Report. In Russia alone, more than 1.5 million persons, mostly adult males, have died in ‘excess’ since 1989, as seen in the increases of premature death. Half of the excess mortality has struck men and women in their prime child-bearing and child-rearing years. Although in Russia the mortality rates appear to have reached their apex, in ‘late reformers’ (e.g. Ukraine and Belarus) and in countries facing unexpected setbacks

in economic recovery (e.g. Latvia and Bulgaria), the adult mortality crisis grew more acute in 1995. While this increase of unprecedented magnitude has already gained international attention, little effort has been made so far to address its effects on children. The most obvious risk is that associated with orphanhood. However, the underlying potential risks are multi-dimensional and go well beyond the numbers of premature parental deaths. This Report estimates the increase in the number of young children and teenagers who have lost a parent over 1990-95 at about 700,000, with three quarters of them in Russia.

The number of children living in incomplete families has also swelled as a result of higher family-breakdown ratios and increases in the proportion of births to unmarried mothers. The general divorce rate has increased considerably in all Central and Eastern European countries covered by this Report. Despite large drops in marriage and fertility rates, as well as shrinking child populations, there are about 150,000 more children affected annually by divorce in the region than there were six or seven years ago. In Russia, Belarus, Moldova, Slovakia and Estonia the increase in the divorce rate has been especially significant; in the extreme case of Estonia, more divorces took place than marriages in 1995. One might have expected families to pull together in times of economic crisis. But the huge pressures of the transition appear to be splitting families apart and eroding parental responsibility. In addition to higher divorce rates, fewer divorced fathers provide regular support to their family now; the number of criminal cases for non-payment of alimony, for example, is reported to be rising in several countries.

Health and education risks for children have also increased. The public health system and the pre-primary, primary and secondary education networks were often seen as among the more positive inheritances from the former regimes. Today parents can no longer count on universal public health and education systems to screen and check for potential child health and educational problems with the same effectiveness and coverage as before. Parents are having to take greater responsibility for the development of their children at a time when they are less able to do so and when child health and education needs are expanding.

Pre-primary enrolment rates dropped between 1989 and 1995 in all countries of the region except in Hungary and Slovenia. The steepest declines occurred in countries of the former Soviet Union and South-Eastern Europe. Despite relatively better pre-school enrolment rates for 5-year-olds, educational problems in primary education have been reported due to the lack of proper preparation at the pre-primary level. Falling secondary enrolment rates in countries of the former Soviet Union and high youth unemployment in Central and South-Eastern Europe also indicate education policy failures.

Formerly full enrolment in primary schools has also ceased to exist, though enrolment has remained relatively high. But families must now pay for many of the services that were formerly included in 'basic free education'. The growing use of fees means that children from poorer households increasingly face problems in gaining access to pre-primary education, extra-curricular activities in primary and secondary education, as well as remedial and foreign language courses. Yet these are the very children who stand to benefit most from investment in their education and associated peer activities to enhance their social skills and to help avoid the poverty trap in later life as a result of inadequate qualifications. There are also indications that a growing share of children do not attend schools because of truancy, work or family problems. In Russia, for example, approximately 5 per cent of primary school students — about 100,000 children in each grade — appear to be out of school. In Romania, secondary school enrolment rates in 1995 were 14 per cent lower than in 1989, even though cash child allowances were linked to school enrolment and attendance. As a result of these trends, the child protection, equalizing and social functions of the school system have been eroded, placing many poor and socially marginalized children (e.g. those of ethnic minorities) at higher risk.

While the transition-related economic and social shocks have little altered overall child mortality rates, risks for infants and teenagers have increased in many countries. Upswings in infant deaths mostly coincided with price shocks and related drops in economic performance. Rises in infant mortality rates and late foetal deaths, especially in South-Eastern Europe and the former Soviet Union, may also be associated with the increasing share of births to teenage and lone mothers, whose babies tend to carry higher health risks. Although initial increases in infant deaths have been reversed in most countries, late reforms and repeated economic austerity measures corresponded with new upswings in infant mortality rates in, for example, Belarus and Latvia over 1995 and even Hungary in early 1996.

High abortion rates, a risk factor inherited from earlier decades, only slightly improved over 1989-94 in Central Europe, and during 1995 some countries registered increases. In other parts of the region the use of abortion either increased or remained frequent; the highest abortion rates are currently found in Romania, Russia, and Belarus, where only about every third pregnancy results in childbirth. This continued reliance on abortion as the primary means of birth control will have further negative implications for maternal and child health.

Drinking and smoking trends among young people have been resistant to improvements in recent years — in contrast to many Western countries — but Central and Eastern Europe is now witnessing new threats to youth that are already well-known in the West. As an indication of growing risks and socialization problems, the mortality

rate among adolescents due to accidents, poisoning and violence has increased in many countries, and in the Czech Republic, Poland, Slovenia, the Baltic countries, Belarus, Russia and Ukraine youth suicide rates are also on the rise. Statistics, reports and indirect evidence (e.g. on sexually transmitted diseases) paint a frightening picture on the pace of the spread of drug abuse, child prostitution and juvenile crime in the former communist countries. For example, a rapid assessment survey in the Czech Republic in 1996 found that drug abuse is no longer only a problem of homeless and street children: in secondary schools, drug use is gradually becoming 'normal', just as drinking alcohol was a few years ago. Among students, 14 per cent were regular users and 37 per cent reported having tried drugs at least once. Other countries, such as Poland and Hungary, show similar trends.

Finally, there are also indications of increasing child morbidity rates. The transition has witnessed a marked growth in the incidence of infectious diseases, such as diphtheria and tuberculosis, particularly in countries of the former Soviet Union. The reappearance of these diseases, commonly referred to as diseases of poverty, is especially troubling, as they had been nearly eradicated. While the biggest increases in the number of children with various disabilities have also been reported from Russia and other parts of the former Soviet Union, the health of children living in deep pockets of poverty may risk deteriorations even in Central Europe. Data on hospitalization rates of children in Poland, for example, point to steady increases among all age groups of children since 1989, with the highest vulnerability among those born under the most difficult reform years.

Advances in the market-oriented transition and the economic growth recorded in many countries raise hopes that the initial promises of the transition to bring positive changes to the life of children in Central and Eastern Europe can finally be realized. In the light of the multi-dimensional risks discussed in this Report, however, it may prove much more difficult to address adequately risk situations than was hoped at the close of the 1980s. Indeed, in the euphoric atmosphere of the thawing Cold War, two separate but not unrelated historical processes were initiated: the signing by 159 Heads of State and senior officials from around the globe of the Convention on the Rights of the Child, a universal code for child development originally promoted by Poland; and, again in Poland, the beginning of the transition in the former communist world following free elections and the inauguration of market reforms.

In the seven years that have since elapsed, market-building has received considerable attention. But the need to reconstruct human skills, social norms, life strategies and family and community values has been much less at the forefront of public debate. Moreover, individuals have been able to receive comparatively little assistance from the community or newly developing non-governmental organizations to help them adjust and adapt to the massive changes and upheavals. Traditional family support systems offering cash benefits and in-kind services have weakened considerably in the region, and evidence shows that in many cases they do not reach the needy or provide the necessary help. Reforms to previous family and child programmes can only be effective, however, if more proactive support is also made available. This necessitates the development of a full new infrastructure of family support which has at its core flexible social services that can respond within a wide continuum of need for low- to high-intensity care. The professional social work and care personnel, however, even if hired at an adequate speed across the region, will not make it alone. Social services need to develop in a coordinated way with the health, education and juvenile justice systems, and the voice of the child needs to be heard better in this process. National and local governments must forge new partnerships with each other and with the voluntary and private sectors in order to address the threats represented in the pyramid of risks discussed above. A fresh approach to social policies can achieve more than saving the children most at risk: it is an investment for the future of all the children who are to harvest the new shoots now breaking ground in the countries covered in this Report.

Florence, February 1997

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ON WELFARE
CHANGES
DURING
THE
TRANSITION

Human welfare has undergone immense and far-reaching changes in the 18 countries of Central and Eastern Europe and the Caucasus regularly covered by UNICEF's Regional Monitoring Reports. While the political and economic transition has opened the way for long-term sustainable economic development and for the achievement of greater respect for human liberties, its immediate effect on economic output and a wide range of child and family welfare indicators has been almost exclusively negative. It is, of course, a matter of much debate to what degree the transition — i.e. reform policies — has been responsible for declines in economic performance and to what degree the economic crisis has influenced downturns in social trends. In any case, the uniform direction, if not always the extent, of the changes across a wide variety of economic and social indicators in different countries has been staggering. And in many cases, the size of the deterioration has been alarming.

Over 1995-96 the general decline in economic output across the region ended, even if several countries were still struggling with late reforms (Azerbaijan, Belarus, Moldova, Ukraine) and continuing stabilization (Hungary, Bulgaria, Latvia). As economic recovery has gained strength in many countries, social trends have also approached a turning point, which appears to confirm the existence of causal links between economic and social indicators. However, despite encouraging signs in the last years, indicators of family and child well-being still point to a complex and often dire situation, with continued deterioration in several areas.

Clearly, the transition in countries of the former USSR has been generally much more painful than in the Central and South-Eastern European countries. But even in countries where the economic depression has ended, uncertainties have remained about the sustainability of economic growth. Moreover, recovery in household welfare has for the most part been much slower than it has in the economy. A considerable time-lag between economic growth and favourable impacts on household welfare will presumably remain in the near future due to structural problems. Moreover, it is yet to be seen whether 'the tide will raise all boats'. The emergence of a large pool of families with persistently unemployed breadwinners (in most parts of Central and South-Eastern Europe), or penalized by extreme wage disparities (especially in countries of the FSU), as well as large erosions in family and child benefits, raises doubts over how much economic recovery is going to help all segments of society. So far, families with children have been disproportionately affected by poverty and increases in income inequalities.

Finally, there are only sporadic signs that the negative social trends existing before the transition are being replaced by more favourable health, lifestyle and behavioural patterns, and overall it appears that pre-existing lifestyle and family formation problems have been amplified. Moreover, the transition has opened the door to new risk factors, such as overt social and ethnic tensions, poverty-related diseases, truancy, drug abuse and commercial sexual exploitation of children. These risks will not necessarily fade away with the return of economic growth. Despite many good initiatives and considerable international assistance, social-policy programmes, education systems, and health-care and child-protection institutions



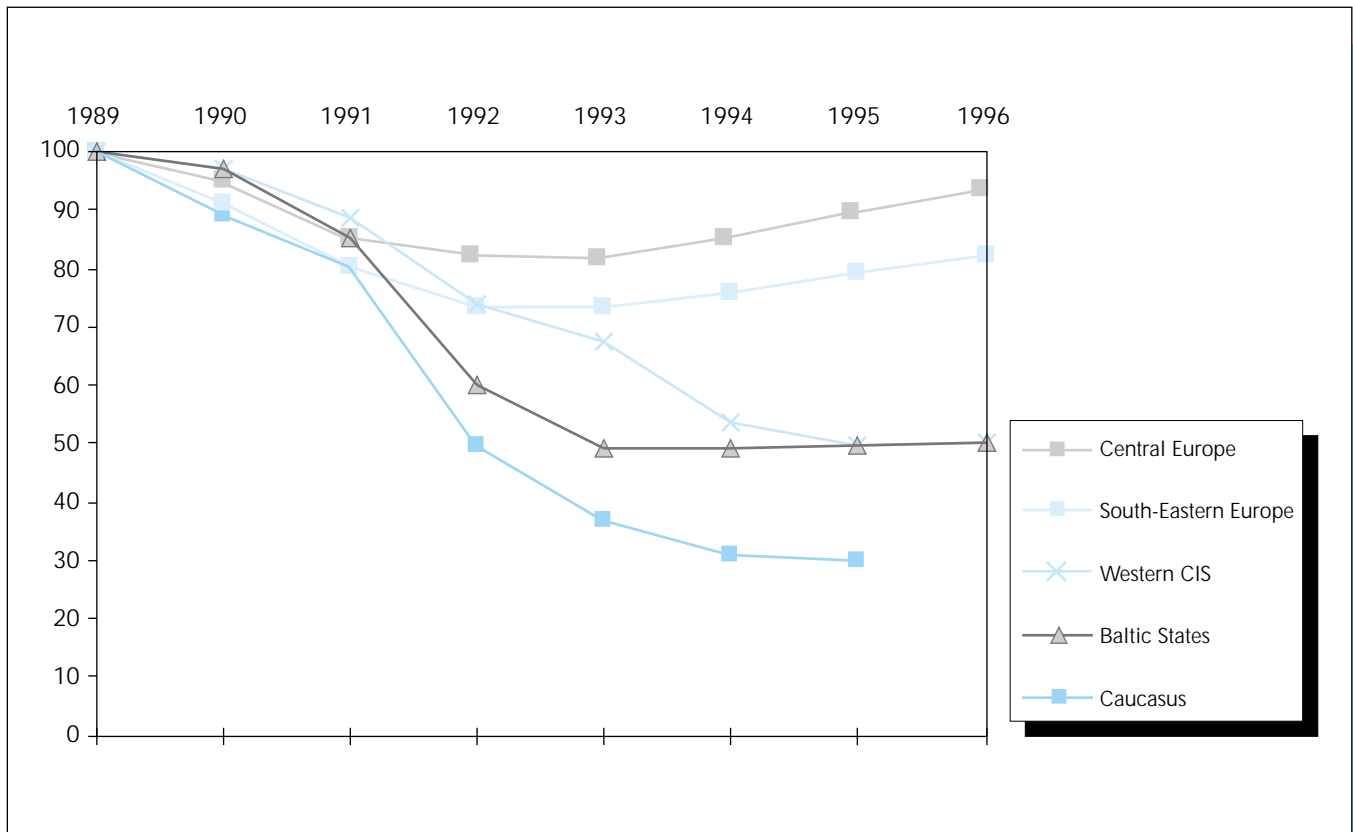


Figure I.1 - Cumulative changes in GDP by main sub-regions (index: 1989=100)

Source: UN/ECE, 1996; MONEE Database, UNICEF ICDC.

Note: Data refer to the unweighted mean of GDP changes in the countries; 1996 data are forecast.

inherited from the past often fail to address the new challenges adequately. Nevertheless, the prospects of making the transition more beneficial for children have generally improved recently. It is now time to turn promise into reality.

1. THE PROSPECTS OF ECONOMIC RECOVERY IN THE REGION

If few people foresaw the large economic dislocations that took place in the first years of the transition, then equally surprising has been the strength of the recent economic growth recorded in many countries. For example, after large falls, the Polish and the Romanian economies grew by 20 and 13 per cent respectively over 1993-95. The Czech Republic, Slovakia and Slovenia showed impressive annual growth rates — between 5 and 7 per cent — in 1995, with similar growth projected for 1996. These developments, underpinned by substantial advances in market reforms, give reason for optimism. However, while growth potential in the region is undoubtedly great, there are also indications that the basis for a substantial and broad welfare recovery has not yet been established.

The UNICEF Monitoring Reports usually distinguish five main geographical sub-regions for analytical purposes: Central Europe (Czech Republic, Slovakia,

Hungary, Poland, Slovenia), South-Eastern Europe (Albania, Bulgaria, Romania), the Baltic States (Estonia, Latvia, Lithuania), the western CIS (Belarus, Moldova, Russia, Ukraine) and the Caucasian countries (Armenia, Azerbaijan, Georgia). The economic recovery is at very different stages in each of these sub-regions (see Figure I.1). Recovery has advanced the most in Central and South-Eastern Europe. Within the former USSR, economic recovery in the Baltic and Caucasian countries is in its earliest stage or has not yet started, while the turning point is still uncertain in most parts of the western CIS. Consequently, differences in economic development across the entire region have widened.

Although there have been concrete achievements in the transition to the market economy, improvements in the last years have been strongly supported by short-term 'rebound' effects or other factors that cannot be sustained over the longer term. Moreover, some institutional changes necessary for sustainable economic growth and substantial welfare improvement still have to be achieved in most countries. While income inequalities increased rapidly in the third and fourth years of the transition, they have not yet delivered one of their main promises — higher savings and more efficient investments (see Box I.1).

BOX I.1 - THE ECONOMIC BACKGROUND OF WELFARE CHANGES

According to many observers, a key factor behind the improved economic performance of many Central and Eastern European countries has been the impressive advance of the market-oriented transition. However, recent improvements clearly reflect 'cyclical' catching-up effects as well. The potential for these 'rebounds' is large in the region, as the economic downturn was vastly magnified by the break-up of traditional trade relations, acute supply problems, uncontrolled inflation, institutional vacuums and political uncertainties. While some of these problems still cloud recovery prospects, problems like low levels of investment, low productivity and poor infrastructure are increasingly seen as major barriers to growth. All these factors will have consequences on child welfare.

Market-oriented progress is considerable, but uneven

Reforms have radically transformed the basic institutional arrangements of Central and Eastern European economies over a very short historical period. Indeed, in countries where the most robust economic recovery has occurred, most national assets were in private hands by the mid-1990s. In the few countries that recorded a drop in GDP in 1995, however, the share of private sector output remained very limited: just 15 per cent in heavily industrialized Belarus, 35 per cent in Ukraine and 25 per cent in Azerbaijan.¹ However, the privatization process is not without problems in the 'leading reformer' countries as well. Privatization without the enhancement of market competition, uneven property distribution,² lack of transparency and corruption have tended to erode efficiency, credibility and political support. Observers have pointed out emerging potential negative externalities as well, such as the health consequences stemming from the control gained by large multinational conglomerates over Eastern Europe's tobacco industry.³

Stabilization at a high cost

The monetary overhang inherited from the socialist systems was quickly wiped out by inflation shocks following price liberalization, cancellations of price subsidies and depreciation in the value of household savings, much of which had been accumulated over a lifetime. At the cost of huge losses in the purchasing power of wages and incomes (see Table E.3. and F.1 in the Annex), market forces began to eliminate chronic shortages.

The collapse of the traditional trading links among former CMEA countries and within the FSU amplified the effects of the loss of domestic purchasing power, resulting in excess supplies of goods, productive assets and labour starting in 1991. A considerable part of the loss can be attributed to a reversed multiplier effect of macro-economic demand, which shrank rapidly due to 'shock-therapy' methods over-emphasizing swift stabilization and underestimating the importance of institutional development.⁴ Even more devastating, however, were the effects of 'shocks without therapy', in which price shocks eroded production in the absence of a comprehensive and consistent reform plan to establish market conditions. Brave pioneers undertaking early reforms clearly enjoyed more support and better chances of success both at home and abroad. Countries that postponed reforms inevitably had to face even more hardship, as the backlash created by the collapse in inter-regional aggregate demand could not be avoided at national levels.

Fiscal policies concentrating mainly on expenditure cuts had a crucial role in initiating and fuelling inflation. In most countries, negative balances in public budgets grew despite cuts in expenditures. The volume of public revenues shrank especially quickly, as large state enterprises, which were the key source of tax revenues, were hit by major dislocations. Budget deficits peaked in 1992 in Central Europe (-7 per cent of GDP in Hungary and -6.1 per cent in Poland), as well as in Romania (-4.8 per cent), Moldova (-23.4 per cent) and Ukraine (-32 per cent), and in 1993 in Bulgaria (-12.3 per cent), Armenia (-46.4 per cent), Azerbaijan (-17.3 per cent) and Georgia (-34 per cent). Only the Czech Republic, Slovenia and Estonia were able to avoid major budget deficits or record positive balances. Although the balance of public revenues and expenditures generally improved after 1993, deficits remained a problem in several Central and South-Eastern European countries, while in the FSU poor tax collection continued to erode government revenues. A major stabilization was reported in 1994 and 1995 in the Caucasian countries, where recommendations by the International Monetary Fund now strongly influence public policies. Nevertheless, imbalances still persist (e.g. Armenia reported a deficit of 9 per cent of GDP in 1995).

The recent gradual improvements in public finances can be attributed to more consistent fiscal reforms and stabilization efforts, but also to the first signs of economic recovery. However, these improvements have often been achieved through severe cuts in social expenditures (see Tables D.1-9 in the Annex).

Late tax reforms and/or major 'adjustments' to earlier fiscal reforms contributed to one-off upward blips in inflation during 1994-96. These effects, although much smaller than those during 1990-92, often hit hard at families. While most households had some reserves for coping with the first big waves of inflation brought about by price liberalization, 'late adjustments' took place when income inequalities were pronounced and when poverty had become deep and persistent for certain groups of households. Revisions in tax rates also tended to be unfavourable to low-income taxpayers. The progressive nature of personal income taxes, which also aimed at supporting incomes policies, was reduced in some countries (e.g. the Czech Republic and Azerbaijan), while tax concessions for persons with low incomes or with children were abolished in other countries (e.g. Hungary). Adjustments in value-added-tax (VAT) regimes in many countries tended to cancel out more favourable rates, which had been set a short time earlier on the basis of social considerations.

While most consumer subsidies were abolished prior to the establishment of tax reforms as part of price liberalization measures, the tax reforms themselves also contributed to the elimination of subsidies. Subsidies are in most

cases now under the responsibility of local governments (e.g. rent, utilities and transport) or social security (e.g. medicines). In countries of the former USSR, bread subsidies were not fully abandoned after price liberalization, and administrative control was mostly retained over energy, housing and utility fees (see Table I.1). Local governments often

Table I.1 - Consumer subsidies in Azerbaijan, 1992-95 (percentage of price subsidy)

	1992	1993	1994	1995
Milk	28	—	—	—
Drugs	12	—	—	—
Bread	65	58	25	—
Energy	39	41	24	—
Rent	23	47	84	92
Urban Transport	18	21	29	74

Source: Akhundov, 1996.

applied specific price regulations as well. In more recent years, however, stabilization measures have often hit 'last-resort' subsidies on basic needs for which household flexibility is low.

Inflation peaked in 1990 in Poland and Slovenia, in 1991 in other parts of Central Europe and in Bulgaria, in 1992 in the Baltic countries and Russia, in 1993 in Romania, Ukraine and Armenia and only in 1994 in Belarus, Azerbaijan and Georgia. While stabilization efforts were successful in scaling down inflation from 'hyper' to 'high' or from 'high' to 'moderate' levels in different parts of the region, nowhere could stabilization eliminate price increases altogether (see Annex Table C.5).

Structural problems raise questions about growth prospects and impacts on well-being

Apart from lower but persistent inflation, other signs of structural problems and rebound effects continue to raise questions about the prospects of economic growth and its potential to improve welfare. Despite higher unemployment and lower labour-force participation rates, the traditional 'over-employment' in state enterprises increased rather than decreased between 1989 and 1992. The widespread 'jobless growth' experienced in Central and South-Eastern Europe after 1993 can therefore be explained by large inherited capacities. In FSU countries, over-employment increased massively, thereby signalling that no substantial progress took place in industrial restructuring. Indeed, per-employee labour productivity continued to decline in the western FSU and, with the exception of Armenia, in the Caucasian region during 1994-95.

Contrary to employment trends, capital investment has declined at a much higher rate than production. The impact of this well-known cyclical effect of economic downturns on fixed assets has been greatly magnified by the long-lasting nature of the transition-related economic crisis. Moreover, technology and assets inherited from the late socialist period are vastly outdated and of poor quality. Key areas for a modern market economy, like telecommunications, transport, trade and housing, have remained especially underdeveloped. Capacities were built to serve centralized, large-scale production, retail and financing systems. Substantial investments are needed to replace the old systems with decentralized networks of industry, trade, banking, etc.

As investment ratios have plunged, the share of consumption in GDP has tended to increase, even if in absolute terms its volume has declined. Efforts to moderate deterioration have often resulted in negative trade balances (see Figure I.2 for the case of Bulgaria). The 'sticky' nature of consumption reflects both efforts to maintain private consumption at the cost of savings and the relative immunity of public consumption (i.e. public services in health care and education, which are regarded as individual consumption as well as so-called 'collective' consumption, or the operational costs of government and other public service sectors). By 1994, the share of consumption in GDP in many countries reached an extremely high 80-90 per cent ratio, which obviously cannot be sustained even over the medium term.

An increase in the utilization of existing asset capacities is bound to be short-lived and cannot serve as a basis for sustainable economic growth. The inevitable and much needed recovery in capital investment will therefore come at the expense of household and public consumption, which will not receive their 'fair share' of GDP growth and will remain relatively depressed despite the economic recovery. Moreover, the need to encourage domestic investment

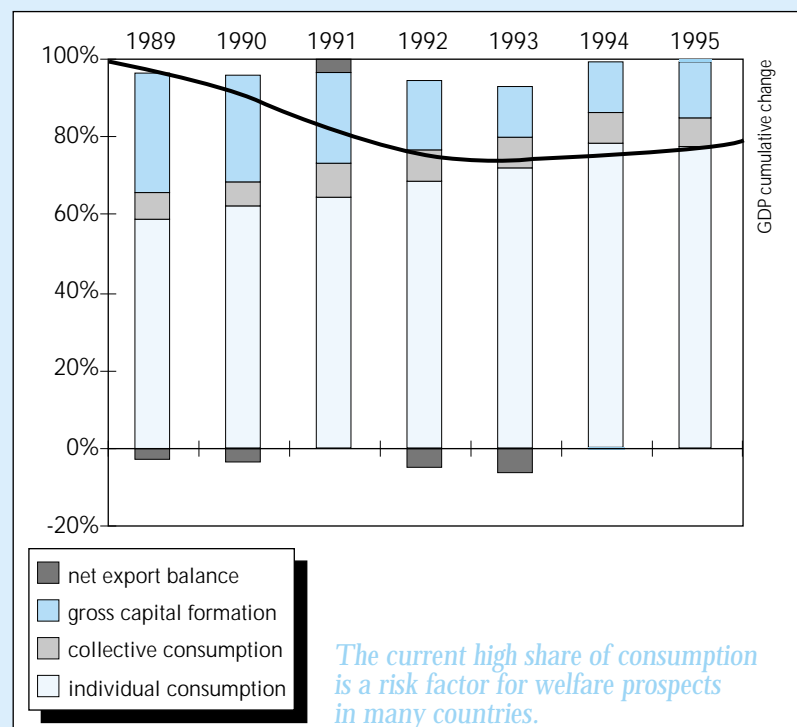


Figure I.2 - Structure of GDP by expenditure in Bulgaria (in percentage)
Source: Roumiana Gantcheva, National Statistical Institute, Bulgaria.

will result in strong pressure to provide high income groups with more favourable tax laws and curtail public transfers to low income groups (who tend to have a negative savings ratio).

In this sense, greater foreign investment in economies could have a direct and beneficial effect on maintaining social programmes, which in turn could add more stability to the political situation, thus creating a more appealing climate for foreign partners to invest in these countries. However, direct foreign investment has remained low (except in Hungary, Estonia and Slovenia), and often foreign investment has not increased the total amount of investments, but supported the balancing of state budgets (as in the case of the sale of state enterprises). Consequently, the immediate need to sustain the recovery through higher domestic investments is going to weaken commitments to social expenditures. As this may threaten the medium-term political sustainability of the reform process, especially through the voting of pensioners who have to rely on public transfers, there is a greater risk that the negative impact will ultimately fall on the social expenditures representing investments in human resources, like health care, education and transfers for children.

Moreover, because overstaffing is still a frequent problem and pressures to cut public consumption will increasingly affect employment in public health-care, education and other government sectors, the labour market in Central and South-Eastern Europe is expected to remain weak, despite continued economic growth. Likewise, in countries like Russia or Ukraine, overt unemployment will probably accelerate, even if the economies begin to recover. In the midst of these conditions, many families will find it impossible to respond in a positive way to the growing burden of their child-raising responsibilities.

2. THE LASTING IMPACT OF OUTPUT LOSSES ON FAMILY WELFARE DETERMINANTS

The chief promise of the transition has been to empower citizens so that they can more readily determine their well-being. However, family incomes became increasingly eroded by an overall and shocking downward spiral in production during the first years of the reforms. The economic recovery, which has gained momentum across the region since 1992-93, has not yet provided a sufficient basis for fulfilling the promise.

A. Real wages and employment lag behind economic output

Although output in Poland had returned to its pre-transition level by 1995, real wages and employment have lagged far behind. Across Central Europe — the sub-region where economic recovery has advanced most — output in 1995 was below pre-transition levels by an average of 10 per cent, while wage levels were about 20 per cent lower and employment was 15 per cent lower than the pre-transition levels. Output in South-Eastern Europe, which had declined much more than in Central Europe, was still 18-24 per cent below pre-transition levels in 1995. In Bulgaria and Romania, real wages were hit about twice as hard as they were in Central Europe, while employment was also heavily affected. Despite some improvement over 1994-95, the economic determinants of family welfare still paint a gloomy picture in South-Eastern Europe, especially in Bulgaria, where inflation began to accelerate again in the second quarter of 1996 (see Table B.5a in the Annex), leading to predictions of more drops in real incomes.

The protracted and huge GDP losses of past years show signs of tapering off in the countries of the former Soviet Union. Indeed, some growth was recorded in

1995 in Estonia, Lithuania, Armenia and Georgia. In most parts of this region, however, economic growth is not within immediate reach. Here, in addition, losses in GDP and earned income have been much greater than in Central Europe. Most adjustments have affected per-capita real wages, whose continuous fall partly acted as a substitute for massive layoffs. Workers appear to have accepted very low real wages, as unemployment-benefit regimes are more parsimonious in the FSU than in Central and South-Eastern Europe. Employed persons can also maintain access to social security and employee benefits, as well as social ties with fellow workers.

Table I.2 provides a comparison of the status of recoveries in wage, employment and production levels. Of the 18 countries, only the Czech Republic showed a recovery in the aggregate earned income of households — employment plus per-employee wages — consistent with the change in the level of output since 1989. In all other countries, per-earner wages fell more than output, despite declining employment. However, only in the other four Central European nations and in Bulgaria was the loss in the number of jobs proportionally higher than the drop in production. While observers tend to regard the resulting increases in per-employee productivity as proof of a sound economic transformation — and thus promising for sustaining future economic development⁵ — the price has been an extremely depressed labour market in all five countries. This has entailed major increases in poverty rates among households affected by unemployment, with severe consequences on child-poverty rates (see Chapter II).

The negative impact of joblessness on young couples and on families with children has been magnified by tighter access to family benefits (including services like inexpensive pre-school, housing, recreation, etc.) that had been built on the premise of parental employment. With drastic cuts in subsidies, families with chil-

dren have become more reliant on access to child-related cash payments and other direct support.

GDP, real wages and employment levels in Central and South-Eastern Europe are still well below pre-transition levels. In countries of the former USSR, GDP and real wages are bottoming out while employment levels are still on the decline.

Table I.2 - Change in GDP, real wages and employment in 18 countries in transition over 1989-95
(1995 levels compared to 1989 levels)

	Change in GDP, %	Change in real wages, %	Change in employment rate, %	Employment losses (1,000s)	Difference in employment over 1994-95 ^a (1,000s)
Czech Republic	-14.7	-7.6	-6.7	-364.1	75.0
Slovakia	-13.1	-23.9	-13.9	-348.8	-12.0
Hungary	-14.4	-21.6	-26.8	-1,465.0	-249.0
Poland	-1.8	-24.6	-14.3	-2,428.3	-250.0
Slovenia	-7.4	-23.1	-20.8	-196.7	-20.0
Albania	-23.4	-85.0	-15.7	-226.8	53.0
Bulgaria	-24.4	-40.6	-24.6	-1,076.0	66.0
Romania	-17.8	-41.4	-8.5 ^b	-930.0 ^b	-3.8 ^b
Estonia	-36.7	-40.0	-20.0	-163.0	-20.0
Latvia	-50.0	-39.0	-15.6	-220.0	-57.0
Lithuania	-64.1	-64.4	-13.5	-260.0	-132.0
Belarus	-41.3	-39.0	-11.4	-595.2	-221.0
Moldova	-62.5	-78.6	-4.9	-86.0	-19.0
Russia	-39.0	-54.9	-11.6	-8,259.5	-3,770.0
Ukraine	-57.1	-63.5	-9.4 ^b	-2,388.9 ^b	-910.0 ^b
Armenia	-61.8	-85.6	-7.0	-111.9	-20.0
Azerbaijan	-66.7	-88.3	-7.2	-200.3	-63.0
Georgia	-81.8	—	-34.6	-940.7	-11.0

Sources: UN/ECE 1996; MONIE Database, UNICEF ICDC.
Notes: a. 1995 data are estimates; b. 1994.

The two-earner, two-child family model underpinned by cash and in-kind assistance — such as kindergartens, low-price after-school programmes, etc. — has been challenged by the main thrust of policies. Although over most of the period entitlements to fam-

ily benefits have been formally maintained, even countries making family benefits available on a social-assistance basis have not been able to avoid considerable erosion in benefit coverage, and consequently social insurance coverage, due to losses in parental employment (see Figure I.3 and Table I.3). Moreover, there have been erosions in benefit values, and many countries have recently introduced cuts in entitlements (see Chapter IV).

B. Parents on the dole, working for low wages, engaged in 'supplementary' employment

Most Central and South-Eastern European countries have attempted to adopt a 'social-security' approach in response to the labour-market crisis created by the parallel impacts of structural and systematic changes. The mounting cash transfers through severance pay and various schemes for unemployment compensation have mitigated poverty shocks, but could help relatively few people to find new employment in conditions of continued macro-economic crisis, labour shedding, and private employers hiring labour directly from the large pool of public employees.⁶ Not infrequently, these schemes, together with early pension and pre-pension schemes, have paved the way to inactivity status. The growing imbalance between earnings and pensions (see Box I.2) has been amplified by the ageing of the population. The predominant approach of providing cash compensations to adults in exchange for lost employment has helped those older workers who are close to pension age, but this approach has left young or middle-aged adults with families at a dead-end.

When registered unemployment rates soared in 1992-93, initially generous benefit schemes that reflected overly optimistic recovery scenarios were revised and trimmed (although parsimonious systems in Bulgaria and Romania, initially meant for marginal

Employment losses of parents increase reliance on social-assistance networks; however, the transition from employment-based insurance allowances to social assistance increases the risk of exclusion errors.

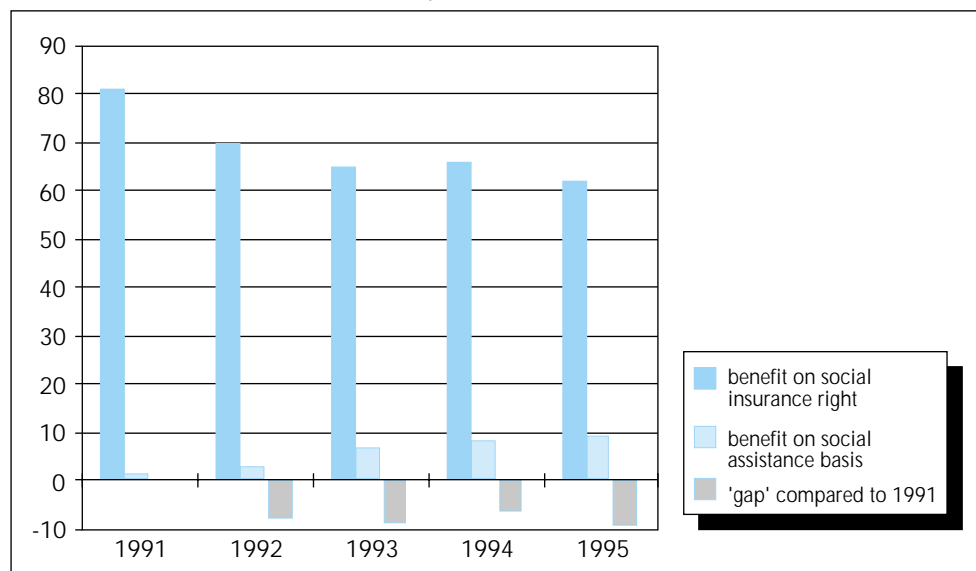


Figure I.3 - The rate of children in households receiving child allowances based on social insurance or social assistance in Bulgaria

Table I.3 - Unemployment rates and benefits in Central and South-Eastern Europe, 1989-95

	1989	1990	1991	1992	1993	1994	1995
Czech Republic							
registered unemployment rate	—	0.3	2.6	3.1	3.0	3.3	3.0
percentage covered by benefit	—	17.3	72.0	46.2	50.4	47.1	—
Slovakia							
registered unemployment rate	—	1.6	7.8	11.1	12.7	14.4	13.8
percentage covered by benefit	—	—	73.4	41.7	34.8	24.9	21.9
Hungary							
registered unemployment rate	0.4	0.8	4.1	11.0	13.4	12.0	11.1
percentage covered by benefit	49.8	93.7	98.6	79.9	67.5	47.4	36.0
Poland							
registered unemployment rate	0.3	6.3	11.8	13.6	16.4	16.0	14.9
percentage covered by benefit	—	—	79.0	52.3	48.3	50.1	58.9
Bulgaria							
registered unemployment rate	—	1.7	7.5	13.2	15.9	14.1	11.4
percentage covered by benefit	—	54.3	51.7	39.2	36.3	30.6	32.8
Romania							
registered unemployment rate	—	—	1.8	6.2	9.2	11.0	9.9
percentage covered by benefit	—	—	—	66.1	52.4	44.9	36.6

After a surge, registered unemployment rates fell. But the number of benefit recipients declined much faster, partly because of lower entitlements and partly because a growing share of jobless are long-term unemployed with exhausted entitlements.

groups, became more generous in 1992). The recent drops in official registered unemployment rates are mostly due to cuts affecting the maximum duration of the benefits and eligibility, increases in the share of discouraged workers and other declines in labour-force participation. Indeed, over 1994-95 the number of jobs did not increase considerably, and employment rates in most cases continued to decline (see Table E.1 in the Annex). However, a growing share of jobless persons has exhausted unemployment benefits and remain unemployed (see Table I.3). Consequently, more families with unemployed persons are left to meagre social assistance systems and pressed to find employment in the 'grey economy' (see Box I.3).

Inherited low wage differentials have increased, though they have remained relatively moderate in Central and in South-Eastern Europe. This is partly explained by minimum-wage policies, which kept the lowest wages around 45-65 per cent of the average wage in the first three years of the transition in about

two thirds of the countries. (UNICEF recommended a range of 45-53 per cent in its 3rd Regional Monitoring Report.) Since 1993, however, minimum wages have not followed real wage improvements and have declined with respect to real wages. Nevertheless, they have remained in the range of 30-50 per cent (see Table E.5 in the Annex).

In countries of the former USSR, the initial economic shock has been too large and complete to become manifest immediately in open unemployment. Large losses in tax collection and related huge deficits in public budgets have also prevented the undertaking of a social security type of approach to labour market problems similar to that tried in Central Europe. Registered unemployment rates, though increasing (see Table E.2 in the Annex), have remained low, as has the number of persons drawing unemployment compensation. At the same time, available data on wage inequality show that since 1990 disparities have grown considerably (see Table I.4), surpassing both Central

BOX I.2 - FROM JOBS TO PENSIONS IN TRANSITION

In countries with a pay-as-you-go pension system, public finances are doubly affected by retirement: income-tax revenues fall and pension expenditures rise. Depressed labour markets and an ageing population in transition countries have increased the relative weight of pension payments in public expenditures.

In Central European countries, 4.8 million jobs have disappeared since 1989, while the number of pensioners has grown by 2.2 million. Employment in Bulgaria has suffered large losses, while the growth of private agriculture has softened employment losses in Romania and helped employment recovery in Albania. In the three countries, 2.2 million jobs have disappeared since 1989; the increase in the number of pensioners is estimated at 1.1 million. In these eight Central and South-Eastern European countries, the total number of jobs lost since the outset of the transition amounts to seven million and the increase in the number of pensioners to 3.3 million, or 19 per cent more than in 1989.

In Russia and the other FSU countries covered by this Report, available statistical data indicate that 13.2 million jobs have been lost since 1989. Several more million workers formally hold jobs, although no work is being performed (moreover, in about half of the cases no wages are paid). Workers on so-called 'administrative leave' in 1995 numbered more than four million in Russia alone. The number of pensioners increased by eight million, or by 15.5 per cent. While these numbers are large, the employment losses are still moderate in comparison to those in Central and South-Eastern Europe.

BOX I.3 - PARTICIPATION IN THE 'GREY ECONOMY' IS OFTEN CRUCIAL FOR HOUSEHOLDS TO COPE WITH INCOME LOSSES

The large and sudden losses in the traditional determinants of household welfare in the region entailed considerable structural changes in the main income sources and often resulted in desperate efforts to find additional ways to earn money. The importance of wages from main employment and child-related allowances declined, while the role of other social transfers increased. But the largest increases occurred in the share of income coming from 'other sources', including self-employment, additional jobs, rents and similar areas (see Table F.2 in the Annex). In South-Eastern Europe, Poland and the Caucasian region, migration and remittances from abroad now play an important role in the welfare of many households. Estimates on the size of the grey economy suggest that as much as 20-30 per cent of production now takes place in some form of non-taxed activity, either uncontrolled or illegal. A large part of this income also evades statistical surveys.⁷

Small-scale agricultural production, the service sector and construction have been the key areas for growing private activity, which in most countries has also been boosted by small-scale privatization, private cooperatives, land reforms, and, in a few countries, property restitution. People tend to work longer hours in their private business. Multiple-job holding has also been spreading. In countries of the former USSR, people often make use of time, information, know-how and equipment available in their public-sector jobs for the benefit of their second jobs. As a consequence of more irregular, hectic, and unsafe working conditions of parents, family life is under a great deal of pressure. The number of 'home-alone' or 'latch-key' children, of children with one or both parents working far away for longer periods and of children with a parent working in a foreign country, as well as the number of children who work to help the family economy, is on the increase across the region. The household economy has become crucial for coping strategies (see Figure I.4), and kinship relations are translated into resources.

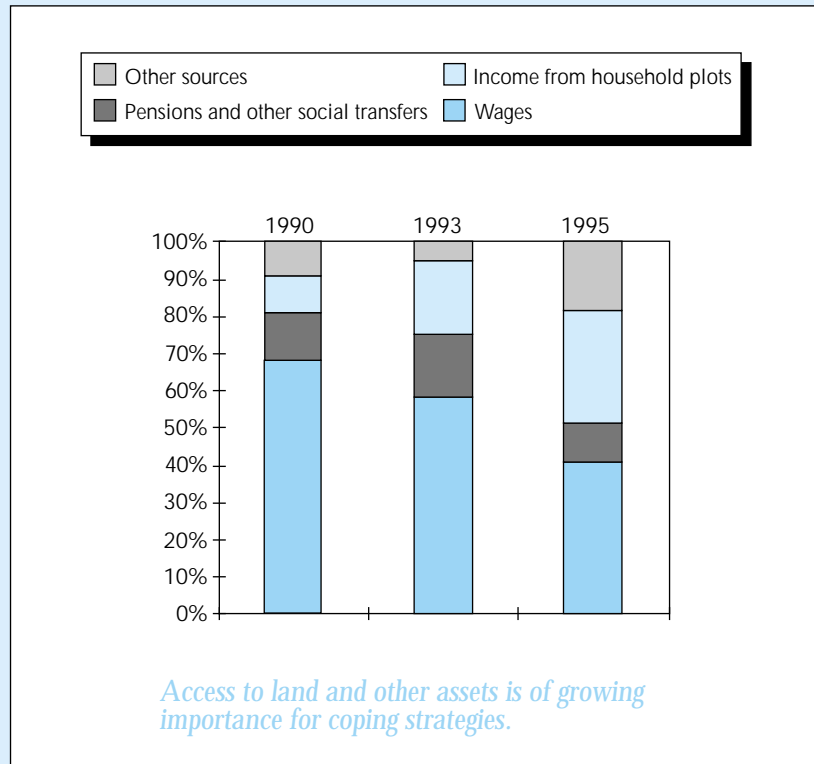


Figure I.4 - The structure of household incomes in Ukraine

Source: Libanova and Paliy, 1996.

While in Central and South-Eastern Europe the Gini coefficient increased moderately and stood at 25-30 in 1994, wage inequality in FSU countries – already the highest in the CEE region before the transition – increased at a fast pace.

Table I.4 - Wage inequality in selected FSU countries

	1989	1993-94
Lithuania	25	35
Belarus	25	35
Moldova	26	38
Ukraine	24	35
Russia	24	46
Armenia	25	34
Azerbaijan	33	41

Note: a. The Gini coefficient measures the degree of inequality of the distribution of earnings. Here, it is equal to zero in the case of total earnings equality and to 100 in the case of total inequality.

European and Western European values. As a consequence, the number of working-poor households has increased massively, underlining the need for child allowances to mitigate the impacts on family wages.

Registered unemployment rates, however, tend to underestimate considerably the actual size of unemployment. According to estimates based on ILO criteria, in Russia less than one third of the jobless register at unemployment offices. While about 80 per cent of the registered unemployed receive benefits, about 70 per cent of the actual unemployed have no access to compensation. Indeed, labour-market policies and employment offices are just now being established in many countries. Employment benefit regimes tend to have a short duration (e.g. six months in Estonia, Lithuania and Belarus, 12 months in Russia and Ukraine) and, importantly, the benefit value is usually not pro-

tected against inflation. Hence the so-called wage replacement ratio of the benefits sinks rapidly to very low levels; over 1995, the average compensation ranged between one tenth and one fifth of the average wage. Finally, unemployment benefits have little appeal because entitlement involves several inconveniences, including the threat of controls on the non-working status of beneficiaries. Earnings from additional or occasional jobs, trading, renting and activities in the 'grey economy' (see Box I.3), as well as family solidarity transfers, are more important in family coping strategies than are unemployment benefits. As illustrated in the case of Russia, the share of these various sources of income has taken on a particularly important role (see Table I.5).

Table I.5 - Distribution of household income by source in Russia

Sources of income	Sept. '92	Aug. '93	Dec. '94	Oct. '95
Income from work in state-owned organizations	45.6	36.2	30.5	30.7
Income from work in non-state-owned organizations	3.1	3.9	8.0	8.5
Public cash transfers	30.8	34.3	32.2	32.5
Dividends	—	0.4	0.8	0.4
Income from home production and informal sector	9.7	17.6	19.7	19.3
Sale of personal belongings, rent of personal property	1.2	0.8	1.5	1.3
Inter-family and charity transfers	9.6	6.8	7.3	7.3
Total	100.0	100.0	100.0	100.0

Source: Popkin, 1996.

Partly as a reflection of the growing problems of the working poor, attempts were made after 1990 to improve family and child allowances in cash, which in the USSR had been less developed than in Central and South-Eastern Europe. Nevertheless, the impact of newly introduced cash regimes was diminished by hyperinflation and the free-fall of the minimum wage, to which allowances were usually pegged. Because of decelerating inflation, minimum wages showed some slight rebound in a number of countries in 1995, and this had a positive effect on benefits pegged to the value of the minimum wage. But the value of family benefits was often reduced by delayed payments and by limited local funds in areas where responsibility had been transferred to local governments. Apart from Russia, most FSU countries have recently scaled down these programmes (see Chapter IV).

3. THE SLOW AND UNEVEN RECOVERY IN WELFARE OUTCOME INDICATORS

In 1995, welfare indicators across the region on poverty, nutrition, health, mortality, nuptiality, fertility, education, social cohesion, and child and family protection still reflected serious dislocations in comparison

with 1989, the year regularly used as a benchmark in the Monitoring Reports (see Table I.6). The share of indicators showing deteriorations over 1989-95 per sub-region was:

- 41 per cent in Central Europe;
- 83 per cent in South-Eastern Europe;
- 83 per cent in the Baltic countries;
- 86 per cent in the Caucasus;
- 93 per cent in the western CIS countries.

There is also a marked tendency for countries reporting losses in a higher number of indicators to show more severe deteriorations in each of these indicators. The Caucasian countries are in part exceptions. In those countries, many aspects of well-being, especially income and consumption levels, have shown the greatest deteriorations in the entire region, but in a few important areas, such as mortality, indicators appear to be less affected than they are in countries in the western parts of the FSU. This may be associated with lifestyle differences and stronger kinship systems.⁸

The deterioration in many indicators of well-being, even in Central Europe when using 1989 as the benchmark year, appears much less dominant if only the latest years are considered. In 1995 the share of indicators that signalled stabilization or improvement in comparison to 1994 was:

- 66 per cent in Central Europe;
- 57 per cent in the Baltic countries and in Russia;
- 57 per cent in the Caucasian countries;
- 53 per cent in South-Eastern Europe;
- 37 per cent in the western CIS (excluding Russia).

The current tendency for improvement in Russia, for example, is influenced by the fact that reforms were initiated earlier there and have since led to more progress than in the other western CIS countries. Welfare trends, therefore, have shown improvements in recent years, but the initial deteriorations were so large that it will take years to recover the losses. For this reason, the welfare picture is still gloomy in respect to pre-reform conditions. Moreover, among the 'late reformer' western CIS states about two thirds of the indicators continued to deteriorate between 1994 and 1995. However, it is also apparent that not all 'losses' will be recovered; for example, nuptiality and fertility patterns may also reflect systematic changes. It is telling that about one third of the indicators reported in Table I.6 reflect further deteriorations in Central Europe even in 1995.

A. Despite some recent reversals, income and consumption are still generally below pre-transition levels

In 1995, real household incomes improved in about one half of the countries of the region, even if average income levels remained well below pre-transition levels. Growing income inequality, however, weakens the welfare impact of income rebounds. Since 1989, some

Table I.6 - Summary review of welfare changes in 18 Central and Eastern European countries, 1989-95

Indicator	Czech R.	Slovakia	Hungary	Poland	Slovenia	Albania	Bulgaria	Romania	Estonia	Latvia	Lithuania	Belarus	Moldova	Russia	Ukraine	Armenia	Azerbaijan	Georgia	C.E.	S.E.E.	Sub-regional summary	WFSU	Cauc.	
a) Income and consumption based indicators																								
Real wage	—	-21.7 ^a	-21.6	-24.6	-23.1	-85.0 ^{b2}	-40.6	-30.9	-40.0 ^b	-41.4	-64.4 ^c	-39.0	-79.9	-54.9 ^d	-61.4	-85.6 ^d	-88.3 ^e	-56.0 ^f	-22.8	-52.2	-48.6	-58.8	-76.6	
Poverty rate	1.2 ^g	5.9 ^b	5.0 ^b	5.1 ^f	1.6 ^h	—	30.7 ⁱ	22.1 ^j	26.0 ^k	32.2 ^l	37.6 ^m	—	36.2 ⁿ	—	—	—	51.4	—	3.8	26.4	31.9	38.2	51.4	
Food share	-1.7	3.9 ^b	2.4 ^b	-6.4	-3.2	—	7.2	5.5	-0.9 ⁿ	15.5 ^o	21.6	24.1	24.8	13.9	25.7 ^p	25.4 ^q	18.8	38.8	-1.0	6.4	12.1	22.1	27.7	
Calorie consumption per capita	—	-0.3 ^r	-10.7 ^s	-13.2 ^s	—	-16.4 ^t	-18.2	-2.6 ^u	—	-12.4 ^v	—	1.7	-24.6	-9.8	-21.4 ^w	-33.5 ^x	-22.9 ^y	-28.6	-8.0	-12.4	-12.4	-13.5	-28.3	
b) Demographic indicators																								
Crude marriage rate	-32.1	-26.1	-15.9	-19.4	-14.3	-24.1 ^a	-38.0	-11.7	-42.0	-52.2	-36.2	-21.9	-18.5	-23.4	-11.6	-46.2	-43.3	-42.9	-21.5	-24.6	-43.4	-18.8	-44.1	
Remarriage rate	-25.0	-46.2	-27.8	-30.0	-14.3	-50.0 ^a	-44.4	-7.1	-22.7 ^b	-60.0	-45.0	-15.8	-6.3	-24.0	—	—	-56.3	-50.0 ^c	-28.6	-33.9	-42.6	-15.3	-53.1	
Crude divorce rate	0.0	6.2	-4.2	-16.7	-27.3	-0.0 ^b	-7.1	-16.7	31.6	-23.8	-15.2	20.6	17.2	15.0	0.0	-41.7	-52.9	-64.3	-8.4	-7.9	-2.5	13.2	-53.0	
Crude birth rate	-25.0	-24.8	-6.8	-24.8	-18.8	-6.5 ^b	-32.3	-35.4	-41.3	-41.1	-26.5	-34.7	-31.2	-35.6	-27.8	-40.1	-26.5 ^c	-33.5	-20.1	-24.7	-36.3	-32.3	-33.4	
c) Mortality indicators																								
Life expectancy, males	1.9	1.5	-0.1	0.8	1.5	-0.1 ^a	-1.4	-0.9 ^b	-4.0	-5.5	-3.0	-3.9	-3.7	-5.9	-3.2 ^c	-0.9 ^d	-3.2 ^e	—	1.1	-0.8	-4.2	-4.2	-2.1	
Life expectancy, females	1.5	0.9	0.7	0.9	1.1	0.1 ^a	-0.2	0.7 ^b	-0.4	-2.6	-1.0	-2.1	-2.6	-2.8	-1.8 ^c	0.2 ^d	-0.7 ^e	—	1.0	0.2	-1.3	-2.3	-0.3	
IMR	-23.0	-18.5	-31.8	-28.8	-32.9	40.3 ^a	2.8	-21.2	0.0	64.0	15.9	12.7	3.9	-1.1	10.8	-30.4	-13.7	-28.6 ^f	-27.0	7.3	26.6	6.6	-5.2	
1-4 MR	-19.5	-17.1	-30.6	-28.4	-35.0	38.2 ^a	3.8	-24.9	5.8	28.3	13.3	6.5	1.1	3.6	11.4 ^b	-21.0 ^c	-3.1	-30.1 ^d	-26.1	5.7	15.8	5.7	-18.1	
5-19 MR	18.2	-5.6	-12.2	-12.2	-2.6	—	0.0	-3.1	-9.6 ^f	-25.3	-18.2	0.0	-7.4	15.9	10.2 ^g	71.4 ^h	90.4	0.0 ⁱ	-2.9	-1.6	-17.7	4.7	53.9	
20-39 MR	-5.4	-15.4	-7.0	-7.4	-18.8	—	6.6	-1.1	50.8	75.7	29.8	39.9	23.1	63.9	41.1 ^j	126.0 ^k	23.4 ^l	-10.8	-10.8	2.7	52.1	42.0	63.8	
40-59 MR	-13.5	-19.1	6.3	-11.6	-16.4	—	7.2	18.6	41.2	93.3	38.2	30.8	25.8	58.5	37.2 ^m	-5.1 ⁿ	13.5 ^o	-4.8 ^p	-10.9	12.9	57.6	38.1	1.2	
60 MR	-9.7	-3.8	0.0	-5.2	-5.6	—	22.4	1.2	2.4	20.8	3.9	17.8	34.2	19.5	22.2 ^q	6.1 ^r	6.0 ^s	-5.6 ^t	-4.8	11.8	9.0	23.4	2.1	
Maternal mortality rate	-77.4	62.0	-28.6	-6.6	26	-46.9 ^b	-12.8	-71.8	25.2	-60.9	-40.8	-44.4	-63.6	5.7	10.1	-15.3 ^c	53.1 ^d	-22.8 ^e	-4.9	-43.9	-25.5	-23.0	5.0	
d) Health indicators																								
Abortion rate	-35.0	-4.7	-6.3	-99.3	-16.1	48.0 ^b	11.2	307.0	14.8	-4.7	4.1 ^f	14.1	4.1	-1.0	-5.2	72.3 ^g	-2.8 ^h	-12.1 ⁱ	-32.3	122.1	4.7	3.0	19.1	
LBW	5.8	16.1	-9.8	-11.8	-5.5	-17.6 ^e	29.0	20.5	25.0 ^f	8.9	10.5	19.0	-14.9	10.5	—	8.8 ^g	-1.8 ^h	37.7 ⁱ	-1.0	10.6	14.8	4.9	14.9	
Tuberculosis cases	4.4 ^{gn}	20.3 ^{hn}	13.9 ⁱⁿ	2.7 ^{on}	-20.3 ^{pn}	—	-7.7 ^{qn}	48.6 ^{rn}	28.5 ^{sn}	66.4 ^{tn}	38.3 ^{un}	15.8 ^{vn}	-3.2 ^{wn}	100.0 ^{xn}	1.4 ^{yn}	27.6 ^{zn}	-5.3 ^{an}	—	12.3	28.2	44.7	30.1	11.2	
e) Social cohesion and protection indicators																								
Births to mothers under 20 years	-2.6	0.4	-0.5	0.6	-3.0	4.7 ^a	1.7	2.2	3.2	-0.2	3.6	5.1	8.7	7.2	5.4 ^b	9.5 ^c	3.3	1.5 ^d	-1.0	2.9	2.2	6.6	4.8	
No. of adoptions	-0.5 ^e	34.6	-4.3	-28.4 ^g	-51.9	—	87.0	—	8.4 ^h	-34.3	-62.0 ⁱ	60.5	—	9.7 ^j	16.9 ^k	-68.8 ^l	-43.2	—	-10.1	87.0	-29.3	29.0	-56.0	
Crime rate	212.0	143.0	130.0	63.0 ^b	-3.9	—	269.0	—	118.0	40.0	93.5	95.7	-6.2	69.5	77.7 ^c	12.7	27.2	-21.2	108.9	269.3	84.0	59.2	6.2	
Youths sentenced	18.4	68.8	37.1	-14.4 ^b	-67.4	—	135.0	212.0 ^b	106.0	0.3	134.0	89.0	37.4	70.1	63.9 ^b	196.0 ^b	90.2 ^b	40.6 ^b	8.5	173.7	80.1	65.1	108.9	
Homicide rate	119.8	117.0	51.8	—	23.3	—	5.8 ^c	—	242.0	57.9	224.0	—	50.6	134.0	—	31.8	83.4	—	78.0	5.8	174.4	92.3	57.6	
f) Child education indicators																								
Crèche/parental leave coverage	-1.0 ^a	—	3.6 ^b	-23.6 ^c	—	—	-18.8 ^d	-1.2 ^e	-12.0 ^f	29.2 ^g	-15.2 ^h	-21.7 ⁱ	-16.1 ^j	-14.9 ^k	-13.8 ^l	—	-1.3 ^m	—	-7.0	-10.0	0.7	-16.6	-1.3	
Pre-primary enrolment rate	-10.7	-20.7	1.2	-4.4 ^b	6.4	—	-7.6	-24.5	1.1	-15.6	-27.7	-1.2	-16.0	-15.3	-17.2 ^b	-15.2 ^c	-3.0	-16.3 ^d	-5.6	-16.1	-14.1	-12.4	-11.5	
Primary enrolment rate	0.4	1.8	0.1	-0.9	2.0	-4.0 ^b	-4.7	2.2	-1.4 ^c	4.2	3.6 ^d	2.9	2.0	-3.0	-2.2 ^e	—	17.0	-12.3 ^f	0.7	-2.2	2.1	-0.1	2.3	
Secondary enrolment rate	17.8 ^g	3.0	16.2	4.2	3.2	—	-2.1	-14.2	-10.2 ^h	-3.7	-8.0 ⁱ	-4.3	0.0	-4.3	-7.4 ^j	—	-8.0	-18.2 ^k	8.9	-8.2	-7.3	-4.0	-13.1	
Total number of observations of which:	28	28	29	28	27	15	29	26	28	28	29	28	27	28	28	25	24	29	22	29	29	29	29	29
no. of deteriorations	13	16	15	13	8	11	24	18	23	22	24	22	21	25	22	18	22	14	12	24	24	24	27	25
no. of improvements	15	12	14	15	19	4	5	8	5	7	4	5	7	3	3	6	7	8	17	5	5	5	2	4
Percentage of deteriorations	46.4	57.1	51.7	46.4	29.6	73.3	82.8	72.0	82.1	73.3	85.7	81.5	75.9	86.2	88.0	75.0	75.9	63.6	41.4	82.8	82.8	93.1	86.2	

Notes: a. Average; b. Estimate; c. 1995, preliminary data; d. 93-95 UNECE; e. 1989-1992; f. 1989-1992; g. 1989-94; h. 1990-93; i. 1990-94; j. 1993-95; k. 1990-95; l. 1991-95; m. 1992-94; n. Newly registered cases. Source: WHO Health for All Database; o. 1992-95; p. Total number of children entering guardian families annually; q. Stock; r. 1991-94; s. Only parental leave care included; t. Only crèche enrolment rate included.

deep pockets of poverty have emerged in Central Europe, especially in Poland, Slovakia and Hungary. But overall consumption levels have been less affected and remained generally more favourable in Central Europe than in the other four sub-regions. Nevertheless, the overall rise in the food share among household expenditures (see Table F.4 in the Annex) indicates a more stringent situation in home budgets across the region, reflecting compressed incomes and, not infrequently, higher than average price increases for basic amenities (see Tables E.8-13 in the Annex). Although food shares in Slovenia, the Czech Republic and Poland have declined, the share of expenditures for other basic necessities (rent, heating, utilities, etc.) has grown considerably since 1989. Household expenditures on food shares and other basic amenities have reached very high ratios in the countries of South-Eastern Europe and the former USSR, which is consistent with large increases in poverty rates in those countries. Data for 1995 show further increases in expenditure shares for basic necessities in the western CIS.

Nutrition occasionally reached critically low levels, especially in the most impoverished Caucasian countries. Available data for 1995 showed a slight improvement in Georgia over previous years, and though no data on food consumption have been reported for Armenia, the recent increase in agricultural output might have brought some improvement.⁹ Large increases in income inequality, however, raise questions concerning access to food, especially in urban areas. In Azerbaijan, on the other hand, nutrition presumably worsened in both rural and urban areas over 1995. Interestingly, calorie consumption per capita in each sub-region declined the most in the countries where it had reached the highest pre-transition level: Hungary in Central Europe, Bulgaria in South-Eastern Europe and Ukraine and Moldova in the FSU (see Tables E.14-17 in the Annex).

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B. The health and mortality crises seem to have levelled off, but not in all countries and population groups

Mortality indicators rose in most countries, often dramatically, after 1989. The crude mortality and infant mortality rates showed some upward blips around

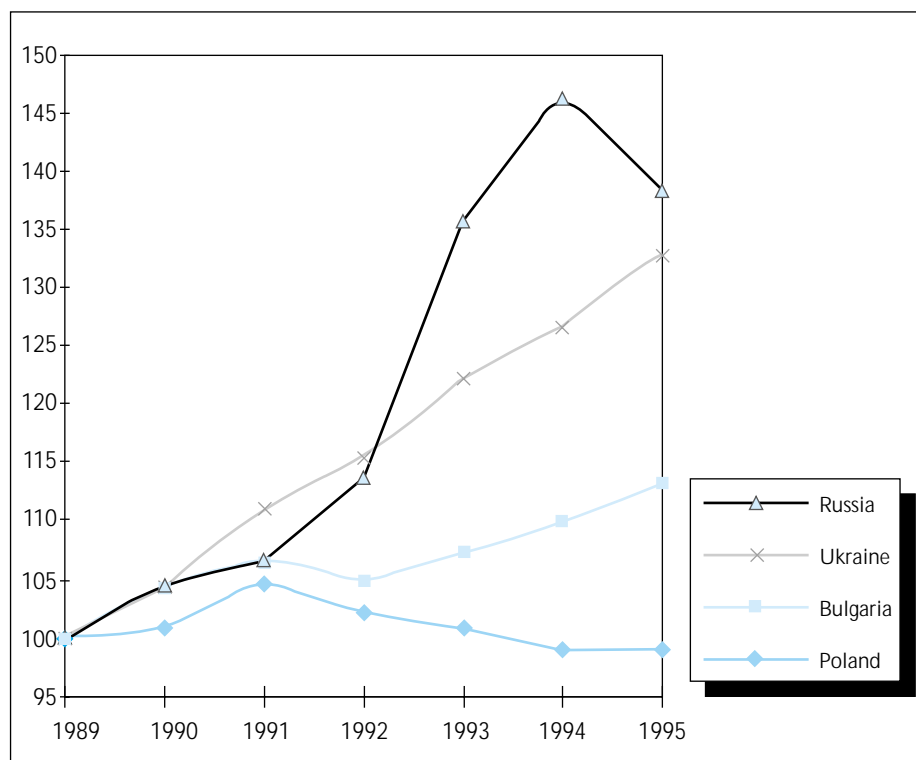


Figure I.5 - Crude death rate patterns in selected countries, 1989-1995 (1989=100)

1990-91 in Central Europe at the beginning of the large social and economic changes. These slight increases, however, were absorbed in the following years, and by 1995 mortality rates were below 1989 levels in Poland, the Czech Republic, Slovakia and Slovenia, while Hungary still showed lower life expectancy at birth compared to pre-transition times. In South-Eastern Europe, mortality increases were more persistent, showing especially strong regressions in Bulgaria. A steady increase in the crude death rate has so far been registered in several 'late-reformer' FSU countries, including Ukraine, Belarus and Moldova. While mortality has hit hardest in the leading reformer countries of the FSU — Estonia, Latvia, Lithuania and Russia — the rates in these countries (with the exception of Latvia) were levelling off in 1995 (see Table A.3 in the Annex). The evolution of the four main patterns of death rates in the region is shown in Figure I.5.

The main factor behind the observed deteriorations in mortality was adult male life prospects, which deteriorated dramatically.¹⁰ Weak inherited health status and poor nutrition and lifestyles, combined with the transition-related deteriorations and increased stress,¹¹ caused already low male life-expectancy levels in several FSU countries to fall at a staggering pace. In Belarus, Latvia, Moldova, Russia and Ukraine the life expectancy at birth of women dropped considerably as well.

Infant mortality rates (IMR) also deteriorated in many countries, but not as persistently as adult mortality. In Central Europe, IMR was not exempt from temporary deteriorations, but by 1995 it was showing considerable improvements over 1989. This reflects

Table I.7 - Changes in the crude death rate and infant mortality rate over 1989-94, 1989-95 and between the first two quarters of 1995 and 1996

	1994 1989=100	1995 1989=100	1996Q1 95Q1=100	1996Q2 95Q2=100
a. Crude death rate index				
Czech Republic	92.7	92.7	102.7	—
Slovakia	94.1	96.1	104.2	99.0
Hungary	105.1	102.9	112.4	91.8
Poland	99.0	99.0	107.6	95.0
Slovenia	104.3	102.2	—	—
Albania	108.8	—	—	—
Bulgaria	110.0	113.3	110.3	90.1
Romania	109.3	112.1	121.9	—
Estonia	125.4	119.5	—	—
Latvia	134.4	127.0	92.7	95.0
Lithuania	121.4	118.4	110.0	90.0
Belarus	124.8	128.7	112.8	—
Moldova	128.3	132.6	107.5	92.6
Russia	146.7	138.3	100.6	91.0
Ukraine	126.7	132.8	—	—
Armenia	111.9	111.9	100.0	—
Azerbaijan	115.6	101.6	—	—
Georgia	109.3	89.5	—	—
b. Infant mortality rate index				
Czech Republic	79.0	77.0	77.1	—
Slovakia	83.0	81.5	94.6	88.2
Hungary	73.2	68.2	120.0	85.9
Poland	79.1	71.2	80.9	88.4
Slovenia	79.3	67.1	—	—
Albania	140.3	—	—	—
Bulgaria	113.2	102.8	106.0	92.1
Romania	88.8	78.8	99.1	—
Estonia	98.0	100.0	—	—
Latvia	139.6	164.0	108.6	95.5
Lithuania	129.9	115.9	87.2	65.4
Belarus	111.9	112.7	112.9	—
Moldova	110.8	103.9	100.0	92.8
Russia	104.5	98.9	98.3	97.2
Ukraine	111.5	110.8	—	—
Armenia	72.1	69.6	97.4	88.4
Azerbaijan	96.2	86.3	—	—
Georgia	128.6	—	—	—

Table I.8 - Changes in the crude marriage rate and crude birth rate over 1989-94, 1989-95 and between the first two quarters of 1995 and 1996

	1994 1989=100	1995 1989=100	1996Q1 95Q1=100	1996Q2 95Q2=100
a. Crude marriage rate index				
Czech Republic	73.1	67.9	89.5	—
Slovakia	76.8	73.9	91.9	103.4
Hungary	84.1	84.1	86.2	88.7
Poland	80.6	80.6	93.1	105.1
Slovenia	85.7	85.7	—	—
Albania	75.9	—	—	—
Bulgaria	63.4	62.0	82.8	104.2
Romania	88.3	88.3	88.9	—
Estonia	60.5	58.0	—	—
Latvia	48.9	47.8	77.8	77.8
Lithuania	67.0	63.8	77.8	93.3
Belarus	76.0	78.1	100.0	—
Moldova	84.8	81.5	79.6	82.3
Russia	78.7	76.6	78.1	83.2
Ukraine	81.1	88.4	—	—
Armenia	59.0	53.8	88.6	—
Azerbaijan	60.6	56.7	—	—
Georgia	54.3	57.1	—	—
b. Crude birth rate index				
Czech Republic	83.1	75.0	91.8	—
Slovakia	81.0	75.2	95.8	100.8
Hungary	96.6	93.2	98.1	97.1
Poland	83.9	75.2	101.9	99.1
Slovenia	83.8	81.2	—	—
Albania	93.5	—	—	—
Bulgaria	74.0	67.7	90.7	96.5
Romania	67.7	64.6	97.1	—
Estonia	61.3	58.7	—	—
Latvia	65.1	58.9	90.9	100.0
Lithuania	76.2	73.5	92.9	96.6
Belarus	71.3	65.3	91.8	—
Moldova	75.7	68.8	84.6	—
Russia	65.8	64.4	93.7	94.8
Ukraine	75.2	72.2	—	—
Armenia	63.1	59.9	89.2	—
Azerbaijan	81.1	73.5	—	—
Georgia	64.1	66.5	—	—

partly stabilized income and consumption levels and the broad access to child and maternal health services in these countries, as well as some other factors. Available data from the first two quarters of 1996 showed continued improvement in IMR in Central Europe with the exception of Hungary, where new austerity policies, including cuts in child-related welfare provisions, have recently been implemented (see Table I.7). In some South-Eastern European and FSU countries, IMR increased rapidly, despite overall fertility drops around 1991-93. Available data for 1995 and the first two quarters of 1996 reflected mostly improvements in IMR, with the exception of Bulgaria, Latvia, Belarus and Ukraine, where indicators on the overall economic situation were still pessimistic. In 1995 only Romania, Russia, Armenia and Azerbaijan registered lower infant mortality rates than in 1989, although the exact measurement of changes in IMR was sometimes blurred due to methodological changes in reporting infant

deaths and suspected underreporting (see Table G.4 and notes in the Annex),

While general mortality rates for young children (1-4-year-olds) improved in all 18 countries between 1989 and 1995, mortality among 5-19-year-olds deteriorated in countries at the two ends of the welfare spectrum: it showed some upswings from reasonably low levels in the better-off Czech Republic and Slovenia, and from higher levels it increased in Armenia, Azerbaijan, Moldova, Russia and Ukraine. External causes of death (accidents, poisoning and violence) are responsible for most of the deteriorations (see Table G.8 in the Annex). Although some health problems linked to 'inherited' poor lifestyles (like abortion) have tended to show some slight improvement recently, others, like drug abuse and sexually transmitted diseases, are spreading rapidly. In many countries, formerly strong public-health systems are weakening, and infectious diseases common in the past, including 'poverty diseases', have

shown a revival. The consequences of health trends on children and youth are discussed in the next Chapter (see also the Tables in Section G of the Annex). The indicators in the summary (Table I.6) reflect the composite picture on mortality and morbidity only in a nutshell.

C. Family formation and social cohesion indicators tend to show further deteriorations

The changes in demographic indicators appear to be as drastic as those in income indicators, with little sign of recovery in sight. In every country of the region, marriage, remarriage and fertility rates have fallen massively over the last six years, with the most recent data confirming these trends (see Table I.8). Marriage and remarriage rates have plunged the most — and the most uniformly — in the Baltic and Caucasian countries (where in some cases the number of marriages has dropped by half). Within the other sub-regions, marriage rates have fallen the most — by about one third — in the Czech Republic (in Central Europe) and in Bulgaria in (South-Eastern Europe). Among the western CIS countries, the drop in marriage rates has been highest in Russia (23 per cent). Births have dropped massively

— by one fourth to one third — in all countries except for Albania, Hungary and Slovenia; fertility has fallen especially sharply in Latvia, Estonia and Armenia. Although sharp income drops have certainly been an important explanatory factor, more recent data clearly confirm the long-term character of changes in family formation patterns.

Most strikingly, the impact of recent income growth in the most advanced transition countries appears to have hastened marital breakdown rather than bring higher marriage and fertility rates. This confirms that the tendency to preserve marriages may have been a rational response to economic hardships and not a reflection of stable and stress-free family life: therefore, welfare shocks may have heightened the risk of child abuse in the family. Social cohesion and protection indicators reflect increasingly divided and tense societies bending under the strain of rising individualism, uncertain social values and precarious security, including personal safety, where even the bough of parental commitment is becoming more fragile. These tendencies bring us close to the special focus of this Report: investigating risk factors for children in the family and the community and for children left without parental care.

Notes

- 1 EBRD, 1995.
- 2 Regional Monitoring Report No.3, UNICEF-ICDC, 1995.
- 3 UN/ECE, 1995.
- 4 Regional Monitoring Report No.1, UNICEF-ICDC, 1993.

- 5 UN/ECE, 1996.
- 6 OECD, 1995.
- 7 UN/ECE, 96; Vértes and Árvay, 1995; Glinkina, 1996.
- 8 Regional Monitoring Report No.3, UNICEF-ICDC, 1995.
- 9 UN/ECE, 1996.
- 10 See Regional Monitoring Report No.2, UNICEF-ICDC, 1994.
- 11 Cornia and Panicciá, 1995; Chen, Wittgenstein and McKeon, 1996.

1. THE PERCEPTION OF RISKS FOR CHILDREN

Central and Eastern Europe was often regarded as a 'low risk' region for child well-being during the 'golden age' of socialism; however, at both the beginning and the end of the communist experiment, the number of at-risk children was very high, even if the historical contexts were very different (see Box II.1).

A. Defining children at risk

The State, the media, professionals, NGOs and the general population tend to have very different images of children at risk,¹ a fact that is especially evident in Central and Eastern Europe. In this region, the understanding of what constitutes categories of at-risk children has had to undergo a radical transformation. In the region, the definition of children at risk used to comprise the relatively small group of orphans and children suffering from abuse, and the main way of caring for these orphans and so-called 'social orphans' was to place them in large institutions, where it was assumed they received proper care. The ideological picture of the party-state taking care of all its young citizens was increasingly questioned during the 1980s; the spectre of Chernobyl powerfully manifested potential and actual risks for all children living in highly industrialized countries in which human needs and individual rights were not recognized as fundamental.

Indeed, when the Wall of Berlin fell in 1989 a very different picture of the caring State emerged. Studies revealed the structural problems of child well-being in families during the socialist period.² As the grim plight of institutionalized children, especially those in Romanian orphanages, was exposed to the public throughout the region and around the globe, people asked in horror why so many children were in institutions and living in such sub-human conditions. It became increasingly accepted that, if the State is unable to respond to market demand through central economic planning, then it is also unable to respond to children's needs through institutional care. Children put into institutions were those most exposed to risk. At best, institutional care could replace one type of risk (e.g. poor nutrition or health) by another (e.g. psychological harm). Changes brought about by the transition therefore represented a clear promise that dangers arising from the narrow interpretation of at-risk situations would be changed. These hopes were further advanced in 1990, just as the transition was beginning, when the United Nations Convention on the Rights of the Child entered into force (see Box II.2).

B. Monitoring child-related risks during the transition

This Report has been prepared on the premise that risk situations for children have increased during the transition in most parts of Central and Eastern Europe. Indeed, it would be unrealistic to hope that the realization of many of the needs listed in Box II.2 is at hand, and that risks for children have diminished, given the deteriorations of so many determinant and outcome indicators of welfare. The other conjecture of this Report, however, is that the transition could reduce risks for children also in the short term. Indeed, children who had been placed



BOX II.1 - CHILDREN AS OBJECTS OF HISTORICAL CHANGE

The communist experiment in Europe, which ended at the beginning of the 1990s after five decades in Central and South-Eastern Europe and the Baltic countries and seven decades in the rest of the former Soviet Union, was perhaps the most grandiose effort in the history of mankind to alter radically social conditions and basic social institutions. The painful birth of communism brought war, emigration, hunger and other family and social dislocations, all of which exacted very high costs on children. In 1922 there were an estimated seven million homeless children in the Soviet Union living from theft or begging.³ The total human costs in child and parental deaths, disability, stunting, wasting and psychological disorders in the early socialist period have never been estimated. The stabilization of the planned economy and of authoritarian regimes and then their extension to Central and South-Eastern Europe also entailed huge losses in child welfare: political repression, the disruption of families and small communities, aggressive policies in the areas of population, collectivization, industrialization, migration and employment and, in general, an unbalanced quantitative growth approach, all of which led to development without a 'human face'.

Nevertheless, extensive public networks and systems that promoted child welfare were gradually built up in the 'golden age' of these regimes. Due in part to extremely low income inequalities and the maintenance of strict control over the population, countries managed to reduce several child health risks more effectively than might have been expected on the basis of the general economic development. They also developed education systems comparable with those of Western countries and provided better employment opportunities for women and higher pre-school coverage than most industrialized nations. Still, child and family welfare remained burdened with serious structural problems, which were reflected by, among other things, extremely high abortion and relatively high maternal mortality rates, persistent infant mortality, unfavourable male mortality, environmental degradation, high child-institutionalization rates, and, in general, an inhumane approach to the disabled, deprived, delinquent and vulnerable, whether children or adults.

Hopes that, with the elimination of authoritarianism and the introduction of a demand-led market economy, the needs of children would be better met in the short-term have been largely betrayed. Systematic changes have for the most part been too large and sudden, with negative effects on the economy; and the bursting out of national pride and ethnic intolerance has led to heightened tensions and, in a few cases, warfare. Child welfare has once again become the victim of dramatic historical changes.

The transition has been accompanied by a severe region-wide economic crisis, the effects of which have hit even the most successful countries. Moreover, the transition is also based on market forces, which can free powerful human energies, but which also need support from societal values and social institutions for a balanced development. As social norms and institutions collapsed, values eroded — it will take time for new values to take root, which will also require support from laws, law enforcement and the recognition of a common interest. The fact that the direction of the transition clearly shifts emphasis away from state redistribution and toward the market allocation of resources could increase economic risks for child welfare. For example, larger income inequalities could lead to higher child poverty rates or the marketization of, and reduced access to, child-care, health and education services.

Apart from economic risks, social risks could increase as well. With the 'fall of the wall', the dangers and diseases of capitalism and individualism have found new areas unprotected by the 'immune systems' that normally operate in free societies. While the income redistribution systems, public order and job security provisions were generally strong under socialism, micro-level family assistance and community networks of child and youth protection were either non-existent or reflected outdated, paternalistic, authoritarian and non-participatory approaches.

The transition has brought far-reaching changes to the political map. While there were eight countries in Central and Eastern Europe at the start of the transition, there are now almost three times as many sovereign States. The process of nations splitting apart and the (re)establishment of independent States, however justified it may be, has often exacted high economic and human costs. In a climate of intolerance, ethnic tensions have taken a heavy toll on children, who have been killed, orphaned, separated from their families, forced to migrate, handicapped or traumatized.

There were realistic hopes and expectations that economic and social dislocations could have been to a large extent moderated. Reforms that allow for changes to be prepared and implemented in a cautious and gradual way demand less sacrifice than chaotic revolutions. The establishment of democratic institutions offered a control mechanism. The existing social welfare systems provided a basis for building up collective buffer mechanisms for welfare shocks. International conditions appeared favourable, and agreements and conventions were signed. Developed countries were sympathetic, and the international community and international NGOs were ready to help. Individual welfare levels had reserves in many respects: all countries of Central and Eastern Europe were industrialized; in the ranking of 160 countries in the 'human development index' in 1989, they held positions among nations with 'high human development', ranging from 27th place (Czechoslovakia) to 37th place (Yugoslavia), with only one country in the 'medium human development group'.⁴

Still, the welfare of families could not have been immune to the negative impacts of the transition. Children have not been the only group affected, nor have they always been the group that has suffered most. Still, children have been especially vulnerable to transition-related changes. Childhood is a short but extremely crucial period in life when capabilities that will serve later in life are developed. For children there are no 'short-term' effects. For some future adults, the period known in history as the transition will have meant a childhood with their nutrition, health, education and emotional needs left unmet, and with their development neglected to differing degrees and often put on the wrong track. In modern societies, moreover, children tend to be affected disproportionately by increases in income inequality and poverty, as large families tend to be poorer. Consequently, children rely to a great extent on transfers and services, which here have either been put under siege by the systematic changes or have had little time to develop. Children cannot rely on democratic institutions, however, to safeguard the protecting mechanisms and correct policy biases. The rights of children are protected only by the attention, morals and insight of adults. But the 'rights of the child' represent the right of each adult as well — for a childhood that accompanies and empowers through life.

in higher health or family risk situations during the former regimes should be among the first to benefit from more enlightened political and institutional circumstances.

The transition should promote the idea that the primary responsibility for the growth, development and protection of children belongs to parents. Parents tend to have emotional, ethical and — although decreasingly in modern societies — material interest in the optimal development of their children, monitor that these standards are met, and provide support for families wherever needed. The State, however, should maintain and improve, if needed, the legal and administrative regulations that set out minimal standards of development for children, monitor that these standards are met, and provide support for families wherever needed.

Governments usually provide for the elementary physiological development of children and young persons through the ministries of health and/or welfare, and direct and monitor their cognitive and social progress through the ministry of education and — when something goes wrong — departments of interior or justice. The evaluation of the well-being of children or families may be supported by information from household surveys carried out by central statistical agencies, research institutes, and so on. At the local level, guardianship authorities and/or municipal social services can monitor compliance with laws and social norms on child development and child treatment through reports from the local schools, health units and the police, as well as through social workers, volunteers, or by requests from concerned neighbours, relatives and other family members.

Unfortunately, such information gathered at local level tends to remain at the local level. Consequently, no systematic, centralized data collection on child pro-

tection monitoring exists in most parts of Eastern Europe. Still, in the few Central European countries where administrative statistics on various child protection activities are aggregated, they provide a clue on an official 'image' of at-risk children, which determines to a large extent the level of attention and kind of protection these children receive.

Figure II.1 illustrates how child protection authorities in Hungary perceive risks faced by children in families during the transition. The number of these children registered by local guardianship offices increased from 130,000 in 1989 to 313,000 in 1995, representing no less than 13 per cent of all children. In 1995 visiting nurses and social workers noted about 5,000 cases of health risks among families with newborns and young children, twice as many as six years earlier; authorities kept track of some 47,000 children in 1995 exposed to parental risks, similar to 1989 although rates per children would show an increase. Nevertheless, all of these risk categories were dwarfed by the huge increase in poverty-related risks.

Reports from other Central European countries paint a very similar picture. In Slovenia, for example, the major threat cited for the 200,000 registered at-risk children in the mid-1990s was, in about 85 per cent of the cases, low family income. The reported number of at-risk children in the Czech Republic increased from 626,000 in 1990 to 669,000 in 1994; most of the increase is accounted for by the rise in social assistance claims by low income families. Registered child maltreatment, on the other hand, represented only a few thousand cases.

These figures, of course, are largely determined by inherited institutional arrangements, as well as national norms and values (and frequently by unclear and over-

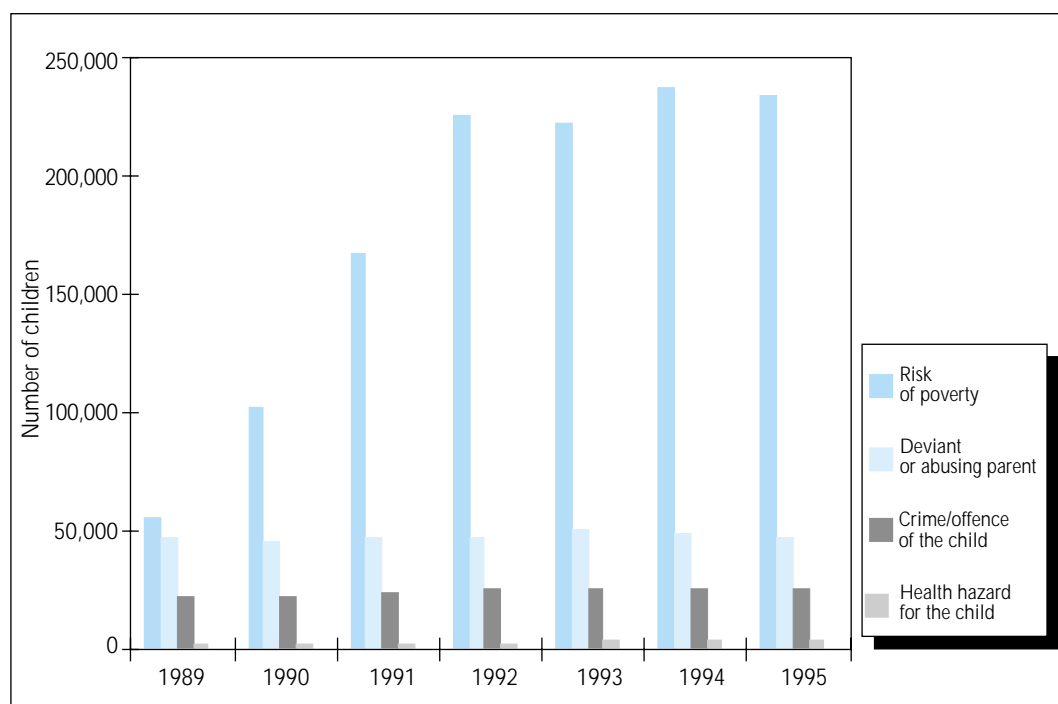


Figure II.1 - At-risk children registered by type of risk in Hungary

In many countries, the perception of risks to children changes during the transition. Local authorities in Hungary consider poverty the major risk situation for children.

BOX II.2 - THE NEEDS OF CHILDREN, THE RIGHTS OF CHILDREN

The Convention on the Rights of the Child, which has been ratified by all Central and Eastern Europe nations, contains several general guiding principles that cover all the main domains of children's needs. These are embodied in: article 6 (the right to survival and development); article 3 (the 'best interests of the child'); article 2 (non-discrimination); and article 12 (the child's right to be heard and to have her or his views taken into account in all matters affecting the child). In addition, the following table lists specific articles of the CRC corresponding to children's specific needs. No ranking has been established among the main domains of needs listed below, as children's rights — apart from most extreme cases — have equal importance.

Children's rights and the articles of the United Nations Convention on the Rights of the Child that address their needs.

		Articles	
PHYSICAL NEEDS	Food	- sufficient and adequate nutrition	24, 27.3 and 3.3
		- uncontaminated foods	24 and 3.3
		- safe drinking water	27, 24.2(c) and 3.3
	Shelter	- safe, adequate, suitable housing	27.1, 27.3, 3.2, 6, 24.2, 18.2
		- free from dangerous/hazardous conditions	
		- adequate space per person	
		- adapted for those with disabilities	23
		- age- and gender-appropriate conditions	
		- clean, safe environment	18.2, 23.3, 3.1, 3.2, 24.2(e)
		- free from noise, air, ground pollution	24.1, 24.2(c)
		- protected from traffic	
		- safe, clean, age-appropriate places to play	
		- protection from cold and heat	27.1, 27.3
		Transportation	- safe
	- reliable		6.2, 23, 18.2
	- accessible		6.2, 23, 18.2
	- affordable		6.2, 23, 18.2
	Health	- prenatal care and nutrition	24(d)
		- adequate standards of health care	24.1, 31.12
		- appropriate and adequate medical supplies, medicines, etc.	9, 24.1, 6
		- preventative health-care services	12, 24.2(e), 24.2(f)
		- immunization	
		- routine medical and dental care	
		- counselling on nutrition, fitness and healthy and safe lifestyles	
- counselling on responsible sexual activity		24.2(f)	
- counselling on substance abuse		3.2, 17(e), 33	
- care and treatment of short and long-term illness/disability		9, 23, 24, 25	
- physical			
- mental			
- emotional			
- medical or assistive devices, as required	24.1, 31.12		
Protection	(Safety in the home, play areas, streets, community, educational and care institutions, justice system)		
	- from bodily injury	19	
	- from violence and exposure to violence, war, etc.	19, 39	
	- from crime	36, 39	
	- from abuse	19, 28.2	
	- physical, including child labour	32	
	- sexual	34	
	- substance abuse	33	
	- emotional	19, 39	
	- from neglect	19, 39	
	- physical		
	- emotional		
	- developmental		
	- from racism/discrimination, including by gender	2, 30, 39	
- from injustice	30, 39		
- from violations of personal rights (including privacy & confidentiality)	11, 36, 39		
- from hazardous materials or conditions	32, 36, 39		

EMOTIONAL NEEDS	Love			
	Security		16	
		- continuity of care		16, 26
	Identity		7, 8	
	Dignity		8, 23, 28.2	
	Integrity		8	
	Happiness			
	Accomplishment		15, 31.2	
SOCIAL NEEDS	Self-worth		16, 27.1	
	Family		7, 8, 9, 12, 14	
		- participation in decision-making		
	Friendships		9	
	Security		26	
	Role models			
	Community		13	
		- participation in decision-making		
	Culture/nationality		8, 9, 14, 20, 29, 30	
	Belonging		15	
	Recreation/play		31	
Freedom of association		15		
DEVELOPMENTAL NEEDS	Bonding with 'meaningful adults'			
	Family life		5, 18	
	Stimulating environment from infancy		17, 15	
		- interaction with 'meaningful adults'		
		- interaction with peers/siblings		
		- age-appropriate books, toys, games		
		- opportunities to develop fine and gross motor skills		
		- opportunities for exploration and experimentation		
		- opportunities for independent learning and developing independence		
	Education		15, 17, 28, 29	
		- accessible		
		- access to knowledge		17, 28
		- culture-, age-, and needs-appropriate		
		- opportunities for participation in decision-making concerning their own education		3.1, 12, 13, 14
		- opportunities for enjoyment of culture		12
		- opportunities for artistic expression		13
		- opportunities for skills development		
	- opportunities for intellectual development			
	- opportunities to develop to one's fullest potential		29	
	- opportunities to develop sound ethical values		29	
Preparation for transition to adulthood				
	- opportunities to be productive member of the community		5, 12, 13, 15	
SPIRITUAL NEEDS	Freedom of thought, conscience and religion		13, 14	
	Guidance on moral and ethical issues		5, 13, 27.1, 29	
	Sense of right and wrong		13, 14	
	Reverence for life			
	Goodness			
	Beauty		13, 31.2	
	Simplicity			
	Love			
	Peace		15	

Source: Table developed by Mary Anne Burke for this Report.

In this interpretation, all children face some degree of risk that their physical, emotional, social, developmental and spiritual needs will not be met and, consequently, that their potential to grow into independent, self-assured, productive, responsible adults will be compromised. That fact that most of the above needs could be incorporated into an international convention reflects confidence in the economic, legal, and social development of our age and the capacity to agree on global human values and interests. UNICEF, in its mission statement, "... insists that the survival, protection and development of children are universal development imperatives that are integral to human progress." In being guided by the Convention on the Rights of the Child, UNICEF also "... strives to establish children's right as enduring ethical principles and international standards of behaviour towards children."

lapping definitions among different risk types). But the perception of the risks, and thus the significance of the figures, is of special relevance, as it reflects a snapshot taken by local authorities at 'grassroots' level and shows the amount and kind of official attention and protection received by children and their families. For example, poverty risks for children have been reported in the Czech Republic about twice as often as in Hungary (a country with a similar population size); however, rather than reflecting the actual difference in the incidence of child poverty, the reported poverty points to greater attention and awareness of this risk by local administrators. (In the Czech Republic the minimum income level is officially guaranteed, while in Hungary it is not.) On the other hand, the higher number of investigations into child abuse in Hungary — even if experts agree that the cases represent only the tip of the iceberg — is linked to the tradition of visiting nurses and the development of a local social work system, which began in Hungary in the early 1980s. Still, it may be assumed that in Hungary, as in many other countries, the explosion of poverty diverts public attention away from abuse, maltreatment and similar 'hidden' risks within families.

The focus of monitoring at-risk children has shifted from risks that children face to risks that children create, or from the threat of child abandonment to that of juvenile delinquency. In most FSU countries, for exam-

ple, monitoring of at-risk children focuses almost exclusively on registered juveniles in conflict with the law. However, in the absence of complex social work programmes targeted at families with children, attempts at preventing juvenile criminality tend to come too late. A great majority of delinquent children were themselves maltreated, unattended or abused before becoming offenders and abusers. Western research demonstrates the linkages between personal and family risks (see Box II.3). A narrow approach to juvenile delinquency weakens the chances of addressing the problem properly through prevention.

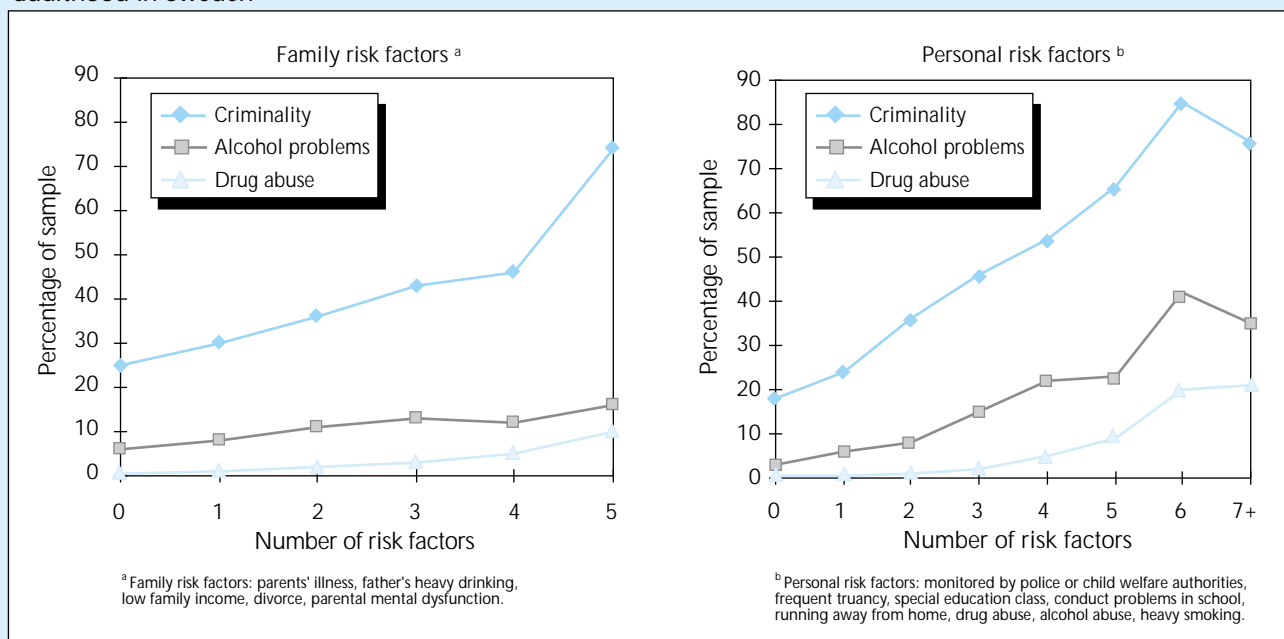
In some parts of the region, ethnic tension, political instability, civil unrest, armed conflict and the consequent emergence of often huge refugee and migrant populations have exacerbated the rapid deteriorations of economic welfare, creating very high risk situations for children.

Figure II.2 illustrates the persistent effect of war and social dislocation in Georgia. In the first half of 1996, 268,420 persons, 33 per cent of whom below the age of 16, were still registered as refugees or internally displaced even though the hostilities had ended; of these, 7,910 were orphans and 1,730 had disabilities. In such emergency conditions, children with unmet needs, whether in families or institutions, inevitably receive less attention from the State.

BOX II.3 - AN EXAMPLE OF INTERRELATIONSHIPS AMONG RISK FACTORS

As the personal risk factors in childhood add up, the risks of criminality, alcohol problems and drug abuse in adulthood increase.

Personal and family risks in late adolescence and the incidence of criminality, alcoholism and drug abuse in adulthood in Sweden



Source: Stattin and Romelsjö, 1995.

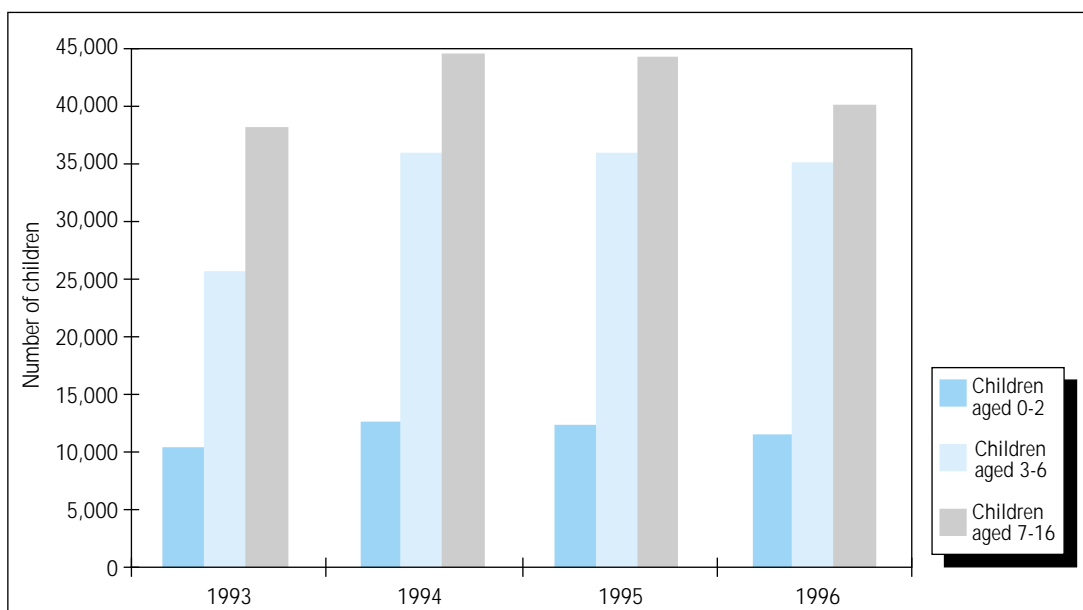


Figure II.2 - Refugees and internally displaced children by age in Georgia

Source: Papava, 1996.

In many countries the perception of at-risk children is chiefly determined by emergency situations.

The following sections of this Chapter review the changes in risk situations for children through several main dimensions: poverty, social dislocation, health, education, behavioural problems, crime and family dysfunction. This review is important, as risk situations during the transition appear to have increased most rapidly among children living with their families, and child protection networks created to offer public care are unable to address these risks.

2. CHILD POVERTY INCREASES IN THE REGION

Almost overnight, poverty has emerged as a key social issue in Central and Eastern Europe, and the dimension, profile, persistence and relief of poverty have developed into a central issue in the debate on economic and social policies.⁵ Although measurements of poverty usually con-

tain some contradictions, the results of surveys in the region tend to agree on several broad conclusions: (a) poverty has grown considerably in all countries during the transition years; (b) households most severely hit by impoverishment are those in the countries of the FSU; (c) with the exception of a very few countries, child poverty has risen more rapidly than overall poverty rates (see Figure II.3 and Box II.4); (d) while recent years seem to have brought some relief to the broadly defined poor in many countries, there is also a worrisome new trend that poverty is becoming increasingly concentrated among certain groups.

A. Child poverty prior to the transition: existent, but limited

Prior to the transition, child poverty was not unfamiliar in Central and Eastern Europe, although generally low

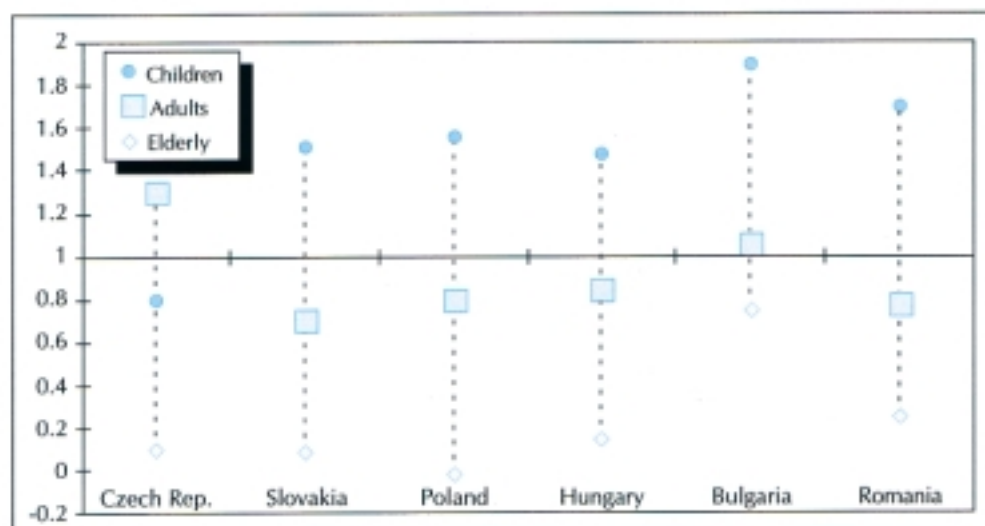


Figure II.3 - Poverty increases of children, adults and the elderly related to a 1 per cent rise of the poverty rate in the total population

Children, more than other population groups, tend to have the highest probability of falling into poverty in Central and South-Eastern Europe. Throughout Central and South-Eastern Europe, a rise in the poverty rate disproportionately affects children (with the exception of the Czech Republic and Slovenia). If the poverty rate grows by 1 per cent, it entails a 1.4-1.6 per cent increase in poverty among children.

BOX II.4 - POVERTY AS A MAIN RISK FACTOR FOR CHILDREN

Poverty is a world-wide enemy of children. It is a key risk factor in their healthy development and affects a broad range of areas in a child's life. The physical and psychological well-being of children is almost inevitably jeopardized by the material deprivation and stress arising in household environments affected by poverty and its underlying causes, like unemployment.

The poor nutritional status of mothers is the leading cause of low birth weight, one of the most significant predictors of infant mortality, of morbidity and, combined with economic and social deprivation, of future cognitive and social impairment. Inadequate nutrition in infancy continues to have adverse effects on the physical and cognitive development of children, heavily undermining their attainment levels in school and, as future adults, in the job market. A malnourished child is more prone to infection, which can lead to long-term physical, neurological and mental impairment.

Poverty and behavioural problems of children and youth go hand in hand. Western research has found that psychiatric disorders (e.g. conduct disorder, somatization, emotional disorders and hyperactivity) tend to be several times more frequent among poor children than they are among the better off.⁶ Unemployment, apart from its impact on the economic circumstances of the family, often has other insidious effects on the family environment and is frequently associated with juvenile delinquency.

Relationships also exist between poverty and accidents, disabilities and exposure to environmental degradation. The inferior living conditions of most poor, including substandard housing, leave them more vulnerable to numerous environmental hazards.

Poverty keeps children out of school. Not only are the cognitive and behavioural difficulties associated with growing up in poverty a barrier to scholastic performance, but the cost of education and often the need for additional income generated by working children can make education seem economically prohibitive or non-essential for many families.

Finally, poverty is a great deterrent to participation in society. The stigma of being poor and the higher probability of poverty leading to family dysfunctions can have detrimental effects on socialization both within and outside the family. Poverty can also reduce the coping skills needed to live in situations of stress and hardship. Thus, risks of dislocation, divorce, disintegration of the family and child abuse may increase considerably.

Although non-poor families are also exposed to these risks, the cumulative effects of living in deep poverty have the potential to create large groups of socially and economically marginalized people, the social cost of which inevitably falls on all of society.

income inequality kept most households near or just below the poverty line. Still, children, as well as the elderly, faced the greatest risk of living in households with low incomes. In 1989 in all countries of Central Europe — apart from the Czech Republic, but including Slovakia — children had a higher probability of living in low-income households than the elderly. In South-Eastern Europe and the Soviet Union pensioners were the prime risk group, although families with children were a close second. In Moldova, for example, the incidence of low income was higher among households with children, while pensioners had a greater chance of falling into severe poverty, although such extreme poverty affected very few people.

Nevertheless, child poverty carried different connotations under socialism than it does today. Artificially maintained full employment made joblessness virtually unknown. Free public health care and compulsory education meant that practically all children attended school and received health check-ups and health care, even if their parents were alcoholics or negligent. A range of free or subsidized public services or employee benefits — like nurseries, kindergartens, child-care leaves, school lunches, after-school and vacation programmes — not only helped bridge the child-care and work dichotomy for parents, but directly or indirectly helped to maintain minimally required levels of child nutrition and development. Housing was cheap and, although generally of low quality, usually

guaranteed a minimum level of hygiene and comfort. Finally, the maintenance of law and order behind the 'Iron Curtain' curbed juvenile crime, drug abuse, truancy, child prostitution, homelessness and child abuse. These, however, were never fully eliminated, even if their existence — as the existence of poverty itself — tended to be underestimated or not acknowledged at all.

B. Child poverty in the transition context

The terms associated with poverty (see Box II.5) make sense only in a societal and historical context. As the definition of 'poverty' inevitably reflects the views of society, the measurement of poverty should preferably be based on a wide public perception of an acceptable consumption level. However, the low prevalence of poverty and the limited public awareness of it before the transition, the relative newness of the phenomenon, and the vast array of changes brought about by the transition all make it extremely difficult and rather arbitrary to fix income thresholds that relate clearly to conditions of poverty. There is a great — and dangerous — risk of misinterpretation, as different concepts of poverty may call for different policy responses. Indeed, several kinds of poverty lines are currently used in the region for designing policy or as a benchmark for social assistance type benefits, but none of these measurements enjoys popular consensus or is well-rooted in national traditions.

To mitigate the risk of arbitrary benchmarks, income-poverty calculations used in UNICEF's Regional Monitoring Reports apply two poverty indicators for each country: households in 'low-income situations' are those with a per-capita income less than 35-45 per cent of the average wage in 1989 (depending on the country), and households in 'poverty' are those with incomes less than 60 per cent of the low-income threshold. Using the official consumer-price indices for fixing these thresholds in real terms, the poverty-line indicators applied in Table II.1 reveal a staggering increase in the number of children, adults and elderly with insolvent income after 1989. While the economic difficulties of the last six years have also affected the 'old poor' — large families, single-parent families, people with severe disabilities or affected by other deprivations and thus unable to support themselves, some minority groups, and the elderly subsisting on minimum pensions —, the biggest increases in poverty have been recorded among the 'new poor': youth entering the labour market, formerly institutionalized persons, young families (especially if strongly dependent on income from transfers), families with unemployed members (particularly if they are uncompensated or long-term unemployed), a growing number of 'working poor' (i.e. the economically active population employed in the public sector, retrenched low-skilled workers or workers with outdated skills who do not earn enough to afford even bare necessities) and, in many countries, a high number of ethnic migrants and refugees, who also frequently add to the burdens of host families. Children appear to be well-represented among households of both the 'old' and 'new' poor.

Child poverty rates have been calculated for the first transition year and several mid-transition years in most Central European countries, although data limitations have not allowed estimates for Slovenia for the benchmark year of 1989 and Slovakia for 1994. The calculations reveal that during the transition years poverty affected an additional 1.5 million children (increasing the total number of children in poverty to 2.5 million) in Central Europe. Together with those slightly above the poverty line, about four million more children were in low-income households, or twice the pre-transition level. While these averages are illustrative of the size of the deterioration over the course of the transition, they conceal important mid-term changes as well as differences between countries. For example, the share of children in low-income households climbed from very low levels to 43 per cent by 1991 in the Czech Republic, but the number of children in poverty did not grow because of social and employment policies that protected low-income families from the effects of reforms. In the ensuing years, however, the number of children in low-income families decreased, while those in poverty increased. Although no data are available for the Czech Republic over 1994-95 to confirm this trend, data from other countries seem to support the argument that income losses after the initial years may have been increasingly concentrated among those already in the lowest income households. Such a situation may have occurred in Slovenia between 1990 and 1993.

In Poland, the share of children in low-income families in 1992 dropped somewhat, while the number of those in deeper poverty continued to rise. Despite

BOX II.5 - MEASURING POVERTY: DIFFICULTIES AND CONCEPTUAL PROBLEMS

Poverty — one of the main causes of human suffering and deprivation — is an extremely complex and multidimensional phenomenon. To measure poverty, one may apply either some 'income-based welfare criteria' or 'capabilities-based welfare indicators'. The latter approach investigates individuals' abilities to have a long and healthy life, be well-nourished, literate, safe, and so on. Despite the appeal of the 'capabilities' approach and efforts to integrate its aspects into a 'human development index', poverty measurement is still mostly based on an 'opulence' or 'utility' approach to welfare measurement and uses income and consumption terms.⁷ The usual concepts for measuring income poverty are:

- *absolute poverty* - the shortage of income in relation to a given normative threshold (the absolute poverty line), which generally allows only the satisfaction of basic physiological and social needs;
- *low income* - unstable incomes near or just above the absolute poverty line; low-income households may also include those just below the poverty line. Such households tend to be precluded from enjoying the consumption patterns prevailing in society and from participating fully in society;
- *relative poverty* - the distance between one's income and the prevailing income and consumption standards of society, regardless of the person's absolute level of income. The relative poverty line is normally set at 40 to 50 per cent of the average or median income per capita.
- *subjective poverty* - the self-evaluated inadequacy of a person's income.

The use of these concepts in the transition context is inevitable, and existing household surveys in the region — despite methodological problems — allow researchers to draw some broad conclusions. Still, as conditions change and the survey methodology continues to develop, estimating trends remains difficult and requires greater consistency among surveys and a broader set of macro-economic indicators. A key caveat when measuring child poverty is the fact that child poverty exists only in the household context, and when adjustments are made in family incomes for economies of scale, the size of the family and the number of children may be insufficiently taken into account. Conclusions on welfare trends and poverty changes over time also need to be qualified because the transition has altered expenditure and consumption patterns, the utility of income, expectations and many other factors relevant to the above concepts.

Table II.1 - Incidence of poverty and low income among households, children, adults and elderly in selected countries

		Low Income					Poverty				
		Households	Children	Adults	Elderly	Population	Households	Children	Adults	Elderly	Population
Czech Rep. Low Income line = 35% of the average wage Poverty Line = 60% of Low Income Line	1989	4.6	4.2	4.4	5.7	4.2	0.3	0.3	0.2	0.4	0.2
	1990	7.6	12.5	7.6	3.2	8.6	0.3	0.3	0.1	0.1	0.2
	1991	23.8	43.2	26.8	12.9	29.8	0.8	0.2	0.5	0.3	0.2
	1992	19.6	40.1	22.9	10.9	26.7	1.8	1.2	1.8	0.5	1.4
Slovakia ^a Low Income line = 40% of the average wage Poverty Line = 60% of Low Income Line	1989	4.1	5.8	3.0	4.5	4.1	0.1	0.1	0.1	0.1	0.1
	1990	4.8	7.5	3.4	5.2	4.9	0.1	0.2	0.1	0.2	0.1
	1991	27.2	45.7	23.3	25.6	30.2	2.4	5.8	2.1	2.3	3.1
	1992	24.4	42.9	21.8	23.3	27.8	2.1	5.8	2.1	1.7	3.0
	1993	24.3	52.1	30.7	18.8	31.3	3.4	9.4	4.2	0.6	5.1
1994	—	—	—	—	—	—	—	—	—	6.0	
Poland ^a Low Income line = 40% of the average wage Poverty Line = 60% of Low Income Line	1989	22.3	30.6	19.0	26.8	24.1	4.8	8.4	4.7	5.2	5.8
	1990	34.2	55.3	35.0	35.3	40.7	6.4	16.8	8.0	4.0	9.7
	1991	30.6	55.0	33.9	25.3	37.9	5.4	14.4	7.5	2.4	8.4
	1992	29.6	52.6	32.2	20.4	36.3	7.2	19.9	9.2	3.4	10.9
Hungary ^a Low Income line = 40% of the average wage Poverty Line = 60% of Low Income Line	1989	8.5	15.8	7.0	11.5	10.1	0.8	1.8	0.7	1.2	1.1
	1991	11.9	25.2	13.6	12.5	15.6	1.3	4.3	2.0	1.4	2.3
	1993	17.3	36.1	22.3	9.5	22.5	2.4	7.4	4.0	0.6	4.4
	1994	16.8	32.6	27.5	8.8	22.0	3.9	9.5	8.2	0.6	6.1
Slovenia Low Income line = 35% of the average wage Poverty Line = 60% of Low Income Line	1990	—	—	—	—	35.1 ^b	—	—	—	—	4.5 ^b
	1993	28.4	38.9	27.5	33.8	30.9	5.6	7.9	5.2	6.9	6.1
Bulgaria Low Income line = 45% of the average wage Poverty Line = 60% of Low Income Line	1990	13.6	17.7	11.0	18.3	13.8	2.1	2.0	1.3	3.8	2.0
	1991	49.0	61.7	49.2	50.0	52.1	11.3	16.8	12.0	10.6	12.7
	1992	55.4	61.7	50.2	62.1	55.5	21.7	25.7	19.0	24.9	21.8
	1993	57.5	67.0	55.3	62.3	59.4	22.8	32.6	24.8	21.5	25.3
	1994	67.1	71.9	61.4	62.3	63.5	32.1	42.5	32.1	27.5	32.7
Romania ^a Low Income line = 45% of the average wage Poverty Line = 60% of Low Income Line	1989	24.9	34.3	23.4	39.2	28.2	6.2	8.9	5.3	11.9	7.0
	1990	17.8	29.0	17.8	25.8	21.8	2.9	4.4	2.7	6.3	3.5
	1991	24.1	36.8	23.7	35.7	28.7	6.7	12.0	6.5	11.3	8.6
	1992	39.4	57.1	41.3	45.5	46.2	12.8	22.7	13.5	16.4	16.4
	1993	51.5	73.5	55.8	49.1	59.9	19.5	35.3	21.9	18.9	25.3
1994	60.1	75.7	64.7	61.0	65.7	26.5	37.5	26.1	—	29.1	
Estonia Low Income line = 40% of the average wage Poverty Line = 60% of Low Income Line	1989	—	—	—	—	6.5 ^b	—	—	—	—	1.0 ^b
	1992	40.0	52.1	37.3	57.7	43.8	18.8	26.6	16.4	37.5	21.4
	1993	51.4	62.5	49.2	74.7	54.0	27.9	38.4	25.8	36.6	30.0
	1994	52.9	61.1	47.8	74.3	52.5	26.3	34.2	23.0	37.9	27.0
Latvia Low Income line = 40% of the average wage Poverty Line = 60% of Low Income Line	1989	—	—	—	—	9.9 ^b	—	—	—	—	1.3 ^b
	1994	54.9	79.4	59.1	55.3	60.0	27.1	50.7	31.4	14.9	33.5
Lithuania ^a Low Income line = 40% of the average wage Poverty Line = 60% of Low Income Line	1989	—	—	—	—	9.5 ^b	—	—	—	—	1.5 ^b
	1994	62.8	73.8	57.3	78.3	64.7	35.7	48.5	32.8	47.7	39.1
Moldova Low Income line = 45% of the average wage Poverty Line = 60% of Low Income Line	1989	12.8	19.6	11.8	18.5	15.3	1.9	3.1	1.7	3.4	2.4
	1991	12.3	17.6	11.2	16.5	13.9	1.9	2.3	1.8	2.9	2.1
	1992	—	—	—	—	56.1 ^b	—	—	—	—	25.5 ^b
	1993	—	—	—	—	70.2 ^b	—	—	—	—	40.6 ^b
Azerbaijan Low Income line = 45% of the average wage Poverty Line = 60% of Low Income Line	1989	—	—	—	—	35.1 ^b	—	—	—	—	11.1 ^b
	1994 ^c	80.9	87.7	81.7	82.3	85.1	60.5	72.5	59.1	65.4	65.2

Notes: a. Whenever the average income per capita derived from the household budget surveys was lower than that obtained from the national accounts, the latter was retained (together with the variance derived from the household budget surveys) to compute the poverty rates. With this approach it is possible to correct in part the growing under-reporting of income in the household budget surveys; b. Due to a lack of data on the demographic structure of income classes, it is impossible to estimate a poverty rate that takes into account different age structures of income classes. The normal procedure used in these estimates permits the weighting, even by using interpolated distributions, of the net personal income per capita with the demographic composition of each income class. To do so, the following equivalence scales have been used: additional adults: 0.8; child: 0.5; elderly person: 0.7; c. Refers to October 1994.

the GDP growth recorded in the last three years, a self-evaluation of living standards showed that, in 1995, 19 per cent of interviewed couples without children considered their situation 'bad or very bad', while 17 per cent considered it 'good or very good'. Sixteen per cent of the couples with one or two children considered

their situation 'bad or very bad', as did 38 per cent of the couples with three or more children, 58 per cent of the single parents with children, and 73 per cent of the households living on income from transfers. In respective categories of households, 25, 10, 4 and 7 per cent responded that their situation was 'good or very good'.⁸

In Hungary, too, the status of families with children just above the poverty line improved in 1994, the first year in which some perceptible income growth was recorded. But the number and share of those in poverty increased.

Since incomes were traditionally lower in South-Eastern Europe than in Central Europe, a higher threshold (45 instead of 35-40 per cent of the average wage) has been applied to approximate pre-transition low-income shares in Table II.1. Despite the use of the national wage as a basis of the estimates in each country, pre-transition income poverty in Romania clearly appears much higher than in Bulgaria (where shortages of basic necessities were also much less acute). However, as both real income and inequality worsened more quickly in Bulgaria than in Romania, about three quarters of the child population in both countries were living in families whose real income in pre-transition

terms could be regarded as low in 1994, with more than half of them in poverty.

No data from national surveys are available for Albania, which was the poorest pre-transition country in Europe and where mass emigration and huge disruptions in daily living would give little meaning to poverty rates based on money-metric data. Roughly estimated, child poverty increased from 0.5-1 million to 2.5-3 million children in Bulgaria and Romania, while the majority of the 1.3 million Albanian children could still be regarded as living in poverty, often deep. In Albania and Romania, although available income-based measures of poverty show a deterioration in living conditions in 1993-94 (when both economies were already showing some growth), there have also been signs of improvements in child welfare: milk consumption and milk prices, for example, have shown a more favourable trend than in Bulgaria or in the better-off Central European countries (see Figure II.4). These

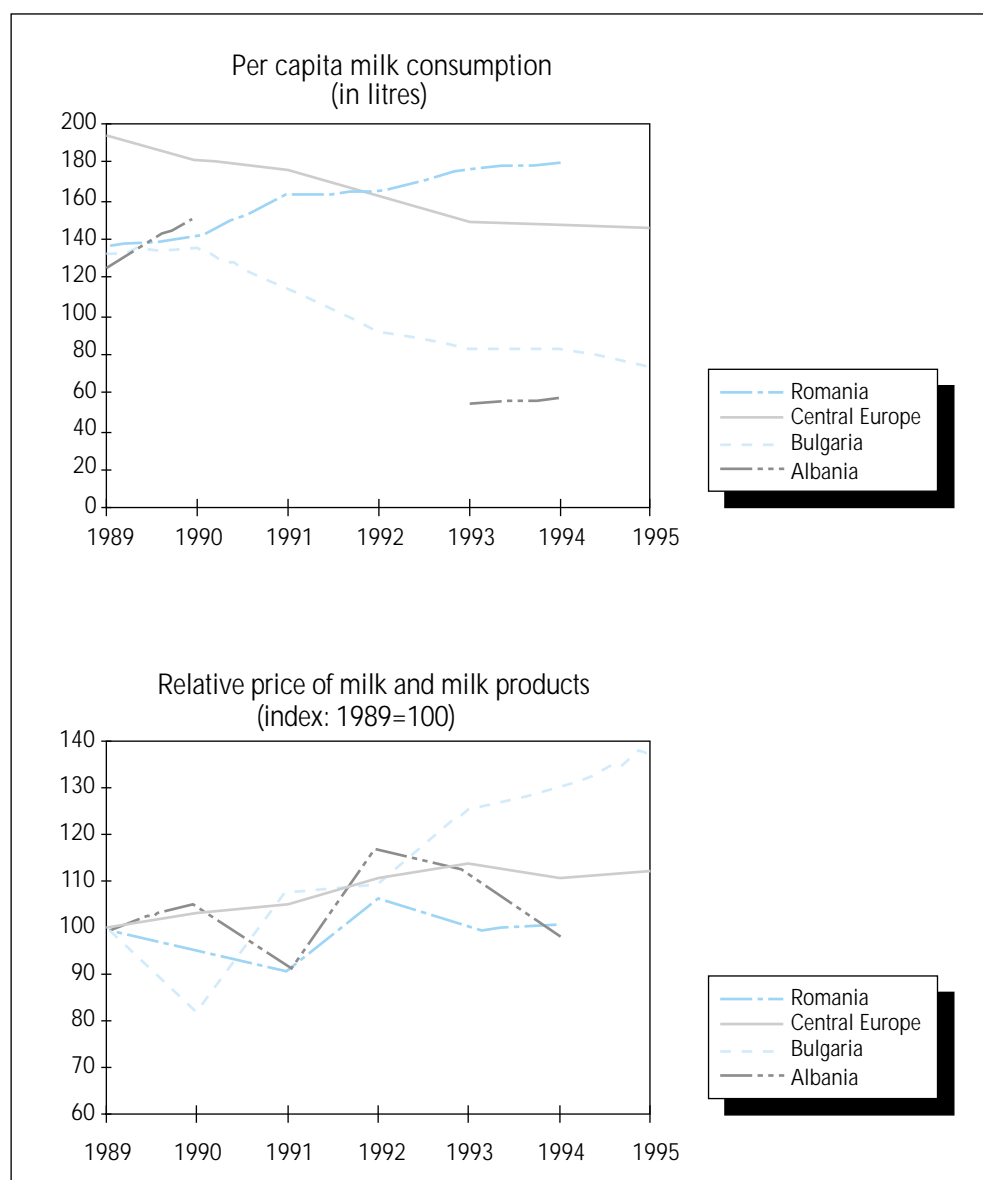


Figure II.4 - Milk consumption and milk prices as proxy indicators for child poverty

Data on milk consumption and prices in Romania and Albania indicate that changes in the nutrition of children may be better than that shown by only income-based indicators. Trends in Central Europe and Bulgaria, on the other hand, appear to be consistent with deteriorations in money-metric child poverty.

results suggest that by fostering small private agriculture (and normalizing life in many other ways as well) the transition may have improved child nutrition in countries where excessive forms of the command economy had led to shortages in food supplies.

For the three small Baltic countries, it has been possible to calculate only the general 1989 poverty rates. Even supposing that pre-transition poverty rates for families with children were higher than for other population groups, the number of children in poverty appeared to be less than 50,000, and the number of children living near that threshold in the three countries was less than 200,000 prior to the transition. Due to shocking increases in overall poverty rates over 1990-93, no fewer than one million children appeared to be in poverty by 1994, and the majority of children tended to be living in low-income households. In comparison to other age groups, children fared especially poorly in Latvia, while in Estonia pensioners were hardest hit; in Lithuania both the elderly and children were pushed into poverty more often than were working-age adults. Only for Estonia has it been possible to make mid-term calculations. These show that in 1994 both low-income situations and poverty were somewhat less prevalent for families with children than in 1993. However, the rate of children in poverty was still high: a third of the total child population. In Latvia and Lithuania as much as half of the child population was below the poverty line in 1994, and little change was expected for 1995.

Impoverishment hit similarly hard in Russia and the other western CIS countries, where the child population totals well over 50 million. Here fragmented data and inconsistent poverty thresholds make estimates of child poverty rates and comparisons over time especially difficult. For Russia, official estimates put the poverty headcount ratio at 27 per cent of the total population in 1995, or about 40 million adults, children and elderly.⁹ However, if the same poverty thresholds developed in the late perestroika period are used, about three quarters of the population would be regarded as poor. Subjective estimates by households put poverty even higher — about 90 per cent of all people.¹⁰ Data from the Russian Longitudinal Monitoring Survey show that poverty rates among families with children have been much higher than the national average (see Table II.2). Between 1994 and 1995, child poverty rates increased further, especially among 0-6-year-olds and children in large families, who were already the most over-represented group among the very poor.

Official estimates also show an increase in poverty headcount ratios over 1994 (when 30 million people were living below the official poverty line); but from mid-1995 the number of poor was on the decline. Indeed, overall income inequality measures reflected

some drops in 1995 after earlier large increases (see Table F.3 in the Annex); however, other surveys and indicators show that 'distances' between lower and upper-middle income households diminished, while the groups at the high and low ends of income distribution drifted even further apart.

Table II.2 - Poverty has a young face in the region: the case of Russia 1992-95

Type of household	Sept. 1992	Dec. 1993	Oct. 1995
a) Percentage in poverty ^a			
Families with children aged 0-6 years	39.7	40.5	62.3
Families with two children	—	36.6	—
Families with three children	—	52.3	—
National average	—	26.8	—
b) Percentage in deep poverty (below 50 per cent of the poverty line)			
Families with children aged 0-6 years	12.6	15.8	28.1
Families with two children	—	13.6	—
Families with three children	—	23.4	—
National average	—	10.4	—

Sources: Popkin, 1996; World Bank, 1995.

Note: a. Calculated using the official poverty line.

Poverty figures in Ukraine, Moldova and Belarus appear to have deteriorated through 1995 as well. According to a World Bank survey, almost 37.4 per cent of families in Ukraine, or about 23 million people, were living below the subsistence minimum in July 1995. This affected 35 per cent of families with one child, 46.4 per cent of families with two children, 70 per cent of families with three children, and 41 per cent of single-parent families.¹¹ The situation in Moldova was similar: on average around 40 per cent of the child population was living in poverty.

In Azerbaijan, the only country of the Caucasian region represented in Table II.1, the data are not sufficient to identify child poverty trends over the transition period. By 1994, the vast majority of people were living in low-income situations, and families with children were in the worst position. Torn also by armed conflict and natural disasters, the Caucasian republics saw their living standards deteriorate in so many ways that money terms could scarcely express the situation. Shortages of food, safe drinking water, electricity and housing still paralyse life in Georgia, where access to health care and education have fallen considerably.¹² In Armenia conditions are not much better, as a large part of the population lives in extreme poverty. According to national household surveys, the average income of the poorest 20 per cent of the population is 13 times less than that of the richest 20 per cent of the population.¹³ In Georgia, a survey of 1,205 families carried out in February 1996 concluded that 72 per cent of urban families and 43 per cent of rural families were living below the very basic official subsistence minimum. The same survey found staggering income differentials: the richest 20 per cent of the families commanded over 65 per cent of total household income.¹⁴

BOX II.6 - POSSIBLE PATHS OF EVOLUTION OF INCOME INEQUALITY FOR COUNTRIES IN TRANSITION

As poverty is determined by both the level of national income and income distribution, the key dilemma is always whether to lift people out of poverty by strengthening growth or by improving equity. Indeed, the huge increases in overall poverty rates in the initial years of the transition were due much more to plunging economic output than to changes in income inequality. And without economic recovery, poverty alleviation will remain impossible. However, a higher level of economic output alone cannot guarantee the alleviation of poverty if it is counteracted by growing inequality. Very high levels of income inequality may even be economically dysfunctional, as they may entail unrecoverable losses in human capital and carry large social and political costs.¹⁵ From this viewpoint there is reason to worry that, following the initial reform period, income inequality has become a decisive factor for increases in poverty rates in all countries, whether economic output is improving or deteriorating.

While all countries show a tendency toward greater inequality, the degree of intensity differs dramatically in the various sub-regions. This is due partly to differing initial conditions and to different paths of evolution during the transition process. If changes in GDP are combined with rises in inequality, three different clusters of countries can be distinguished (Figure II.5).

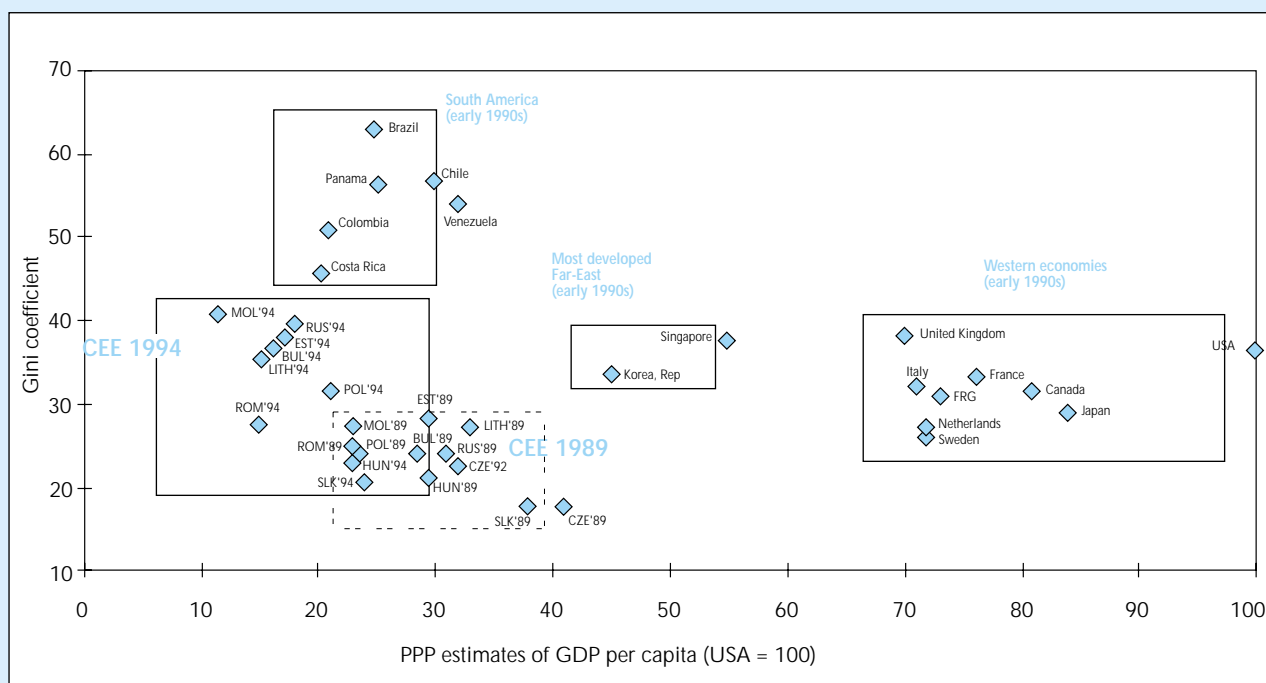


Figure II.5 - Which path of development? Patterns of income inequality and GDP changes in the transition countries

Source: World Bank, 1996; MONEE Database, UNICEF ICDC.

A first path characterizes Central European countries, which have recorded a fairly even and moderate increase in inequality due to less dramatic falls in output and, increasingly, economic recovery after 1992. There, in the first years of the transition, despite a pronounced drop in available personal income (see Annex Table F.I), the strong redistributive role of the State mitigated poverty increases. This, however, was significantly relaxed in the following years, when the value and coverage of social transfers eroded and targeting was less efficient; at the same time, uncompensated unemployment and wage inequality grew. In this period, not only did the relative distance between the upper and lower income classes grow, but also the distance between medium- and low-income households (Table II.3).

All FSU countries have experienced tremendous growth in inequality since 1992. Both overall inequality and differences at the tails of the income distribution grew rapidly (Table II.3). Wherever new and improved statistical surveys have been implemented, they have revealed strikingly higher levels of income disparity. The Gini coefficient calculated for Ukraine in 1995, for example, was double that resulting from the 1989 survey. The move to the market in the FSU brought about higher inflation with a deeper recession, less registered unemployment (but also many workers with postponed or unpaid wages), more rapid increases in wage inequality, much weaker public finances and more meagre social assistance benefits. The western CIS and, to a lesser extent, the Baltic countries have clearly moved in the direction of a 'Latin American model', as they have experienced high inequality and huge drops in GDP. In the case of Russia and Ukraine (which comprise 59 per cent of Central and Eastern Europe's total population),

Table II.3 - Shifts in relative income inequalities during the transition^a

The more well-off have improved their position in relation to the middle income range starting in 1992, while the poor became poorer; however, each main sub-region shows characteristic differences in the robustness of the trends.

	1989	1991	1992	1994	Index: 1994/1989
Hungary					
- lowest income/median ratio	0.65	0.65	0.61 ^b	0.59	91
- upper income/median ratio	1.65	1.58	1.65 ^b	1.63	99
interdecile ratio	254	243	270 ^c	276	109
Poland					
- lowest income/median ratio	0.54	0.55	0.53	0.50	93
- upper income/median ratio	1.79	1.74	1.77	1.97	110
interdecile ratio	331	316	334	394	119
Bulgaria					
- lowest income/median ratio	0.61 ^c	0.58	0.51	0.49	80
- upper income/median ratio	1.71 ^c	1.75	1.94	2.21	129
interdecile ratio	280 ^c	302	380	451	161
Lithuania					
- lowest income/median ratio	0.58	—	—	0.44	76
- upper income/median ratio	1.74	—	—	2.27	130
interdecile ratio	300	—	—	516	172
Moldova					
- lowest income/median ratio	0.57	0.57	—	0.37	65
- upper income/median ratio	1.75	1.74	—	2.60	149
interdecile ratio	307	305	—	703	229
Azerbaijan					
- lowest income/median ratio	—	—	—	0.39	—
- upper income/median ratio	2.00	—	—	2.48	124
interdecile ratio	—	—	—	636	—

Sources: Atkinson and Micklewright, 1992; MONEE Database, UNICEF ICDC.

Notes: a. The table shows the upper ninth population decile versus the median and the lower tenth population decile versus the median to demonstrate how the incomes of these 10 per cent population groups compare to middle incomes. It also provides information on the extent to which the distribution is skewed. The interdecile ratio (here P90/P10) shows in percentages the distance between the incomes of these tails of the distribution; b. Data refer to 1993; c. 1990.

income inequality is approaching or has surpassed that in some Latin American countries. Household income inequality has multiplied several times over in the extreme cases of Armenia and Georgia, still in emergency-like situations. At the opposite end of the spectrum, countries in Central Europe have been more effective in overcoming recession and in keeping income disparity below or in the lower range of that of the OECD countries.

The pattern in South-Eastern Europe falls somewhere between that in Central Europe and the FSU. The countries there suffered a less dramatic recession and a less pronounced drop in real incomes than did the countries of the FSU; nonetheless, inequality was prompted by earnings differentials, large erosions in child-related public transfers (Romania), as well as in pensions and employment (Bulgaria). Because poverty became not only more prevalent, but also deeper, closing the 'poverty gap' and alleviating poverty would necessitate 3-4 times more of GDP there than they would in Central European countries.

3. RISKS OF WAR AND DISLOCATION

"War is the saddest word that flows from my quivering lips. It is a wicked bird that never comes to rest. It is a deadly bird that destroys our homes, and deprives us of our childhood. War is the vilest of birds, turning the streets red with blood, and the world into an inferno."

Maida, 12, from Skopje.¹⁶

Children exposed to war and children forced to leave their homes because of armed conflict are among those most at risk in the CEE and CIS countries in transition. Most of these children have been exposed to severe hardship and war trauma. Those who have left home, either forcibly or voluntarily, often live in humiliating conditions and depend solely on humanitarian assistance for their basic needs.

A. Inter-ethnic tension: an old problem... left unsolved

Tensions in some of the multi-ethnic parts of the former Soviet Union and Yugoslavia date back long before the institution of communist regimes. Although

open strife was held in check for decades, little was done to resolve the underlying reasons for the tension; on the contrary, further migration was encouraged or forced, particularly in the case of the Soviet Union.

Armed conflict in the FSU and former Yugoslavia has forced nearly eight million persons, more than a third of them children under 18 years of age, to flee their homes since the central authorities first began losing or ceding control over large amounts of territory (see Box II.7).¹⁷ The uprooting of the population in Bosnia-Herzegovina and Croatia, affecting as many as 4.2 million people, was the most significant such phenomenon in Europe since the Second World War (see Box.II.8).¹⁸ In total, more than one third of the world's refugee and displaced population are from the region, according to estimates from the United Nations High Commissioner for Refugees (UNHCR).¹⁹

The movement for reunification of Nagorno Karabakh (Azerbaijan) with Armenia turned into an ethnic conflict in 1988 and then developed into open warfare with the dissolution of the Soviet Union. Of the 380,000 Armenians fleeing from Azerbaijan to Armenia, about 200,000 have since moved on to Russia or the West.²⁰

BOX II.7 - ARMED CONFLICTS AND POPULATION MOVEMENTS IN THE FORMER USSR AND YUGOSLAVIA²¹

- *Between Armenia and Azerbaijan* (starting in 1988): 1.28 million refugees and displaced persons, 900,000 in Azerbaijan, 380,000 in Armenia.
- *Georgia* (1991-92): 280,000 refugees and displaced persons from the region of Abkhazia, about one third of whom were children.
- *Russian Federation*: from Chechnya (1995-), 220,000 displaced persons (end of 1994). Overall UNHCR estimated the number of refugees at more than one million at the end of 1995.²²
- *Republic of Tajikistan* (1992): during the civil war, the number of displaced persons and refugees peaked at 660,000 in 1993.
- *Former Yugoslavia* (1991-1995): about 4.2 million refugees and displaced persons; roughly 1.4 million children.²³

According to UNHCR definitions, persons forcibly displaced from their homes are 'internally displaced persons' (IDP); 'refugees' are displaced persons who have crossed an international boundary. The numbers presented here are estimates of internally displaced persons and refugees at the peak of the various phenomena.

In Georgia, conflict broke out in 1991 between South Ossetian secessionists and the central Georgian authorities. The following year more fighting erupted with Abkhaz secessionists. Forty per cent of the displaced persons are accommodated in collective centres, while the rest have found shelter with host families.²⁴

There were an estimated three million refugees and migrants in the Russian Federation at the beginning of 1996.²⁵ However, other estimates put the actual number of refugee and displaced people — mainly from Chechnya and Russian nationals from other former Soviet republics — much higher.

The ethnic conflicts have exacerbated an already critical situation. They have imposed a heavy emergency burden on impoverished, weakened economies, significantly contributed to the near collapse of social welfare programmes, and had a devastating effect on the most vulnerable groups, particularly children, women and the elderly.

B. The risks to children

Children exposed to armed conflict are at risk of physical harm and disruptions in their development. The effects of warfare on children are tragic, and children are inescapably victims of armed ethnic conflict. Family disruption and displacement pose particularly grave threats to children. The most serious problems faced by refugee and displaced children and their families are:

- economic hardship, no permanent, decent accommodation, no permanent, secure job or no job at all, inadequate food and clothing, few or no resources, lost property, severe poverty;
- stress of social dislocation, loss of a known and secure environment, uncertain social and civil status, drastic worsening of living standards, humiliating living conditions in collective centres;
- psycho-social stress and exposure to war trauma;

- legal status and treatment. Refugees and displaced persons are often treated as 'second-class citizens' despite guarantees contained in international standards and domestic regulations (e.g. The UN Convention on the Rights of the Child).

Many displaced families are headed by women, which can add to the vulnerability of the children. Orphaned and unaccompanied children suffer the most severe deprivations. In Georgia, for example, among the displaced persons in 1996 were about 8,000 orphans and 1,700 children with disabilities.²⁶

C. Responding to the needs of the displaced and refugees

The political settlement of the crises is the first precondition for the return home of refugees and displaced persons. Along with general economic reconstruction and development, a proper reconstruction programme is necessary to replace the homes, schools and medical facilities destroyed during the conflicts. The many refugees not wanting to return home require a comprehensive strategy for integration into new countries. However, as the stalemate in the Caucasus and the difficulty of implementing the Dayton Agreement show, the problem of refugees and displaced persons is likely to be long-lived.

The international response to the refugee crisis in the region has been significant, although far from sufficient. Numerous organizations have provided assistance and helped to alleviate some of the hardships of refugee and displaced populations. Tons of food, clothing, footwear, bedding, essential drugs and vaccines, school equipment, soap and water containers have been provided. UNHCR and the governments of numerous countries have also offered financial assistance. Psycho-social assistance has also been made available, especially by UNICEF.

The countries affected by warfare and accommodating refugee and displaced populations are themselves experiencing severe economic and social crises. Although these countries have allocated significant resources to house and provide for refugees and displaced people, serious erosions in administrative, management and organizational capabilities have led to an inefficient use of limited resources. The vast majority of refugees and displaced persons in the region, however, live with host families, mainly relatives and friends, effectively shifting the burden from the State to households.

D. Conclusions: learning from the past

Inevitably, there are no winners in ethnic wars, which usually only intensify hatred and intolerance. Once the conflicts began, political and diplomatic attempts to halt their spread were often inadequate and late. Nevertheless, major ethnic conflicts were averted in many other hot spots throughout the region or stopped before they got out of hand. The underlying causes for these tensions need to be resolved, but not through acts of repression. A concerted effort must be made to teach children, the major victims of these conflicts, the importance of coexisting peacefully. The children

caught in the wars or forced to flee their homes need help to rebuild and preserve a positive self-perception and to learn conflict resolution and self-help strategies. Numerous NGOs and international aid organizations are working in the region with local authorities and care providers to fill this need.

Once violent and widespread ethnic strife breaks out, the delivery of emergency relief is severely hampered, as the experience in Bosnia and Herzegovina demonstrates. Whenever possible, interventions should aim at not only the survival of the population, but also actions that strengthen the protective role of families and communities. Such interventions can include advocacy, capacity building and support for services directed toward mothers, families and communities.

Conflicts in 'remote', less known areas are also devastating and victimize civilians; a concerted effort needs to be made by policy makers to avoid or resolve ethnic conflict wherever it threatens to break out and by the media to report evenly on all such events.

Adequate assistance should be provided to countries affected by armed conflict so that they can rebuild their economies and social services. In particular every effort should be made to ensure that economic development brings equal opportunities to all sub-regions, populations and ethnic groups within a country. It is

BOX II.8 - THE EFFECTS OF WARFARE ON CHILDREN: THE CASE IN THE FORMER YUGOSLAVIA

Nowhere have the effects of warfare on children been given closer international attention as in the countries of the former Yugoslavia. The wars in Bosnia and Herzegovina and Croatia left an estimated 200,000 dead, 16,000 of them children.²⁷ Many thousands of families have been split up and dispersed; young children, women of reproductive age and the very old have been particularly vulnerable to the effects of massive population movements.

Some children have lost all trace of their families. Among the mostly Bosnian Serb refugees in the Federal Republic of Yugoslavia, for example, an estimated 3,000 unaccompanied children and young adolescents were living in collective centres in late 1995.²⁸ By the end of the war, more than 40 per cent of the housing units in Bosnia and Herzegovina had been destroyed or damaged.²⁹

Hundreds of thousands of children suffered varying degrees of trauma as a result of the war. In Bosnia and Herzegovina, an estimated 300,000 children lived through months and years of shelling and sniper fire. In Sarajevo, the three-and-a-half-year siege was especially traumatic. A screening of 1,500 children showed that many had suffered extreme exposure to traumatic events, and more than 80 per cent had been in situations in which they thought they would have been killed. Virtually all the children had been exposed to shooting and shelling at close range.³⁰

It is estimated by UNICEF that one third of the children in the war zones display strong symptoms of trauma: aggressiveness, insomnia, bedwetting, lack of concentration and stuttering. Caretakers, parents, teachers and psychologists have had to cope with their own trauma, as well as that of children. Studies have found that children between the age of 12 and 14 have frequently had to assume responsibility for the whole family because their parents were unable to cope.

Once armed conflict erupts, protecting the physical well-being of children becomes extremely difficult. In Bosnia and Herzegovina, immunization fell from nearly 100 per cent before the war to one third or less.³¹ The isolation of areas for many months during the war and the movements of displaced persons and refugees made delivery of vaccines and monitoring nearly impossible. Increases in morbidity were also caused by the cutting of water supplies to entire towns and regions, one of the many acts of terrorism against civilian populations. In both Bosnia and Croatia, destruction of social infrastructure was also extensive, as schools and hospitals were often targeted. A legacy of the wars, land mines, continue to claim new child victims every month. The total cost of removing the 2-4 million mines still hidden along the confrontation lines in Croatia has been put at \$9 billion.³²

Schooling was a huge problem during the war, and it remains so in areas with high concentrations of displaced and refugee child populations. Many schools were deliberately shelled; others were converted into refugee centres. During the war, schools often managed to carry on, if only sporadically. Teachers and volunteers often worked without pay, and classes were held in cellars or in the homes of teachers. The task of rebuilding the education system is daunting. In Bosnia, an undetermined number of qualified teachers were lost through migration, mobilization into the military and war casualties.

BOX II.9 - INTERNATIONAL MIGRATION: POPULATION MOVEMENTS AND WELFARE CHANGES

The collapse of the communist regimes in 1989 triggered massive population movements of an astonishing scale and complexity. In only a few years an estimated 15 million people in Central and Eastern Europe and the former USSR left their homes and moved, sometimes as far as thousands of kilometres.³³ Most people took this step because of changing social and political realities, to improve their economic standing, to escape perceived or real discrimination, or to flee environmentally unsafe regions. Whatever the motivation, the decision to migrate is often a difficult one, with profound repercussions on the people as well as the countries involved.

Most migration has taken place between countries in the region, particularly in the former Soviet Union. An exodus toward Western Europe and North America for mainly economic reasons, on the other hand, has not been as great as predicted: by the end of 1993, these emigrants were estimated to be between 2.3-2.7 million.³⁴

More than nine million people within the FSU alone, or more than 3 per cent of the population, are estimated to have abandoned their homes since 1989.³⁵ Among these are approximately 2.3 million internally displaced persons, about 700,000 refugees who escaped armed conflicts in the region, and nearly 700,000 ecological migrants from Chernobyl, the Aral Sea, Semipalatinsk (the former nuclear test site in Kazakhstan) and other highly polluted, uninhabitable areas. Migrants also include about 1.2 million of descendants of people deported under Stalin in the 1940s. Most of the rest are Russian nationals who found themselves in newly independent States, or in States that had regained their independence and were asserting their national culture and language.³⁶ An inability to cope in a new political and social environment, and in some cases their limited legal status, prompted many of these persons to return to the country of their ancestors, despite the hard conditions awaiting them there and the lack of employment, housing and assistance.

Outside of the FSU, emigration has been most intense in Albania, Romania and the former Yugoslav republics. In Albania more than one in ten persons, predominantly young males, or between 300,000-450,000 people, has emigrated to the West, in most cases temporarily, for economic reasons. In Romania, over half a million left in the 1990s. Between 1.2-1.5 million people are estimated to have left the former Yugoslavia since the disintegration of the country in 1991.³⁷

In principle, leaving home for an uncertain future — sometimes in a hurry and with few possessions, as in the case of refugees and the displaced — usually translates into a drastic worsening of economic and social conditions and status. The legal rights of most immigrants, except for those who manage to acquire citizenship, are often restricted or non-existent. Most of those forced to leave their homes because of armed conflict are living in very precarious and debilitating situations, particularly children in one-parent families. Countries receiving immigrants, either on a permanent or temporary basis, need to allocate significant resources to provide minimum basic living conditions and ensure that the rights of the immigrants are observed.

telling that the peaceful separation of the Czech Republic and Slovakia took place in a land where income inequalities were, and, despite some inevitable increases, remain, the least polarized in the region.

4. ENVIRONMENTAL DEGRADATION AND RISKS TO CHILDREN

Environmental damage and pollution have severe and long-lasting consequences on the health and well-being of the most exposed populations. Children, because of their bodily growth process, are particularly vulnerable to the ill-effects of contaminants in the soil, water and air.

During the last years of communism, heightened public awareness of environmental issues lent support to new political movements that formed part of the cornerstone of transition politics. Attempts to implement the two other key promises of the transition — economic freedom and respect for national prerogatives — have in many cases greatly disappointed expectations (e.g. because of growing poverty and armed conflict). Now, many countries in the region might find that measures to protect the environment are also costly, particularly under present economic circumstances.

The legacy of environmental degradation in CEE countries is indeed of a frightening magnitude. Industrial, agricultural and energy policies during the communist era typically aimed at rapid growth and generally ignored, or were ignorant of, the environmental and health risks involved. The energy used to fuel industry was heavily subsidized, and this did not encourage conservation. Intensive agriculture overused chemical fertilizers and often depended on ill-devised irrigation systems that damaged lakes and rivers. Purification systems for industrial wastes often did not exist, did not function, or were insufficient. Because of these practices, current governments have been left a hefty price tag in terms of public health, clean-up efforts and mass migration from contaminated lands. There are numerous examples of 'dark pockets' of heavy industry throughout the region — steel mills, ore smelters, chemical plants, electrical plants — that have exacted huge social and health costs on the population, with the disaster at Chernobyl in Ukraine the most emblematic (Box II.10)

A. A cleaner future versus economic recovery?

In most countries, the overall levels of atmospheric emissions have fallen since the transition as a result of the

BOX II.10 - THE LEGACY OF OLD AND CONTINUING ENVIRONMENTAL RISKS: CHERNOBYL...BUT NOT ONLY

The Chernobyl catastrophe in 1986 embodied, in a single event, the dangers inherent in decades of environmental neglect, bad planning and poor emergency preparedness. The dimensions of the disaster are enormous: the 'officially' contaminated area covers 145,000 km², about twice the size of Ireland, and is home to around six million people in Ukraine, Belarus and the Russian Federation. Several neighbouring countries, like Moldova, have registered an increase in the number of illnesses commonly related to radiation exposure.³⁸

In Ukraine and Belarus, more than 250,000 people were forced to resettle, losing their homes, jobs and possessions, along with many of their economic, social and family ties. Nevertheless, many people in several countries continue to live in contaminated areas. In the Bryansk Region of the Russian Federation, for example, some 150,000 people have remained in areas with hazardous levels of radiation.³⁹

The greatest risks related to radiation exposure are suffered by children just before or after birth or during the first few years of life. There is clear evidence that fetuses were irradiated at the time of the accident, and children up to the age of one living in contaminated regions have been affected by radiation-induced illnesses through exposure from their mothers.

Since the disaster, thyroid disorders have increased more than any other disease in children. Since 1990, 371 cases of thyroid cancer have been reported among children up to the age of 14 living in the contaminated zone, compared to just 21 in the 20 years prior to the disaster. In Belarus, at the national level, the incidence of thyroid cancer per 100,000 children rose to 3.6 in 1995 from 0.3 in 1986, compared with an incidence of no more than 0.5 per 100,000 children in Western Europe. The Gomel region of Belarus had the highest incidence of thyroid cancer in the world in 1995.⁴⁰

A majority of children born up to five years after the accident in affected areas suffered from immune system disorders in their first year of life. Other health disorders have increased among the child population of the contaminated areas, including anaemia and leukaemia. In the rural areas of the Bryansk Region, for example, lymph node disorders doubled in children between 1989-93.⁴¹ Because the incubation period for thyroid cancer is considerably more rapid than for other cancers, experts fear that these trends mark the beginning of an epidemic.

In interviews with groups affected by Chernobyl, the vast majority of respondents admitted to prolonged anxiety, depression and apprehension. Many young women have decided not to have children because of the risk of deformation.⁴² Forced displacement, the low and declining socio-economic status of the affected population, and the risk of exposure to further contamination due to the consumption of contaminated food and water add to the physical and psychological hardship.

Other areas throughout the region also have a long history of abuse to the environment. The overall effects of lead exposure, air pollution and water contamination have as insidious an effect on the health of children as the radiation from Chernobyl.

Lead. Exposure to lead during infancy is linked to intellectual impairment, mental retardation, learning problems and neurobehavioural disorders. The main sources of lead pollution are industrial plants, such as lead and zinc smelters, and vehicle exhaust in heavily congested urban areas. Food may also be a dangerous source of contamination as a result of crop production in regions with high lead concentrations in the atmosphere and soil.⁴³

Around Katowice, Poland, concentrations of lead particles in the air and soil and lead contamination of food reached alarming dimensions. In 1990, Polish health officials studied the effects of lead exposure in the region on children's health. Besides finding intellectual deficiencies in children with above normal concentrations of lead, the study also pointed to some additional health disorders, whose prevalence might be related to chronic and acute lead exposure: 66 per cent of the children screened were anaemic, 33 per cent had ailments of the digestive system, 78 per cent had encephalogram changes (some of which presented 'epileptic symptoms') and nearly all had chromosome abnormalities in some white blood cells.⁴⁴

Air pollution. High levels of dust, sulfur dioxide and other pollutants (nitrogen oxides, carbon oxides and hydrocarbons) in the atmosphere are common in the populated areas of Central and Eastern Europe due to the widespread use of high-sulfur coal and fuel oil for generating power and heating factories and homes. Regions with high concentrations of industrial plants and urban areas are particularly at risk.

Sulfur and nitrogen emissions in the mining districts of northern Bohemia in the 1980s made Czechoslovakia the most polluted country per inhabitant in the world.⁴⁵ Emissions have since fallen significantly, but they have nevertheless had heavy consequences on children's health.

The two largest industrial centres in Poland, Katowice and Krakow, show dangerous concentrations of air pollution: the region of Katowice, where the Upper Silesian mining basin is situated, suffers especially from airborne dust and nitrogen oxide. Sulfur dioxide is the main problem in Krakow, because of the huge Nowa Huta Steelworks, other aluminum and chemical factories and electricity generating stations and heating plants fired by coal. At the end of the 1980s, according to the Mother and Child Institute of Poland, at least 10 per cent of the child population in Krakow was suffering from chronic respiratory diseases (bronchitis and asthma).⁴⁶ In the early 1990s, four out of five children in the city were born underweight and/or prematurely.⁴⁷

In 1990 the Supreme Soviet of Ukraine declared the country an 'ecological disaster zone', with 55 cities reaching a critical level of air pollution. In the south-east region of the country, which is the worst affected because it is highly industrialized, the average concentrations of hazardous substances in the atmosphere are thought to be as much as five times above the average of other industrialized countries.

Water pollution. Much of the water piped into Eastern European households is contaminated with nitrates, arsenic, viruses and bacteria, pesticides, radionuclides and chlorinated organics. Nitrates in drinking water can cause methemoglobinemia, or 'blue baby syndrome', a form of chemical asphyxiation. Cases of methemoglobinemia and infant deaths attributed to it have been registered in Hungary, Slovakia and Romania. In regions of Bulgaria, Belarus, Lithuania and Moldova with a high degree of nitrate-based water pollution, infant death rates are three to four times higher than elsewhere in those countries.

economic downturn and the drop of industrial production (Table II.4). In those countries suffering the most severe production losses (e.g. Moldova), emissions have fallen dramatically. Energy consumption has also declined, falling by 17 per cent between 1989-92 in the FSU and Central Europe.⁴⁸ Nevertheless, a study carried out between 1990-93 in Ukraine showed that falls in production did not lead to proportionate decreases in resource consumption and pollution.⁴⁹

Country	year	solids	sulphur dioxide (SO ₂)	nitrogen oxides (Nox)	carbon mono-/di-oxide (CO)	hydrocarbons (C _x H _y)
Czech Rep.	1985	1015	2161	795	899	136
	1989	673	1998	920	885	228
	1992	501	1538	698	1045	205
Estonia ^a	1990	—	240	23	57	—
	1992	—	180	15	33	—
Lithuania	1990	60	143	35	92	33
	1994	15	78	15	29	25
Moldova	1985	94	282	66	483	94
	1990	74	231	63	471	89
	1994	10	23	18	98	20
Russia	1991	6400	9200	3000	7600	3500
	1994	3900	6500	2100	5100	2400
Slovakia	1986	—	605	197	345	63
	1989	340	565	203	543	67
	1994	226	374 ^b	247 ^c	235	107

Sources: National Statistical Yearbooks.

Notes: a. Stationary sources only; b. 1992; c. 1990.

Although some countries have passed legislation providing for stricter environmental protection and increased monitoring, anti-pollution standards are either still more lenient than those in the West or financial constraints make compliance and enforcement of them difficult. Therefore, there is not only the risk that economic recovery will once again raise pollution levels, but that the expansion of export markets will be partially based on sectors that enjoy a comparative advantage over Western countries due to less stringent environmental protection regulations. A warning sign of this is the growth in the metal processing and chemical sectors in 1994 and 1995 in several CEE countries: the products from these traditionally polluting industries have found good export markets in Western Europe.⁵⁰ Likewise, further investments in 'dirty' industries might be seen as a way to beef up export markets.

In addition, in those countries where living standards have not fallen dramatically, car ownership has increased, so that lead, nitrogen oxides and hydrocarbon emissions are accounting for a higher proportion of overall atmospheric pollution. Between 1986 and 1993, per capita car ownership increased by 34 per cent in Hungary and 64 per cent in Poland; the stock of

cars, however, is increasingly old, and many of them emit especially noxious fumes. In Katowice, for instance, 75 per cent of lead emissions in 1991 came from cars that were 10 to 30 years old.⁵¹ Another risk is represented by the continued reliance on nuclear energy; 12 reactors like the one that failed at Chernobyl are still in operation in the FSU.

B. Poverty increases exposure to pollution

Predictably, it is the poor who suffer the worst consequences of environmental degradation, having risked greater exposure in the past and being less able to afford care and protection now. The poor share a heavier burden of the risks associated with contamination and pollution. In the regions where locally grown food is contaminated, for example, those with more money can buy goods brought in from uncontaminated areas and are thus more protected than those who buy their food in local markets, where prices are lower, or who consume vegetables and fruit grown in their own garden plots. Better-off families can also more easily afford bottled water and spend leisure time in healthier environments. In the areas contaminated by the Chernobyl disaster, children from poorer families exhibit on average a higher level of contamination from radionuclides. Most such families live in poor housing that provides less protection from radiation. Moreover, poor children are less likely to participate in rehabilitation programmes.

5. CHANGES IN FAMILY FORMATION AND RISKS TO CHILDREN

The drastic changes in the economic and social fabric have brought increased hardship to millions of families, which themselves are having to undergo a sort of transition. The previous sections have illustrated the inherited and new challenges faced by families, ranging from spreading poverty to social dislocations and environmental hazards. The remaining sections of this Chapter will review the extent to which families are managing to fulfil their basic child-raising functions in the midst of growing health, education and behavioural risks in what is largely 'uncharted territory'.

Adjustments in family formation — family structure, roles of parents, and nuptiality and fertility patterns — as well as household living arrangements have become an important part of the economic responses of households (see Box II.11). These responses are being mixed with the transition-related changes in social values and living patterns, which increasingly contribute to a new perception of the family. While these changes may have positive outcomes as well, they could contribute to family breakdown or dysfunction and heighten risks for children and parents. Consequently,

they need to be addressed by adjustments in public policies as well.

Responses that were effective during socialist times often have little validity under present conditions, while too little time has passed since the outset of the transition for other positive models to take root. This has obviously made a great many families extremely vulnerable. 'Family assets' at the start of the transition tended to be relatively weak not only in material terms (accumulated wealth, property, etc.), but also in human terms (adequate values and coping skills, family formation and lifestyle patterns, tolerance, etc.).

A. Fewer marriages and a greater risk that those marriages will fail

By promoting gender equality in employment and assuming many of the economic and social functions of the family, most communist states in Central and Eastern Europe reached early — relative to their level of economic development — the stage of so-called 'weak demography', characterized by low fertility and high

old-age dependency ratios as well as high family break-down rates.

At the beginning of the transition a 'euphoria' effect reflected initial optimism: marriage rates shot up in several countries (e.g. Czechoslovakia, Romania and Lithuania). In the ensuing years, however, these countries followed the general trend, with marriage rates steeply falling between 1991 and 1993. Since then, marriage rates have continued to drop, although at a slower pace (see Figure II.6). The decline in marriages could hardly be attributed to couples postponing plans to wed: the average age at first marriage — 22 years for brides and 25 for grooms, which is very low compared with the West — has remained generally stable and even dropped in some western CIS and Caucasian countries. In Russia, women under the age of 18 accounted for 69,200 marriages in 1994, up by 11 per cent from 1989. In Moldova, teenage brides accounted for 13.9 per cent of marriages in 1995, compared with 3.9 per cent in 1989.

Immaturity, lack of economic and social resources and prenatal pregnancies may make early marriages

BOX II.11 - FAMILY COPING STRATEGIES AND LINKS BETWEEN ECONOMIC AND DEMOGRAPHIC RESPONSES TO HARDSHIPS

In response to hardships and dislocations, families can employ a variety of economic and demographic strategies in order to make ends meet. These include, for example:

- increased labour force participation of household members
 - changing or hoarding jobs, involvement in the 'grey economy'
 - increased consumption of self-produced goods
 - exploiting better public social benefits/aids
 - taking advantage of subsidized social or health services
 - increased income from property, e.g. renting rooms
 - relying on transfers from the kinship system
 - cutting back current expenditures to basic necessities
 - postponing replacement of semi-durable and durable goods
 - changing housing
 - using up savings, selling assets
 - exploiting tax concessions, avoiding paying taxes
 - borrowing, non-payment of bills, etc.
 - illegal activities, crime, prostitution, etc.
- and/or
- postponing marriage
 - delaying or changing divorce plans
 - having fewer children, postponing decisions to have children
 - sharing households, e.g. with parents or grandparents
 - sharing or divestment of burdens associated with dependants in the household
 - changing time-use, recreation patterns
 - changing child-care and education patterns
 - migrating
 - turning to unsustainable behaviours, like alcoholism, suicide, etc.

There are obvious links among many of the above 'economic' and 'demographic' responses: modifying the earner/dependent ratio or the size of the household could efficiently change the needs of the household, bring gains or losses in terms of economies of scale, and so on. The limited capacity of people in Central and Eastern Europe to find jobs at higher pay in a depressed labour market with traditionally high labour force participation rates, reliance on income from property or the exhaustion of assets and meagre savings has pushed many to deplete their limited personal wealth, rely on eroding social transfers, sacrifice family formation plans, and turn to illegal or unsustainable individual responses.

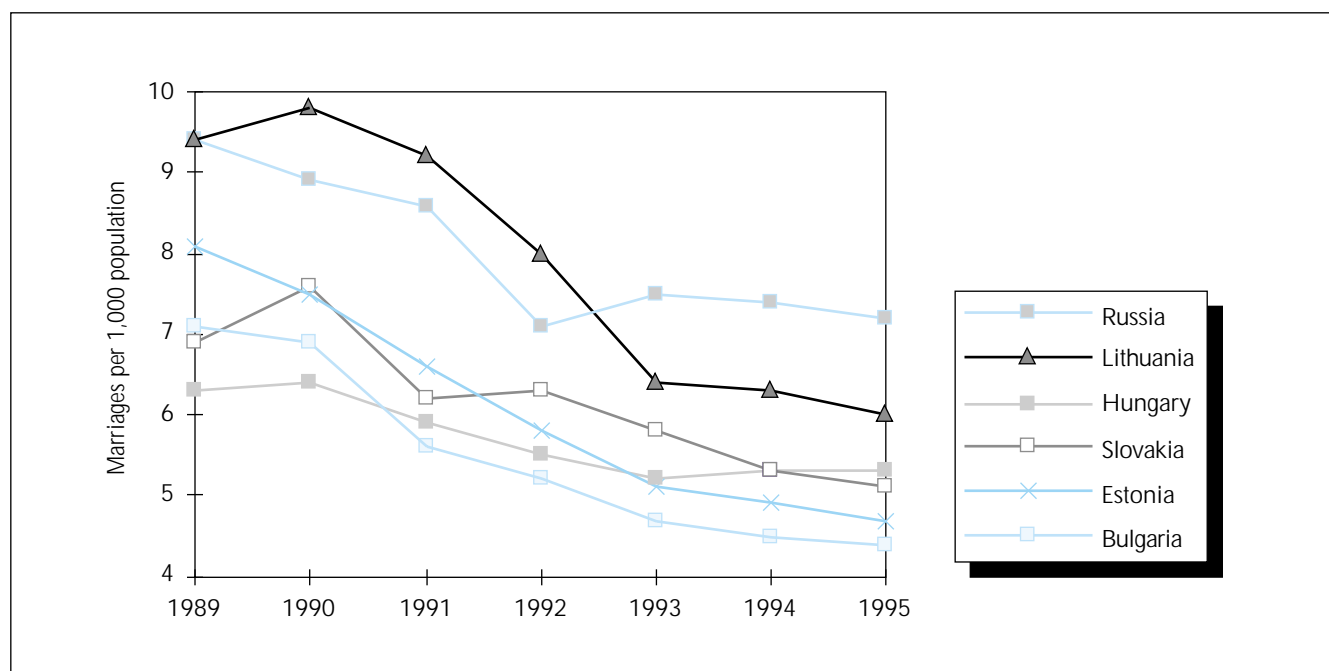


Figure II.6 - Trends in crude marriage rates in selected countries, 1989-95

more fragile. In Moldova, for example, 37 per cent of all divorces occur within the first five years of marriage, and 25 per cent between five and nine years.⁵² In Azerbaijan, the majority of divorces occur within the first few years of marriage.⁵³

While marriage rates have steeply declined, the number of divorces has decreased only slightly in Central and South-Eastern Europe after 1991 and frequently increased over 1994-95; and in most countries of the FSU the number of divorces has soared (see Table B.3 in the Annex). Consequently, the marriage-divorce ratio or general divorce rate (divorces as a percentage of marriages, illustrated in Figure II.7) has risen considerably across the region. At its most extreme, in Estonia, more divorces than marriages are currently taking place. These trends are staggering in many ways. The stability of marital unions is a common sign of the propensity of the family unit to pull together for survival in times of large welfare losses. Still, there is little evidence that the need to apply such coping strategies succeeded in depressing family breakdown ratios in Central and Eastern Europe, thus raising questions about the capacity of the family in these countries to act as a buffer for economic and psychological shocks. The poor conflict-handling skills of often very young couples might explain why divorce ratios did not contract during the hardest years and have tended to

increase again as one of the first tangible outcomes of economic recovery. The only region in which divorces dropped faster than marriages was the Caucasus.

Children affected by divorce face multiple risks, although when the family environment has been abusive, as is frequently the case, the children are often affected even before the separation occurs. But even when divorce brings an end to situations of tension and abuse in the home, children must nevertheless deal with the trauma of family break-up and, usually, separation from their fathers. Survey data from Russia show that 32 per cent of children with divorced parents never see their father again and only 4 per cent of divorced fathers actively help to raise their children from a previous marriage.⁵⁴ Children may experience guilt, blaming themselves for the marital breakdown. Research from Western

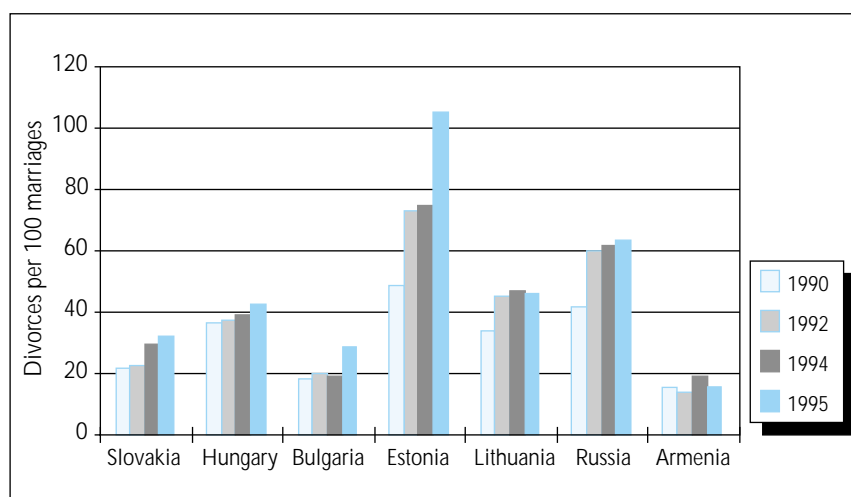


Figure II.7 - The general divorce rate in selected countries

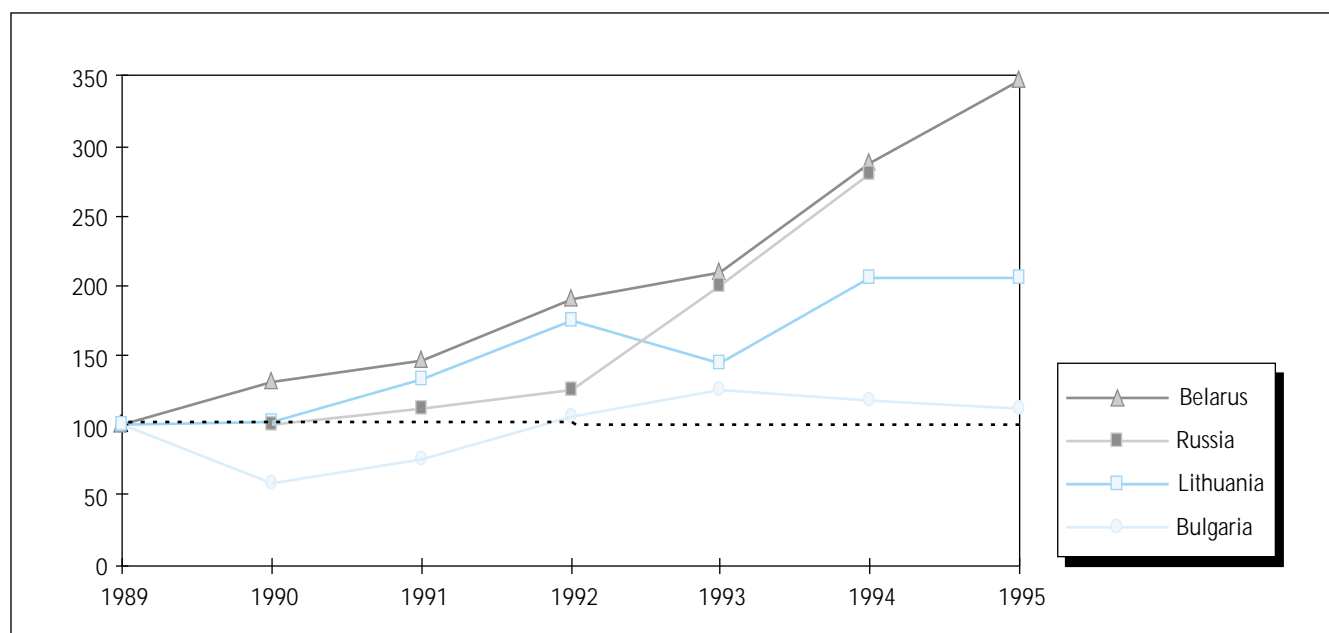


Figure II.8 - Criminal cases involving non-payment of alimony in four countries (index: 1989=100)

countries on children exposed to divorce or maltreatment shows that children carry the effects into adulthood, and commonly have difficulties in forming and maintaining relationships. The single custodial parent is often overburdened, and the increased time demands and financial worries represent additional stresses for the parent, compromising the quality of care and time available for the child. The risk of a family falling into poverty also jumps with the loss of the second earner, especially as the willingness or capacity of divorced men to pay alimony — already low prior to the transition — has further deteriorated in most parts of the region (see Figure II.8).

B. Erosions in the two-child/two-parent family model

Large drops in the number of births have persisted during the transition years. The fall in fertility rates (see Figure II.9) — from previously low levels in most cases — is partly due to the drop in the number of marriages. However, it appears that fewer women are having more than one child, and the shift from the two-child to the lone-child family model in most countries has been accompanied by a sudden increase in the share of children born out of wedlock (see Figure II.10). Of course, not all of these children are born to mothers living on their own: in many cases couples form common-law unions, in which both the loosening of social control and strategies to tap additional social support may play a role. Apart from Bulgaria, where more than half of the births to unmarried women occur among teenagers, the majority of out-of-wedlock births are to women in

their prime child-bearing years. Nevertheless, the share of births to teenage mothers has increased in most countries, adding to the number of children living in vulnerable conditions (see Table B.7. in the Annex). These tendencies are powerfully manifest in Russia, for example, where the share of teenage births shot up from 11 per cent in 1989 to 20 per cent in 1995.

Teen pregnancies, early age at marriage and high divorce rates appear to be inappropriate demographic behaviours under the current conditions; on the other hand, adjustments in fertility patterns and household living arrangements (shared housing, young adults remaining with their parents, etc.) are more consistent with efforts to contain welfare deterioration. With the nuclear family model failing more often, extended families or even unrelated families living under the same roof and pooling their economic and human resources is a very rational strategy. In many countries a large and increasing share of young adults is remaining longer in the parental home, contributing to the decrease in marriage and fertility rates among 20-29 year-olds.

While some of these trends began before the transition and resemble demographic patterns in many Western countries, the pace of erosion of the nuclear family with several children appears to be unprecedented. According to tendencies prevailing in 1995, women in their child-bearing years will have 1.2 children in Bulgaria and 1.3 in Latvia, the Czech Republic, Estonia, Romania and Slovenia, putting these middle-income countries among nations with the lowest fertility rates in the world. In Poland, microcensus data from 1994 showed that 24 per cent of women aged 18-44 had no intention of having children. Among women who had

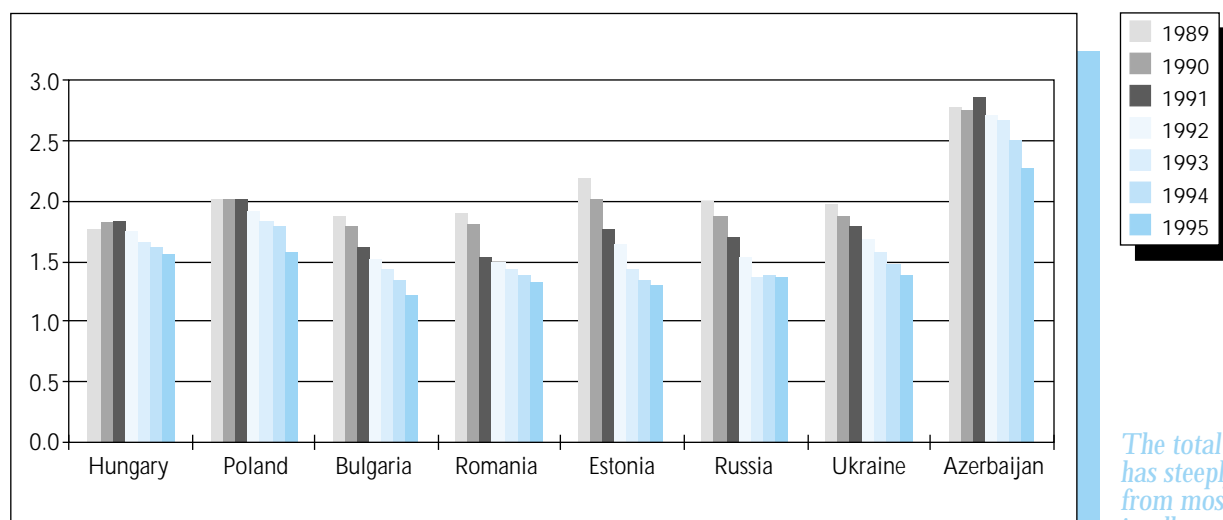


Figure II.9 - Fertility rates in selected Central and Eastern European countries, 1989-95

The total fertility rate has steeply declined from mostly low levels in all countries in transition...

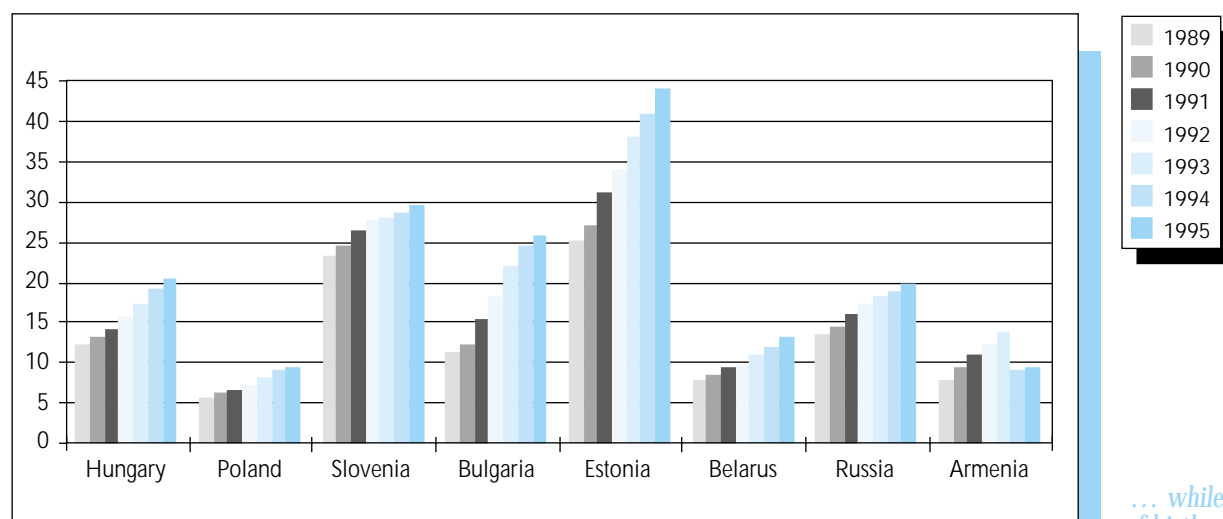


Figure II.10 - Percentage of births to unmarried women, 1989-1995

... while the share of births to unmarried women has climbed.

one or two children already, 76 per cent and 96 per cent, respectively, stated that they intended to have no more. Among married women in Poland aged 20-49, 27 per cent in 1994, up from 21 per cent in 1992/93, stated that they did not use contraception because of infrequent sex or no partner.⁵⁵

In Belarus, the primary factors affecting women's decisions not to have children were economic instability (27 per cent), concern about Chernobyl (19 per cent), unsatisfactory housing conditions (16 per cent), difficulties in combining employment and child care (11 per cent), and too many hours of work (10 per cent).⁵⁶ The economic burden of child-raising is often frightening for young people: in Moldova the cost of a layette for a newborn is now equal to four months of the average wage.⁵⁷

Housing problems and the impact of migration — resulting often from poverty, ethnic tension and war, political instability, parents' worries for their child's future — considerably influence demographics in the former Soviet Republics and several other countries. In Russia,

a country with net in-migration of plus three million people from other parts of the FSU, and with net emigration of 560,000 people to the rest of the world between 1989-95,⁵⁸ the share of one-person and multi-family households increased, while that of nuclear-family households decreased, according to data from the 1989 and 1994 population censuses.⁵⁹ The effects of the middle-age mortality crisis in Russia and other countries (discussed in the next section) have also certainly further influenced family formation patterns.

C. Current and emerging risks outweigh gains from demographic adjustments

Most of the demographic changes and adjustments described increase the health, psycho-social and developmental risks for children. As a consequence of worsening family breakdown ratios, the number of children involved in divorce rose steadily in the western FSU

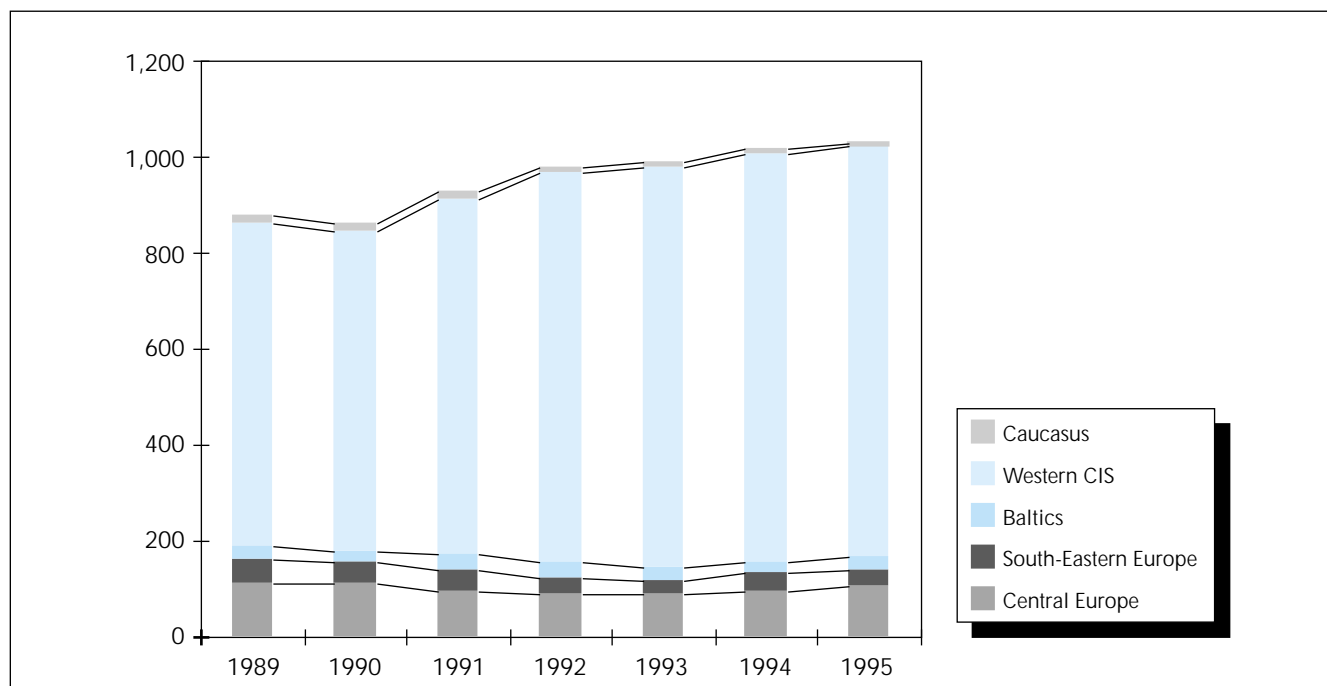


Figure II.11 - Children affected by divorce, 1989-95 (absolute numbers in thousands)

countries and started to increase again — despite further shrinking child cohorts — after 1992 in Central Europe (see Table B.6 in the Annex). Currently more than one million children are affected annually by divorces in the 18 countries included in this Report (see Figure II.11)

As a result of these demographic trends, the prevalence of children living in single-parent families is on the rise in the region. Even in Catholic Poland, 11.7 per cent of children were raised by single mothers in 1995 — about 100,000 more than in 1988 — and 1.1 per cent by single fathers. In Russia, the share of children living with lone parents rose from 13 per cent in 1989 to 15 per cent in 1994, representing an increase of about 750,000 children. If these cases are combined with the rapidly growing number of children living with a single parent in multi-generation households (usually the grandparents of the mother), the number of children with a single parent doubles and the percentage appears to be on a par with that in the United States, where 30 per cent of children live with only one parent (in one or multi-generational households).⁶⁰ In Western countries, the problem of single parents is regarded as a very critical social issue. In Russia, where the number of children living with single parents in one or multi-family households appears to have risen by more than 1.5 million since 1989 according to microcensus data from 1994, relatively little attention has been directed so far to this problem and its far-reaching consequences on child well-being.

Experience has shown that drops in fertility tend to become imprinted in lifestyle patterns. Consequently, it is almost impossible to recover sustainable fertility rates once they are lost. The spread of the one-child family model is not without risk for children: the role of siblings is important for cognitive, social, and emotional development. Later sections in this Chapter will discuss how maintenance of kindergarten programmes could have offset the increasing deficit in peer relationships. In addition, if these tendencies continue, they will create broader long-term negative welfare effects as well (e.g. worsening old-age dependency ratios).

However, it is important to point out that the smaller child cohorts may also have beneficial effects, especially in the short run. Savings in child-related expenditures are reflected in family as well as public budgets, which could be used for improving family support programmes. Obviously, the smaller child cohorts may facilitate access to education and health services and later create less competition in the labour market. Such children may also receive more attention from their parents. However, there are indications that the effects of economic coping in some cases has diminished the quality of parental care. For example, the share of unsupervised children in the region is on the rise. In Poland, with one of the lowest female labour-force participation rates in the region, nearly one in ten 7-9-year-olds was left without adult supervision for more than two hours a day in the mid-1990s — a ten-fold jump over the one in 100 children left unsupervised at the beginning of the decade.⁶¹ Similar reports

of 'latch-key' children are coming from all over the region. Bulgaria estimates that four in five children have no after-school supervision, although this likely applies to older children. Even in Azerbaijan, with multi-generational households much more frequent, 6 per cent of children are reported to be left without adult supervision after school. The proposed and ongoing increases in the pension age in the region will aggravate this problem by preventing more grandparents from helping with child supervision. Later sections of this Chapter will investigate how changes in the education system increase or decrease the risk of children being left on the street or home alone.

Structural changes in fertility also seem to have mixed impacts on child health. Falling fertility usually entails a proportionately greater decline among high-fertility groups (e.g. those with less education) than among already low-fertility sub-populations. As children born from high fertility groups usually face higher risks as well, this structural impact may lower the incidence of foetal deaths, infant mortality, child nutrition and morbidity, maltreatment and child abandonment among child cohorts. In Hungary, for example, prior to the transition mortality among infants of mothers who had not completed primary school was about three times higher than among infants of mothers with secondary education.⁶² In Central Europe, there is evidence that fertility drops have been highest among mothers with low levels of education, and differentials between IMR rates became smaller. However, in South-Eastern Europe, as well as in the FSU, fertility has tended to fall most among urban dwellers and those with medium levels of education, while the rural population and traditional risk groups tend to maintain higher fertility rates.⁶³

Finally, the trends discussed above on births to teen and unmarried women counteract potential impacts of fertility falls among traditional risk groups. Statistics from the region demonstrate that infants born to very young or unmarried mothers — whose shares have considerably risen — also have a higher risk of premature birth, illness or disability than do those born to women in their prime child-bearing years and in more stable family situations. Unborn infants of unmarried mothers, for example, are subject to 1.3-1.5 times the risk of foetal death than those of married women even in the Baltic countries, where single parenthood or common-law unions are becoming accepted by social norms. In Russia, unmarried mothers face 2.5 times the risk of giving birth prematurely than do married women.⁶⁴

The following section will review the outcomes in child health, which have been greatly influenced by other factors as well.

6. PARENTAL AND CHILD HEALTH RISKS

Parental health is of key importance for children. The health and age of mothers and their nutrition during

pregnancy determine to a large degree the survival and health chances of infants. The lifestyle and nutrition patterns established by parents strongly influence the health and development of children, especially at an early age.

Overall poor lifestyles, disparities in health assets and other shortcomings inherited from the past were frequently magnified by the transition-related losses in economic welfare, adjustments in family formation patterns and institutional changes resulting in higher health risks for parents and children. The largest deteriorations were reflected in the large increases in adult mortality in the western CIS and Baltic countries, with Central and South-Eastern Europe also affected to a lesser degree.

A. Higher risk of premature death of parents

The overall deterioration in adult health and particularly the unprecedented increase of premature mortality among working-age males have by now become the focus of extensive international attention. UNICEF was among the first to note this phenomenon,⁶⁵ which has hit hardest in western FSU countries. However, the potentially great impact on children and women has yet to be introduced into the discussion. Across the region, hundreds of thousands of children have experienced the premature death of parents (mostly fathers but also mothers) in their prime child-rearing ages. Only some Central European countries have remained relatively unaffected by this trend (see Table H.3 in the Annex).

The increase in mortality during the 1990s has been so severe that the average male life expectancy at birth has dropped below 65 years in seven countries, and below 60 years in Russia and Latvia. Overall female life expectancy has shown less deterioration, as higher mortality among middle-age women has been countered by improvements in other age groups in Hungary, Romania and Bulgaria; however in the Baltic and western CIS States, female mortality also rose sharply among the 20-39 and 50-59 year-old age groups (see Table II.5). Aside from the emotional pain involved, the illness or premature death of a parent jeopardizes the economic sustainability of families, increasing the risks of under-nutrition, disease and neglect for young children. The loss of a parent increases the risk that a young child will be removed from his or her family and placed in public care. Even older children and young adults who are dependent upon family stability and resources face risks.

Crude mortality levels increased in 15 of the 18 countries monitored in this Report. In Russia alone, 2.3 million more deaths occurred over 1990-95, out of which more than 1.5 million people died as seen in increased age-specific mortality rates. Half of them were men or women in their prime child-bearing age

(20-54). While in Russia the mortality rates have now begun to stabilize, in 'late reformers' such as Ukraine and Belarus and in countries facing unexpected setbacks in economic recovery such as Latvia or Bulgaria, the adult mortality crisis was further aggravated in 1995.

Table II.5 - Changes in mortality rates by gender between 1989 and 1995 in selected countries (index: 1989=100; based on rates per relevant age group)

	Change in male mortality rates			Change in female mortality rates		
	20-39 years	40-49 years	50-59 years	20-39 years	40-49 years	50-59 years
Poland ^a	93.7	96.5	95.4	91.4	96.2	92.6
Hungary	95.4	119.2	108.7	81.6	117.6	95.3
Bulgaria	107.8	117.9	113.7	96.9	110.7	91.8
Romania	145.7	100.7	126.8	83.3	107.7	108.6
Latvia	158.5	169.8	161.9	114.7	149.4	134.5
Belarus	140.3	168.3	122.9	125.3	148.9	117.6
Russia ^a	186.3	203.2	172.7	170.9	179.3	157.3
Ukraine ^a	142.3	143.8	144.0	137.8	127.8	133.2
Armenia ^a	172.1	114.8	106.6	85.3	78.0	101.8

Note: a. 1989-94.

Estimating the number of children affected by premature parental mortality is difficult without records directly linking deaths and the parental status of individuals. As a first step, however, it is possible to estimate the potential size of the problem by considering overall ratios of mortality by age, gender and family status. It is a well-known fact that single persons, especially unmarried males, have two to three times more probability of dying prematurely than their married peers. However, even allowing for a higher death rate among 20-54-year-old single adults without children, the increase in the number of children who lost a parent prematurely over 1990-95 could still be placed between 500,000 and 600,000 in Russia, where middle-age mortality increased most. When 'excess parental mortality' in other countries is taken into consideration, the sum rises to an estimated 700,000 children.

B. Maternal and infant health risks

The massive decline in birth rates across the region suggests that prenatal and antenatal medical services could better target resources on high-risk mothers and births. However, available data reflect a general deterioration in maternal and infant health indicators, particularly in South-Eastern Europe and the FSU.

i. Persistently high abortion rates

During the 1990s, abortion rates in the region have generally remained very high, despite hopes that the transition would bring greater awareness of the risks of this inherited health problem and improve the supply and utilization of contraceptives. The biggest increases in abortion rates have occurred in Romania and Armenia, while declines have been reported in Poland

(where a ban was imposed), the Czech Republic, Slovenia and Lithuania. The highest abortion rates are found in the western CIS, South-Eastern Europe (excluding Albania) and the Baltic countries (excluding Lithuania), where only about one quarter or a third of pregnancies result in childbirth. In Central Europe and the Caucasian region about two thirds of pregnancies result in childbirth (see Table B.8 in the Annex). The continued reliance on abortion as the primary means of birth control will have further negative implications for maternal and child health. In 1995, many countries registered increases in abortions, especially Slovakia (11 per cent), Latvia (9 per cent) and Moldova (7 per cent).

Due to continued reliance on abortion, the gaps between pregnancy and birth remained large. In Romania this gap grew much wider, as pregnancy rates increased while birth rates fell sharply. Romanians appear to have abandoned whatever contraceptive methods they had previously been using under the Ceausescu regime — when contraceptives were banned — as evidenced by the 49 per cent increase in pregnancy rates (see Table II.6). Instead, with the repeal of abortion restrictions following the 1989 revolution, the abortion rate soared by almost eight times the following year. Since then, the rate has stabilized, but it is still the second highest in the region after Russia. In Poland, increases in the share of pregnancies resulting in live births followed the restriction of legal abortions in 1993, and the official abortion rate dropped to one per 1,000 live births in 1995. The easing of restrictions in October 1996 will likely have an effect on pregnancies and outcomes; however, Table II.6 also reveals that in 1989 the use of abortion was far less prevalent in Poland than in Romania, demonstrating that traditional cultural values can play an instrumental role in the level of the rate.

Table II.6 - Pregnancy rates,^a abortion rates^b and pregnancy outcomes in Poland and Romania, 1989 and 1995

		1989	1995	Index (1989=100)
Poland	Pregnancy rate	63.8	45.9 ^c	71.9
	Abortion rate	14.6	0.1	1.4
	Percentage of pregnancies resulting in live birth	85.3	97.4 ^c	114.3
Romania	Pregnancy rate	83.2	124.0 ^c	149.0
	Abortion rate	39.8	212.5	533.9
	Percentage of pregnancies resulting in live birth	70.4	31.6 ^c	44.8

Notes: a. Pregnancy rates are calculated per 10,000 women of child-bearing age; b. Abortion rates are calculated per 100 live births; c. 1994.

ii. Increases and drops in infant mortality

Infant mortality rates have generally increased during the transition (see Statistical Annex, Table G4). The greatest deterioration occurred in those countries with

the largest annual average decrease in GDP per capita during the 1989-95 period (see Figure II.12).

After an upswing in 1990-91, infant mortality rates fell in Central European countries, and currently the IMRs in Slovenia (5.5 per 1,000 live births) and Czech Republic (7.7) are comparable to those in Western European countries. Moreover, the IMR differentials across various population groups were small. In most FSU countries, instead, marked deterioration took place between 1991-93. Since then rates have continued to rise in Belarus, while stabilizing in Russia and Ukraine. The Baltic countries also experienced increased IMR levels during the same period, though they subsequently stabilized at or above 1989 levels in Estonia and Lithuania. In Latvia, preliminary 1995 data show a significant rise in infant mortality, contributing to a substantial increase of 64 per cent over the 1989 rate. The poor health and nutrition of mothers lie behind the increases, as evidenced by the much higher rates of perinatal mortality (late foetal deaths and deaths in the first week of life, usually due to endogenous causes) as opposed to smaller changes in post-neonatal mortality rates (infant deaths from 1 to 12 months, usually due to exogenous causes).

This presents important implications for targeting maternal/infant health interventions toward groups with lower education and higher fertility, who are less likely to benefit from economic recovery. Negative health behaviours and more limited access to quality prenatal care and medical services during pregnancy are concentrated in this group. Table II.7 illustrates that Romanian women with less education (and higher fertility rates) have access to less information on pregnancy, exhibit lower service utilization and have more limited access to proper medical care.

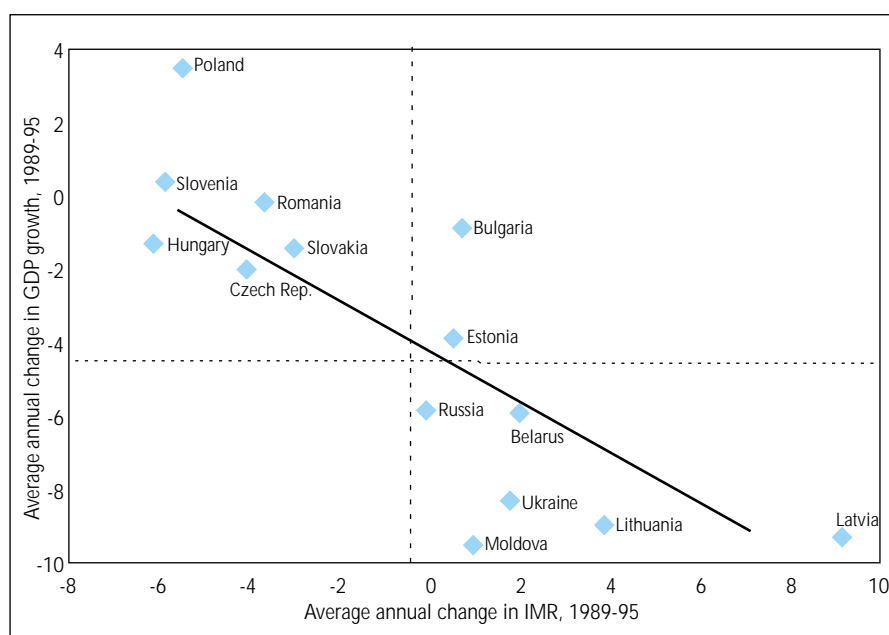


Figure II.12 - Change in IMR and GDP growth in CEE countries, 1989-95

Note: Caution should be exercised when interpreting time-series data on infant mortality and comparisons across regions, as the methodological definition of 'live birth' used in calculating IMR has changed in most countries (see notes in Statistical Annex); however, these changes would not basically alter the correlation shown here.

The importance of health education, counselling and family support services is confirmed also by some important structural changes in fertility patterns. In Central and South-Eastern Europe, where poverty increases were more contained than they were in the FSU, IMR increases were less prevalent. However, the incidence of low birth weight remained high or increased there as well (see Table G.3 in the Annex). This may be linked with rises in the proportion of teen mothers (see Figure II.13). However, other factors are certainly at work as well. In Poland, for example, despite increases in the share of teen pregnancies, the incidence of low birth-weight infants declined, while in Bulgaria low birth-weight incidence hit high levels. In Poland, however, only 28 per cent of teen mothers are unmarried compared to 51 per cent in Bulgaria, where teen births were also a problem prior to the transition, and where the share of women receiving pregnancy consultations has fallen from 91 to 81 per cent since 1989.

The incidence of foetal death has always been higher in pregnancies to unmarried women than to married women. As discussed earlier in this Chapter, the proportion of births to unmarried mothers has increased, which has had a negative impact on preg-

Table II.7 - Information and access to maternal health care in Romania, 1993

Educational level	Total fertility rate	Share of total births (%)	Among sexually-active women (15-44 years)		Among women who had given birth	
			Never had a routine gynaecological exam (%)	Never heard of self-breast exams (%)	Prenatal care provided by obstetrician (%)	Fewer than three prenatal visits (%)
Primary	2.26	37.6	50.2	84.4	25.8	33.9
Incomplete secondary	1.66	26.6	48.1	63.7	30.9	29.2
Secondary	1.31	21.0	40.8	45.0	43.0	17.8
Post-secondary, College	1.07	14.8	28.6	23.4	58.0	12.9

Source: Institute for the Protection of Mother and Child /Centres for Disease Control and Prevention, 1995.

Note: Based on a 1993 survey of 5,000 Romanian women.

nancy outcomes. The lowest levels of births to unmarried women were recorded in the Caucasian republics, Poland and Lithuania, all countries in which social norms strongly influence non-marital birth trends.

iii. Maternal mortality, nutrition and health

Increases in infant mortality and/or low birth weight clearly reflect deterioration in maternal nutrition and health. Another sign of nutritional deterioration is the alarming growth of anaemia, or iron deficiency, one of the most common micro-nutrient disorders in Central

and Eastern Europe. Anaemia affects pregnancy outcomes, contributes to the risk of birth complications, and increases the risk of death from haemorrhage in childbirth. The percentage of women suffering from anaemia at the end of their pregnancies has increased in many countries since 1989, and in Ukraine and Russia it has more than doubled (see Figure II.14). In Russia anaemia is currently found among more than one in three pregnant women and contributes to the number of infants born ill, affecting one in five infants in Russia in 1995. By comparison, anaemia affects no more than 40 per cent of pregnant women in China, Africa and Latin America and about 15 per cent in most Western countries.

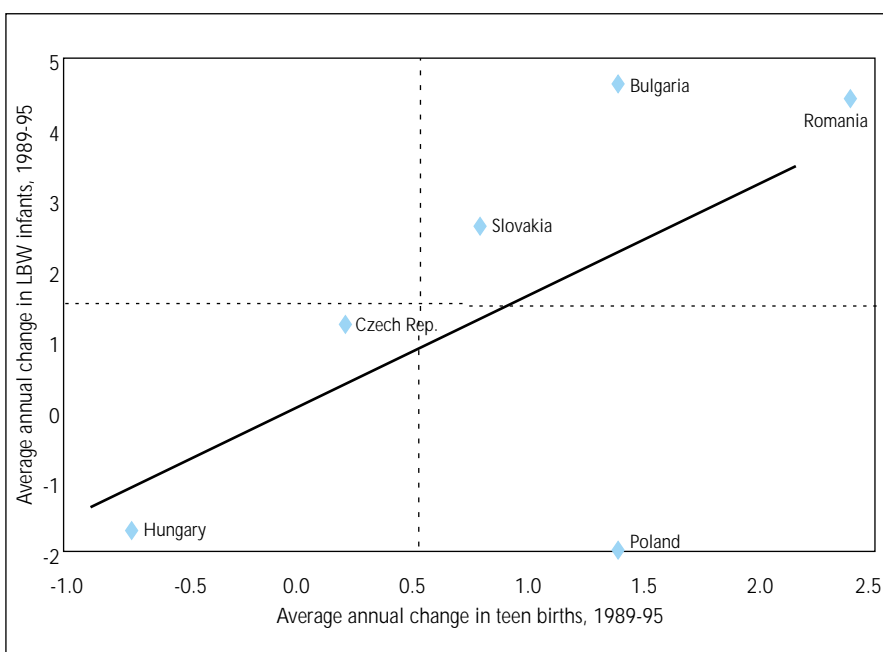


Figure II.13 - Change in percentages of teen mothers and incidence of low birth weight infants in Central and South-Eastern European countries, 1989-95

Maternal mortality rates (deaths related to childbirth) were relatively low at the beginning of the transition in the region, with the exception of Romania (see Figure II.15). While maternal mortality rates fell sharply in Romania with the end of aggressive pro-natalist policies after 1989, rates in many other countries have increased or have not fallen during the transition period. Maternal mortality rates are reasonably low in Central Europe, and they are about four to five times higher (40-50 maternal deaths per 100,000 live births) in Romania, Estonia, Russia, Armenia, Azerbaijan and Georgia, thus giving cause for concern.

C. Child nutrition and morbidity risks

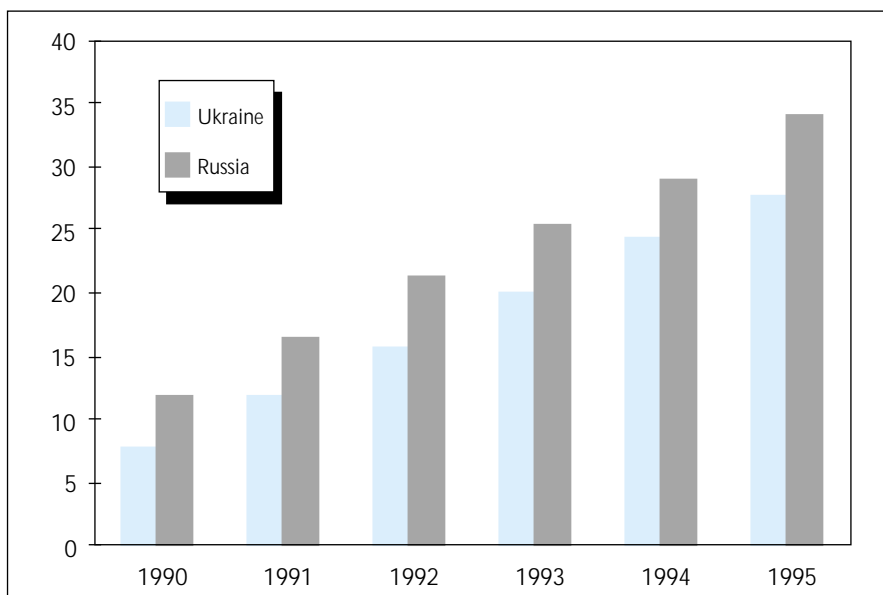


Figure II.14 - Share of pregnant women, at term, with anaemia in Russia and Ukraine, 1989-95 (per 100 live births)

Sources: Goskomstat, 1996b; UNICEF-Kiev, 1996.
Note: The 1995 share for Ukraine is an estimate.

As mentioned, child mortality indicators in the region generally do not reflect the size of economic and/or social dislocations. This relative stability in light of growing child poverty and declining access to health services and health screening (see Box II.12) may be credited to the strengths of the inherited public 'health assets' and national efforts — often with considerable international help — to maintain good public hygiene and immunization levels. The natural resiliency of children is also a factor; finally, there may be a time lag effect in the child health and development outcomes. In this sense, the observed stability in child mortality indicators may be

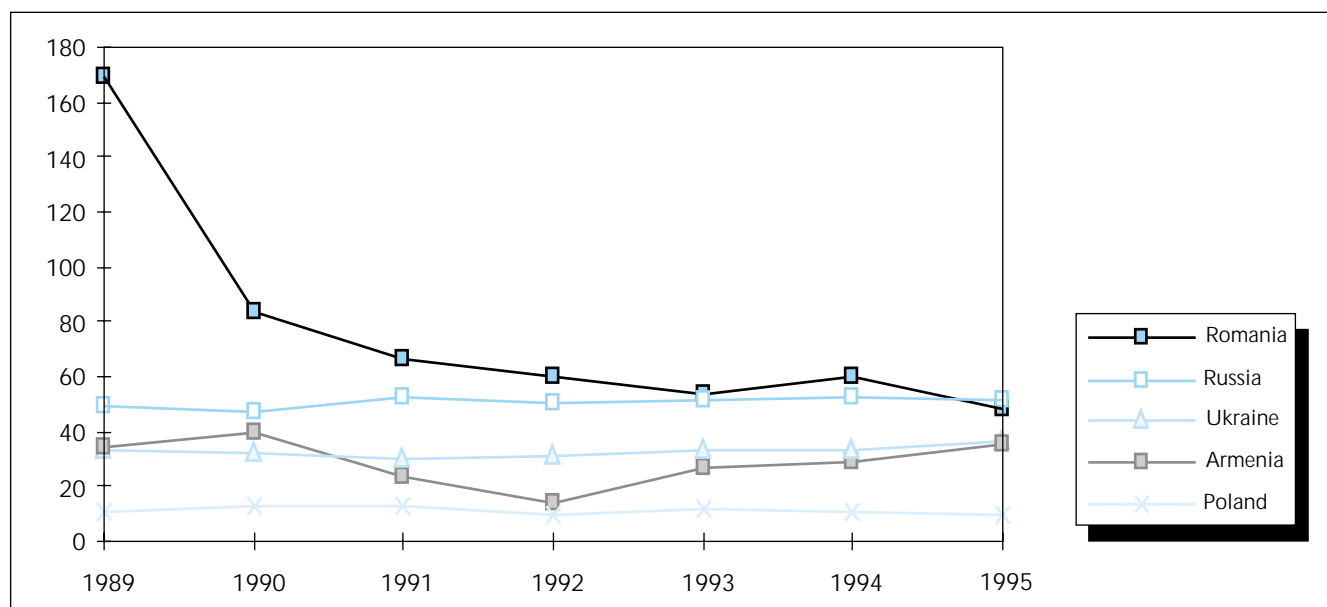


Figure II.15 - Maternal mortality rates in selected countries, 1989-95 (per 100,000 live births)

misleading. Although the incidence of severe malnutrition seems low in the region, under-nutrition is more common. The link between poor nutrition and health is reflected by the increase in infectious diseases among children in certain parts of the region. But increases in the number and share of children considered to be disabled are also a warning that transition-related changes in child morbidity may be underestimated.

i. Child nutrition affected by decline in incomes

One of the most important determinants of normal physical and mental development in children, as in infants, is proper nutrition. In Poland, a recent study carried out by the Mother and Child Institute found that 60 per cent of children suffered from some form of malnutrition, with 10 per cent permanently and 24 per cent occasionally undernourished. The available scant data on wasting do not show any signs of severe malnutrition in the region; however, in some countries, stunting, or low height for age, has become more prevalent. In Russia, for example, the prevalence of stunt-

ing among children under two years of age increased from 9.4 per cent in September 1992 to 15.2 per cent in December 1994.⁶⁶

As mentioned, food consumption patterns across population groups have changed since the transition, with deteriorations in nutritional and calorie intake especially hitting low-income families, where children tend to be over-represented.

Table II.8 illustrates, with the case of Belarus, the fact that in countries with large welfare shocks, families often fail to meet even minimum consumption standards, especially in terms of fruit and vegetables. The sharpest declines among low-income households were recorded in milk and vegetable consumption, while the use of cheaper, lower quality foods became more common.

ii. Increased incidence of diseases of poverty

While overall cause-specific mortality rates have been more or less stable, the transition has witnessed a marked increase in the incidence of infectious diseases, such as diphtheria and tuberculosis, particularly in the

Table II.8 - Minimum and actual consumption levels by food product and income group in Belarus, 1995 (per capita annual consumption in kilograms or relevant measure)

	State-set minimum consumption levels for family of four	Actual consumption levels for family of four	Ratio	Household consumption in the lowest income decile	Household consumption in the highest income decile	Ratio
Bread/bread products	164.0	92.8	0.57	106.5	168.9	1.59
Potatoes	123.0	94.4	0.77	136.4	145.8	1.07
Vegetables	110.0	65.1	0.59	57.6	139.1	2.41
Fruits/berries	99.1	29.0	0.29	11.3	70.7	6.26
Sugar/sugar products	24.6	20.2	0.82	13.1	57.2	4.37
Meat/meat products	48.4	42.8	0.88	28.8	97.5	3.38
Fish	14.3	7.5	0.52	3.5	20.5	5.86
Milk/milk products	440.0	264.9	0.60	261.6	515.5	2.33
Eggs (units)	342.0	160.1	0.47	131.1	336.3	2.56

Source: Morova and Gasyuk, 1996.

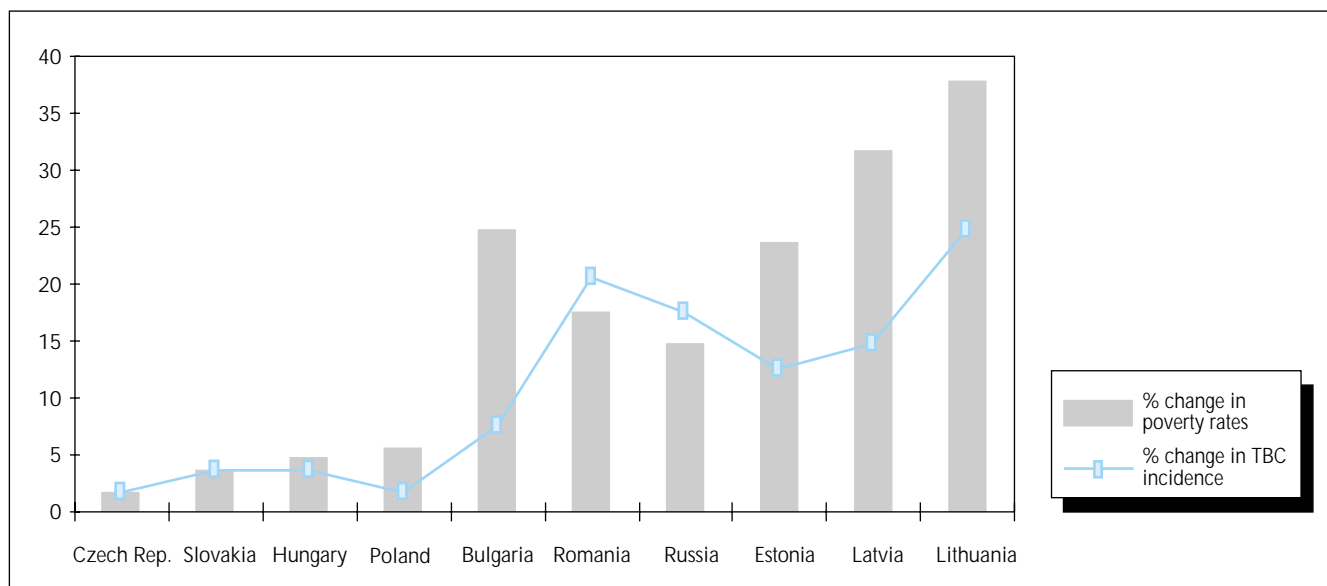


Figure II.16 - Percentage change in extreme poverty and TBC incidence, 1989-94

Sources: MONEE Database, UNICEF ICDC; Paniccia, 1996.
 Note: Poverty rates are based on the estimates included in section 2 of this Chapter.

FSU. The reappearance of these diseases, commonly referred to as diseases of poverty, is especially troubling, as they had nearly been eradicated. Changes in the incidences of extreme poverty and tuberculosis underscore the relationship between economic and health indicators (see Figure II.16).

The number of new tuberculosis cases among children has risen parallel to new cases registered among the adult population. Among children the incidence of tuberculosis is relatively low and stable in Central Europe. It is highest in Azerbaijan, followed by the western CIS and Baltic countries, where it has begun to rise substantially, with children accounting for 10 per cent of new cases.

There were some rises in the incidence of infectious diseases among children in Central Europe early in the transition, e.g. measles epidemics in Hungary (1989) and Poland (1990), but these outbreaks stabilized within a few months. In the western CIS and Baltic countries the incidence of infectious diseases has markedly increased in recent years, while in Central Europe it has remained stable or declined (see Figure II.17). In Russia, diphtheria has begun to reach epidemic proportions and has been responsible for more than 17,000 deaths since 1989. The outbreak of diphtheria has also affected Ukraine, and child deaths due to diphtheria have been recorded in Armenia, Azerbaijan, Georgia and Moldova.

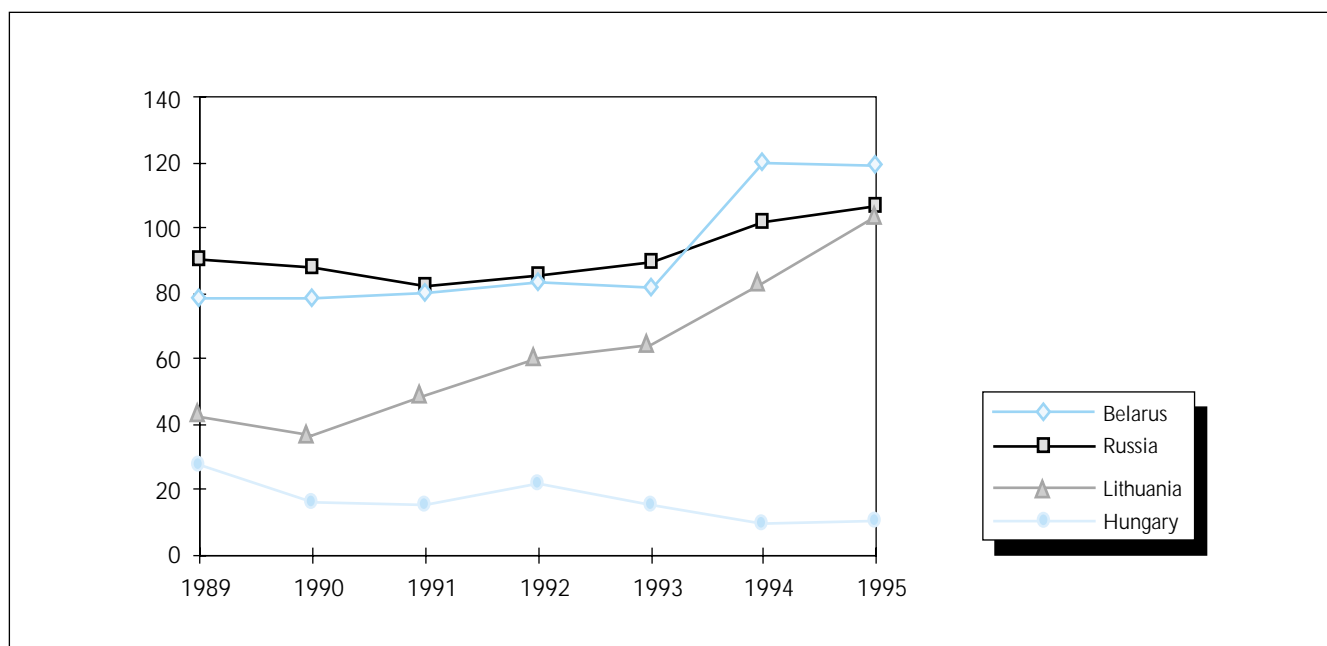


Figure II.17 - Incidence of infectious diseases among children, 1989-95
 (rates per 100,000 children aged 0-15 years)

BOX II.12 - HIGHER RISK OF NEEDS NEGLECTED BY PUBLIC HEALTH SERVICES

Under socialism, the achievements of the public health-care system were notable, particularly in regard to women and children. Prenatal care was widely available, immunization rates were in some cases higher than in Western Europe, and basic health services were broadly accessible. Basic health services were generally equitably distributed among the population, although there was evidence of stratification in the access to more specialized services.

The economic and social shocks during the transition have negatively affected the financing of public health-care systems. Greater fiscal austerity has translated into less investment and fewer outlays for health care, even though pre-transition expenditures on health were already well below Western European levels. Budget shortfalls have resulted in the inability to maintain essential public health programmes and threaten some of the positive gains of the earlier public health system. As well, there have been preliminary indications of decreasing access to clinical health services, particularly in the Czech Republic, Latvia and the Caucasian countries, all of which have initiated health insurance and cost-recovery reforms.

These risks will probably increase as countries continue to restructure public health sectors and introduce cost-recovery measures. There are signs of weakening in the areas of disease control, maternal/infant monitoring, immunization programmes, child-health monitoring and the promotion of healthy lifestyles. This has created multiple levels of risk for children and other population sub-groups marginalized by economic and social change.

Poorer coverage of basic public-health services

Most Central European countries have been able to maintain high levels of vaccination coverage against the main childhood diseases (diphtheria, pertussis, tetanus, polio and measles), although coverage in the former USSR has slipped. Changes in immunization rates have followed three general patterns (see Figure II.18). Bulgaria (despite drops in 1994-95), Hungary, Poland and the Czech Republic have been able to maintain high and stable rates. Russia, Romania, Estonia and Lithuania, among others, experienced declining immunization rates in the early years of the transition, followed by a recovery. In a few countries, such as Latvia and the Caucasian republics, rates have dropped and remained low.

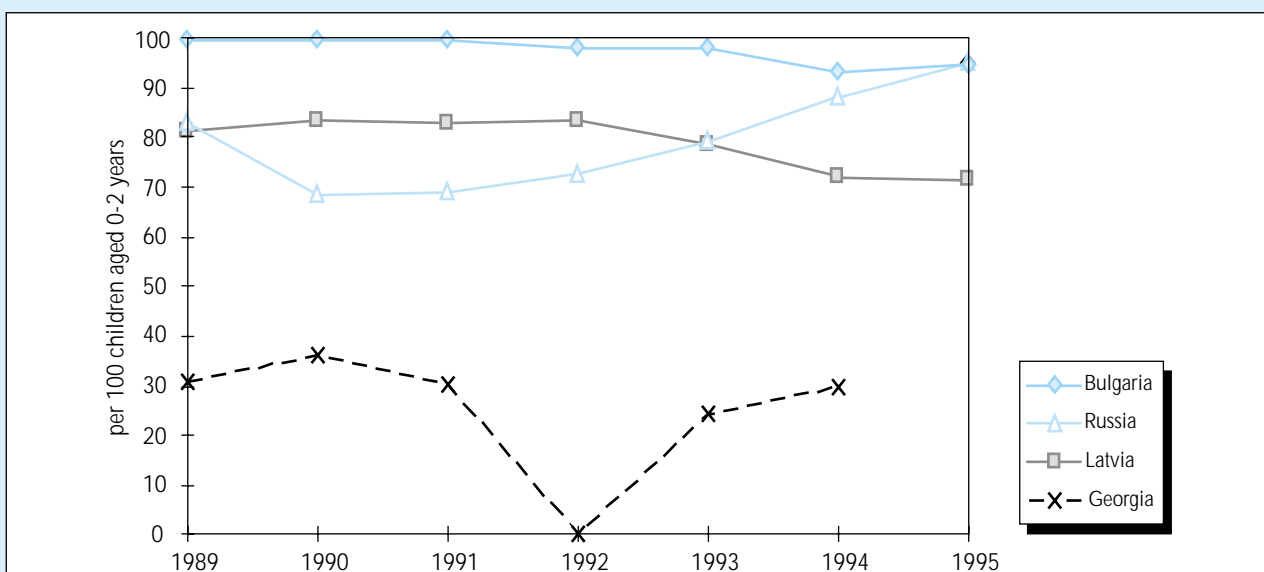


Figure II.18 - Trends in DPT immunization in four countries, 1989-95

Insufficient financing has been the primary cause behind the drop in immunization rates. For example, in Georgia and Armenia, child immunizations dropped sharply in 1992-93, and only with the help of international organizations, such as UNICEF, were vaccinations resumed the following year. Despite enormous falls in the production of the necessary pharmaceuticals and drops in expenditures for imported drugs (from \$1.01 billion to \$299 million between 1992-93), rates have begun to recover in Russia.⁶⁷ Another factor contributing to lower rates in Russia may be related to the breakdown of the pre-school system. According to a survey conducted in Russia in October 1995, only 36 per cent of children aged 2-6 years had been vaccinated at pre-schools.⁶⁸ The sharp drop in state pre-school enrolment rates placed greater responsibility upon the parent to take the child to a clinic for scheduled vaccinations. The gaps in immunization programmes have led to outbreaks of less severe childhood diseases (e.g. measles) across the region and to the increasing incidence of more serious diseases, such as diphtheria, in the FSU countries.

Nutrition problems may also be associated with breakdowns in public health. Iodine deficiency disorders (IDD)

cause cretinism, mental and physical retardation, reduction in fertility and premature death. The easiest and most effective measure is the use of iodized salt. However, an increase in the incidence of IDD since the onset of the transition is due to breakdowns in under-funded national IDD prevention programmes. Previously, these programmes ensured the local production and effective distribution of iodized salt and provided routine monitoring of at-risk populations. The loosening of public-health controls led to scandalous cases of food poisoning in many countries.

Monitoring child health status

In many countries, the rationalization of health sector expenditures has led to a weakening of child health monitoring systems. Although information is limited, there is a growing trend in Central European countries toward changing institutional responsibility for monitoring (e.g. moving the responsibility from schools to parents, whose visits to clinics/hospitals are recorded). The situation is less clear in former USSR countries, although the scale of survey-based monitoring has been reduced.

In Poland, with fewer doctors working within the educational system, the number of children examined has also

	1990		1993	
	Number of children monitored	Percentage considered health-endangered	Number of children monitored	Percentage considered health-endangered
6-year-olds	641,390	31.2	33,115	28.4
10-year-olds	606,605	35.7	294,739	38.5
14-year-olds	561,867	32.4	298,756	29.8
18-years-olds	243,174	31.6	96,633	29.1

Source: Golinowska et al., forthcoming.

dropped sharply (see Table II.9). Nevertheless, according to data based on these examinations, child health indicators appeared to have remained stable or improved. Around one third of children in each age group had a health problem. However, several other studies point to a declining number of doctor visits and deteriorating health status in Poland. According to one study, one in four children interviewed said they had not visited a doctor in the last year.⁶⁹ Administrative data on the number of children admitted in hospitals show steady increases over the 1990-95 period across all age groups. Even if medical authorities are now responding to

incentives for a more accurate accounting of hospital visits, there are signs of deteriorating child health status that may not be captured by certain types of health monitoring.

Risks in reforming health care delivery

The growing level of income inequality across all of Central and Eastern Europe is leading to greater stratification in living conditions and access to quality health coverage. As a result, there are likely to be higher health risks for vulnerable segments of the population, particularly for families with children. While there were clearly gaps in health coverage across regions and among the poor in the past, living conditions, health behaviours and access to quality care have measurably and disproportionately deteriorated in subregions and for the poor during the transition.

In the case of the Czech Republic, authorities reversed some aspects of health reforms when it became apparent that services were no longer affordable to many low income households.⁷⁰ Until 1993 medicines were distributed free of charge for pregnant women and children in Bulgaria, though this service was the first major victim of expenditure cuts in health care. The resulting negative social costs are judged to have far exceeded any cost benefits.⁷¹

iii. Who cares for sick children?

Information on the incidence of child morbidity is generally limited in the region. Regular health screenings and weight measurement now reach much fewer children than previously, and there is good reason to think that high-risk groups are systematically excluded (see Box III.12). Special household health surveys — which are costly and thus rare — tend to cover only the population above the age of 14. However, as mentioned, the health of children living in deep pockets of poverty may be at risk of serious deterioration, even in Central Europe. Data on hospitalization rates of children in Poland, for example, point to steady increases among all age groups of children since 1989 (Table II.10).

Apart from actual increases in child morbidity, these upswings may also reflect a growing tendency of

The health of certain groups of children may be at risk of serious deterioration, even in Central Europe: Data on hospitalization rates of children in Poland, for example, have grown, steadily since 1989; although the increases have affected all age groups, it appears that those born in the most difficult reform years are the most vulnerable.

	1989	1990	1991	1992	1993	1994
0-1-year-olds	100	105	105	117	118	121
1-4-year-olds	100	105	108	120	124	130
5-14-year-olds	100	106	108	112	119	125
15-19-year-olds	100	104	102	101	102	106

Source: Golinowska et al., forthcoming.

parents to use hospital services — which for children are still free in the region, even if quality problems are more prevalent — as part of their coping strategy against poverty and/or due to cuts in sick-child leaves. The more competitive labour market, job hoarding, unemployment or illegal employment may explain why the number of days of sick-child leave taken by parents has generally declined in Central and South-Eastern Europe more than shrinking child cohorts would have suggested (see Figure II.19). Finally, the increasing share of single-parent families may also add to higher hospitalization rates in those countries where health services remain easily accessible.

iv. Child disability on the rise

The prevalence of disability, as measured by the number of disability benefits approved by state welfare authorities, has grown sharply across the region during the 1990s (see Table II.11). The largest increases in new cases of child disability have been recorded in Russia, Estonia and Lithuania, where the total number of children with disabilities more than doubled in four years. However, these figures may under-represent the actual number of children with disabilities, as the number of recorded cases depends upon parents taking the child for an examination and upon medical personnel approving the disability. Likewise, some children who might otherwise be considered disabled (such as those with sight or hearing impairments) might not meet qualification requirements. Thus, while in Russia the number of children with recognized disabilities at the beginning of 1995 was almost 400,000, expert estimates place the figure at no less than one million.⁷²

The introduction of legislation on the determination of disability status in the early 1990s and the widening of definitions have meant that more children are eligi-

ble. Such legislation was introduced in Russia, Ukraine and Lithuania in 1991. Previously, many forms of disability were not recognized, while the registration of other disabilities was often based on rigid and narrowly defined diagnoses. Additionally, benefits have increased. Receiving a social pension or disability benefit may have acted as an incentive to register among families in need of additional sources of income.

Table II.11 - Children under 15 years old officially recognized as disabled by health and welfare authorities, 1990-95 (rates per 10,000 0-15-year-olds; index: 1990=100)

		1990	1991	1992	1993	1994	1995
Czech Rep. ^{a, b}	Rate	5.0	5.8	6.6	7.9	7.6	—
	Index	100	114	129	150	141	—
Lithuania	Rate	—	81.6	97.0	110.5	125.3	133.6
	Index ^c	—	100	119	134	149	156
Russia	Rate	43.1	59.4	80.9	99.9	118.5	133.0 ^d
	Index	100	112	154	206	289	329 ^d
Ukraine	Rate	—	84.3	102.2	111.5	120.8	—
	Index ^c	—	100	112	131	140	—
Armenia	Rate	38.8	44.0	49.9	52.2	54.4	—
	Index	100	115	132	137	140	—

Source: MONEE Database, UNICEF ICDC; National Statistical Offices.

Notes: a. Number of new cases of disability only; b. 0-18 years; c. 1991=100; d. Preliminary data.

Finally, while there are difficulties in ascertaining the linkage between rising disabilities and deteriorations in maternal and child health during the transition, the worsening of many child-related health indicators, such as the incidence of congenital malformations and children injured in accidents, has occurred in countries where the number of disabled has shot up. This suggests that part of the registered increase actually reflects a rise in the number of new cases of children with disabilities in the 1990s.

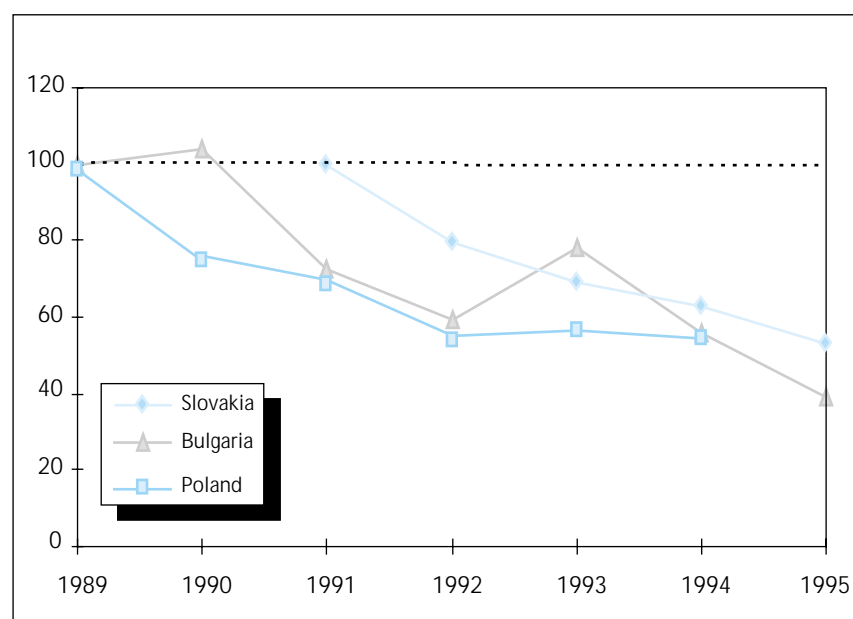


Figure II.19 - Changes in the use of sick-child leave days by parents (index: 1989=100; for Slovakia 1991=100)

7. LIFESTYLE AND HEALTH RISKS AMONG YOUTH

While the liberalization of society has opened many new opportunities for young people, it has also brought new risks and social problems already familiar to Western societies, such as the spread of sexually transmitted diseases, alcohol and drug abuse and suicide. The heightened profile of these social problems among Central and East European youth may be linked not only to new freedoms and risk-taking, but to the increased responsibilities and hardships faced by young people and to the inadequate institutional or societal response to these problems.

An important factor in light of the growing prevalence of these social

problems has been the general lack of societal preparedness in addressing these new phenomena. Traditional social controls have weakened, and institutions that would enable a measured response to these problems are still relatively underdeveloped.

Another important factor that influences the level of these risks is the family. Behaviours of young people often emulate those of their adult models. Before the transition, those countries with the highest incidence of sexually transmitted diseases, alcohol abuse or suicide among adults also had the highest rates among adolescents. Likewise, the greatest increases during the transition are found among both adults and adolescents of the same countries, implying that cultural factors and models of behaviour to which young people are exposed are pivotal influences. This suggests that such problems should not be approached simply as 'youth' problems, but as issues relevant to the attitudes and behaviours of the family as a totality.

A. Rising number of cases of sexually transmitted diseases among teens

With the weakening social control of the earlier system, the incidence of sexually transmitted diseases, such as gonorrhoea and syphilis, has increased across the region, particularly in the Baltic and western CIS countries. The number of new cases has risen to a lesser extent in Central Europe, while remaining relatively stable in the Caucasian countries. Trends among adolescents have often increased in line with adult trends, and not infrequently the number of cases even increased faster among adolescents (see Figure II.20). The increases registered among youth in Latvia may reflect a weaker institutional

response than in Hungary, where social services are relatively better developed. The low prevalence in Azerbaijan may reflect different cultural and social norms in Caucasian societies.

Gonorrhoea was and continues to be the most common sexually transmitted disease. The number of syphilis infections has increased after nearly being eradicated in the 1980s. The levels of HIV are lower than in neighbouring Western European countries, although the potential for the spread of HIV is great due to the evident inability to stem the proliferation of other sexually transmitted diseases.

A significant number of children have been infected with HIV, primarily through blood transfusions. The most acute situation has occurred in Romania, where there are 1,600 HIV and 2,300 AIDS cases among children, of whom 2,100 were infected in children's homes and hospitals. While many children were infected before 1989, the number has continued to grow in the 1990s. In Russia, there were 277 children registered as HIV in 1995, of whom 94 had AIDS. Since 1987, 139 persons in Russia have died from immune deficiencies, including 70 children.

The main factors underlying the increase in cases of sexually transmitted diseases have been low awareness among young people, lack of means for safe sex and the higher public profile and spreading availability of prostitution. It is well known that an individual who frequently changes sexual partners and practices unsafe sex runs a significantly higher risk of contracting sexually transmitted diseases. In Eastern Europe, however, there are numerous reports on the low awareness of these risk factors and the lack of safe sex practices. In addition, according to research in Western countries,

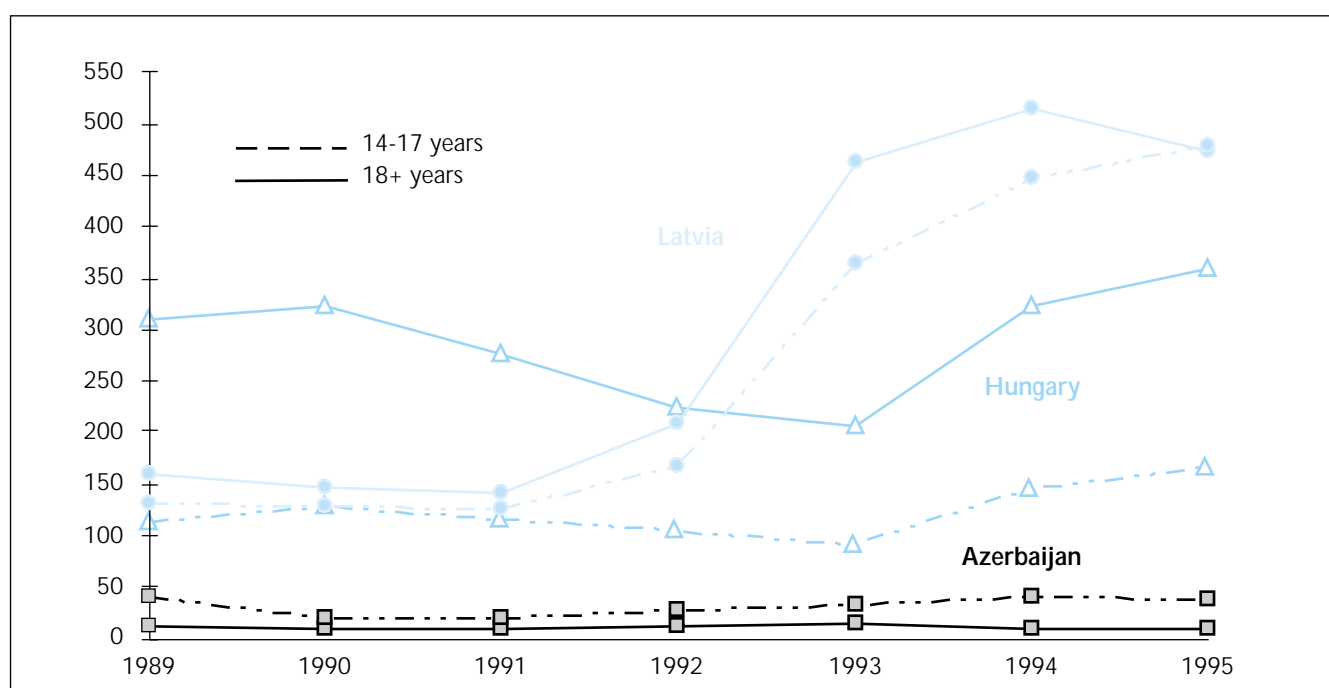


Figure II.20 - Age-specific prevalence of registered sexually transmitted diseases in three countries, 1989-95 (rates per 100,000 relevant age group)

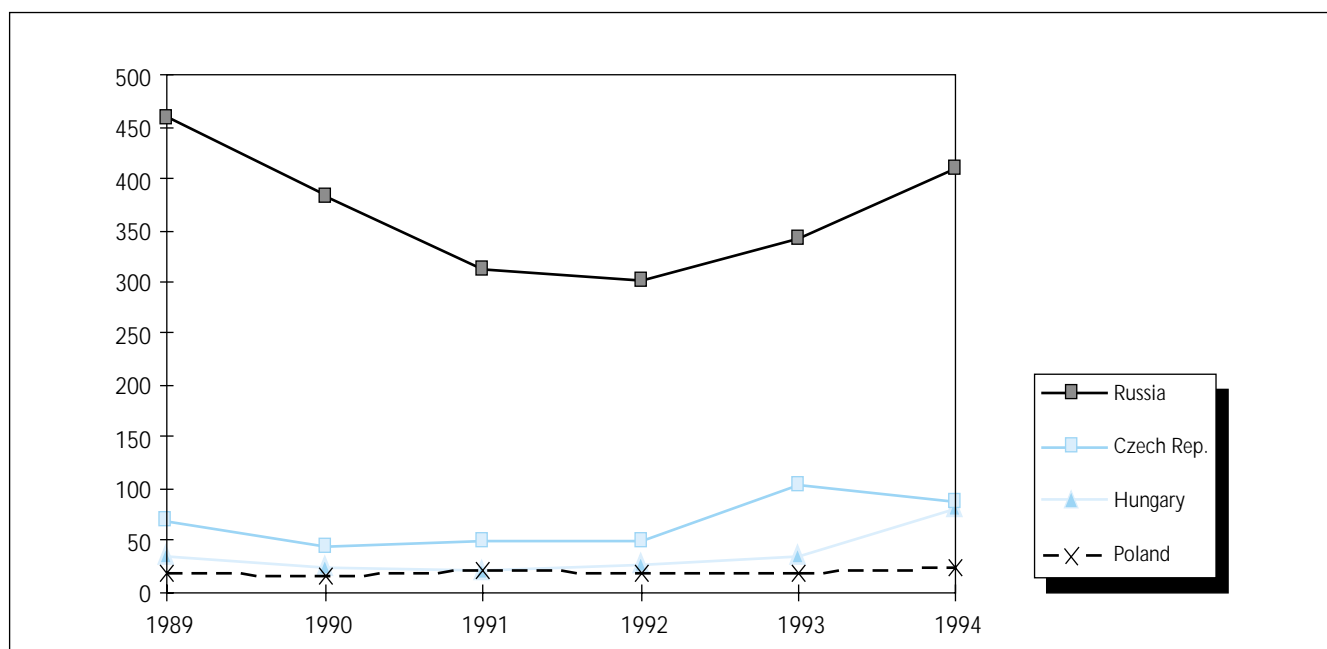


Figure II.21 - Registered alcohol addiction among adolescents, 1989-94 (rates per 100,000 adolescents 14-17-years-old)

children with divorced parents or in an unstable family situation are exposed to greater risks due to slackening parental supervision.⁷³ This is of particular relevance in transition countries, where family stability and parental supervision have been threatened by economic hardship and rising social stress.

B. Alcohol and drug abuse among teens

i. Alcohol abuse and teens

The withdrawal of the State from alcohol production and distribution and from its role in regulating consumption through administrative measures, pricing policies and advertising policies has led to the wider availability of alcoholic beverages. There is also evidence that poor regulation has resulted in the production of more toxic alcohol. Finally, in relative terms, there has been a tendency for slower growth in alcohol prices as compared with the prices of basic food products.

Alcohol abuse among adolescents was prevalent before the transition, and the above factors have presumably increased alcohol abuse. Adult mortality due to alcohol-related diseases has risen in many countries, such as Hungary, Russia and Latvia, although official alcohol consumption figures and the number of registered alcoholics have declined due to weakened or collapsed social and health controls. In this regard, the number of cases of alcohol addiction among teenagers registered by hospitals radically underestimates the extent of the problem, but increases since 1992 illustrate that calls for greater public attention on this issue are fully justified (see Figure II.21). In Russia, for example,

there has been a rise in monitoring rates among youths by juvenile authorities for alcohol-related problems, jumping from 14.8 per 1,000 youths in 1990 to 27.3 in 1994.⁷⁴

ii. Drug abuse grows among children and youths

Drug abuse among young people represents a major and growing problem in every country of the region, with lower average ages for first use and regular use. The opening of borders and crumbling social control during the transition have contributed to the increased access to drugs. As the region sits at the crossroads between the West and Asia, it has become a major transit and storage point. Studies also show that rates of alcohol use and abuse are growing among teens as well as adults, suggesting that the rise in all kinds of substance abuse are not only related to increased availability, but to a more pervasive situation of psychological, social and economic hardship.

Substance abuse rates are proportionally higher among marginalized youth, street children and children of minorities (particularly gypsy children), and the use of drugs can be a gateway for involvement in drug trafficking and other criminal activities. Among runaways and homeless children, marijuana, glue and solvent sniffing, or 'vint' — a cheap injectable drug — help to ease hunger pains and dull the emotions; it also leads many of these children into the world of organized crime and prostitution.

Studies have found that substance abuse among youth is usually associated with other 'risk-taking' behaviours, such as unsafe sex, teenage or unplanned

pregnancy, school failure and dropping out, violence, crime and delinquency. Other studies have identified a correlation between drug or alcohol abuse, the first sexual experience and, in general, behaviours that heighten the risk of contracting sexually transmitted diseases. A street-based study carried out in the Czech Republic found that the sharing of syringes, with its well-known correlation to HIV, is frequent among young drug users.⁷⁵

C. Teen suicides becoming more prevalent

Even in countries with the highest levels in absolute terms, suicide represents only a very small percentage of deaths. Nonetheless, suicide rates are often considered an important barometer of social integration. Thus, while there may be traditional differences in suicide rates across countries, a sharp increase in rates may indicate the disruption of social relations (such as conflict within the family or at work, victimization at school or at home, excessive abuse of alcohol or narcotics, illness, unemployment, divorce, loss of relatives, and so on). Suicide rates should also be interpreted with caution, as they are often underestimated, especially in countries where suicide carries a significant social stigma.

Suicide rates in Central and Eastern European countries are among the highest in the world, and some parts of the region — including leading reformer countries — have shown upswings or steady growth during the transition period. The highest levels of teen suicides are found in Russia, Lithuania, Latvia and Slovenia. In most countries, teen suicide rates generally peaked in 1993-94, although in other countries, like Belarus, the worsening trend continued in 1995 (see Table II.12). There is a sharp gender differential in suicide rates, with males far more likely to take their own lives. Although Western research shows that

females may be more likely to attempt suicide, males are more likely to succeed. Female suicide rates have generally declined in the region, although increases were noted in Lithuania, Belarus and Russia.

Table II.12 - Teen suicide rates by gender, 1989-95
(rates per 100,000 15-19-year-olds)

		1989	1990	1991	1992	1993	1994	1995	Index, 1989=100
Czech R.	males	11.0	9.7	16.0	13.5	12.9	15.5	17.8	161.8
	females	2.6	3.4	3.0	1.6	3.4	3.0	5.4	207.7
Hungary	males	19.3	17.3	15.3	20.4	14.7	17.5	17.1	88.6
	females	6.8	8.3	3.5	5.3	6.3	3.8	2.2	32.5
Poland	males	12.4	12.6	14.1	13.9	16.1	15.9	17.9	144.8
	females	2.5	3.4	3.1	3.2	2.8	3.2	3.3	130.4
Slovenia	males	13.7	10.8	14.6	17.1	32.7	25.9	23.0	167.9
	females	7.1	5.7	6.9	6.9	5.5	5.5	6.8	95.2
Bulgaria	males	16.1	15.8	14.5	15.8	19.0	18.9	15.6	96.9
	females	7.4	5.8	6.1	5.5	5.1	6.4	6.9	93.8
Latvia	males	20.0	24.7	28.8	37.7	37.5	35.6	28.7	143.5
	females	12.3	10.1	3.5	4.8	6.0	6.1	7.3	59.8
Lithuania	males	22.3	16.5	25.4	24.1	29.2	32.6	34.9	156.5
	females	6.7	5.2	3.7	8.2	5.4	12.4	7.8	116.7
Belarus	males	14.0	13.8	17.5	27.8	19.6	23.6	27.0	192.9
	females	4.6	3.6	4.4	5.5	5.2	5.2	5.1	112.6
Russia	males	23.7	28.5	30.1	31.4	38.4	41.9	—	176.8
	females	7.4	7.5	7.9	8.4	9.6	10.6	—	144.1
Ukraine	males	15.5	15.4	15.8	16.1	19.9	20.9	—	134.8
	females	5.9	4.8	5.4	6.4	5.0	5.7	—	95.7

Note: Rates are calculated based on the total number of suicides among under-20-year-olds.

Suicide as a behavioural pattern and as a response model to counter the accumulation of individual problems has a long history in the region. Rates of suicide among males under 20 years of age correlate with rates among adult males; in fact, the highest suicide rates among youth are often found in countries with similarly high rates among adults (see Figure II.22).

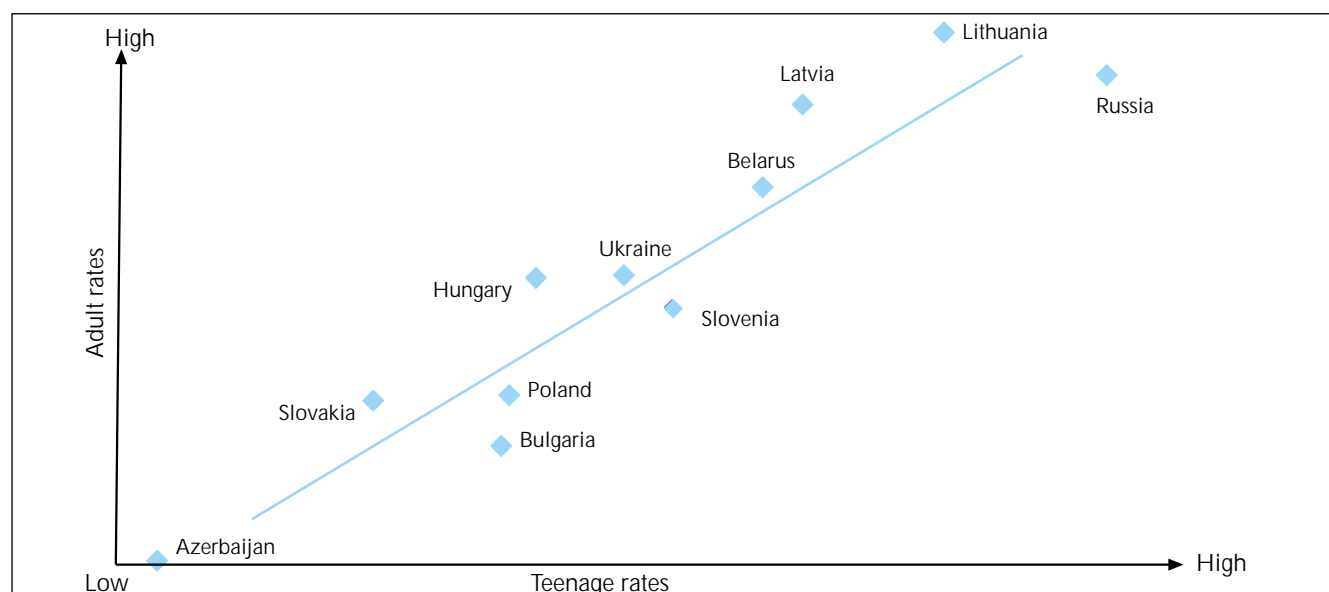


Figure II.22 - Teenage and adult suicide in transition countries, 1995 (rates per 100,000 males in relevant age group)
Notes: Teenagers: 15-19-year-old; Adults: 20-54-year-old; Slovakia: 1993; Poland, Russia, Ukraine, Azerbaijan: 1994.

BOX II.13 - YOUNG PEOPLE AND DRUGS

The drug problem primarily affects the most vulnerable, and the transition from adolescence to adulthood is a crucial period for experimentation with illicit drugs. Because of their innate curiosity and thirst for new experiences, peer pressure and their rebelliousness against authority, youths are particularly susceptible to the 'drug experience'.

Drugs affect children and youth in four main ways:

- addiction at birth, including the likelihood of birth defects, due to parental drug dependency;
- drug abuse by parents or other family members, possibly resulting in child abuse or neglect;
- participation in the production, processing and trafficking of drugs;
- addiction during childhood/ adolescence and the psychological and physiological trauma resulting from drug abuse.

The younger a person is introduced to drugs, the more difficult it is to treat and rehabilitate that person without the risk of relapse. Reversing the trend of early use is one of the priorities faced by the region.

The spread of drug and substance abuse among children and youth

Statistics greatly understate the problem of drug abuse in the region; since most legal systems do not require addicts to register officially for medical assistance, many of the substances abused are not controlled and information on abuse is scarce. Nevertheless, the number of youth and children using drugs is growing, particularly in urban areas. Abuse of drugs is becoming more common at very young ages, and many substances, such as solvents and medicines, are available commercially.

In Russia, where currently two thirds of drug users are under age 30,⁷⁶ officials are concerned that the number of regular drug users will double by the year 2000. In Ukraine, an estimated 17,000-20,000 minors were drug addicts in 1995.⁷⁷ In Belarus, home-made drugs have become popular, with devastating results, as poisonings, addiction and deaths are becoming more common.

A rapid assessment survey of drug abuse in the Czech Republic in 1996 found that drug abuse in secondary schools is gradually becoming 'normal', just as drinking alcohol was a few years ago. Among the students, 14 per cent were regular users and 37 per cent reported having tried drugs at least once. Other countries show similar trends: 12 per cent were regular users and 23 per cent had tried drugs at least once in Hungary; 23 per cent had used drugs in Poland; 11 per cent had used drugs during the last month in Bratislava; and 7 per cent claimed life-time drug use in St. Petersburg.

The second annual survey of the Czech Republic Public Health Services registered 1,258 addicts under regular treatment and another 1,000 who visit treatment centres on an irregular basis. Based on these figures, the Service estimated the number of drug-dependent people to be approximately 200,000, with 37 per cent of new problem users aged 15-19.⁷⁸ Similarly, in Bratislava, about half of 1994 registered drug addicts were under age 20. In Hungary, out of a total of 2,806 registered drug abusers, 0.5 per cent are below age 15, and 11 per cent are between ages 15 and 19.⁷⁹ According to a survey carried out in Belarus, 30 per cent of abusers of opiate-type drugs and about 7 per cent of volatile solvents abusers are below 24 years of age.⁸⁰ Russian specialists estimate that approximately five million young Russians have tried drugs at least once, and that approximately 500,000 are regular users.⁸¹ In Ukraine, of registered drug abusers (nearly 40,000 in 1994, with the actual total estimated at 500,000), 90 per cent are below age 30. A 40 per cent increase is reported in the share of adolescent abusers.⁸²

In Poland, a reported 17,400 youths used drugs in 1994, up from 16,600 in 1993, and the number of chronic addicts increased to 11,000 from 10,700 over the same period. According to police estimates, 66 per cent are working-class children, and 28 per cent are children of white-collar workers. Among secondary school children, 10 to 17 per cent of children in technical, vocational and grammar schools have said they used drugs.⁸³

Lowering age of first contact with drugs

The lowering age of drug use reported throughout the region considerably magnifies the risk of addiction and marginalization. The average age of first contact with drugs in the Czech Republic is now between 13 and 16 years of age.⁸⁴ A study carried out in Sofia and three other Bulgarian cities shows that in comparison with the mid-1970s, when the starting age for drug use was 18.5 years, the average starting age is now 14-16 years for heroin, 12-14 years for pharmaceuticals/benzodiazepines, and 12 years and even less for volatile substances.⁸⁵ In St. Petersburg, only a few cases of drug use among 13-year-olds were reported in 1987; now it is a common starting age,⁸⁶ and an estimated 25 per cent of users were introduced to drugs before the age of 16.⁸⁷ In Slovenia, an epidemiological survey carried out in Ljubljana in 1994 showed that 15 per cent of intravenous drug users were under 14 years old, and 72 per cent of all illicit drug users (mainly marijuana) were between 15 and 19 years old.⁸⁸

Drugs of choice: from volatile solvents to cannabis and heroin

Apart from using alcohol and tobacco, most of the young abusers in Eastern Europe use volatile solvents, marijuana, amphetamines and heroin. Cocaine and crack are either too expensive or not readily available. Glue and solvents represent

the most commonly used drugs by street youth and children of minorities, while cannabis and amphetamines are abused more by students.

Though the abuse of volatile solvents remains widespread and the age of first use continues to drop, the overall importance of volatile solvents among young people is falling in most countries. In Hungary, from the late 1960s, inhalants were the most commonly abused substances among youth. Volatile substances were (and still are) easily accessible, although several products have been withdrawn from the market because of either overdoses or sudden death among adolescents.

In Poland, the proportion of poppy extract users is declining (from 80 per cent in 1993 to an estimated below 50 per cent by the end of 1994), and amphetamine and cannabis use is growing rapidly (30 per cent of users).⁸⁹ A survey carried out on a representative sample of secondary school students aged 15-16 shows that in Bratislava there is 23.9 per cent life prevalence for cannabis, 7.8 per cent for inhalants, 6.4 for tranquilizers, 3.9 for heroin, 2.2 for LSD and hallucinogens, 2.1 for cocaine, 1.6 for amphetamines, and 1.0 for ecstasy. Yearly and last 30-day prevalence are also high for cannabis, 18.1 and 11.3 per cent respectively, as compared to 2.7 and 2 per cent for inhalants.⁹⁰

One of Poland's drug addiction problems stems from an addictive, contaminated and toxic poppy straw extract called 'Kompot', which is frequently mixed with barbiturates or benzodiazepines.⁹¹ This form of addiction takes a rapid toll on the user's health, but despite ongoing prevention efforts to educate the public about the link between opiates and deteriorating health and AIDS, drug abuse appears to be escalating quickly, especially among Poland's teenage population.

Drugs come to, and through, CEE countries

Eastern and Central Europe, parts of which have traditionally cultivated narcotics, has now become a major transit area for drugs between East and West. Opium has become a major source of income for the Central Asian Republics, and Russia is now a major centre for trafficking in drugs according to Russian security and intelligence services.⁹² Throughout the region, seizures of heroin rose more than six-fold between 1989-93, increasing its share of all heroin seized in Europe to 18 per cent.⁹³

The transition to the free market and the subsequent access to the global economy, in addition to the breakdown of social control mechanisms, have provided new incentives and opportunities for organized crime and illegal trafficking of drugs. Slovenia, Hungary, the Czech Republic, Slovakia and Poland are transit countries and storage areas for heroin shipments on the northbound Balkan route to Europe, which is reported to be operated by numerous organized crime groups, a majority with links to Russia. Frequently, drug traffickers traveling from Asian airports stop over at airports in Moscow, Warsaw, Prague, Budapest, Sofia or Bucharest, taking advantage of the increasing passenger traffic and the still developing law-enforcement measures at these airports.

Cultivation of poppy for individual consumption is traditional in parts of the region; Hungary, for example, has reported an increase in poppy-seed cultivation in recent years. Bans are generally poorly enforced, although some countries have reported eradication. Chemical drugs are also being produced in the region. The quality of Polish amphetamines is reportedly considered the highest in Europe, with purity levels ranging from 97 to nearly 100 per cent.⁹⁴ Two locally produced 'designer' drugs for intravenous use are made in the Czech Republic.

8. RISKS AT SCHOOL FOR CHILDREN AND YOUTH

After the family, school exerts the most important influence on child development. Indeed, schools are an important channel through which public policies can influence child development in the countries in transition. Apart from their basic role — cognitive development — schools have important social, custodial, child protection, health and nutrition functions. A well-operating educational system can efficiently mitigate risks stemming from poverty, migration, poor health and dysfunctional families, and act as a powerful equalizer among children of different backgrounds. As the role of education in meeting the needs of a changing labour market is increasingly recognized, educational reforms have concentrated chiefly on the cognitive or curricular aspects, especially in tertiary-level, or higher/secondary education. While reforms in these areas are legitimate, the focus on other important functions of the educational system has often been lost, therefore creating potential risk factors for children in the region.

A. Access to education has become more difficult for many children

i. Losses in early child development programmes across the region

Proper early child development is important for later educational achievements and, ultimately, for adult behaviour. Experts tend to agree that, while parental care may be preferable to nurseries for very young children, pre-primary education is essential for 3-5-year-olds as it enhances social and cognitive development. Educational programmes in most of the region were based on the premise that children should enter primary school with the basic cognitive and social skills learned in pre-school. Thus, pre-transition kindergarten enrolment rates in CEE countries were generally high, ranging from 40 per cent in Georgia to more than 90 per cent in the former Czechoslovakia (see Table G.10 in the Annex).

The overall declines in kindergarten enrolment at the outset of the transition thus represent serious and

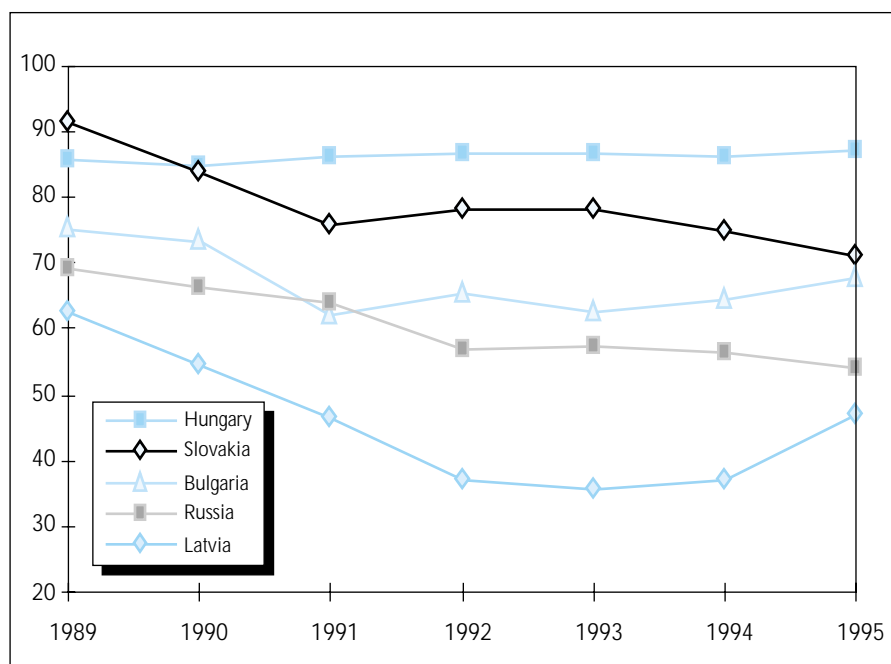


Figure II.23 - Pre-primary enrolment trends in selected CEE countries, 1989-1995 (rates per 100 children aged 3-5 years)

long-lasting risks for several cohorts of children. The most severe declines have occurred in the FSU and South-Eastern Europe, although, apart from Hungary and Slovenia, enrolments declined in Central Europe as well. Despite relatively higher pre-school enrolment rates for 5-year-olds, educational problems in primary education have been reported due to the lack of proper preparation at the pre-primary level.⁹⁵ Over 1993-96, as the 'transition generation' — i.e. child cohorts born after 1990, whose number is between 5-40 per cent lower than the number of children born in previous years — gradually reached kindergarten age, pre-primary enrolment rates improved. But rates mostly remained below pre-transition levels, and in many countries they continued to decline, partly due to the impact of fees, to quality problems or to low public awareness of the importance of pre-primary education (see Figure II.23).

ii. Erosions in the state provision of basic education

Compulsory and free basic education, an important achievement of the socialist system, has clearly been compromised by many changes since 1989. The length of compulsory schooling has been reduced in several countries. In the Czech Republic and Slovakia, for example, compulsory education was cut from ten to nine years; in Ukraine and Russia budget constraints forced the governments to make the 10th and 11th years optional. The shortage of schools is an acute problem in countries involved in war, and some schools have been converted into emergency shelters for refugees and/or internally displaced persons. In addition, shortages in electricity and coal have led to cuts in the supply of lighting and heat-

ing in schools. In Armenia and Georgia, for example, schools have been closed for weeks and even months every winter since 1991, and in Armenia the elementary school year has been shortened from 210 to 180 days.⁹⁶

Enrolment rates in primary schools eroded after 1990 in Central Europe, most notably in Poland. But rates dropped even more visibly in all South-Eastern European and FSU countries. Since 1993, enrolment rates have recovered in Romania (see Annex Table G.11) and fluctuated in Bulgaria. There is little sign of improvement in the Baltic countries or in the western CIS, although changes in methodologies and imprecise statistics on child cohorts (inaccuracies intro-

duced, for example, by migration) blur the enrolment picture. However, it can be estimated that in Russia alone approximately 5 per cent — about 100,000 children on average — in each grade of the school system are not attending. Moreover, there are indications that school attendance trends fare worse than enrolment: in many countries, such as Lithuania and Poland, the rising cost of transportation, previously free, jeopardizes school attendance in rural areas.

The meaning of 'basic free education' has undergone significant changes. Across the region, services that were once free or provided for minimal fees are now offered at market prices. In light of budget constraints, schools are increasingly encouraged to raise their own funds and introduce fees for 'extra' services. Local foundations linked to individual schools in Poland and Hungary, for example, run commercial businesses and transfer their profits to the schools. Fees have been introduced, both at primary and secondary level, for extra-curricular activities, elective courses, tutoring and participation in hobby clubs. As a consequence, children from poorer households increasingly face problems of access to extra-curricular activities, remedial courses for students in need and foreign language courses (see Table II.13).

The availability of textbooks and school supplies has become an acute problem, and even in the more well-off countries scholastic materials have become too expensive for poor families. In Slovenia in 1993, two years after primary school textbooks were no longer provided free of charge, the Government had to reinstate free distribution according to the criteria used for social assistance (i.e. in the form of occasional aid-in-kind); since then, take-up has steadily increased.⁹⁷ The collapse of wages and high inflation in Albania,

Table II.13 - Participation in extra-curricular activities in primary and secondary schools in Poland, 1991-94
(absolute numbers; index: 1990-91=100)

	Children and young people participating in:					
	special interest clubs	technical clubs	artistic clubs	other clubs	sports clubs	tourist clubs
1990-91 ^a	840,059	124,916	558,798	298,720	859,529	215,887
1992-93	290,079	66,371	249,336	165,215	423,330	78,148
1993-94	220,261	65,857	214,018	128,083	410,250	72,127
	Index of changes from 1990-91 scholastic year					
1992-93	34.5	53.1	44.6	55.3	49.2	36.7
1993-94	26.2	52.7	38.3	42.9	47.7	33.4

Source: Golinowska et al., forthcoming.
Note: a. Excluding post-graduate schools.

unemployment trends in Ukraine, for instance, show that educated 'white-collar' workers still comprise a large part of registered unemployment.¹⁰⁰ Wages several times greater than those of a skilled worker, engineer, nurse or doctor can easily be earned by a teenager successfully working in the grey economy.¹⁰¹ Such a situation may erode parental authority and discourage young generations from finishing compulsory schooling and continuing their education.

Moldova and the Caucasian countries have rendered such items as pencils, pens and notebooks difficult to purchase. The price of a basket of goods for school at the beginning of 1996 in Azerbaijan equalled \$45-55, while the average monthly wage was only \$13.⁹⁸

iii. Falling secondary enrolment rates in the FSU and high youth unemployment in Central and South-Eastern Europe indicate education policy failures

By 1995, secondary school enrolment was uniformly above pre-transition levels in Central Europe, and uniformly lower in all other regions (see Table G.12 in the Annex). These rates also include technical schools and non-compulsory forms of secondary education and therefore vary widely throughout the region. The higher secondary enrolment rates in Central Europe reflect more successful educational reforms on the one hand, and a clear shift in demand for skilled labour on the other. However, the fact that youth unemployment grew quickly in Poland, Slovakia and Hungary shows that current educational reforms may still not be reacting fully to the emerging need for new skills in the labour market. Poland, despite economic recovery, still has very high rates of youth unemployment (see Figure II.24). Not only has finding a first job become more difficult, but holding on to it in the face of job cuts has become tougher as well, with youths often the first to be sent home.⁹⁹ In 1995, almost half of all youths aged 18-19 years and 29 per cent of those aged 20-24 years were unemployed, compared with 13 per cent among the total population. Vocational education preparing adolescents for narrowly specialized industrial jobs has especially lost most of its value.

In most countries of the FSU, on the other hand, where general unemployment levels are still rising, adolescents, especially males, often fail to complete secondary or to continue on in higher education. Higher levels of education do not always bring positive returns in the labour market: official statistics on

B. The custodial and child protection functions of the education system have weakened

i. The child protection function of the pre-school system is at risk

The barriers to kindergarten access faced by poorer segments of the population may pose further risks for children. Meals provided at pre-schools play an important role in the maintenance of minimum standards of nutrition. In addition, in some countries immunization programmes, health monitoring and the provision of basic medical services were undertaken through the pre-primary system.

Many parents withdrew their children from nurseries, often for health reasons, in the early 1990s, and closures of primarily enterprise-run facilities accelerated the fall in enrolment rates across the region. However, there are signs that as employment-based maternity and parental leaves became more limited and growing poverty compelled parents to turn to other earning activities, the demand for nurseries started to pick up beginning in 1993. The current network of public nurseries is weak, however, and lacks the necessary resources for improving the quality of care. Although child care for 0-2-year-olds may not be the ideal alternative, it may fulfil an important child protection function, especially for single parents or dual-earner households.

ii. Erosions in nutrition, health and recreational programmes at schools

Meals provided at school can help to mitigate the health risks of poor nutrition. A 1995 survey by the Mother and Child Institute in Poland found that 11 per cent of boys and 19 per cent of girls came to school without having breakfast at home, but 76 per cent of children had some meals at school. Ironically, the availability of subsidized school meals declined during the most difficult years of the transition in those very

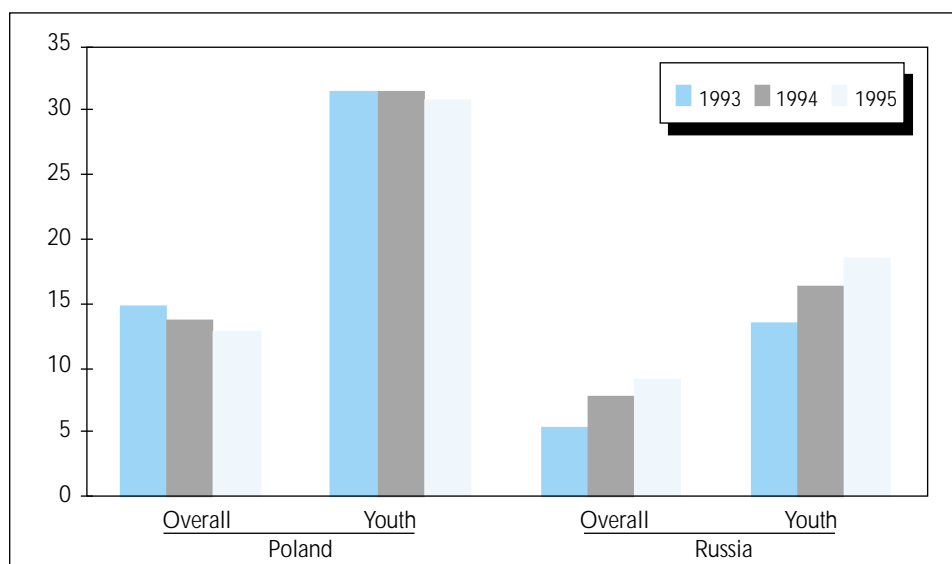


Figure II.24 - Youth and overall unemployment rates in Poland and Russia, 1993-95.

Source: OECD, 1996

Note: Data are for the fourth quarter in all years.

Persons below the age of 25 have more than twice as much probability of being unemployed as those above that age even in countries with very different overall unemployment levels and trends.

countries where they were most crucial for maintaining adequate child-nutrition levels (see Table II.14). In Bulgaria, for instance, the number of meals served in schools fell by 60 per cent between 1989 and 1994. In Moldova, less than half of the children receive hot meals at school because of rising costs. In more well-off Slovenia, on the other hand, a programme providing free meals to children from low-income families increased coverage of pupils to 14 per cent from 9 per cent over 1993-95.

Table II.14 - Number of children receiving hot meals at primary schools
(index: 1989=100, unless otherwise noted)

	1989	1990	1991	1992	1993	1994	1995
Azerbaijan	100	95	95	—	34	—	—
Belarus	100	98	97	60	100	104	—
Bulgaria	100	101	72	67	54	40	—
Czech Rep.	100	112	100	88	96	98	—
Hungary	100	95	89	92	88	88	83
Moldova	—	—	100	89	81	76	—
Slovenia	—	100	97	75	82	85	91

Recreational and leisure activities, once organized by teachers or communist youth organizations, have mostly disappeared, and there is now a lack of centres or clubs where children and youth can engage in activities. In Poland, declining access to facilities, the imposition of fees and a growing disinterest among young people have resulted in a substantial decrease of students participating in sports and similar activities. Between 1988-94 the share of participants decreased by 30 per cent, although about 70 per cent of children were diagnosed as needing more physical exercise.¹⁰² The private sector is increasingly involved in organizing recreation and after-school activities that were once the responsibility of education ministries. In Poland, Hungary, the Czech Republic, Slovenia and Slovakia, among others, many private enti-

ties supply a broad spectrum of recreational activities, ranging from sporting facilities to summer camps, from 'skill' camps for youth to travel and study-abroad programmes. However, these services tend to be market-oriented and cater only for higher income families.

iii. Child labour and school attendance

More children are working to supplement family income. Children often work in family shops and farming plots, while others sell goods in the streets. Working children who still attend school have less time for studying and socialization, which increases the risk of truancy and dropping out. Other children often quit school, as the lure of lucrative incomes from the grey market is stronger than the promise of a good education.

Labour experts in Bulgaria estimate that about 10,000 children aged 16-18 are regularly employed, which amounts to about one third of the children in that age group not attending school.¹⁰³ In Ukraine, almost 13 per cent of 15-16-year-olds in 1995 declared they earned money.¹⁰⁴ Teenagers are frequently working in Russia, where in Moscow alone an estimated 15,000 teens are engaged in business.¹⁰⁵ In rural areas, children and adolescents often work on family farms. In Poland, private farms employed 87 per cent of the juvenile work force in 1995, and in most cases this involved young people working on their family's farm. Also in Poland, a juvenile black market appeared in 1990 offering jobs to youths under age 15.¹⁰⁶ In Ukraine, 30 per cent of teenagers were registered as helping parents who were working the land in 1995.¹⁰⁷ In urban areas, working teenagers are mostly employed in the informal sector. Reports from Georgia, Armenia, Ukraine and Bulgaria show that children are working in petrol stations, cleaning cars, active in street trade, and selling newspapers or produce grown on family plots.

C. Social risks for children within and outside of schools

i. Plurality in education may also create tensions and add to inequalities

There is a growing danger that educational reforms will add to rather than lessen social divisions and inequalities. Education can serve to spread cultural and social values that allow the population to understand and enjoy more fully their rights and obligations. Moreover, it can promote values of peaceful co-existence, mutual respect and social integration. However, excessive individualism, elitism, unequal participation and ethnic tension can also now enter more easily into the classroom. Reports have pointed to the slow democratization of education systems in some countries and their failure to bring policies on ethnic, religious and sexual minorities up to European standards. These reports are also critical of the treatment of ethnic minorities in schools and curbs on mother-tongue education.¹⁰⁸

Changes have allowed greater freedom of choice in adopting teaching methods, textbooks, teaching aids and alternative teaching approaches. However, the void created by the collapse of ideological control has led in some cases to teachers propagating extremist views. Moreover, the fact that not everybody has the same opportunity to enjoy the new freedoms creates tensions, especially as price liberalization has raised the cost of education in several cases beyond the reach of poorer families. In the Russian Federation, for example, the publication of new children's magazines and textbooks has expanded rapidly. In 1990, 597 different textbooks and 48 children's magazines were published; in 1993 these had risen to, respectively, 807 and 70. Nevertheless, the actual print runs of such publications have plummeted over the same period. For textbooks, they fell by 22 per cent (from 182 to 143 million), and for magazines by 82 per cent (from 22 to 4 million). Therefore, more diversified information may now be available, but fewer children have access to it.¹⁰⁹

In Poland, tax relief for families with children in non-public schools — where fees equal about half of the average wage — has led to much heated debate about whether the State should subsidize relatively well-off families.¹¹⁰ In Bulgaria, where very few families can afford such fees, private schools have not been legally approved.¹¹¹

ii. Non-enrolment and truancy

Truancy is an early sign of socialization difficulties. Free of the school's controlling influence, with less access to recreational and after-school activities, and with their parents spending less time at home, children not attending or enrolled in school are much more prone to deviant or anti-social behaviour. The rise in juvenile criminality in all countries of the region bears a strong

relation with the phenomenon of truancy and enrolment drops. While sharp increases in juvenile delinquency have also been registered in countries where secondary school enrolment has improved, there is a link between non-attendance and juvenile delinquency.

Governments have undertaken several initiatives to overcome the problem of truancy. Many countries (e.g. Poland, Bulgaria, Czech Republic) have adopted laws and regulations to set the legal working age of children at 14 or 16 years and establish fines for parents whose children do not attend school. Such measures are ineffective, however, due to a lack of adequate controls or protracted and difficult terms for paying fines. In Lithuania, for example, parents in families receiving social assistance are exempted from paying these fines.¹¹² In addition, preventive measures, school monitoring and social-educational assistance for at-risk adolescents are decreasing.

In Hungary, each school once had an officer in charge of 'child protection and development'. Troubled and disruptive pupils attend normal classes or are sent to counselling services; but there is only one such service in each district of Budapest, and one in each county throughout the rest of the country.¹¹³ In the Czech Republic, the so-called 'counselling boards' also deal with pre-school children, primary school pupils (87 per cent of students there are under 16 years old) and children with disabilities. As a result, responses to the specific problems of 15-18-year-olds, which are much more demanding and require specific professionals, do not correspond with the needs.¹¹⁴ In Armenia, it has been reported that the Internal Affairs authorities, who are in charge of preventing juvenile criminality among teenagers, are unable to perform their responsibilities.

9. CRIME AND YOUTH

Crime rates in the CEE region were historically low, as strict controls over the movement and activities of the population greatly inhibited criminal behaviour. The lifting of social and political repression, along with disintegrating public order and the deteriorating economic situation, has led to a rapid increase in criminal activity. The growth in juvenile crime is related to the same factors, as well as to the institutional structure of the juvenile justice system, inadequate social support for adolescents at the important juncture between school and work, and family dysfunction. Risks have been heightened by sharply diminished opportunities for continuing education or entering into the labour market, especially for adolescents released from residential, correctional or penal institutions.

A. Juvenile delinquency grows more pervasive

Across the region, reported juvenile crime rates are generally above pre-transition levels. Increases were more

limited in Central Europe and the Caucasian countries, while the most dramatic growth occurred in the western CIS and the Baltic countries, where the rates have only now begun to stabilize. Rates of juvenile adjudication, or sentencing, increased between 1989 and 1995 in every country except Poland and Slovenia (see Annex Table G16). Rates of juvenile incarceration have generally fallen in Central European countries, while rising slightly in most FSU countries.

However, official data greatly underestimate the actual extent of juvenile crime. Only a small proportion of crimes are actually reported, and still far fewer offenders are charged. Sentencing rates depend greatly on the policies and efficiency of the juvenile justice system. Generally, approaches to measuring crime and juvenile delinquency that allow for greater accuracy, such as victim surveys and self-report studies, are not widely implemented. Moreover, comparative data on juvenile delinquency should be interpreted cautiously due to differences in the legal systems (e.g. age of criminal responsibility, data collection and other practices).

i. Diverging patterns in juvenile crime and sentencing rates

Across the region, the ratio between the number of juvenile sentences and the number of crimes, which serves as a rough indicator of developments in the juvenile justice system, has diverged. A high sentence-to-crime ratio suggests that most suspects of reported crimes are punished. However, it may also signal that the level of criminal activity is massively under-reported. Central European countries tend to have the lowest ratios, followed by the Baltic countries and western CIS, where the highest ratios are found.

In Russia, the steep increase in the number of monitored juveniles at a time when crime rates are declining suggest that many youths are not officially charged with crimes. Alternatively, a low or sharply decreasing ratio, as in the case of Bulgaria and Central European countries, suggests that police may be registering most crimes, but sentencing procedures are not carried through (see Figure II.25). For example, in Bulgaria,

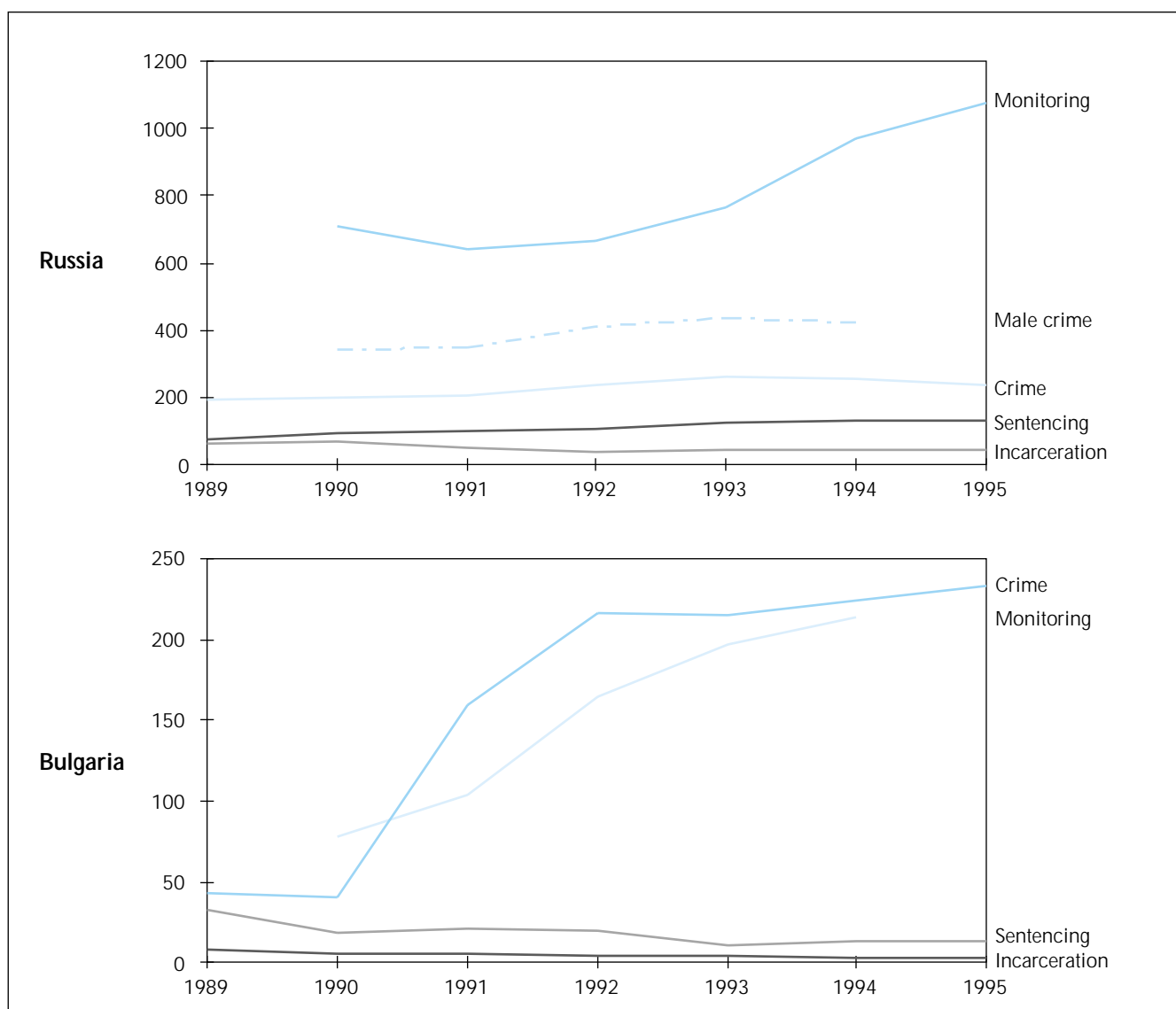


Figure II.25 - Patterns of juvenile monitoring, crime and justice in Russia and Bulgaria, 1989-95 (rates per 10,000 14-17-year-olds)

the sentencing rate was only 8 per cent of the crime rate in 1995. At the same time, the number of youths monitored in 'Child Pedagogical Homes' for criminal behaviour has increased along with the general crime rate.¹¹⁵ In the Czech Republic and Poland, sentencing rates have remained relatively flat, but the share of suspended sentences has grown. The number of children taken into custody but not sentenced has continued to rise in the Czech Republic,¹¹⁶ and the share of children returned to their homes has increased in Poland.¹¹⁷ In Slovakia, courts rely on suspended sentences as the primary juvenile sentencing option. In this case, there exists neither an effective system of alternative punishments (other than prison), or a system of individualized assistance to prevent relapse.¹¹⁸

The greater share of juvenile offenders (90 per cent or more) are males, to whom increases in total juvenile crime rates can be almost entirely attributed. This is even more true among juveniles sentenced and incarcerated. This suggests that rates calculated on the basis of the total adolescent population will often understate rates specific to males (as in the Russian example in Figure II.25) and conceal changes by gender. While female crime rates are still quite low, there have been slight increases in the number of female offenders and convictions in most countries.

ii. Violent crime increasing

Although the great proportion of reported crimes committed by juveniles were crimes against property (e.g. thefts and burglary), violent crimes are on the rise across the region. Differences in national definitions generally do not allow cross-national comparisons, but the homicide rate, which is least subject to methodological variation, can act as a proxy for violent crime. Juvenile homicide rates show wide differences across the region, with alarming growth in Russia, Latvia and Lithuania, especially in the last two years (see Table II.15). Juvenile homicide rates are up to eight times higher in Russia and the Baltic countries than in Central Europe. By comparison, the overall homicide rates

Table II.15 - Juvenile homicide rates in Central and Eastern Europe, 1989-95
(rates per 100,000 males aged 14-17 years)

	1989	1990	1991	1992	1993	1994	1995
Czech Republic	2.8	3.8	4.0	4.6	3.9	6.0	—
Slovakia	3.3	3.2	3.1	4.3	4.3	4.1	3.7
Poland	0.5	0.2	0.6	0.9	1.1	1.7	—
Slovenia	5.0	4.9	1.6	4.9	3.2	5.2	4.8
Bulgaria ^a	16.8	16.4	14.8	17.9	20.0	—	—
Romania ^b	7.3	4.8	6.2	6.8	7.0	8.4	—
Latvia	13.6	5.6	14.2	13.0	8.8	22.2	20.7
Lithuania	5.4	1.9	6.5	10.4	13.3	20.8	28.1
Moldova	11.2	11.4	7.3	10.6	6.0	7.4	7.3
Russia	10.1	11.3	11.9	14.1	23.3	29.9	27.4
Azerbaijan	2.6	2.6	5.2	6.7	6.9	8.7	7.1

Notes: As homicides are almost exclusively committed by males, these rates are based on males aged 14-17 years. a. Data refer to 15-19-year-olds. In 1994 the homicide rate per 100,000 14-17-year-olds was 13.7; b. Data refer to 14-18-year-olds.

per 100,000 males 14-64 years of age are also considerably higher: 7.1 in Slovakia, 34.6 in Latvia, and 64.5 in Russia. The increased involvement of juveniles in organized or gang criminal activity is an important factor underlying high homicide rates.

B. Juvenile delinquency and risk factors

The growth in juvenile crime can be associated with a number of risk factors at the family (poverty, divorce, and parental dysfunction) and personal levels (increasing truancy, alcohol consumption, drug use, etc.) that have heightened during the transition. Western research has shown that an increasing number of risk factors in adolescence is related to a higher incidence of criminality in late adolescence and adulthood (see Box II.3).

i. Monitoring data signal a crisis in the FSU

In several FSU countries there has been a marked divergence between monitoring data and reported crimes. Monitoring, or register data, are collected by internal affairs authorities and include juvenile offenders, those who engage in acts for which adults can be tried in a criminal court, and status offenders or those who violate the juvenile court code rather than the criminal code (e.g. truancy, running away from home, alcohol abuse, petty crime). But even adolescents who are on the register for non-criminal reasons (alcohol abuse, truancy) have a greater risk of becoming involved in criminal activity. In Russia, sharply rising inspectorate registers signal a crisis not reflected by crime or sentencing rates (see Table II.16).

Table II.16 - Minors registered by Internal Affairs Organs (OVD) in Russia by reason
(absolute numbers)

	1990	1991	1992	1993	1994	1995
Total	585,752	534,184	560,022	656,303	837,710	940,699
Misdemeanours	245,342	219,040	278,246	320,906	392,364	446,265
Alcohol abuse	122,630	106,219	118,760	162,174	236,378	269,086
Too young to sentence	54,635	53,477	66,556	73,946	82,543	88,891
Drug abuse	9,127	7,643	3,402	4,133	5,573	10,813
Other	154,018	147,805	93,058	95,144	120,852	125,644

Sources: MONEE Database, UNICEF ICDC; Russian Children's Fund, 1995; 1996.

The biggest proportional increase in the register data took place between 1992-95, over the same period that juvenile crime and sentencing rates showed signs of stabilization. The number of juveniles committing misdemeanours doubled, and juveniles who committed criminal acts but could not be convicted because of their age rose by a third. The growing problem of adolescents on the register for alcohol abuse is worrying in its own right, but it may also heighten risks for delinquent behaviour. The number of crimes committed while under the influence of alcohol grew by 121 per cent between 1989-95. At the same time, there are

signs that in some countries the cooperation among youth monitoring authorities, families and the police has weakened, leading to greater risks of recidivism.

ii. Lack of employment and educational opportunities increases the risks of delinquency

While crime rates have grown across the 14-17 age group, the majority of juvenile offenders are 16-17-year-olds. This age, when adolescents are finishing compulsory education, represents an important juncture in a young person's life. There are signs that adolescents facing growing obstacles in employment or continuing education are turning to criminal activity. The absolute number and share of crimes committed by juveniles who are unemployed and out of school have been growing in absolute terms across the region (see Table II.17). The share among total crimes has also grown, suggesting that in Slovenia, Latvia and Azerbaijan idleness represents one of the most important risk factors in reported juvenile criminal behaviour.

	Absolute numbers			Share of total registered juvenile crime (%)	
	1989	1995	Index, 1989=100	1989	1995
Slovenia	2,507	3,948	157	63.7	88.2
Bulgaria	673	2,895	430	29.6	25.7
Latvia	401	1,706	425	15.1	65.8
Lithuania	213	1,449	680	8.7	31.8
Russia	20,500	56,200	274	19.6	27.0
Ukraine	4,518 ^a	9,252 ^b	205	15.7	22.8
Azerbaijan	89	520	584	17.7	56.2

Notes: a. 1990; b. 1994.

Adolescents without parental care or released from residential, correctional or penal institutions face the greatest obstacles because of sharply limited employment or education opportunities that must be approved by mediating authorities. In Russia, the number of children without parental care (orphans and social orphans) increased by 37 per cent from 1989 to 1992 and then by 68 per cent from 1992 to 1995. In Moldova, the closure of numerous residential care institutions has left many adolescents with few prospects. Especially with those released from incarceration, there is a greater risk of recidivism. The absolute number of repeat offenders went

up in FSU countries, and in some countries recidivism grew at a faster pace than the total crime rate. In Latvia, one in four juvenile crimes involved a repeat offender.¹¹⁹ In Estonia, the rate of repeat offenders rose to 45 per cent in 1993.¹²⁰ In Russia, the number of adolescents on the OVD register who were not working or in school jumped by one third from 1992 to 1994, increasing their share to 23 per cent of all those on the register.

Family dysfunction is becoming more prevalent as well. It has been shown that juvenile offenders are more likely to come from single-parent families. In Russia, 50 per cent of juvenile offenders grew up in an incomplete family.¹²¹ In Ukraine, one third of juvenile delinquents were from single-parent families, usually headed by a mother.¹²²

C. Children as victims of crime

Not only has the risk of juvenile delinquency risen, but the risk of children becoming the victims of crime has grown as well. Although data on crimes against children are not collected uniformly across the region and registered cases obviously represent only the tip of the iceberg, steady increases have been recorded in several countries (see Table II.18).

	1990	1991	1992	1993	1994	1995
Czech Republic	—	3,503	3,973	4,428	4,857	5,573
- resulting in death of child	—	59	48	59	54	57
Bulgaria	1,426	2,277	2,643	2,497	2,335	2,040
- resulting in death of child	40	24	35	37	27	29
Lithuania	—	—	—	—	82	111
- resulting in death of child	—	—	—	—	18	20

There is also evidence that criminal activity is increasing among juveniles at the instigation of adults. In Russia, the number of adults charged with involving children in criminal activity (without risk of sentencing because of their age) tripled between 1989 and 1994 to almost 21,000 cases. Higher rates of juvenile homicide and violent crime may be related to the growth of organized crime and criminal gangs. One of the more worrying trends has been the sexual exploitation of children (see Box II.14).

BOX II.14 - COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN GAINS A Foothold IN THE REGION

Many CEE countries have the 'prerequisites' that can encourage the spread of child pornography and prostitution: growing poverty and incidence of at-risk children, weak or poorly enforced laws, proximity to rich countries and open borders, and an increasing number of 'entrepreneurs' willing to work in high-risk, high-return illicit activities. The region, in fact, is increasingly portrayed by pornographic magazines as a sex paradise where customers can easily 'obtain' children.

There are only very rough estimates of the numbers of children involved in commercial sexual exploitation, but they point to disturbing trends. In Lithuania, 20 to 50 per cent of prostitutes are believed to be minors; children as young as 11 or 12 years old are known to work as hotel prostitutes, and children from children's homes, some 10 to 12 years old, have been used to make pornographic movies. In Estonia it is estimated that minors account for 20 to 30 per cent of all prostitutes.¹²³ In Riga the share of known young prostitutes grew rapidly between 1993 and 1995 (Table II.19). A sampling of prostitutes in 1995 in Riga showed that a third of them (the largest share) became prostitutes because they could not find another job, 29 per cent had engaged in sexual intercourse for the first time between the ages of 12 and 16, 71 per cent had been prostitutes for less than a year, and 38 per cent of them entered prostitution through advertisements in the press.¹²⁴

Table II.19 - The lowering age of prostitutes in Riga
(prostitutes under surveillance by local authorities)

	1993	1994	1995 (Jan.-June)
Total number	329	595	268
- of whom minors	20	52	65
Share of minors	6%	8%	24%

In Romania, where there is a large number of children in institutions, European paedophiles claiming to work for charitable organizations have befriended and sexually abused boys. In one case, the crime resulted in 10- and 13-year prison sentences handed down in England. In Romania, as well as in Bulgaria, an estimated 2,000 children live on the streets and are particularly vulnerable.¹²⁵ In Russia, 450 infringements were cited in 1994 against adults for the manufacture of pornography depicting minors, a more than seven-fold increase over 1991. In another investigation, police uncovered a guide book for foreigners

explaining where to secure the sexual services of children.¹²⁶

In Budapest, police estimate that there are 200 to 500 girl prostitutes, with many more working the roads and highways throughout the country, and in Poland a social work organization estimates that half of the many thousands of prostitutes working along the German-Polish border are under age 18.¹²⁷ Police in Szczecin, Poland, have reported 10-20 cases in recent years of young boys being sexually molested in apartments, sometimes for several months, by men traveling across the border. In one known case, an 11-year-old boy was abducted and taken to Berlin.¹²⁸

The opening of borders has also led to a huge increase since 1992 in the number of prostitutes from CEE countries working in Western Europe, and of prostitutes from poorer CEE countries working in richer ones.¹²⁹ Since they can reach Western Europe easily and are difficult to detect, prostitutes from CEE countries have taken over a large share of a market once made up primarily of Asian, African and Latin American women. Typically, prostitutes from Central and Eastern Europe are younger than those from developing countries, and many are deceived into believing they will find legitimate work.¹³⁰ Increasingly, East European criminal organizations operate trafficking rings that 'recruit' women for prostitution in the West. Romanian boys appear to predominate among the sex-trafficking of males in Europe. An estimated 1,000 boys are believed to be operating in Berlin alone, and many others are thought to be in Budapest and other large cities in the region.¹³¹

The extreme effects of poverty, hunger and abandonment appear to be driving some children into forms of prostitution, although some adolescents may consider it a 'valid' means for obtaining luxury items now found in shops. In most cases, it appears that children are 'low-cost' alternatives for men who cannot afford an adult prostitute. Some children, especially young ones living or spending most of their time on the streets, exchange sexual favours for a little food, chewing gum or a small sum of money. However, it has been reported that prices for minors are increasing or higher than the price for adult women, indicating that a market for both children and teens is rapidly developing.

Inadequate legislation increases the risks to children

Most CEE countries have weak and imprecise legislation regarding the sexual abuse of children, including prostitution and pornography. In many instances, the child victims are defined as the problem, and measures focus on controlling their activities.

Legislation varies across the region. Under the socialist system no country had specific legislation against child pornography. Since the beginning of the transition, the old laws concerning pornography in general have been relaxed, and in most cases no new measures regarding the exploitation of children have been enacted. Estonia is the exception, with a new child pornography act introduced in 1995. Russia planned to introduce similar legislation in 1996.¹³²

In many instances, legislation is vague. In Lithuania there is no definite age under which a child cannot give consent to sexual relations; if no force or violence is involved, only sex with a 'sexually immature' person is illegal. The Estonian law is written in such a way that knowledge of the girl's age is required. Thus, it is legal to sexually exploit a 12-year-old if she claimed to be over age 14. While the Polish legislation largely conforms to the UN Convention on the Rights of the Child, it too requires proof that the perpetrator had knowledge that a prostitute was under 15 years of age in order to secure a sentence. In Romania and Hungary, children as young as 14 years old may consent to sex, and in Hungary to homosexual relations from age 16.¹³³

Increasingly, NGOs, such as *Salvati Copii* (Save the Children) in Romania or the Salvation Army in Russia, are instrumental in helping children by monitoring risk situations and pursuing legal cases with local authorities. However, investigators and prosecutors of sexual offenses against children often lack the knowledge and special skills required to handle the cases. In Russia, for example, police were reportedly reluctant to prosecute rape cases, mistakenly saying that sexual relations with a girl were legal provided she had already begun to menstruate. NGOs have also claimed that often children are doubly victimized. In Poland and Hungary, children can be forced to confront their perpetrators in court.¹³⁴

It is this combination of vague or non-existing legislation and poor enforcement that makes the legal risk of sexually exploiting children less acute than in Western European countries. As poverty and other factors of social hardship expand the pool of potential victims, this relatively new phenomenon in the region may spread rapidly before adequate laws are put into place and enforced.

Notes

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- 2 Cornia and Sipos, 1991.
- 3 Goldmann, 1996.
- 4 UNDP, 1992.
- 5 Regional Monitoring Report No.3, UNICEF-ICDC, 1995.
- 6 See, for example, Offord et al., 1990.
- 7 Cornia, Fajth and Paniccià, 1995.
- 8 Golinowska, 1995.
- 9 Mikhalev, 1996.
- 10 World Bank, 1995.
- 11 Libanova, 1996.
- 12 Gogishvili et al., 1996.
- 13 Magloutchians, 1996.
- 14 Papava, 1996.
- 15 Regional Monitoring Report No.3, UNICEF-ICDC, 1995.
- 16 UNICEF, 1994, I Dream of Peace.
- 17 UNHCR, 1996.
- 18 UN/ECE, 1995.
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- 20 UNDP-Yerevan, 1995.
- 21 Information from UNHCR web page (www.unhcr.ch/world/euro), Oct/Nov. 1996, except where otherwise noted.
- 22 UNHCR, 1996.
- 23 UN/ECE, 1995.
- 24 Papava, 1996.
- 25 UNHCR (www.unhcr.ch/world/euro/russia.htm), Nov. 1996.
- 26 Papava, 1996.
- 27 UNICEF-Zagreb, 1995; UNICEF-Sarajevo, 1996.
- 28 UNICEF-Belgrade, 1996.
- 29 UNICEF-Sarajevo, March Monthly Report, 1996.
- 30 UNICEF-Sarajevo, 1996.
- 31 *Ibid.*
- 32 UNICEF-Sarajevo, January Monthly Report, 1996.
- 33 UN/ECE, 1995; Reuters, 22 May 1996.
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- 38 UNDP-Chisinau, 1995.
- 39 II Manifesto, 11 April, 1996.
- 40 *Ibid.*
- 41 *Ibid.*
- 42 UNICEF-Minsk, 1995.
- 43 UNICEF and UNER, 1990.
- 44 Hertzman, 1995; UNICEF and UNER, 1990.
- 45 UNDP, 1994.
- 46 Bialic, 1990.
- 47 Griefahn.
- 48 The World Resources Institute et al., 1996.
- 49 UNICEF-Kiev, 1996.
- 50 UN/ECE, 1996.
- 51 The World Resources Institute et al., 1996.
- 52 Tafi, 1996.
- 53 Ahundov, 1996.
- 54 Remenets, 1996.
- 55 Golinowska et al, forthcoming.
- 56 UNICEF-Minsk, 1995.
- 57 Tafi, 1996.
- 58 Heleniak, 1996.
- 59 Elizarov, 1996.
- 60 United States Census Bureau, 1995.
- 61 Golinowska et al, forthcoming.
- 62 Szalai, 1992.
- 63 Vasaraudze, 1996; Zamfir, 1996.
- 64 Korniyak, 1996.
- 65 Regional Monitoring Report No.1, No. 2, UNICEF-ICDC, 1993 and 1994.
- 66 Popkin, 1996.
- 67 Goskomstat, Health in the Russian Federation, 1995.
- 68 Popkin, 1996.
- 69 Golinowska, 1996.
- 70 Novak, 1996.
- 71 Noncheva, 1996a.
- 72 Kuprianova, 1996.
- 73 Australian Institute of Family Studies, 1994.
- 74 Data provided by Goskomstat.
- 75 Tyrlik et al., 1996.
- 76 Ivanov, 1995.
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- 80 Reported in the Annual Questionnaire of 1994 to the Commission on Narcotic Drugs, UNDCP.
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- 83 Golinowska et al., 1996.
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- 94 Berterame, 1996.
- 95 Hirs, 1996.
- 96 Magloutchians, 1996.
- 97 Ruzic, 1996.
- 98 Veliev, 1996.
- 99 Golinowska et al., forthcoming.
- 100 Libanova and Paliy, 1996.
- 101 *Ibid.*
- 102 Golinowska, forthcoming.
- 103 Noncheva, 1996b.
- 104 Libanova and Paliy, 1996.
- 105 Avraamova, 1996.
- 106 Golinowska et al., forthcoming.
- 107 UNICEF-Kiev, 1996.
- 108 Reuters, 19 May, 1994.
- 109 Daly, 1995.
- 110 Golinowska et al., forthcoming; Kolaczek, 1995.
- 111 Gantcheva, 1996.
- 112 See for instance Novak, 1996, and Snikstiene, 1996.
- 113 Herczog, 1992.
- 114 Novak, 1996.
- 115 Gantcheva, 1996.
- 116 Novak, 1996.
- 117 Golinowska et al., forthcoming.
- 118 Wolekova, 1996a.
- 119 Jakobsone, Smits, Vilks, 1994.
- 120 Karus, 1994.
- 121 Russian Children's Fund, 1995.
- 122 Libanova and Paliy, 1996.
- 123 Karlen and Hagner, 1996.
- 124 Vasaraudze, 1996.
- 125 Noncheva, 1996b.
- 126 Karlen and Hagner, 1996.
- 127 *Ibid.*
- 128 *Ibid.*
- 129 IOM, 1995.
- 130 *Ibid.*
- 131 Karlen and Hagner, 1996.
- 132 *Ibid.*
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Most societies recognize that children who cannot live with their parents — whether due to abandonment, orphanhood, neglect or poverty — are a specially vulnerable group. Preventing such children from entering public care — with the risk of irretrievably losing family ties — and providing sensitive substitute care programmes are among the most challenging tasks of any society. Indeed, it has been claimed that the quality of care systems is a potent reflection of a society's humanitarianism and of its commitment to invest in a better future for a particularly vulnerable category of children.

At the collapse of the socialist regimes in Central and Eastern Europe, the number of children in institutions in many of those countries, and their appalling living conditions, caused great concern both at home and internationally. At that time, however, many believed that democratization would bring benefits and a better future to children living in the public care. It was thought that, as the old conservative structures collapsed, new, more humanitarian policies would be set in motion. But this initial euphoria faded when the huge social and economic costs of the transition began to mount, compounding problems inherited from the socialist era. It became unclear how far these countries would be able to prevent a rise in the number of children entering public care or whether they would be able to improve the conditions of children already in care.

This Chapter will chart the changes in the numbers and rates of children in different forms of public care, which is one of the most sensitive but neglected barometers of social trends. Trends in the use of public care can tell us a great deal about changing patterns of risks, parental coping strategies and levels of social cohesion in society. Chapter IV will focus on current changes in family support and child protection policies and review the prospects for the future.

1. THE INHERITED CONDITIONS OF CHILD PROTECTION

One of the most serious problems of the socialist legacy was the tremendous reliance on institutional care at the expense of social work services to help families at home. The absence of a solid preventive framework at the individual level was partly explained by the massive network of universal family support schemes provided through social insurance, free education and health, and full employment policies.¹ But it was also due to ideological reasons that placed the collective above the individual.

The 'child rescue' model was inappropriate, however; some personal risks cannot be fully addressed by universal 'macro-level' policies, and in parts of Central and Eastern Europe these risks to children were often multiplied by economic, labour or social policies. Demographic policies, for example, directly helped swell the number of unwanted children. At worst, the aggressive pro-natalist policies of the Ceausescu regime filled up the orphanages in Romania.² But so did more covert pressures on parents to have children, as well as widespread ignorance about modern means of contraception, which in many countries were nonetheless virtually unavailable. These policies contributed to the high number of unwanted children entering and remaining in public care. Irresponsible behaviour was frequently reinforced by legislation, which, for example, made it



quite easy for parents to give up their children to a paternalist State, which took responsibility for raising them until late adolescence in a massive network of state institutions.

A. Public care for children: from collective ideology to social marginalization

Born in the pioneering days of socialism, the institutional care model prevailing in Central and Eastern Europe was in many ways a latter-day child-rescue movement akin to the 19th-century philanthropic reform programmes for destitute and neglected children. By the end of the socialist era, it still bore some of the marks of the early collectivist ideology on which it had been established. Large-scale provision, collectivist rather than individualized care, and a belief that the State could readily replace the family were its distinguishing features. This approach, however, was wholly unsuited to meeting child protection needs in the late 20th century, and it was especially incapable of buffering children and families from the social and economic shocks brought by the first years of the transition.

By the end of the socialist era, the commitment to the approach had long since waned in several parts of the region, and institutional care was increasingly perceived as a last resort. Indeed, reform of the child protection system had already started in some parts of the region, significantly influenced by Western child-care developments. There were also considerable differences in rates of institutionalization and the quality of care, as would be expected among countries with different cultures, traditions and histories. Nevertheless, over-reliance on institutionalization, and the way in which children were cared for in the long-term establishments, remained a profound and damaging feature of the socialist legacy.

By contrast, the last 50 years have brought enormous changes in approaches to substitute care for children in many Western societies. There has been a shift from large-scale institutional upbringing to smaller scale residential care and an emphasis on offering children whenever possible the chance to be placed in a family environment through fostering schemes.³ But above all, there has been a realization that all substitute care schemes can only very partially compensate for the loss of family ties. For this reason, many countries are increasingly seeking ways to build on the strengths of the natural family to prevent its breakdown and thereby reduce the need for substitute care. Progress in this regard has been enormously variable in different parts of Europe and the United States, but the twin principles of the 'least detrimental intervention' and family assistance represent the key landmarks in current child protection policy.

A mass of Western research has documented the damaging effects of long-term, large-scale institutional care on the overall development of children because of the difficulties in meeting bonding needs, providing continuity of care and giving individualized attention.⁴ Institutional care stunts the capacity of children to bond and form deep and lasting relationships; it ill-prepares children to take their place in the broader world and often produces serious delays in cognitive development. In recognition of these limitations, most Western societies have attempted to move toward smaller scale provision to try to create more intimate and family-like environments.

By the late 1980s, some of these developments had filtered through to parts of the CEE, and when socialism finally collapsed it was widely recognized that the entire care system for children who had been abandoned or separated from their parents needed fundamental, sweeping changes.

The children living in institutional care were the most vulnerable of all those separated from their families. These children constituted a forgotten underclass, whose voice to the outside world was never heard. They lived in large-scale establishments housing from 150 to 600 children and they frequently lost all contact with family, friends and the wider community. The care staff was often elderly or very young and unqualified. The daily routines were regimental, and children had no recourse if they experienced cruelty or abuse. The conditions in the homes across the region varied enormously, but the worst were appalling and left infants and children living in sub-human conditions that failed to meet even their most basic physical, psychological and social needs. Even the better homes suffered from an over-medicalized approach that paid scant attention to social development.⁵

The institutional care system usually failed to meet all the important benchmarks laid down in the United Nations Convention on the Rights of the Child to safeguard the rights of children in public care. There were no planning mechanisms and requirements to keep children in contact with their families, to attempt rehabilitation at home or to actively seek new families for those whose return to their own parents was impossible. Allowing children contact with the local community through visits to families was frowned upon, and often education was provided within the institution. These homes, where many children spent their entire childhood, were a world apart.

Chronically ill and disabled children were especially at risk of institutionalization. Most parents in the region depended on two incomes, and the very low benefit level for child disability was wholly insufficient to compensate for the loss of one wage. Even if parents wanted to keep their disabled child at home, it was

Table III.1 - The institutional care model in Central and Eastern Europe by ministerial competencies

Ministry of Health	Ministry of Education	Ministry of Labour	Ministry of the Interior
Psychiatric hospitals for acute or chronic cases. Tuberculosis hospitals. Homes for the mentally disabled. Dystrophic hospitals. Orphanages for under-3-year-olds.	Schools for the deaf and the blind. Non-boarding schools for mentally disabled children. ^a Homes for children with severe physical disabilities. Orphanages for 3-to-7-year-olds and for 7-to-18-year-olds.	Homes for 'irrecoverable' children: children with mental disabilities or paralysis. ^b	Homes for delinquents, young offenders and 'problem' children. ^c

Source: Burke, 1995, and authors.

Notes: a. In Albania the majority of children with mental disabilities were kept at home and supported into adulthood by state allowances; b. This approach was found in Romania. In some other countries these children fell under the Ministry of Education, and in the former USSR, 'invalid homes' were run by the Ministry of Health; c. In some countries, homes for problem children and delinquents fell under the Ministry of Education.

almost impossible to do so. Such children were frequently barred from pre-schools, which were not equipped to cater for special needs. There was also an acute shortage of wheelchairs and other special equipment. Finally, there was no system of social services for families with a disabled child to provide parents practical or emotional support. For all these reasons, placement of a child in institutional care was frequently a necessity rather than a choice.

It was a general problem that after being placed in institutional care, children had very little probability of returning to their families. Indeed, their conditions often deteriorated and child mortality in institutions was far higher than in the rest of society. For children entering due to disabilities, their chances of returning to any family environment was even more remote. The initial diagnosis was rarely reviewed and reassessed, although it has been shown that some children were incorrectly diagnosed as mentally disabled.⁶ Such diagnoses crucially shaped the short- and long-term life prospects of these children and robbed many of an opportunity to take their rightful place in the community. Finally, education and training opportunities within institutions were limited, narrowing further any chances of re-entering society as adults.

The institutional system for juvenile offenders was even harsher. With services in the community underdeveloped because of the generally very low rates of juvenile crime, children entering a punitive establishment could expect a very strict regime with few rights to have contact with the outside world. The dormitories were large and beds were set very close together. Heads were frequently shaved, and the children were cared for by police officers, albeit non-uniformed. Moreover, in Russia, for example, when a juvenile offender without parental supervision was apprehended, he was placed in a distribution centre together with children who had been found without parental supervision. At this point the juvenile justice system and the child protection system intersected, serving the interests of neither group.

The socialist inheritance exposed one further key problem of the child protection system: the fragmentation of responsibility across different levels and ministries. As can be seen in Table III.1, at least four ministries were typically involved in child protection.

While this pattern of ministerial responsibility was most typical for the South-Eastern European countries and the USSR, fragmentation was also a common problem in Central Europe. Here, too, at least three central government ministries typically held responsibility for child protection. This made a coordinated and coherent approach extraordinarily difficult to establish.

Foster care provided a family-based alternative to growing up in institutions, but there were marked differences between regions in the extent of its usage. Most common in the Western FSU and Central Europe, it scarcely existed in Romania and Bulgaria, although Romania had the necessary legislation from 1970. But if in Western Europe foster care accounted for between 60 and 90 per cent of all substitute care in, respectively, England and Sweden by the late 1980s,⁷ the majority of children in Central and Eastern Europe were looked after in institutions. The only exception was found in the Caucasian republics, where strong kinship systems led to heavy reliance on family-based care.

Adoption, the best alternative for children who cannot be returned to their biological families, seldom offered a passport from the institution to a new family. Professional inertia, fear of adopting institutionalized children because of their unknown background, and an unwritten but strong belief that children over the age of three could not be adopted all combined to make adoption a relatively under-utilized child-care option. Children with disabilities stood even less chance of finding new homes. In the Soviet Union there was an outright ban on adopting children with some kinds of disabilities, and throughout the region disabilities carried considerable stigma. It was a vicious circle: the less societies equipped themselves to cater for children and adults with disabilities within the community, the less likely the possibility of adoption and fostering.

BOX III.1 - DEFINITIONS OF CHILDREN IN PUBLIC CARE

The term 'children in public care' includes a small proportion of orphans, with the far greater majority comprising 'social orphans'. This term, especially in Eastern Europe, refers to children who are unable to remain with their own parents in the short or longer term because of abandonment, parental illness or imprisonment, or harmful or neglectful parenting. It also includes children with disabilities whose parents have placed them in state care. But the term normally excludes unaccompanied children (mainly refugees) where the carer is not necessarily the State and where parental care will hopefully be restored. 'Left without parental care or support' is widely used in the countries of the former USSR to denote children for whom the State makes decisions on whether the child will be placed in institutional care, in a foster family, or adopted (in which case they exit from public care). These three main placement options are commonly referred to as 'substitute care', because they substitute parental upbringing for brief as well as long periods.

2. CURRENT TRENDS ON USE OF SUBSTITUTE CARE

By the end of the 1980s there were approximately 950,000 children in permanent or temporary public care in Central and Eastern Europe. This figure excluded young offenders incarcerated in institutions. Of these 950,000 children, 30 per cent lived in infant homes and orphanages, while 40 per cent languished in homes for the disabled or hospitals. Only 30 per cent had an opportunity to find a substitute home. This was a daunting inheritance: despite hopes for reforms in the system of substitute care, it was obviously going to be difficult to return all these children to their families or find them new homes, or, as a minimum, improve the quality of institutional care.

Hopes to reduce the size of the child-care population have not been fulfilled over the last six years. Although the number of children in public care remained unchanged or even fell slightly between 1990-91, it mostly increased thereafter. By the mid 1990s — with important variations across the region — there were more children in public care than there had been in 1989 (see Table III.2). Today in Central and Eastern Europe there are about one million children in public care whose lives and futures will depend on the State, not on their own families.

The stagnant or increasing pool of children in public care is a bitter pill and a clear disappointment for all those who had hoped the reform movement would bring beneficial results. In retrospect, however, the increases are not as dramatic as might have been feared, given the rapid and shocking escalation of risk factors discussed in the previous Chapter. (On data problems and reporting gaps that blur the picture, see Box III.2.)

There are at least three possible explanations for this increase, all of which may simultaneously play a role:

- The relatively small increase suggests that very powerful social values have continued to hold families together despite mounting economic hardship — an

encouraging sign of the strength of the family unit and its capacity to survive in the most difficult circumstances.

- More proactive family support and family assistance policies may keep numbers down.
- Less optimistically, the figures might point to rising unmet need.

Unfortunately, there is little information to substantiate the underlying causes of the trends, and one is left with the basic numerical picture. This shows that, in eight out of the eleven countries for which available data permit a comparison of aggregate data over the transition, the share of children in public care has increased (Table III.3). Because the child population has fallen in most of the region over this period, rates calculated per 100,000 child population give a more accurate picture of the changes. Although the drops in several FSU countries may look encouraging, they are highly misleading and, indeed, give even greater cause for concern. In Belarus the initial decline is linked to the repercussions of the Chernobyl accident, and the large drop in fostering in 1994 occurred when the economic decline accelerated. In Moldova the large drop in 1992 reflects a collapse of the care system and the closure of child institutions.

The only country where the drop in the number of children in public care is an unequivocally positive sign is Hungary. Here, three main factors have probably been at work: (i) the transition-related changes may have caused a less dramatic disruption to social values and family coping strategies because economic and political reforms were started well before 1989 and introduced more gradually; (ii) strong universal family support policies that provided the most generous benefits in the region — at least until April 1996 — may have helped prevent family breakdown (see Chapter IV); (iii) a relatively developed family assistance network offering support services to families, increasingly influenced by Western practices, has existed since the 1980s.

As shown in Table III.3, the rates of children in public care have increased in most countries. It is indeed quite remarkable that two countries with dis-

**Table III.2 - Children in public care by type of arrangement
in Central and Eastern European countries^a, 1989-95 (absolute numbers)**

		1989	1990	1991	1992	1993	1994	1995
Czech Republic	Altogether	24,218	23,957	23,991	24,052	24,874	25,727	—
	Infant & children's homes	7,956	7,238	7,485	7,381	8,095	8,684	—
	Homes for disabled	11,000	11,395	11,158	11,360	11,423	11,583	—
	Foster care	5,262	5,324	5,348	5,311	5,356	5,460	—
Slovakia	Altogether	13,614	13,207	13,401	13,232	13,423	13,875	—
	Infant & children's homes	7,000	6,708	6,815	6,609	6,608	7,114	6,815
	Homes for disabled	4,266	4,190	4,236	4,267	4,408	4,386	—
	Foster care	2,348	2,309	2,350	2,356	2,407	2,375	2,321
Hungary	Altogether	23,438	21,975	20,339	19,635	18,915	18,475	18,306
	Infant & children's homes	13,807	12,382	11,036	10,355	9,970	9,721	9,708
	Homes for disabled	914	888	804	793	751	750	738
	Foster care	8,717	8,705	8,499	8,487	8,194	8,004	7,860
Poland	Altogether	104,950	107,419	—	107,206	111,040	111,876	—
	Infant & children's homes	31,400	34,567	31,916	30,675	32,250	30,265	—
	Homes for disabled	35,200	35,637	—	37,881	38,002	37,700	—
	Foster care	38,350	37,215	37,591	38,650	40,788	43,911	46,101
Bulgaria	Altogether	—	22,227	21,045	21,001	21,456	21,173	20,964
	Infant & children's homes	—	12,117	11,926	12,057	12,656	12,720	12,718
	Homes for disabled	—	10,110	9,119	8,944	8,800	8,453	8,246
	Foster care	—	—	—	—	—	—	—
Romania	Altogether	—	98,490	85,756	100,662	112,539	—	—
	Infant & children's homes	35,063	34,149	30,782	32,781	41,967	39,622	—
	Homes for disabled ^b	—	52,221	55,200	47,425	59,629	62,230	—
	Foster care	5,730	—	9,141	7,549	8,252	8,342	—
Estonia	Altogether	—	—	—	—	4,220	—	—
	Infant & children's homes	1,426	1,269	1,270	1,271	1,360	1,410	1,470
	Homes for disabled	634	596	563	541	446	404	—
	Foster care	—	—	—	—	2,414	—	2,145
Latvia	Altogether	—	—	—	—	—	—	—
	Infant & children's homes	2,174	1,915	1,627	1,751	—	—	—
	Homes for disabled	—	534	524	525	450	420	—
	Foster care	—	—	—	—	3,253	4,570	5,451
Lithuania	Altogether	—	10,924	10,809	10,420	11,453	11,755	12,692
	Infant & children's homes	3,895	3,807	3,696	3,107	4,173	4,710	5,037
	Homes for disabled	—	2,514	2,178	2,090	1,890	1,736	1,790
	Foster care	4,593	4,603	4,935	5,223	5,390	5,309	5,865
Belarus	Altogether	—	18,789	18,040	17,666	17,632	13,332	14,565
	Infant & children's homes	6,202	5,878	5,461	5,137	5,044	5,281	5,587
	Homes for disabled	—	2,353	2,250	2,125	2,036	1,953	1,841
	Foster care	11,440	10,558	10,329	10,404	10,552	6,098	7,137
Moldova	Altogether	—	—	8,556	5,858	5,693	5,610	—
	Infant & children's homes	3,381	2,937	2,769	1,125	1,081	1,121	1,084
	Homes for disabled	1,600	1,570	800	700	700	600	—
	Foster care	—	—	4,987	4,033	3,912	3,889	3,953
Russia	Altogether	—	567,874	553,370	540,469	544,333	572,936	611,034
	Infant & children's homes	104,667	97,178	90,136	86,318	90,125	94,780	106,094
	Homes for disabled ^c	—	281,530	263,941	245,048	233,658	232,163	231,433
	Foster care	173,970	170,496	180,334	190,451	201,408	225,456	252,540
Ukraine	Altogether	65,600	—	64,600	—	83,225	—	—
	Infant & children's homes	16,300	—	14,312	14,121	—	15,209	16,433
	Homes for disabled	11,200 ^d	—	10,088	10,779	—	8,616	8,525
	Foster care	38,100	38,500	40,200	—	56,100	59,400	—
Azerbaijan	Altogether	8,690	—	—	—	—	—	—
	Infant & children's homes	1,148	—	—	—	—	—	—
	Homes for disabled	1,052	900	972	872	925	760	695
	Foster care	6,490	6,674	7,171	7,622	7,920	8,176	7,976
Georgia	Altogether	—	—	—	—	—	—	—
	Infant & children's homes	—	—	—	980	920	850	723
	Homes for disabled	—	—	—	2,800	2,500	1,950	1,634
	Foster care	—	—	—	—	—	—	—

Notes: a. 'Children in public care' refers to three main groups: children in permanent and temporary residential care (various types of infant and children's homes, including boarding schools for children without a parental guardian); children with severe disabilities in health facilities, although in some countries this includes children with less severe disabilities in full or part-time care; and children under foster/guardian care in families. Children in punitive institutions are excluded in most cases; b. Data also include children placed in dystrophic hospitals. The number of children in special homes for the disabled were 4,150 in 1994 and 3,702 in 1995; c. Includes children in invalid homes, on waiting lists for invalid homes and boarding schools for children with disabilities. See also Table III.5 for a numerical breakdown; d. Refers to capacity, not to the actual number of children with disabilities.

similar traditions and present conditions — the Czech Republic and Romania — show similar patterns. The former is a ‘success story’, known for its high quality care;⁸ the latter is less fortunate, where inherited conditions were scandalous⁹ and where the transition has brought a social and demographic schism between better-off families and impoverished large families, often with low levels of education.¹⁰

The transition has obviously had a profound, though varied impact on children in public care. But how has the transition affected placement patterns? And, more particularly, has it succeeded in shifting the balance toward family care, in line with policy intent? These are not easy questions to answer. First, it is extremely difficult to make reliable estimates of the number of children who are placed in institutions for protection or because they have disabilities, likewise

making it difficult to monitor new trends accurately. Second, it is very difficult to classify forms of institutional care, which would allow for cross-country comparisons. Although the overall framework of permanent long-stay care is fairly similar across the region, there are considerable differences in short-term provision and, more fundamentally, in foster care. Some countries include ‘small group homes’ as a form of residential care; others define this as a foster care service. Finally, the lack of flow-type data (i.e. entries and exits) for both residential and foster care services in many countries makes it difficult to identify the latest trends. Even more confusing, adoption data are normally collected only on a flow basis, charting the annual number of new placements. Despite these shortcomings, it is quite clear that the transition-related changes are profoundly affecting placement patterns.

BOX III.2 - DATA ON CHILDREN IN PUBLIC CARE: MEASURING THE UNMEASURABLE OR UN-MEASURING THE MEASURABLE?

There is scarcely any other field of social statistics in which the public and policy makers face more serious gaps in data availability, reliability and comparability than that of children in public care. This is all the more disturbing since it would not be particularly difficult to provide reliable administrative statistics, which are essential for effective planning.

At present, the State is still the predominant player, and the entry and movement of children through the care system are regulated by state agents: administrators, teachers, health staff, social workers, etc., all of whom are required to keep records and case files on each child. However, there is often a lack of a centralized database that brings together information collected at local level. The divided responsibilities between localities and the centre are only a partial explanation for the lack of better data availability and quality. Often, detailed data are not available at ministerial or regional levels; in the rare cases that they are, the data are often neither consistent nor comparable. Sometimes not even the aggregated data are published.

Areas with inaccessible or missing data are often elementary. For example, information on annual entries and exits (so-called ‘flow’ data) into and from different kinds of substitute care is rarely available. This is a significant omission, as flow data are a far more reliable indicator of current trends than figures that record only the total number of children living in care. This latter, commonly called ‘stock’ data, is heavily influenced by past policies and practices and is less helpful for strategic policy formulation.

Reasons for entry are rarely recorded, nor is the route into care, whether voluntary or compulsory. Neither is the case disposal or outcome for the child, which show whether the child is returned to his or her own family, adopted, placed in foster care or in another institution, or if the child died. These are vital tools for national policy formation and for planning the care of individual children.

Rather than reflecting a problem-oriented approach to meeting children’s needs, data are simply collected and published according to administrative categories, even though there are considerable overlaps and variations among the functions of different institutions. For example, children with slight disabilities may be placed in orphanages, while homes for the disabled may host some basically healthy children. In most cases, however, there are no comprehensive data providing an overview of the needs of all the children with disabilities in substitute care.

International comparisons are hindered by problems in terminology as well. For example, countries tend to define foster care in different ways. Some use the term ‘guardianship’, a system that usually refers to kinship care, though in some countries this is known as foster care. Elsewhere, foster care is used to denote care by non-relatives; even more confusing, some countries use both systems in parallel. There are also differences in the classification of foster and residential care. Some countries, for example, classify small group homes as a form of residential provision, but in others they fall under fostering programmes. Finally, in most countries the available statistics do not provide a picture of when foster care is used as an alternative to entry into residential care or when it is used as a route out of the institutions.

Somewhat surprisingly, problems in data availability and quality characterize all countries, including the better-off ones. It is generally difficult, if not impossible, to obtain a comprehensive picture of children by age, sex and reason for care. As a consequence, despite considerable efforts to collect comprehensive and reliable information for this Monitoring Report, data provided here must be used with caution, especially if making comparisons across countries. Indeed, poor data availability and inadequate statistical reporting are major constraints for effectively tackling, at the national level, the many issues surrounding children in public care. There is an acute need for internationally coordinated action to improve administrative reporting systems and develop specific problem-oriented surveys. Without these, children will continue to be ‘lost in state care’.

Table III.3 - Rates of children in public care, 1989-95
(aggregate rates per 100,000 children)

	1989	1990	1991	1992	1993	1994	1995	Difference between first and last years
Czech Rep.	867.3	866.7	887.8	909.8	965.4	1027.0	—	159.0
Slovakia	843.3	820.2	843.3	866.6	891.8	908.0	—	64.7
Hungary	889.3	845.5	790.4	776.5	768.9	772.9	786.6	-102.7
Poland	924.0	947.1	—	954.7	999.9	1021.8	—	97.8
Bulgaria	—	1027.5	991.2	1028.7	1085.5	1098.4	1286.3	258.8
Romania ^a	—	—	1518.7	1357.5	1637.6	1880.1	—	361.4
Estonia	—	—	—	—	1089.2	—	—	—
Lithuania	—	1090.2	1076.0	1043.9	1159.3	1203.5	1323.5	233.3
Belarus	—	671.1	645.9	634.7	633.4	482.3	536.5	-134.6
Moldova	—	—	632.6	435.5	426.3	422.3	—	-210.3
Russia ^b	—	1359.5	1327.7	1305.6	1329.1	1421.7	1540.6	181.1
Ukraine	492.6	—	487.3	—	—	641.5	—	148.9
Azerbaijan	321.8	—	—	—	—	—	—	—

Source: Rates calculated from Table III.2.

Notes: a. Data also include children placed in dystrophic hospitals. See Table III.5; b. Data also include children with disabilities in boarding schools. See Table III.5.

A. Children in institutional care: promises betrayed

There are three principal kinds of long-stay child-care establishments: (i) infant homes, (ii) orphanages (or children's homes) and boarding schools for older children, and (iii) homes for children with disabilities. Infant homes usually care for children up to the age of three years, but sometimes house older children as well. They also look after infants and young children with disabilities. While all countries make a distinction between orphanages (or various children's homes) and homes for the disabled, the kinds of children placed in them frequently do not fall under strict classifications.

i. Children in residential care: recovery and relapse

The number of children in infant homes and the various kinds of children's homes shows two opposite trends, which are common to all countries across the region. At the outset of the transition, the number of children in care fell due to the initial impetus of the reform movement. But gradually this decline has been reversed in each country, as entries into institutional care have risen and exits from care have slowed. Although the turning point has come at different moments in each country, all generally follow the same 'U'-shaped pattern (see lowest rate in bold for each country in Table III.4).

Table III.4 shows that the growth in the number of children in public care systems has been accompanied by increases, with very few exceptions, in institutionalization rates across the region. In Bulgaria and Romania, the countries with the highest rates in 1990, there were large increases of 39.3 and 25.9 per cent respectively between 1990-95 (although the rate declined somewhat in Romania in 1995). Therefore, the overall situation remains rather grim in South-Eastern Europe, with its legacy of strong pro-natalist policies and problematic child-care services. In Bulgaria, the continued absence of foster care narrows the placement

options, thus contributing to the rapidly increasing institutionalization rates.

The trends in institutional care for children with disabilities show different patterns by sub-region. The number of children living in homes for the disabled has increased in Central Europe, with the exception of Hungary (see Table III.2). It seems very unlikely that this trend is the result of policy intent, as most countries are striving toward normalization programmes and community care for the disabled. More plausibly, the rise in the number of disabled children in public care points to a growth in child morbidity and warns that the status of child health in these countries may be worse than what is inferred by child mortality indicators.

However, care must be taken in interpreting the trends in the institutionalization of children with disabilities. For example, while the numbers for Poland are

Table III.4 - Rates of children in infant and children's homes,^a 1989-95
(rates per 100,000 children, 0-17 years)

	1989	1990	1991	1992	1993	1994	1995	Index (1989 or first year = 100)
Czech Rep.	284.9	261.9	277.0	279.2	314.2	346.6	—	121.7
Slovakia	433.6	416.6	428.9	432.8	439.0	465.5	455.4	105.0
Hungary	523.9	476.4	428.9	409.5	405.3	406.7	417.1	79.6
Poland	276.5	304.8	282.4	273.2	290.4	276.4	—	100.0
Bulgaria	—	560.1	561.7	590.6	640.3	659.9	780.3	139.3
Romania	—	531.4	526.6	487.3	533.3	701.1	668.7	125.9
Estonia	343.2	305.8	308.9	317.2	351.0	373.9	400.3	116.6
Latvia	319.3	281.9	240.6	263.2	—	—	—	82.4
Lithuania	389.4	379.9	367.9	311.3	422.4	482.2	525.2	134.9
Belarus	223.3	210.0	195.5	184.6	181.2	191.0	205.8	92.2
Moldova	253.9	217.8	204.7	83.6	80.9	84.4	82.3	32.4
Russia	261.4	241.9	224.9	216.4	228.4	244.1	277.3	106.1
Ukraine	122.4	—	108.0	107.1	—	117.2	129.3	105.7
Azerbaijan	42.5	—	—	—	—	—	—	—

Note: a. Includes children in infant homes, orphanages and other types of children's homes and boarding schools for children without parental care. Numbers in bold denote the lowest rate of the time series.

high and rising — 38,000 children in 1995 as opposed to 35,000 in 1989 — they include an unspecified percentage of children who return home on weekends and are therefore not in permanent care. Qualitatively, the in-care experience is very different for the child when family links are well preserved. A similar picture emerges for the Czech Republic. Within the South-Eastern countries, a relatively modest increase in the number of children with severe disabilities in Romania has run parallel to a rise in the number of children placed in wards of dystrophic hospitals (Table III.5).

In countries of the FSU, the overall rates of children in institutions are a very poor indicator of what is in reality an acute and very serious situation. The picture shows a decline in the number of children in homes for the disabled (aside from the Baltic countries) and only a modest increase (or occasionally a fall) in the numbers living in orphanages. These rates must be seen against the spiralling number of children with disabilities and upswings in the number of abandoned children. The need to protect children unable to

remain with their parents seems to have increased most of all in this region, but the capacity of the State to respond to these challenges has been dramatically impaired. The only area in which the capacity for care has kept pace with demand has been infant homes. However, infants placed in institutions represent a particular case requiring special attention and more in-depth investigation.

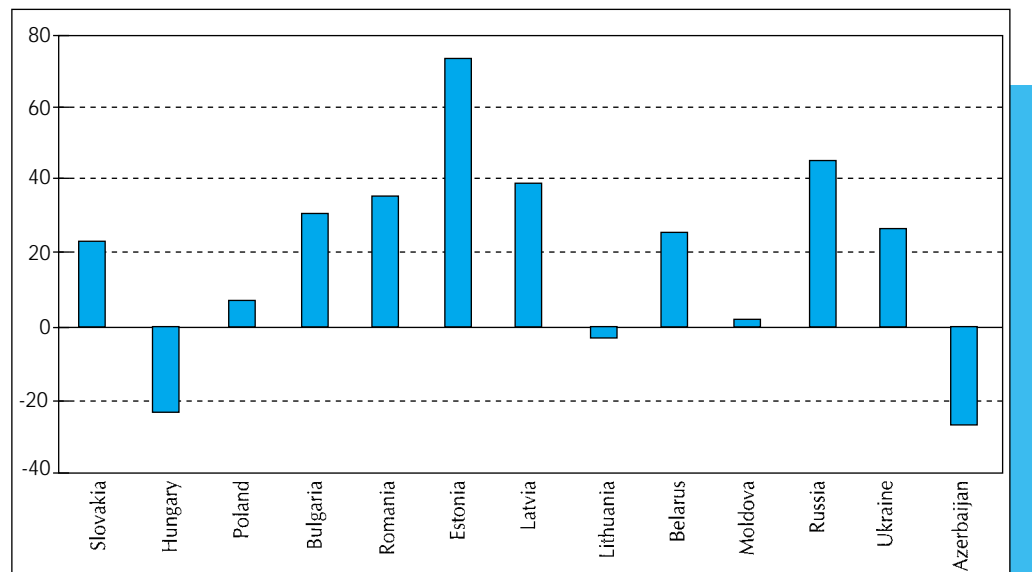
ii. Infants of the transition: where the bough breaks

The absolute numbers of infants placed in institutional care do not show large increases, which appears comforting at first sight. However, when the overall decrease in the birthrate is taken into account a very different and striking picture emerges, confirming that the transition has reneged on a group least able to protect itself — infants and toddlers aged 0-3 years. In 10 out of the 14 countries in which it was possible to obtain data, the rates of infants living in institutional care have actually

Table III.5 - Children in homes for the disabled, 1989-95 (in absolute numbers)

	1989	1990	1991	1992	1993	1994	1995
Czech Republic^a							
In homes for physically disabled	1,000	1,177	1,132	1,179	1,267	1,144	—
In homes for mentally disabled	10,000	10,218	10,026	10,181	10,156	10,439	—
Altogether	11,000	11,395	11,158	11,360	11,423	11,583	—
Bulgaria							
In boarding schools for the disabled	—	6,493	5,672	5,777	5,193	4,781	4,814
In boarding schools for children with respiratory problems	—	2,853	3,562	3,456	2,561	2,491	2,233
In homes for physically disabled	—	220	184	256	331	444	253
In homes for mentally disabled	—	2,124	2,046	1,746	1,944	2,051	2,022
Institutions for youths over 17 years	—	1,273	1,217	1,165	1,332	1,177	1,157
Altogether	—	12,963	12,681	12,400	11,361	10,944	10,479
Romania							
In specialized health-care homes	—	3,354	3,617	3,444	3,021	4,150	3,702
In vocational training centres	—	594	1,073	1,020	960	678	360
In boarding schools	—	2,971	3,332	2,873	793 ^b	2,977	3,060
Altogether	—	6,919	8,022	7,337	4,774	7,805	7,122
In dystrophic wards and homes	—	45,302	47,178	40,088	54,855	54,425	—
Altogether	—	52,221	55,200	47,425	59,629	62,230	—
Lithuania							
In care homes for disabled	1,214	1,097	954	894	843	810	822
In special boarding schools ^c	—	1,417	1,224	1,196	1,047	926	968
Altogether	—	2,514	2,178	2,090	1,890	1,736	1,790
Moldova							
In homes for the disabled ^d	1,600	1,570	800	700	700	600	—
In boarding schools for disabled	10,639	9,811	8,894	5,899	4,850	4,980	—
Altogether	12,239	11,381	9,694	6,599	5,550	5,580	5,253
Russia							
In child invalid homes	37,000	36,400	35,000	33,400	32,600	31,800	31,300
- on waiting list	—	3,030	2,241	1,148	758	463	633
In boarding schools for disabled	—	242,100	226,700	210,500	200,300	199,900	199,500
- of whom, orphans	38,895	38,084	34,524	32,022	31,211	32,137	34,249
Altogether	—	281,530	263,941	245,048	233,658	232,163	231,433

Notes: a. 1989 data are estimates; b. The decrease is due primarily to a shift in categorization; c. Children without parental care (social orphans) only; d. Source: Department of Statistics of Moldova, 1995.



With few exceptions, the rates of infants receiving institutional care increased dramatically in the region, reflecting a growing frequency of nurturing problems, family dysfunction, and child abandonment.

Figure III.1 - Changes in the rates of children placed in infant homes (percentage change over 1989-95)

Notes: Slovakia: 1989-94; Poland: 1989-1993; Moldova: 0-2 years.

risen — in eight of these substantially so (Figure III.1). This is a shocking and profoundly worrying development, contrary to all policy intention.

Even though the rates appearing in Table III.6 are based on an analysis of child population in establishments ('stock' type of data), all young children currently in this kind of care were born since the onset of the transition. These data are therefore a good proxy measure of 'flow' trends and constitute a powerful barometer of the latest child abandonment and placement trends.

These data show that in Central Europe, which began its reforms earliest, only Hungary and the Czech Republic have reduced their stock of infants in institutional care significantly and steadily, albeit from initially high rates. In Hungary, the number of infants in long-stay care fell from 2,498 in 1989 to 1,789 in 1995,

and the age-specific rate dropped by 24 per cent. It is tempting to make a link here between the falling rates of infant institutionalization and the preservation of relatively high levels of family support and effective community monitoring of families and infants by welfare agencies.

The other region where available data show falling rates of infant institutionalization is the Caucasus. This region historically had the lowest rates of placement in public care in the former USSR, and it is striking that from Azerbaijan, for example, no increase has been reported in placements in infant homes. Culture and strong family tradition may continue to keep institutionalization rates low, while wars, political upheavals and painful macro-economic adjustments have dwarfed public resources for child institutions and made placement there even more unattractive.

Table III.6 - Children in infant homes, 1989-95 (rates per 100,000 children, 0-3 years)

	1989	1990	1991	1992	1993	1994	1995	Index (1989=100)
Czech Rep.	533.1	506.3	491.8	460.4	455.6	466.6	—	87.5
Slovakia	191.8	169.4	170.4	202.5	211.4	238.2	—	124.2
Hungary	503.6	390.1	376.6	390.5	396.7	385.0	382.5	76.0
Poland	179.2	190.3	196.4	193.2	193.1	—	—	107.8
Bulgaria	873.8	861.8	854.3	923.4	1009.9	1084.2	1150.4	131.7
Romania	753.0	582.7	595.4	654.0	749.7	1093.5	1031.9	137.0
Estonia	293.6	302.4	322.0	356.1	400.9	433.1	512.6	174.6
Latvia	528.2	497.4	461.1	488.5	577.5	566.8	737.1	139.5
Lithuania	275.7	202.7	214.4	218.5	245.4	215.7	264.9	96.1
Belarus	169.0	161.4	158.9	167.1	181.9	198.8	214.5	126.9
Moldova ^a	145.9	—	—	—	—	154.9	151.4	103.8
Russia	201.0	197.7	201.5	216.7	237.8	268.3	295.4	147.0
Ukraine	152.9	—	147.6	147.9	—	172.0	195.1	127.6
Azerbaijan	29.1	26.2	28.2	20.5	20.3	20.5	21.2	73.0

Note: a. 0-2 years.

The patterns of residential placements of infants have a sharply defined geography. In the mid-1990s, infants in South-Eastern European countries were more than three times as likely as their peers in other parts of the CEE region to be living in a residential infant home. Moreover, the patterns of the 1980s have proved remarkably enduring: Bulgaria and Romania, with the highest rates in 1989, continue to have the highest rates today. In Bulgaria, the biggest increases have occurred over the last three years; these jumps are probably linked to poverty increases and the fertility patterns of the poor, which have not declined like those of the better-off. Similarly, the drop in rates in Romania between 1990-92 has been completely reversed, with a particularly huge leap in 1994. The encouraging drop at the start of the 1990s was probably also a product of the rapid growth in international adoption (see Box III.3).

The picture in the Baltic republics shows perhaps the most dramatic changes, nearly all of which have occurred since 1992. In Latvia the rate of infants in homes shot up between 1992 and 1993, and then climbed steeply again in 1995. These recent trends are likely connected with the ongoing deep recession in Latvia, where in a recent public opinion poll 80 per cent of families declared they were facing serious economic hardship and 22 per cent were in debt.¹¹ Estonia, 'the small laboratory for economic reforms', shows an even more substantial rise (75 per cent), albeit from

lower levels. The rate in Lithuania has remained relatively flat (at least until very recently), even as new cases of children left without parental support continue to rise steadily. This suggests that Lithuania has managed to find alternative placement arrangements for infants entering public care — with international adoptions playing an increasingly important role. However, the population of older children living in other kinds of institutions (orphanages, etc.) shot up by 60 per cent between 1992-94.

The drop in rates for the Czech Republic, mentioned above, may reflect the results of extensive poverty monitoring, a very consistent family support policy and a rather homogenous society, where changes in fertility patterns occurred among all social groups, including those less well-off. However, the sudden arrival of other transition-related risks — such as increasing individualism, consumerism, drug abuse, prostitution and crime, as well as migration — have taken a heavy toll in the Czech Republic. This could explain the increases in the already high number of older children in public care (see the diverging patterns in Figure III.2).

B. Increases in the rates and shares of children in foster care

Trends on the number of children in foster care give reason for both concern and optimism. With very few exceptions, the numbers and rates of children in foster

In Estonia, as in many other countries, increased rates of children in infant homes have been followed after a time lag by a parallel increase in rates of older children in institutional care.

The Czech Republic shows a divergence in trends: rates of children in infant homes have declined while rates of older children in institutional care have risen.

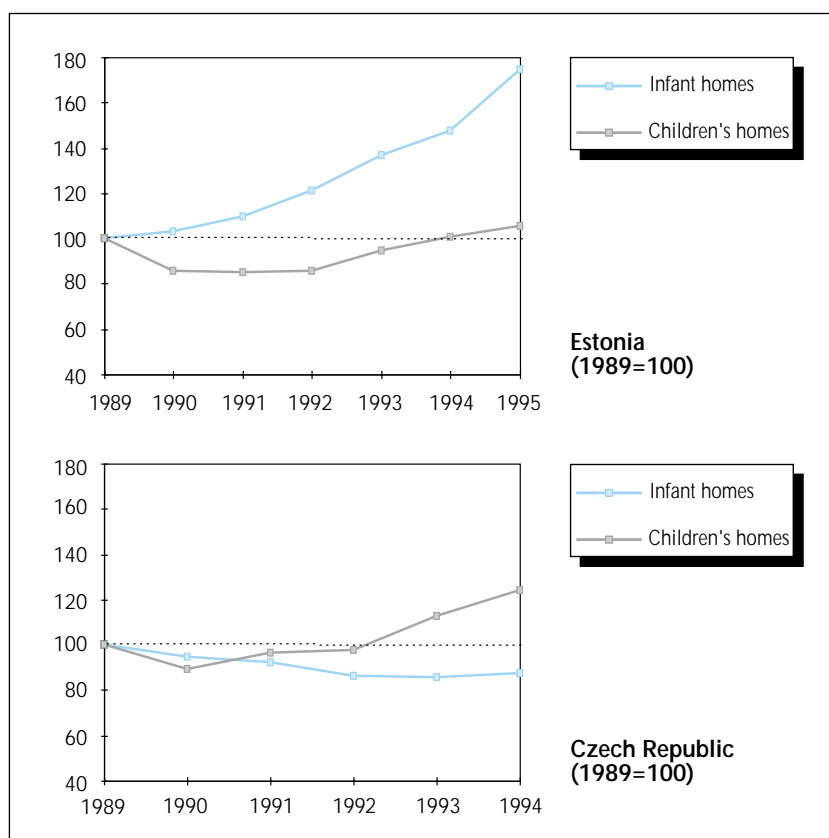


Figure III.2 - Diverging and parallel trends of institutionalization rates for infants and children (0-3 and 4-17-year-olds)

Table III.7- Foster care trends in selected CEE countries, 1989-95

	1989	1990	1991	1992	1993	1994	1995
a) Foster rates per 100,000 0-17-year-olds							
Czech Rep.	188.4	192.6	197.9	200.9	207.9	218.0	—
Slovakia	145.4	143.4	147.9	154.3	159.9	155.4	155.1
Hungary	330.7	334.9	330.3	335.6	333.1	334.9	337.7
Poland	337.7	328.1	332.6	344.2	367.3	401.1	433.1
Romania	86.3	—	141.0	119.5	134.2	139.4	—
Estonia	—	—	—	—	623.1	—	—
Latvia	—	—	—	—	502.7	710.7	885.0
Lithuania	459.2	459.4	491.3	523.3	545.6	543.5	611.6
Belarus	412.0	377.1	369.8	373.8	379.0	220.6	262.9
Moldova	—	—	368.7	299.8	292.9	292.7	300.2
Russia	434.4	424.4	449.9	477.6	510.4	580.7	—
Ukraine	286.1	288.9	303.2	—	427.1	457.9	—
Azerbaijan	240.3	243.5	260.3	271.3	278.9	285.9	278.1
b) Ratio of children in foster care as total in public care							
Czech Rep.	—	21.1	21.2	20.9	20.2	20.1	—
Slovakia	17.2	17.5	17.5	17.8	17.9	17.1	—
Hungary	37.4	39.9	41.2	42.7	42.7	42.7	42.3
Poland	36.5	34.6	—	36.1	36.7	39.2	—
Romania	—	—	7.6	7.1	6.8	6.2	—
Estonia	—	—	—	—	62.4	—	—
Lithuania	—	47.6	51.9	48.2	44.3	45.2	46.2
Belarus	57.0	56.2	57.1	58.6	59.2	45.7	49.0
Moldova	—	—	28.6	34.3	37.1	36.7	38.4
Russia	—	30.4	33.8	35.2	37.0	39.3	41.3
Ukraine	58.1	—	62.2	—	—	71.4	—
Azerbaijan	74.7	—	—	—	—	—	—

care have increased across the region. This mirrors the same disturbing trends in child abandonment and separation from the family that have led to higher institutionalization rates in many countries; it suggests that the overall pool of children needing care from the State has increased. More optimistically, wherever countries have succeeded in swinging the pendulum toward foster care and away from institutionalization, it may signal a more proactive approach to family placement.

In Central Europe, far more children are being fostered in Hungary today than 10 years ago, with a corresponding decline in residential care rates. Whereas in the mid-1980s only a quarter of all children in public care were fostered, today the proportion is more than two-fifths (Table III.7b). But most of the gains appear to have come during the early reform period, and since 1992 the ratio has plateaued. This suggests that despite policy intention, it has not been possible to maintain growth. Precisely the opposite has occurred in Poland, where the biggest changes have taken place in the last five years, with absolute numbers and rates growing gradually and steadily — up from 38,000 in 1989 to more than 46,000 today. Poland now has the highest rate of foster children in Central Europe, with 433 per

100,000 child population. Slovenia also has high fostering rates — indeed, higher than Hungary's — although they have fallen slightly. One of the poorest outcomes has been reported in the Czech Republic, where the fostering rate increased slightly; but its overall share among substitute care options, already low, declined further, and stands at about half of Poland's. Finally, as in 1989, Slovakia has the lowest rate in this sub-region, and it seems to have changed little since 1989.

Fostering is still used rarely in South-Eastern Europe. Bulgaria, despite the rise in rates of children in the public care system, still has no formal foster care programme, and an attempt to introduce fostering legislation in 1993 has fallen by the wayside.¹² Therefore, the country still relies entirely on informal care by relatives or placement in an institution. Romania, by contrast, has had the relevant

legal framework since 1970 and has made the development of foster care a major priority within its restructuring programme. Although representing a considerable increase over pre-transition levels, the current rate is still very low and has declined slightly after peaking in 1991. Romania has the lowest rates among countries with fostering schemes, as most children in need of substitute care still end up in institutions (see Table III.8). A recent UNICEF programme working with curatorship agencies that arrange placements in five regions of Romania found that 80 per cent of children entering care are still placed in institutions, while only 20 per cent are placed with foster families.¹³ Nor can Romanian children place much faith in finding a new family once they are in an institution. The same UNICEF programme found that more than six times as many children enter foster care directly from their own family than via orphanages.

Table III.8 - Foster care and family placement is still a largely under-utilized option in Romania

	1988	1989	1990	1991	1992	1993	1994
Number of children in 'cradles' and children's homes	42,000	40,500	37,240	34,112	36,627	34,925	41,986
Number of children in foster and family placement ^a	—	5,730	—	9,141	7,549	8,253	8,342
Ratio	—	14.1	—	26.8	20.6	23.6	19.9

Source: Zamfir, 1996.

Note: a. Fostering requires parental consent and family placement does not require parental consent. Of these two arrangements, family placement is far more prevalent (foster care applies to only about 200 new children annually). Most children in family placement had been neglected or abandoned.

In the Baltic countries, the ratios between foster care and residential placement also give cause for concern: here foster care does not appear to have offset significantly the disturbing increases in institutional care. The rates of children in foster placement have shot up in Latvia and are currently the highest in Central and Eastern Europe. However, the ratio has not changed, as institutionalization has also increased. In Lithuania, the share of children in fostering is, again, relatively high, but it has actually declined rather than increased over the last years (Table III.9).

Trends in foster care and residential placements in Lithuania signal that placement in a family environment became less frequent.

	1990	1992	1993	1994	1995
Number of children left without parental support	1,116	1,731	1,855	2,582	2,907
Percentage placed in:					
Total in institutional care	26.5	24.7	47.0	47.9	46.5
Infant homes	—	6.4	9.5	7.8	8.3
Child-care homes	—	13.7	29.5	27.0	26.6
Boarding schools for orphans	—	2.6	6.0	9.9	8.5
Family-type child-care homes	—	1.2	1.5	1.4	2.6
Other type of care	1.3	0.7	0.6	1.7	0.6
Total in private families	70.5	59.6	51.6	49.2	47.7
Foster care	—	54.0	45.4	40.7	43.4
Adopted (total)	—	5.6	6.2	8.5	4.3
(international adoptions only)	—	(0.9)	(1.3)	(4.2)	(1.6)
Unplaced	3.0	15.8	1.3	2.9	5.8

Source: Lithuania Department of Statistics, 1995.

Among western CIS countries, Russia had already begun to move away from residential placement and towards kinship care at the end of the 1980s,¹⁴ and today it has the highest fostering rates of all countries in the sub-region. However, the upswings in fostering rates in 1992-93 and the steep increase in 1994 are not entirely favourable signs, as child institutionalization rates also began rising over the last period. Overall, the number of children in public care in Russia has increased since 1992. By contrast, fewer children in both Moldova and Belarus are fostered today than in the early 1990s, with rates about half those of Russia. The drop in the fostering rate in Moldova after 1991 mirrors decreasing rates of children in institutional care and suggests that in general fewer children are reaching the public care system. A dramatic upward trend is reported in Ukraine, where fostering rates jumped from 286 to 458 per 100,000 children between 1989 and 1994. The reasons for this increase are unclear. It could reflect a more proactive policy toward

family care, but in the absence of any explicit programme, it is also plausible that more children are being placed with relatives because of the shortage of places in children's homes. These establishments are unable to meet demand and are therefore turning away children in many parts of this region.¹⁵

Information from the Caucasian republics is very scant. Public care has traditionally played a very small role in this region, and the strength of family networks was such that informal care could usually be found among relatives. This seems to remain largely true today, although no official data are available with the exception of Azerbaijan, where fostering levels have increased slightly. They remain higher, for example, than those in the Czech Republic, and (at least in 1989) fostering was considered a viable alternative to institutional care, accounting for more than 70 per cent of all children in public care.

C. Adoption trends give more reason for pessimism than optimism

Adoption offers some of the best prospects for a secure and stable upbringing for young children who have no chance of remaining with or returning to their own parents. Compared with foster care, which in many Western countries has high rates of breakdown (especially with older children and teenagers¹⁶), adoption provides an excellent opportunity of promoting a child's welfare and long-term development.

Very remarkably, the number of adoptions (see Table G.13 in the Annex) has declined in all parts of the region apart from the western CIS, Slovakia and Bulgaria. In the Caucasian countries, sharply falling numbers and rates of adoption probably reflect the tremendous dislocation associated with armed conflict and the huge difficulties in maintaining even the most basic semblance of everyday life. The picture in Armenia looks even worse than in Azerbaijan and seems particularly bleak in comparison with 1989, although the high rates that year were due to the earthquake that caused widespread destruction.

Given the reported rises in abandonment and the high or increasing rates of children in public care (illustrated earlier in Table III.3), the drop in the number of adoptions in most Central, South-Eastern and Baltic States is a striking and disturbing development. However, it is well-known that adoptions, especially when they are not within the kinship system, tend to involve mostly infants and very young children, particularly in the CEE region. With this in mind, the drop in the number of adoptions might be more a result of the overall fall in the age cohort rather than a reflection of growing reluctance by authorities to initiate adoptions or the willingness of families to adopt a child.

Table III.10 shows adoption rates based on the 0-3-year-old population. Gross rates of adoption

remained flat or rose across the region through the first half of the 1990s, with the exception of the Caucasian countries.

The increases cannot be explained by a rise in adoptions by step-parents, as the number of remarriages has remained flat or dropped across the entire region (see Annex Table B.2). This seems to suggest that social cohesion may have grown stronger over the last six years. But this optimistic interpretation is greatly weakened when trends in adult mortality and the impact of international adoption are taken into consideration.

Both the rates of adoption in the 0-3-year age group and the absolute number of adoptions have increased in Slovakia, Bulgaria and in all western CIS countries. These higher numbers could be a sign that more children are becoming orphans and being cared for by relatives. Indeed, this very pessimistic interpretation is supported by the geographic distribution of adoption trends: gains in absolute numbers have been reported in exactly the same countries where adult mortality has shown the most shocking upswings in the transition years (see Annex Tables H.1-3). However, as there is little information about the circumstances leading to adoption cases, it is not easy to separate the impact of demographic trends (general fertility, mortality and marriage) from the impact of child abandonment, forced separation from the family and guardianship policies.

The rise in gross adoption rates in parts of the region is also explained by the growing importance of international adoptions (see also Box III.3). Most prevalent in South-Eastern Europe and the Baltics, the share of international adoptions has risen substantially. By 1995, international adoptions accounted for just under 45 per cent of all adoptions in Latvia; Lithuania had reached the highest level in the entire CEE region in 1994 (49 per cent), but the share decreased somewhat in 1995. Only Estonia seemed comparatively unaffected, with rates never above 10 per cent of the total. The picture is equally striking in Bulgaria and Romania. In Bulgaria, the marked rise in overall adoptions since 1993 is directly related to the growth of international adoptions, which increased their share from 13 to 22 per cent of the total by 1995. In Romania, international adoptions accounted for more than 40 per cent of all adoptions in 1994 and 1995. This suggests that the transition-related changes in these countries have made it more difficult for the population to adopt local children or to compete with relatively wealthy foreigners. Western CIS countries show similar but weaker trends, and in Central Europe only

Table III.10 - Gross adoption rates, 1989-95
(calculated per 100,000 children 0-3 years)

	1989	1990	1991	1992	1993	1994	1995
Czech Rep.	104.3	96.2	103.6	90.7	92.7	111.8	—
Slovakia	114.7	121.4	126.6	117.1	145.3	140.6	182.9
Hungary	198.0	195.3	206.9	188.0	183.1	190.5	201.0
Poland	178.0	185.9	170.8	159.5	156.1	150.5	—
Slovenia	153.9	135.1	148.9	131.9	121.7	161.4	—
Bulgaria	243.5	245.6	218.2	230.1	542.5	603.2	639.1
Romania	—	—	—	—	—	482.3	466.7
Estonia	—	—	—	322.9	418.0	427.3	478.6
Latvia	356.0	362.2	415.7	426.8	357.8	303.9	360.6
Lithuania	—	—	—	43.2	53.5	107.6	69.7
Belarus	—	61.2	70.8	78.0	131.2	125.7	133.4
Moldova	—	—	—	—	—	145.1	174.1
Russia	128.1	137.1	146.8	170.7	205.0	242.9	217.8
Ukraine	215.2	197.0	231.1	237.0	261.7	317.7	330.1
Armenia	176.3	102.8	71.3	61.5	59.4	—	—
Azerbaijan	100.3	86.6	74.7	63.5	51.8	73.6	58.0

Hungary has shown a steady increase in the share of international adoptions, accounting for 16 per cent of the total in 1994 (Table III.11).

Table III.11 - International adoptions as a percentage of all adoptions in selected countries 1989-1995

	1989	1990	1991	1992	1993	1994	1995
Hungary	9.5	13.8	14.9	12.0	15.5	15.6	—
Poland	9.6	11.8	13.7	13.8	12.3	8.9	—
Bulgaria	1.0	0.9	3.9	8.4	13.2	14.1	21.6
Romania	—	—	—	—	—	42.2	42.8
Estonia	—	—	—	0.7	3.8	9.6	6.8
Latvia	—	—	—	—	—	—	45.0
Lithuania	—	—	—	15.5	20.9	49.1	36.5
Belarus	—	—	0.5	14.2	—	—	—
Moldova	—	—	—	—	—	22.0	—
Russia	—	—	—	—	9.7	13.5	—
Ukraine	—	—	—	1.4	6.1	7.4	—

Source: MONEE Database, UNICEF ICDC; Cantwell, 1996.

Unfortunately, there are few data on the number of children moving from institutions to adoptive families. Because most adoptive parents prefer children under the age of three years, infant homes hold out the best prospects for adoption. In Hungary, 21.8 per cent of exits from infant homes and 7.4 per cent of exits from all public care were through adoption in 1994. In Slovakia, 5.8 per cent of the children adopted in 1993-94 came through infant homes, while only 0.8 per cent of the children adopted (or fostered) came through children's homes.¹⁷ In Russia, published adoption data pertain only to infant homes. In 1994, 36.5 per cent of all infants in these homes were placed for adoption, about double the level of five years earlier (see Figure III.3). International adoptions peaked in 1994 at 2,196 cases, meaning that the overall increase in adoptions from infant homes between 1990 and

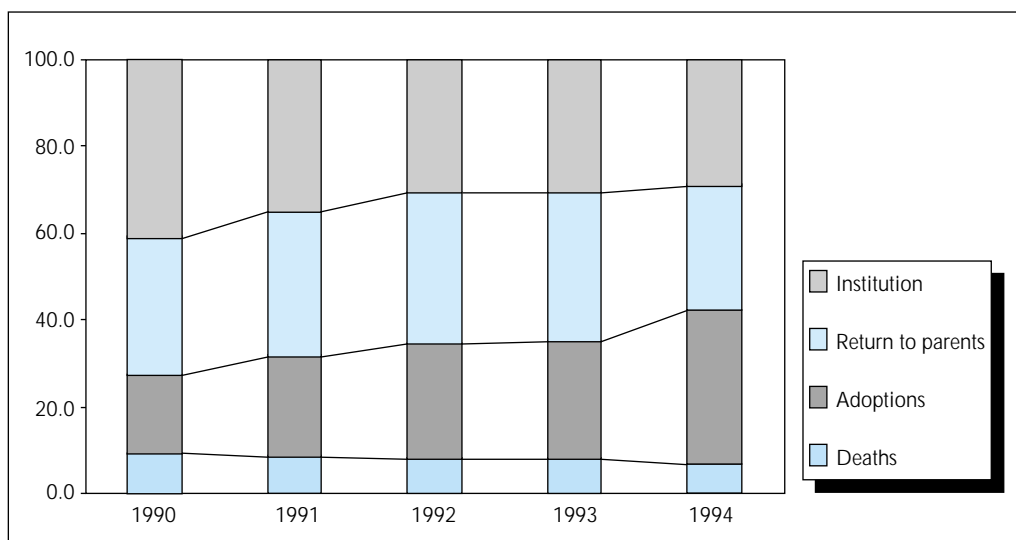


Figure III.3 - Exits from infant homes in Russia, 1990-94

The structure of exits from infant homes in Russia shows that fewer young children are returned to parents and more children are adopted.

1994 (about 3,500) was linked to international adoptions. Accordingly, the drop in adoptions in 1995

noted in some countries may be partially explained by endeavours to tighten rules on international adoption.

BOX III.3 - INTERCOUNTRY ADOPTION AND CHILDREN'S RIGHTS IN THE CEE REGION

During the second half of its 50-year history to date, intercountry adoption has come to be looked upon by growing numbers of potential adopters as the primary means of securing one or more children. The increasing prevalence of this attitude has created a 'demand' for adoptable children and a veritable business mentality, bringing with it a range of illicit practices. The experience of the CEE region in the 1990s has constituted a microcosm — in time and space — of the serious problems that poorly controlled and monitored intercountry adoption can pose to the rights and interests of children.

Intercountry adoption from CEE countries before 1990

Overall, intercountry adoption of children from CEE countries was rare under the socialist regimes. Only Poland and, to a lesser extent, Hungary seem to have been involved in any significant way. Smaller numbers of children were also adopted from Bulgaria and Romania each year (in Romania, each adoption order had, by law, to be personally signed by the President). In countries of the former USSR and Albania — which had no legal provisions specifically governing intercountry adoption — the practice was to all intents and purposes unknown.

All this was to change suddenly and massively as soon as the desperate situation of the high number of children in Romania's institutions were brought to the attention of the world at the beginning of 1990.

From Romania...

Couples flooded into Romania almost immediately after the December 1989 revolution with a view to adopting children from the 'orphanages'. Rapidly in their wake came representatives of adoption agencies, and a thriving network of taxi-drivers, interpreters, lawyers, hotels and sundry middle-men appeared, catering to this growth industry. A governmental Romanian Committee for Adoptions (CRA) was established in early 1991 as a focal point for potential adopters from abroad, but was rapidly overwhelmed. A year after a 1990 law assigning the approval of intercountry adoptions to the courts had come into effect, the authorities came to the inevitable conclusion that, in view of the abuses, intercountry adoptions would have to be suspended completely pending stricter legislation and the installation of a better-resourced and trained CRA. By that time, 10,000 children had been taken out of Romania for adoption, and the then head of the CRA had no hesitation in qualifying the situation as 'a national tragedy'.

The 'tragedy' was not only that Romania was under severe political and economic pressure to make children available for adoption and had in one year come to supply about one third of the children adopted annually throughout the world. The 'tragedy' was this and more: by 1991, most of the children being adopted were not being 'rescued' from institutions; instead, they were being procured directly from their biological families, usually in exchange for consumer goods or money. In fact, when news had spread of the situation of children in institutions, thereby fuelling the hopes of prospective adopters, it was not pointed out that only a small proportion of those children could be considered 'adoptable'. Hence, potential adopters soon began turning to intermediaries who could persuade parents to give up a baby — or even produce a baby specifically for adoption.

...to the region...

Romania's July 1991 moratorium on intercountry adoptions lasted nine months. With the Romanian door closed, demand began switching to other countries in the region. Particularly targeted were countries that had little or no experience of intercountry adoption — the former USSR, Albania and to some extent Bulgaria — and consequently only the most rudimentary of structures and legislation to deal with it.

The Albanian authorities were the first to react, in early 1992, after a series of allegations of malpractice in that country. The scale was far less than in Romania — intercountry adoptions totalled no more than 200 in 1991 — but the pattern was the same: cases of falsified documents, parental consent obtained on the basis of incorrect information, financial rewards, procedural irregularities, and the telling fact that, by the beginning of 1992, more children were being adopted directly from families than from institutions. In March 1992, Albania also imposed a moratorium and then eventually enacted new legislation and set up a Committee on Adoption that became partially operational in 1994. Significantly, the Committee dealt with only two intercountry cases in 1995.

Other countries faced with similar pressures and practices followed suit, including Russia and Ukraine. Russia's State Party report to the Committee on the Rights of the Child, dated October 1992, noted that "[r]ecently there has been a considerable increase in the number of agencies officially licensed in other countries that are seeking to arrange, with local assistance, the adoption of Russian children by foreign citizens." Russia enacted new legislation on 15 March 1995, but it "lacked certain key provisions"¹⁸ with the result that a moratorium on adoptions by foreigners came into effect that very day. On 15 September, the legislative gaps were filled and the moratorium ended. Five days later, the State Duma of the Russian Federation set up a 'Public Committee for Help in Adopting Child Orphans' under the auspices of its Foreign Relations Committee, essentially designed to guide prospective adopters through the legal process.

For its part, Ukraine imposed a total ban on intercountry adoptions in June 1994. As the All-Ukrainian Committee for Children's Rights noted in 1995, "[t]here is no legislative solution [to intercountry adoption of orphans by families of foreign citizenship] in Ukraine. Nonetheless, this type of adoption was performed for four years, thus depriving children of their right to the protection of their individuality and the right to be brought up in their own language, culture, etc. ... Today, this practice has been suspended by Parliament, until further amendments to the legislation are made. ... Taking into consideration Ukraine's deep economic crisis and the number of children in child welfare institutions and the inability to provide proper medical care to these children, [it is recommended] to consider intercountry adoption of Ukrainian children as a provisional measure forced upon us ... " The moratorium was lifted only with the entry into force of stringent legislation on 1 April 1996. Under this new law, adoptions are allowed only to countries whose governments have signed bilateral agreements with Ukraine, and no intermediaries, such as adoption agencies, are permitted to become involved.

Elsewhere, however — in Poland, for example — allegations of improper or illegal operations did not provoke immediate response. "Foreign adoptions evoke a lot of controversy in Poland," said a July 1994 statement by the Committee for the Protection of Children's Rights of the Helsinki Foundation for Human Rights. "It has happened that healthy infants who could have been adopted in Poland left the country forever. ... There were incidental cases of sale and trafficking of children occurring during adoptions." In its reply to the Committee on the Rights of the Child's list of issues, dated 10 January 1995, the Polish Government said: "Intercountry adoption is treated in a special way — as a substitute means of care of an orphan child ... where it cannot be placed in an adoptive or foster family in Poland. The intercountry adoption procedure is specified in great detail by the Polish regulations. " But it went on to note that "[m]odification of the adoption provisions is planned, designed to introduce obligatory verification in the course of court proceedings to make sure whether adoption of the juvenile is indeed impossible without changing the child's country of residence." Furthermore, Poland is the only country in the region apart from Romania that has so far ratified — or signed, for that matter — the Hague Convention on Intercountry Adoption.

...and back to Romania

Several countries have found their initial efforts to regulate intercountry adoptions to be partially or even wholly ineffective in practice. The pressure on Romania still exists, having flared up again in 1994 when it was reported that the number of children in institutions was rising significantly after a steady fall during the early 1990s. Encouraged by lawyers, some judges deliberately exploited so-called loopholes in the law or granted adoption orders in defiance of the law by consciously misinterpreting, in particular, the Strasbourg Convention on Adoption to which Romania had become a State Party.

Adoption agencies have pulled strings to gain accreditation with the CRA. In early 1995, the CRA was receiving hundreds of phone calls a month from parents announcing their plans to abandon their child and their wish that the latter be placed on the CRA listing for potential adoption internationally — this being a 'legal' way of responding to



the continuing demand. Nonetheless, the latest attempt, in 1995, to legislate in this sphere seems to be bearing fruit, though there will no doubt always be means to circumvent the law when prospective adopters are prepared to pay tens of thousands of dollars to obtain a child in a country where US\$200 is a good monthly salary.

Vulnerability and varied success

Although the CEE region comprises very different national realities, there are a number of common factors that have given intercountry adoption a particular character as compared with its more usual manifestations in Asia and Latin America:

- even where legislation existed prior to the transition, few countries had any significant practical experience of dealing with requests to adopt their children;
- when they came, these requests were sudden, numerous and pressing;
- the new authorities were overwhelmed with the urgent need to put into place legislation and structures in a vast range of spheres;
- there had been an unusually high incidence of recourse to institutional placement of children in many countries;
- as soon as the transition began, the majority of the population suffered a sudden, considerable and continuing fall in real income, with negative implications for, *inter alia*, families' ability to care for their children and/or to foster or adopt other children in need of substitute care.

These factors combined to make these countries, their authorities and populations acutely vulnerable to outside pressure and intervention of all kinds. Hungary and Poland, with their previous experience of handling intercountry adoptions, seem to have been best able to contain the demand. But the figures show vertiginous rises for Bulgaria and, especially, Romania, even though they had had some previous experience, as well as for several countries where intercountry adoption had been practically non-existent. Of those countries for which figures are available, the Czech Republic and Estonia would seem to be alone in having maintained control over the phenomenon despite lack of prior experience.

International standards

In the 1970s, when intercountry adoption rates started spiralling world-wide, serious concerns began to be expressed over the 'mass exportation' of children from economically underprivileged nations and the inadequacy of international regulations to safeguard the children's interests. The subsequent development of international law reflects the rapidly increasing level of preoccupation about the large-scale abuses of the spirit and procedures of intercountry adoption.

The 1986 United Nations Declaration on Social and Legal Principles Relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption, Nationally and Internationally — the first draft of which was produced in 1978 — stresses the need for the prevention of abduction and improper financial gain, as well as protection of the child's legal and social interests. Interestingly — though in the light of experience, not entirely justifiably — it contains no references to such phenomena in relation to domestic adoptions. This Declaration also incorporates the concept that intercountry adoption is to be seen as a 'last resort' solution for a child, to be envisaged only when it has been established that appropriate care cannot be provided in the child's country of origin.

The original draft of the relevant article of the United Nations Convention on the Rights of the Child began with the obligation of States Parties to 'facilitate' adoption. By the time the text of that article came up for second reading, however, the 1986 UN Declaration had been approved, and the 1980s had provided an unprecedented number of examples of gross abuses of intercountry adoption practice. As a result, the wording was changed completely and now stresses States' duty to "ensure that the best interests of the child" are "the paramount consideration" in any adoption. The CRC also reiterates the 'subsidiarity' principle under which intercountry adoption may only be considered as a last resort, and prohibits, *inter alia*, improper financial gain and sale of, or traffic in, children. At that time, as noted above, very few of the Socialist countries were concerned to any major degree by the phenomenon of intercountry adoption.

Designed to set up a mechanism for international cooperation to give practical effect to the CRC provisions relating to intercountry adoption, the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption is the result of a four-year drafting process that began in 1990 — precisely the period when some of the worst violations of children's rights to date under the guise of intercountry adoption were being perpetrated, particularly in Romania. There is no doubt that contemporary events — and the active participation of the Romanian delegation in the drafting process — influenced this treaty, which essentially turns what was hitherto a 'principle' of subsidiarity into a full-fledged 'rule' and sets out very detailed procedures and safeguards to ensure respect for the rights of the child.

Concerns of the Committee on the Rights of the Child

The only systematic and official body currently operating to monitor compliance with these standards is the Committee set up under the terms of the Convention on the Rights of the Child. To date the Committee on the Rights of the Child has reviewed five State Party reports submitted by governments from the region: Belarus, Poland, Romania, Russia and Ukraine. It is noteworthy that, in its 'Concluding Observations' on each, the Committee has without exception referred to the issue of adoption, e.g.:

- regarding Romania (7 February 1994): "The legislation on adoption should be further amended and enforced to effectively prevent, in particular, intercountry adoptions in violation of the spirit and letter of the CRC and taking into account the Hague Convention, namely in view of the statement by the delegation of the Government of Romania as to its intention to ratify this Convention." (As noted above, Romania did indeed subsequently ratify the Hague Convention and reinforce its national legislation.)
- regarding Ukraine (27 November 1995): "The Committee is worried by the high rate of abandonment of children, especially new-born babies, and the lack of a comprehensive strategy to assist vulnerable families. This situation can lead to illegal intercountry adoption or other forms of trafficking and sale of children. The Committee encourages the Government to clearly prohibit [the sale and trafficking of children] and to ensure that the right of the child to have his/her identity preserved is fully endorsed. The Committee also recommends that the State Party consider the ratification of the Hague Convention ... "

Intercountry adoption in the CEE context today

As noted, the 1986 UN Declaration, the CRC and the Hague Convention all stress the principle that appropriate forms of care — including adoption, of course — in the child's country of origin should be preferred to solutions involving displacement abroad. This philosophy corresponds notably to the right of the child "deprived of his or her family environment ... to special protection and assistance by the State" (i.e. the State in which he or she has been living with the family) and the need to pay due regard "to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background" when deciding on the most appropriate form of substitute care (CRC art.20). The CRC is in force in all countries in the region — and in all but two (Switzerland and USA) of the countries to which children are adopted.

Gradually, this 'rights-based' approach is beginning to hold sway in the region. Legislation has been tightened, inspired by the new international norms. Campaigns to promote national adoption have been launched. De-institutionalization programmes are being tried out, including pilot projects designed to enable abandoned children to return home. Social security nets — although invariably still inadequate — are being restarted. In addition, the economic situation in the majority of the countries in the region is either becoming more favourable or is at least unlikely to worsen.

In other words, it seems reasonable to suggest that conditions are now generally in place for ensuring that the adoption of children abroad corresponds systematically — as it always should have done — to the exceptional welfare measure it was set up to be. At the same time, a number of factors still maintain the risk of undue recourse to intercountry adoption at a relatively high level. These include:

- the high incidence of family breakdown;
- unaffordable or unavailable means of contraception;
- the benefits of economic recovery denied to a substantial under-privileged sector of the population;
- paradoxical plans in certain countries to increase the number of institutional places available.

In CEE countries today, there is consequently a clear need for ongoing vigilance alongside enhanced efforts to prevent family breakdown and to provide, in-country, suitable alternative forms of care for children who nonetheless find themselves without families. In the foreseeable future, there will no doubt be certain children in the region, as elsewhere, for whom intercountry adoption is desirable and justifiable from the standpoint of their best interests and their overall rights. In such cases, internationally accepted procedures must be followed strictly when determining a child's 'adoptability' and identifying suitable adoptive parents abroad. Any attempts, at whatever level, to avoid, disregard or manipulate these procedures must, without exception, be quashed.

In this regard, it may be useful to recall that between 10 and 20 per cent of the child population are deemed to be living below the poverty level in many countries of Western Europe and North America. Hundreds of thousands are in institutions in those countries. No one would seriously suggest that the global solution to their problem lies in organizing their adoption abroad. Yet this has been the essence of certain claims made in the first years of the transition in relation to children in similar situations in many CEE countries. Too frequently, this has contributed significantly to an attitude toward intercountry adoption that corresponded neither to the *raison d'être* of the institution, nor to an approach based on the rights and interests of the children concerned. Efforts to counter this attitude and to set international adoption in its rightful place as a subsidiary child welfare measure are beginning to bear fruit. They constitute an important facet of ensuring that the children of the region benefit from the protection of all aspects of the Convention on the Rights of the Child.

3. REASONS FOR THE INCREASING DEPENDENCE ON PUBLIC CARE

Policies to prevent institutionalization require more comprehensive knowledge on how and why children end up in public care. Information on who initiates placement into public care — parents, relatives, state agencies or other authorities — is a crucial measure of the activities of the local authorities and child-protection networks responsible for monitoring child well-being and initiating action. It could also shed light on the extent to which child protection reforms have changed policies and practices. Unfortunately, such information is scant and often indirect; however, existing information suggests that it is increasingly parents who take the first step.

A. Entry rates increase while exit from care proves increasingly difficult

As mentioned, many countries provide no data on entries to and exits from public care. Were such data available, the rate of children entering public care would be one of the most potent indicators of the new risks brought about by the transition. Indeed, for the western CIS and the Baltic countries the annual data on children left without parental care reveal far more clearly than the stock data the potential large rise in the number of children entering public care. In addition, data also reveal that leaving public care is becoming more difficult. Both

of these factors help explain the reasons for the higher rates of children in public care.

Russia recorded a dramatic 131 per cent increase in the number of new registrations of children left without parental care between 1989-95 — up from 49,100 to 113,296 cases. There was also a surge in the number of abandoned and parentless children placed in reception centres in the same period.¹⁹ In Belarus, new registrations of orphans and children left without parental care rose by 56 per cent between 1990 and the end of 1995,²⁰ which presages growth in the number of children coming into public care. In both Lithuania and Estonia the number of children who have been officially registered with child protection agencies because of 'lost parental support' has more than doubled in the 1990s.

Many of these children are very young and completely unable to fend for themselves. For example, children registered with child protection agencies were below the age of seven in 40 per cent of the cases in Lithuania and 50 per cent in Estonia. At the same time, data from Russia suggest that their chances of returning home have decreased. If in 1989, 73 per cent of all Russian children who entered reception centres were reunited with their parents, by 1995 the share had dropped to 66 per cent.

The lower rates of exits from care bear witness to the difficulties experienced in achieving family reunification over the last six years. The number of children returned to their own families from public care did not show any major increase in any country with the exception of Latvia. In Hungary, 1,918 children went

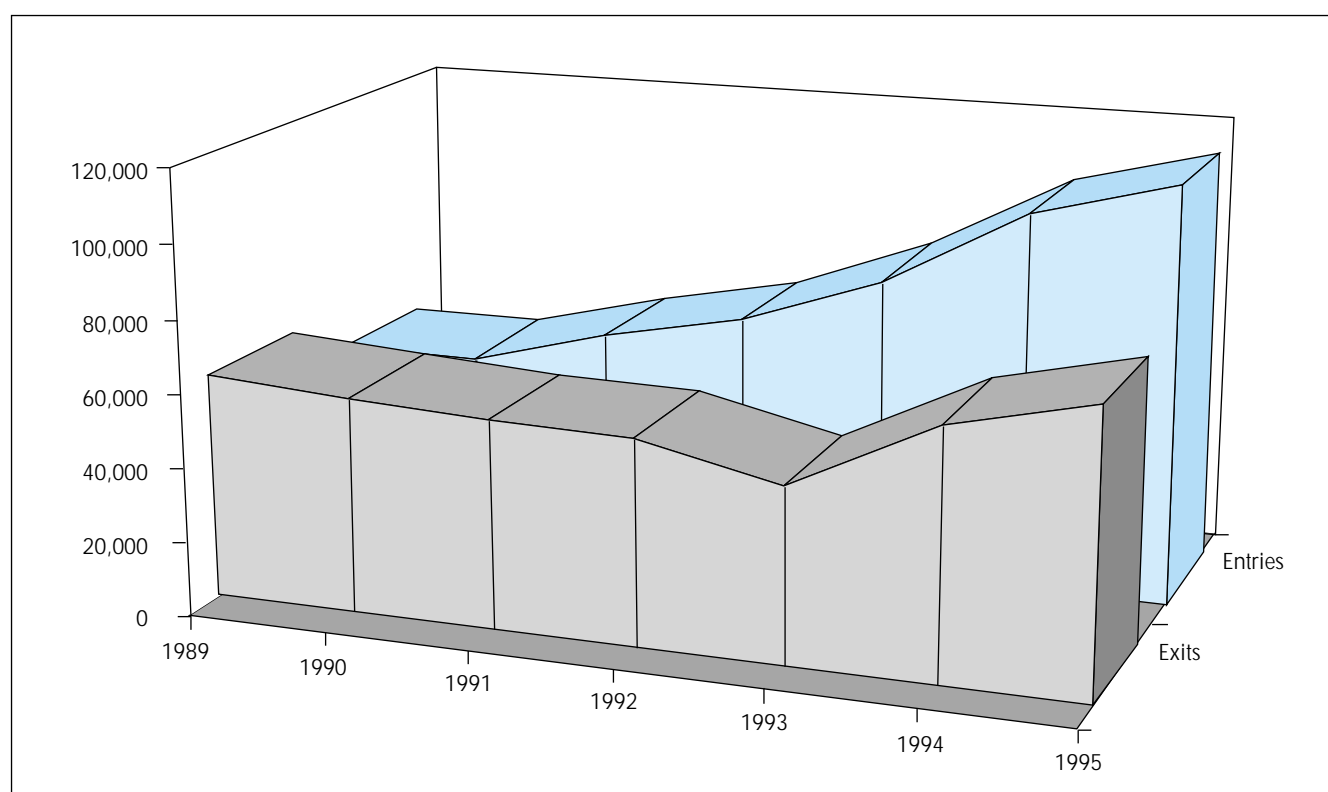


Figure III.4 - Children without parental care: entries into and exits from public care in Russia, 1989-95 (in absolute numbers)

back to their families or relatives in 1994, comprising 28 per cent of all exits from public care and 9 per cent of the total child population in care. This was similar to previous years. In the Czech Republic, only about 800 children went home in 1990, and four years later the number was virtually unchanged. The limited data show higher return rates for infants; in the mid-1990s about a third of the children in infant homes returned to their families in Slovakia, Bulgaria and

Russia. As children get older, family ties are more likely to wither and require even more energetic measures to keep family contact. In Slovakia, survey data for 1993 found that not one child in the 3-18-year-old age group was reunited with his or her own parents — practically all stayed in institutions.²¹

In Russia, where the increase in new entries has particularly gained momentum since 1992, the number of children and young people leaving the care system has grown little, swelling the total numbers of children dependent on the State (see Figure III.4). A similar picture is found in Romania, where a UNICEF study in five regions found that entries exceeded exits into institutional care by 10 per cent.²²

Finally, a recent and important factor contributing to the low exit rate from care is the emergence of a new risk group: young people 18 years and older still in institutional care. During the socialist era it was less difficult for them to find employment and accommodation in workers' shelters; also, other employee benefits from public enterprises and other schemes provided a safety net to care leavers. In Russia, for example, they received exemptions from public examinations in order to enter further education.²³ The system worked very imperfectly, but educational opportunities, as well as access to the armed forces, gave these young people some chance of establishing themselves in society. In Romania, too, they were offered some form of protection upon leaving care, continuing to remain in state custody through army service and then placement in enterprises.²⁴

Ill-prepared for independent living because of the inadequate social and personal skills development they received during their institutional years, these young people must now try to compete on the open market for

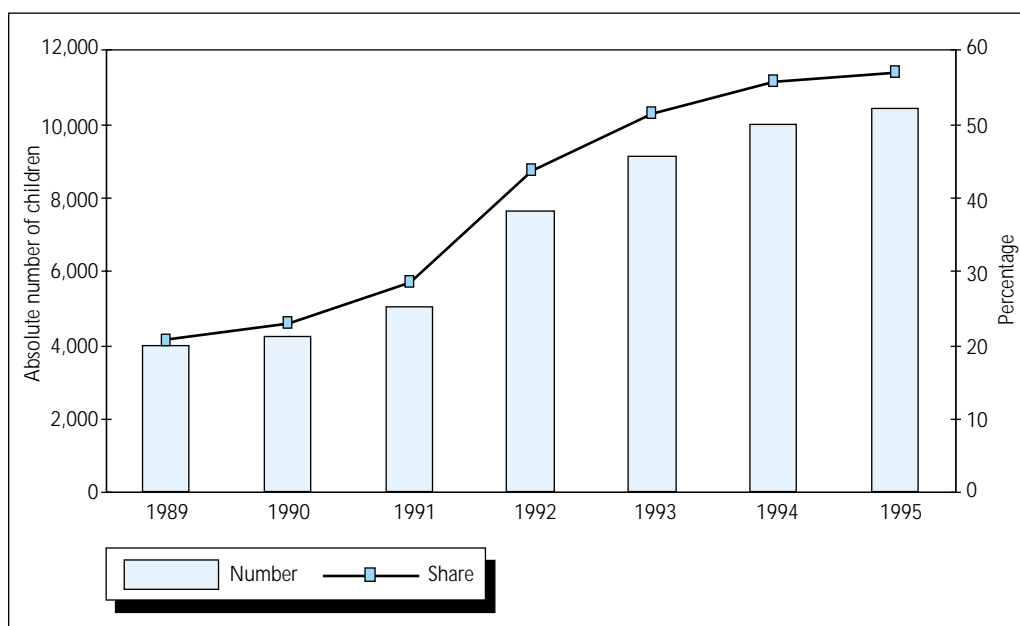


Figure III.5 - The number and share of social orphans in infant homes in Russia, 1989-95

employment and housing. Because their opportunities on both fronts have receded sharply, they are becoming a new long-stay population in care, a problem being reported from all parts of the region. In Hungary, for example, the number of young people in care 18 years and above rose only slightly from 44 to 210 between 1980 and 1990. By the mid-1990s, however, the number had soared to more than 3,000 — a 14-fold increase.

B. Poverty, disability and ethnicity propel social orphans into institutions

Under socialism, the overwhelming majority of children who lived in long-term care came from deprived and disadvantaged social backgrounds or were disabled. With rises in poverty and social instability, socio-economic reasons have come to play an increased role for entries into public care. State orphanages hold up a mirror to society and reflect the growing gap between rich and poor: the most marginalized and least supported are those most dependent on the public care systems.

Throughout the region, the majority of children living in public care are commonly known as 'social orphans'. These children have parents who have either abandoned them or are unable to provide care because of serious illness, imprisonment or loss of parental rights due to, among others reasons, alcohol and drug abuse and child neglect. The proportion of social orphans has risen steadily, particularly in countries of the FSU. In Russia, nearly 59 per cent of the new entries in infant homes in 1995 were social orphans (up from 44 per cent in 1989); as a result, the majority of children in infant homes are now social orphans (Figure III.5). In Belarus, the number of social orphans is reported to have tripled since 1990.²⁵

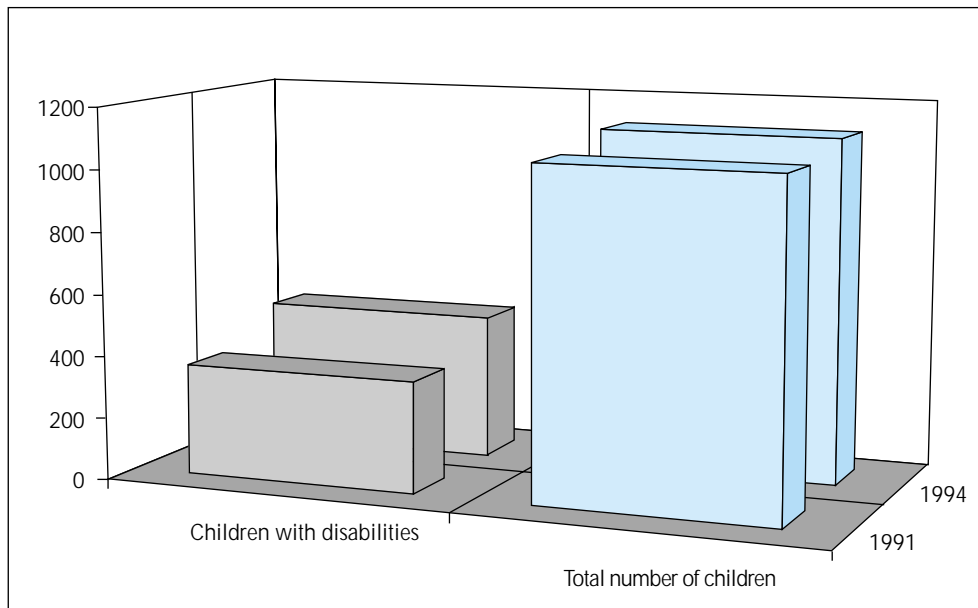


Figure III.6 - Children with disabilities in infant homes in Slovakia, 1991 and 1994

Source: Wolekova, 1996.

The number and share of children with disabilities have increased in infant homes since 1991 in Slovakia.

Most children are in care because they are poor, disabled, belong to the gypsy ethnic minority or come from families that neglect and care inappropriately for them. Poverty masks itself in a variety of forms. A 1991 UNICEF survey in Romania showed that socio-economic factors far outweighed other causes of abandonment and placement in public care. Unemployment was the socio-economic factor cited most often — in 74 per cent of all cases. Other factors included low income (62 per cent) and unsatisfactory housing or homelessness (58 per cent).²⁶ Personal problems of the parents, such as mental illness and alcoholism, were mentioned in fewer than 20 per cent of all admissions to infant homes. In Hungary, financial reasons were the main factor for 57 per cent of entries into public care in 1995.²⁷

Poverty is also associated with single-parent status, large families and often ethnicity. These three factors significantly heighten the risk of entry into public care, although their relative importance varies across the region. In Bulgaria, about one quarter of children aged three years and above living in orphanages come from families with three or more children.²⁸ In Ukraine as well, about one fifth of the children living in orphanages come from large families.

Children of single parents have always run a higher risk of entering public care. In Russia, 30 per cent of abandoned babies come from single-parent families, which are also 2.5 times more likely to have a premature baby.²⁹ In Ukraine, a child of a lone parent is two times more likely to be in a long-stay boarding school than a child with both parents. At the same time a growing proportion of infants placed in care are born to teenage mothers, who are less likely to be financially and emotionally prepared for motherhood. In Bulgaria, the children of single parents also comprise a very large

proportion of those in mother and child homes — 42 per cent in 1992 — and they accounted for 11 per cent of those in the long-stay homes for 3-year-olds and above in 1993.³⁰

Ethnicity is a very significant factor, especially in Central and South-Eastern Europe, and it is almost exclusively linked to being a member of the gypsy ethnic group. In Hungary, while about 5 per cent of the population is estimated to be gypsies, their children dominate the care system, accounting for 60 per cent of all children living in public care.³¹ They also form a significant proportion of those in care in the Czech Republic, and in Slovakia the rates (65 per cent) are even higher than in Hungary. In all of these countries, gypsy children face multiple risks of institutionalization because of large family size, very low employment rates and low income. The risk of institutionalization for gypsy children has also risen in Romania, where public attitudes have increasingly hardened against large family size. New attitudes that large families 'feed off the State' represent a reversal of pre-transition pressures and financial inducements to encourage large families.³²

Disability continues to play an important part in institutionalization: its role has expanded in Central Europe and remained high in Romania. In Slovakia, for example, of all children placed in infant homes in 1994, 42 per cent had disabilities, as compared to 34 per cent in 1991 (see Figure III.6). Despite widespread deterioration in child health and increasing rates of disability in the FSU, the number of children with disabilities entering care has not increased. This may be the result of cash support to families and changing policies, but it also reflects the very low quality of care provided in institutions, which have very high mortality rates.

More positively, some improvements in benefits for disabled children and the start of community-based rehabilitation and support services help explain the decrease in the number of children with disabilities placed in institutions in some FSU countries. A special survey in Saratov, Russia, found that the steps taken to develop services and social work for children with disabilities have promoted more positive community attitudes and aided parents in raising their child at home.³³ This seems to be supported by other Russian data which show that children with disabilities do not appear to be at greater risk of abandonment today than during the socialist years. There was no change between 1990-94 in the ratio of physically and mentally disabled children to all children in permanent homes for the disabled (16 per cent in both years). This may, however, also indicate that the substantial increase in disabilities recorded in Russia mostly involves less severe disorders that do not require institutional care.

In Romania, the number of children in boarding schools and specialized health centres remained at about 7,000-8,000 between 1990-94, but the number of children in dystrophic hospitals grew by 10,000 (see Table III.5). Poor child nutrition is emerging as a new facet of poverty in many other countries. For example, in Slovakia, where no data are officially collected on the reasons for placement in public care, a recent survey found that in both 1993 and 1995 inadequate nutrition accounted for a shocking 35 per cent of all entries into state care (see Table III.12). The incidence of malnutrition disorders, rickets and anaemia increased in Russian infants homes by 20, 13 and 75 per cent respectively between 1989-94.³⁴

Table III.12 - Reasons for placing children into substitute care in Slovakia, 1993 and 1995 (in percentages)

	1993	1995
Death of parents	9.0	12.8
Health problems of a parent	4.0	4.0
Nutrition problem of the child	35.4	35.3
Family violence	7.8	10.1
Abandoned child (including imprisoned parents)	11.2	12.2
Application of parents	4.4	5.4
Deviant behaviour of child	20.2	16.9
Sentenced juvenile	8.1	3.3
Total	100.0	100.0

Source: Wolekova, 1996b.

These data signal that parents have found themselves unable to safeguard the most basic survival needs of their children. Western research has shown convincingly the links between poverty and ill-health at all stages in the life-cycle, including childhood,³⁵ and there is some evidence that children entering the care system in the CEE region are in poorer health today than were children entering care five years ago. However, reports on malnu-

trition can also mask parental neglect, and the increased risks of poverty and general hardship create a ready cover for those parents who decide to give their child away. Both poverty and parental neglect may underlie malnutrition that leads to institutionalization.

C. Orphans tend to end up mostly in kinship-based care

By the end of the socialist era, only a very small percentage of the children living in orphanages had in fact lost both their parents, although these children continued to be called 'orphans'. With the sharp rise in middle-aged mortality in most parts of the FSU and, to a smaller degree, in several other countries, an increase in the number of orphaned or single-parent children entering public care could be anticipated. In Ukraine, the ratio of orphans to all children in public care is estimated to be 7 per cent, which is higher than in Central or South-Eastern Europe. As noted in Chapter II, the additional number of children who lost at least one parent can conservatively be estimated at 500,000 in Russia alone over 1990-95. Most of these children seem to be cared for within the kinship system. Widows with children add to the number of single parents, although some may find a new spouse or partner who could act as a step-parent. Indeed, a part of the increase in the number of adoptions in Russia discussed earlier could be attributed to step-adoptions, although the overall decline in marriages and flat remarriage rates act against this relatively favourable outcome. If both parents die or the widowed parent gives up a child, there may still be grandparents or other relatives who provide care. The fact that new entries into guardianship care more than doubled in Russia (from about 32,000 annually they shot up to 64,330 by 1994) may partly reflect the worsening of adult life prospects. Nevertheless, the reasons that lead to early death — e.g. alcoholism, stress, poor diet — may leave their mark on a much broader child population.

As is well-known, there are links between socio-economic status and mortality: those with low socio-economic status are exposed to greater health risks due to poor nutrition, lifestyles, housing and other negative factors. Therefore, overall life expectancy trends do not necessarily affect all strata of society in a uniform way. Even in those Central and South-Eastern European countries where transition-related mortality increases were less prevalent (see Chapter I), mortality patterns may become polarized, with overall improvements masking deteriorations within segments of the population living in deep pockets of poverty. Some very limited information supports this hypothesis. In Slovakia, for example, the percentage of children placed in public care due to parental death rose (see Table III.12), although orphan status still accounts for a tiny proportion — 2.3 per cent of all children in

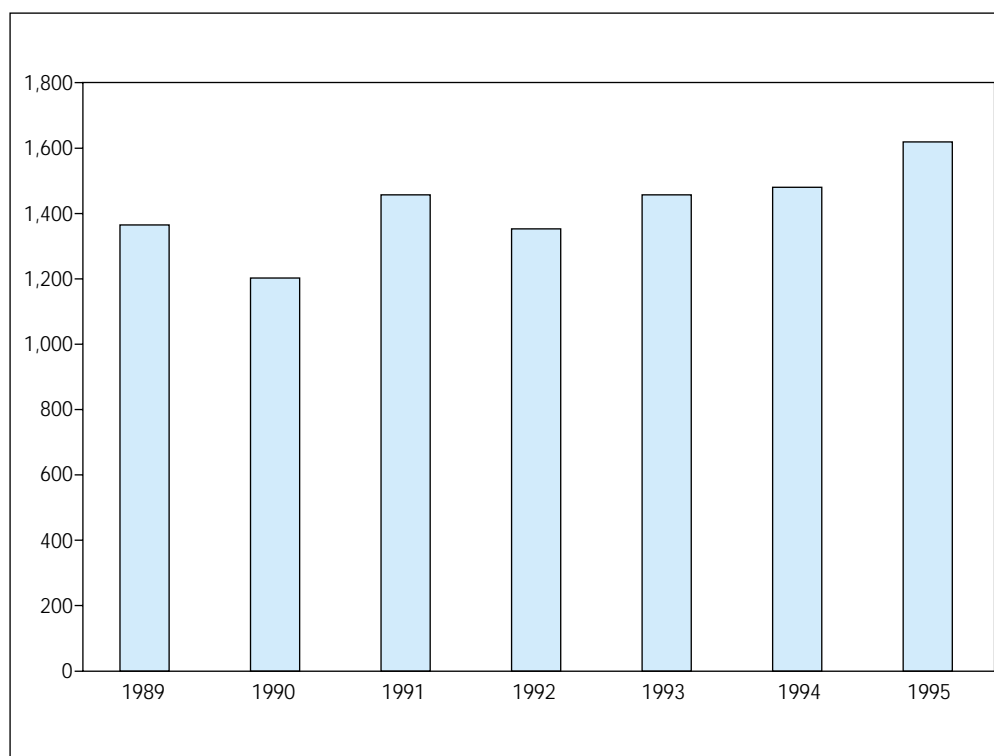


Figure III.7 - Orphans in institutional care in Bulgaria, 1989-95 (absolute numbers)

In Bulgaria, where no fostering exists, the increasing number of orphans in institutional care may reflect higher adult mortality rates.

long-term care.³⁶ In Bulgaria, where no foster-scheme exists, orphans are entering institutions in greater numbers despite smaller child cohorts (see Figure III.7). While 5.5 per cent of all children in institutions were orphans in 1990, by 1995 their share increased to 7.8 per cent. Data from other countries do not seem to signal this tendency: parental death does not appear to be putting children at greater risk of entry into the care system. For example, in Poland, of the 6,000 children who become full orphans annually (1.5 per cent of the child population), the share of orphans in homes has not changed. However, orphan status is highly associated with entry into state care.³⁷

Arrangements made to care for orphans via the kinship system and/or fostering schemes may not always prove long-lasting. Elderly grandparents, for example, may be unable to raise grandchildren to adulthood. The risk that the child will finally end up in an orphanage will always be present.

4. CURRENT PROBLEMS IN SUBSTITUTE CARE ARRANGEMENTS

Not only is institutional care the least satisfactory option to safeguard and promote child development, it is also very costly. Estimates of the monthly per-child costs at the start of the 1990s range from one to three times the average wage in the region. With cutbacks in public budgets during the transition, it might have been expected that fiscal pressures, as well as child-care considerations, would have catalyzed a shift to less costly family-based placements. Instead, there have

been powerful constraints on boosting non-institutional care. The inherited number of children in the care system was itself a major problem. Moreover, as the real value of wages fell and/or unemployment rose during the transition, it has proved difficult to promote foster care and adoption. And, as already seen, exit rates from institutions have been sluggish, while entries have accelerated. Despite this, many countries have either not recognized the need to increase expenditures on institutional care or they have been unwilling to do so.

A. The financial capacity for improving institutional care has diminished

The commitment most countries made at the outset of the transition to improve the quality of child-care institutions inevitably carried financial implications. Any restructuring of large-scale establishments to make them more humane would increase costs, as would staff retraining to raise standards of care. Additionally, the creation of smaller units like SOS villages and small group-care homes would need initial investments; operating costs in these homes are also far more costly than in large-scale institutions.³⁸ Finally, it was inevitable that as price subsidies on food and child-related items (clothing, medicines, diapers, toys, etc.) were lifted, the direct costs of children in residential care would increase substantially.

Even though institutional care on a per-child basis is expensive in comparison with family-based care, every country in the region should be able to manage

some additional financial outlays; in fact, children in institutional care represent a very small percentage of the child population and require a relatively tiny portion — usually no more than 0.1-0.3 per cent — of all public expenditures. Instead, during the years of the transition-related economic crisis, the finances of child institutions appear to have deteriorated in many parts of the region. The direct consequence has been that the living standards of children in long-stay homes in many countries have worsened.

Reliable information on total public expenditure trends on child institutions is limited, but available figures reveal considerable regional differences. Very significantly, the trends show far more consistency with changes in GDP than with changes in the assessment of children's needs. The data also suggest that inflation has cut deeply into expenditures on institutional care. As a result, children's homes have been unable to protect children from the transition-related hardships; frequently, in fact, child institutions were hit harder by material deprivation than the rest of society. Finally, available data show that per-child expenditures are often lowest, or have declined the most, in special institutions for children with disabilities, even though their medical and social-care needs are greater than those of other children living in public care. Consequently, many of those who are especially dependent upon the State receive less financial support today than they did under socialism.

i. Public spending on child institutions has fallen in South-Eastern Europe and in parts of Central Europe during the transition

Available data suggest that real spending for child-care institutions has dropped in Central Europe during the transition, although expenditure levels have recovered in a few countries. In Poland, for example, total public expenditures for children 0-17 years living in long-term care centres, smaller family homes, children's villages and temporary centres had dropped by 20-39 per cent in real terms by 1992 and remained at that level until 1995, when preliminary data showed a return to pre-transition levels. A similar pattern can be observed in the Czech Republic, although it has better maintained the level of expenditures on children's homes, which dropped slightly until 1991 and increased steadily thereafter (see Figure III.8). Expenditure levels in Slovakia and Hungary, however, appear to have improved little or fallen in 1995.³⁹

In Slovakia, infant and children's homes face acute financial problems. In children's homes (including boarding schools) expenditures in real terms declined by 50 per cent from before the transition to 1994; although some improvement was foreseen for 1995, levels are still far below those of 1989. Moreover, in infant homes, where the share of children with disabilities rose between 1991-94, the State is seeking to cut costs by tightening access to medical care.

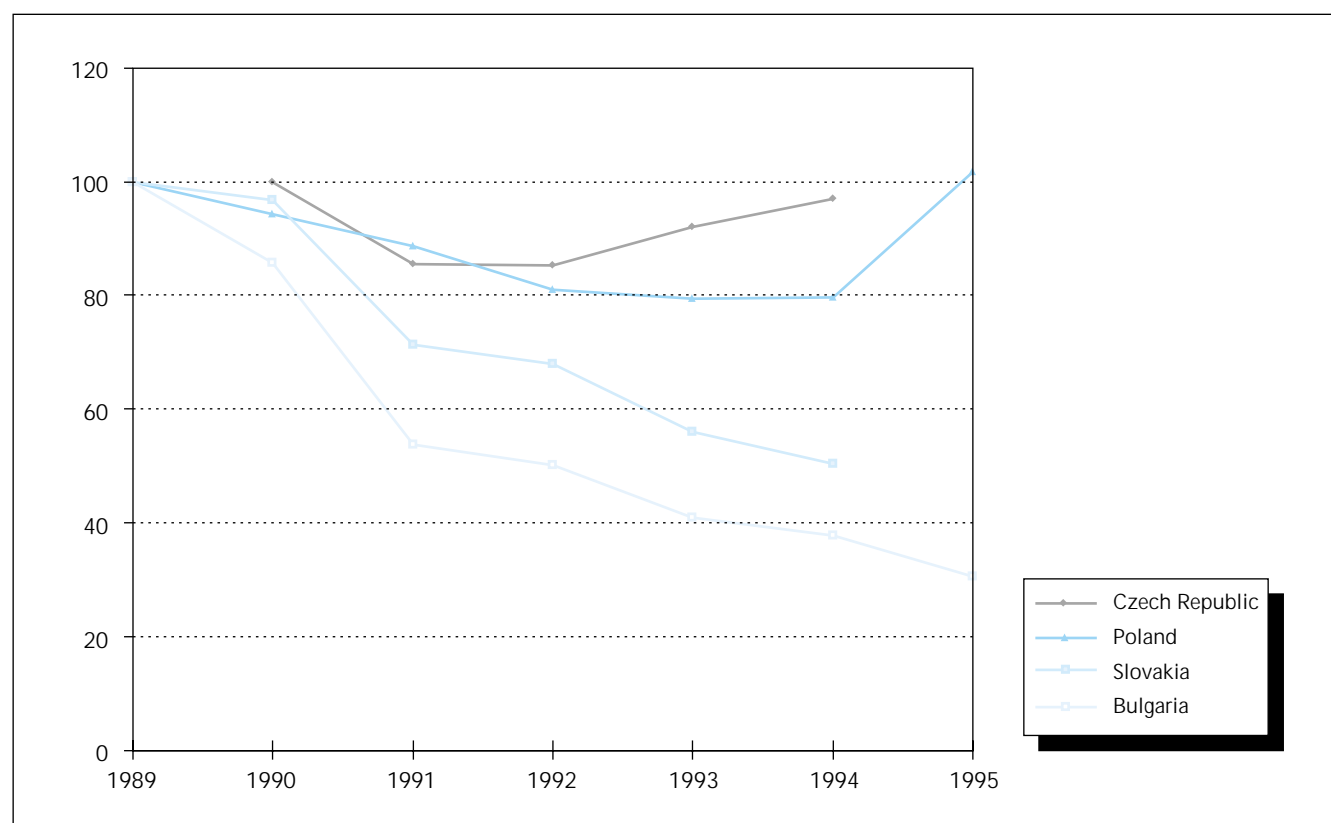


Figure III.8 - Public expenditures on child institutions in real terms in the Czech Republic, Poland, Slovakia and Bulgaria (index: 1989=100; for the Czech Republic 1990=100)

Table III.13 - Rates of children in public care by main regions in the Russian Federation, 1990 and 1994

	Infant homes: rates per 100,000 children (0-3 years)			Child residential care: rates per 100,000 children (4-17 years)			Invalid homes: rates per 100,000 children (0-17 years)		
	1990	1994	Index: 1990=100	1990	1994	Index: 1990=100	1990	1994	Index: 1990=100
Russian Federation	197.8	268.3	135.7	231.8	226.9	97.9	90.6	84.0	92.8
By region									
North	326.2	470.9	144.4	434.3	423.6	97.5	119.5	131.4	110.0
Northwest	446.7	566.9	126.9	346.8	356.4	102.8	124.2	112.8	90.8
Kaliningrad	370.9	477.3	128.7	533.1	577.6	108.4	147.4	127.4	86.4
Central	253.8	386.5	152.3	193.9	185.4	95.6	103.8	98.0	94.4
Volga-Vyatskiy	179.6	321.2	178.8	235.9	237.2	100.5	95.3	86.4	90.7
Central Chernozem	148.7	203.8	137.0	195.8	230.4	117.7	66.6	62.5	93.9
Povolzhskiy	135.7	175.8	129.5	173.8	160.1	92.1	83.7	73.3	87.6
Northern Caucasus	124.5	138.6	111.3	117.8	109.7	93.2	63.4	48.7	76.8
Urals	178.3	221.6	124.3	263.5	242.1	91.9	95.1	84.9	89.3
West Siberia	155.9	255.2	163.7	251.9	246.4	97.8	86.5	80.7	93.3
East Siberia	187.7	236.0	125.7	243.9	276.7	113.4	85.5	88.9	103.9
Far East	188.3	247.2	131.3	303.6	292.3	96.3	82.9	92.0	111.0

Sources: MONEE Database, UNICEF ICDC; Goskomstat, 1996.

In South-Eastern Europe, expenditure levels and trends are even more worrying. Bulgaria has experienced a relentless fall in expenditures for infant and children's homes and homes for children with disabilities (see Figure III.8). The per-child expenditure in real terms fell sharply in 1990 and has continued to decline steadily since then. In 1995, the real expenditure per child reached only a paltry one third of the 1989 level.

In Romania, conditions of care prior to the transition were horrifying, especially for children living in appalling conditions in the dystrophic wards of hospital homes. Available data show an increase in expenditures in 1991 and then a decline thereafter. This downward trend appears to be verified by the disturbing results of a late 1993 survey which showed that central government spending on children's homes had not kept pace with inflation; this situation combined with budget cuts, leading to large reductions in staff. Once again, it was the children who suffered. Food allocations were meagre, living quarters were cold, and much needed repair work went unattended. Those hit hardest were in the children's homes run by the Ministry of Education. Despite scant data availability on more recent trends, new figures from the Ministry of Finance suggest that spending on children in the care system has finally increased — a first and essential prerequisite to raising the standards of their welfare.

ii. Economic collapse and emergencies have led to closures of child institutions in parts of the FSU

Information on expenditures for children in public care in the FSU is extremely limited. But one trend stands out very clearly. Children in public care in war-torn Georgia and in Moldova, still deep in recession, are now living in institutions beyond the point of financial

collapse. In Moldova, public expenditure plummeted by a staggering 83 per cent between 1989 and 1993.

In Georgia, severe cutbacks in the Ministry of Education budget have had a direct impact on funding of the children's homes and orphanages that it operates. Between 1992 and the start of 1996, the stock of children's homes decreased by one third, from 12 to 9, and the number of children dropped from 980 to 723. Likewise, the number of boarding schools for children with mental and physical disabilities has been reduced, and 1,166 children — 42 per cent of the total — have left public care, most of them between 1993-94. This has come out of necessity, not choice, as the demand for state care has increased with the diminished capacity of families to care for disabled children.⁴⁰ These cutbacks have been sharply exacerbated by the armed conflicts that broke out earlier this decade, as humanitarian aid has been diverted to the internally displaced population, leaving children in public care an even less protected social group.

The closure of homes in the face of rising and unmet need in Moldova and Georgia are the two most extreme cases in the region, although the other countries of the FSU are experiencing huge difficulties as well. In Armenia, with its strong tradition of kinship ties, there have traditionally been very few children in institutional care. After the 1988 earthquake, for example, most orphaned children found new homes with relatives. Nevertheless, the four government-financed homes for approximately 500 social orphans in Armenia receive funding that in some cases is insufficient for even basic amenities. In one home with 60 children of impoverished single mothers, money is allotted only for food, which is nevertheless inadequate. Nurses have to look after 10-12 children each, and there is a shortage of infant formula.⁴¹

iii. Financing problems and increased demand result in unmet placement needs in the FSU

The situation of children living in long-stay homes in the Baltics and the Slavic countries of the FSU also shows severe signs of hardship due to economic recession and the weakening of the State. In Lithuania there are simply not enough children's homes to fulfill demand, while in Ukraine, children in need of care have been turned away.⁴² Homes in Russia have gradually filled up during the 1990s and in many parts of the country they are now overcrowded — a product of rising demand and the inability to build or adapt enough buildings to relieve the pressure on existing establishments. If in 1990, 81 per cent of the beds were occupied, by 1994 the figure had risen to 96 per cent. When the large regional differences illustrated in Table III.13 are taken into consideration, it is clear that many homes cannot take any more children. The large increase of unpaid guardianship care is therefore a product of necessity as much as of intentional reform: it has nevertheless been unable to relieve the situation.

iv. The funding of care shows large differences among countries and institutions

With a large share of expenditures for child institutions spent on staff wages (see Figure III.9), it might be reasonable to expect only minor country-to-country variations in per-child expenses expressed as a percentage of the average national wage. One would also expect per-child costs to be highest in homes for infants and children with disabilities.

The sporadic available data suggest, instead, considerable inter-country differences in spending levels on child institutions, even when expressed in terms of

the average wage. The Czech Republic spends on average about 3.5 times the average wage — roughly the same level as in 1989 — per institutionalized child. Poland spends almost twice the average wage, while Bulgaria spends a monthly wage on each child in institutional care. Romania spends about 90 per cent and Moldova allocates only 70 per cent of the average wage.

There may also be considerable differences in levels of expenditures within regions or, as in the case of Russia, in a single country. Indeed, the ability to meet the growing demand for care differs widely among the main economic regions as well as in smaller areas of Russia (see Table III.13). Child institutions in Moscow and several other main cities receive more funding than those in, for example, the Mordovia Republic, Tver' and Smolensk areas, where overcrowding has reached proportions as high as 123 children per 100 places in some institutions.

Underlying the relatively high costs of institutional care is the high staff ratio in institutions. In Hungary, for example, there are two staff members for every three children in children's homes. However, one in two staff members does not deal directly with the children: managers, administrators, cooks, technicians, assistant workers, drivers, etc., make up almost half of the staff. In most countries, the number of staff has not declined, and indeed could not do so without major reforms to the organization of the entire care system.

Finally, available evidence shows that the per capita expenditure is highest in infant homes. Adolescents and children with disabilities, on the other hand, appear to have been hit hard, and spending rates are often lowest in homes for disabled children. In Estonia, while 1.9 and 1.6 times the average wage is spent, respectively, for children in infant homes and orphan-

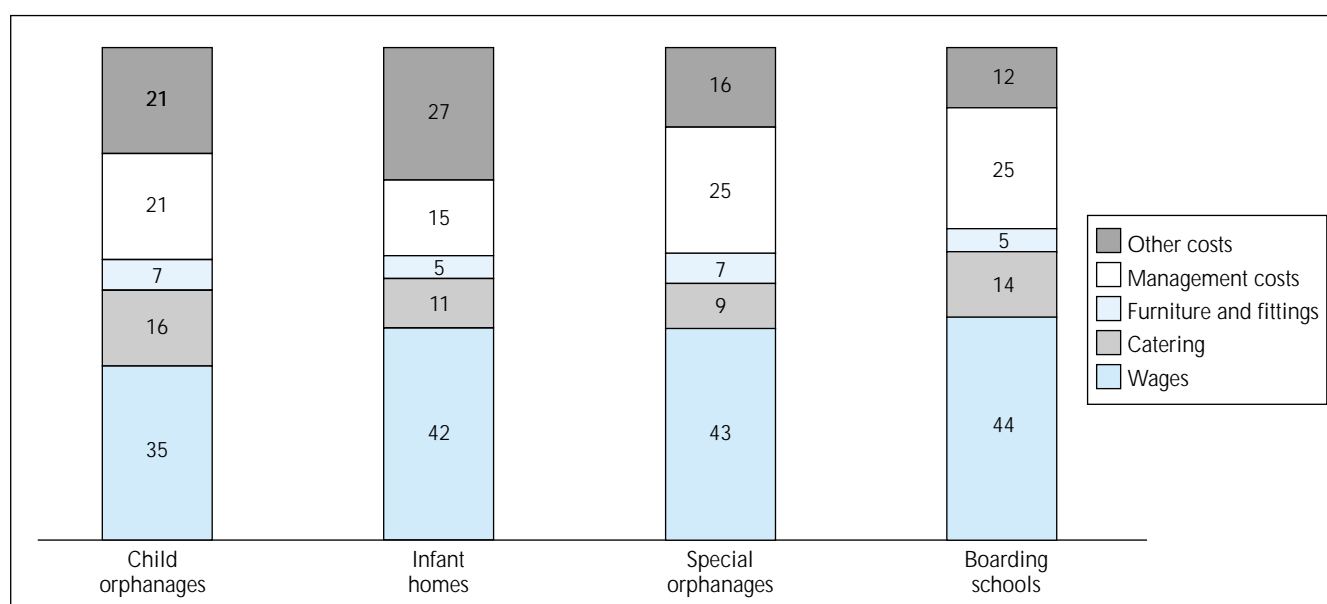


Figure III.9 - Structure of expenditures by type of child institution in Estonia, 1994

Source: Statistical Office of Estonia, 1995.

Table III.14 - Per-child expenditures in real terms and as a percentage of the average wage for the three main types of child-care institutions in Bulgaria, 1989-95

	1989	1990	1991	1992	1993	1994	1995
Real monthly per capita expenditures (levs)							
'Mother and Child' homes	416	389	191	180	145	129	112
Child orphanages	421	385	192	176	148	139	118
'Special Schools for Disabled Children' and 'Homes for Mentally Disabled'	451	415	206	195	159	152	119
Monthly per capita expenditures as a percentage of the monthly average wage (%)							
'Mother and Child' homes	178	158	128	106	84	86	81
Child orphanages	180	156	129	104	86	93	84
'Special Schools for Disabled Children' and 'Homes for Mentally Disabled'	193	168	138	114	92	102	85

ages, per-child expenditures in homes for the disabled amount to only 1.3 times the average wage. In Bulgaria, facilities for children with disabilities had somewhat higher per-child expenditures compared with other kinds of child-care institutions in 1989; by 1995, however, these homes had suffered larger cuts in real terms, with per-child expenditures falling to virtually the same levels as those in orphanages (Table III.14). Meanwhile, in Romania, per-child expenditures on 'cradles' (infant homes) in 1995 equalled the average wage, but the share fell to 89 per cent for children's homes and dropped even further, to 74 per cent, in homes for the disabled. More encouraging, in Lithuania the per-child cost of keeping a child in a home for the disabled reached 1.8 of the average wage in 1995.

In the most extreme cases, such as Moldova, parents have been withdrawing their children from homes for disabled children due to the extremely poor quality of care.⁴³ Between 1992-95 the number of children in these institutions fell from 7,200 to 5,800, or by 22 per cent. While this might also appear positive, it is unclear what social supports and financial assistance are offered to households caring for these children. Pensions and social benefits for children with disabilities are linked to the minimum wage, which has fallen sharply in real terms. In fact, families with children with disabilities are known to be among the poorest in Moldova, as the financial assistance they receive does not cover the added costs of caring for the child. In Georgia, the level of government assistance for children with disabilities has declined rapidly, leaving international NGOs as the main source of funding.

B. Child health and child development in institutions

The financial problems affecting most child-care institutions across the region have hit a community whose members are often on the brink — many of these children suffer from poor health and mental and physical dis-

abilities. Without adequate financing, the health and development needs of these children cannot be met.

In Moldova, a recent UNICEF survey of child institutions paints a gloomy picture. It found that most children were badly nourished and lacked suitable clothing, shoes and bed linen. Medicines were in very short supply, aggravating high levels of illness, and a lack of soap, shampoo and special treatments for lice and nits made these parasites endemic. All these problems were exacerbated by unhygienic conditions, while only about one sixth of the establishments had adequate heating. Hardly surprisingly, there were few toys and educational materials. The overall conclusion was grim: in reality only salaries and food were covered by the budget.

At the outset of the transition the plight of the children in the dystrophic wards of the hospital homes in Romania shocked the world. Partly because of the appalling standards of care and the lack of medical treatment, the mortality rates in these homes were very high. Money poured in from abroad, while the Romanian Government also increased its expenditures. The death rates in these establishments declined dramatically between 1989-93.

However, relatively high death rates in institutions have remained a problem in the region, particularly in South-Eastern Europe and the countries of the former USSR. While in Hungary only about a dozen infants die annually in infant homes, in Bulgaria 157 children died in 1992. In Moldova, too, mortality in the state homes has been high — 73 mentally disabled children out of a total of 493 died in 1995.⁴⁴ Also worrying are recent surveys from Russia that compare the health of children in homes for the disabled with that of healthy children and of disabled adults in the community. Disabled children in state care suffered from infectious and parasitic diseases far more frequently than the other groups. This was largely due to the lack of proper hygiene and medical care in the homes. The children also had far more skin ailments and a higher rate of

accidents,⁴⁵ which again must be linked to the standards of care provided in the homes. Even though many of these children are chronically ill, their survival chances have decreased, or have not improved, under the current financial conditions. In Ukraine, approximately 30 per cent of all severely disabled children living in specialized homes — a staggering figure — die before they reach the age of 18.⁴⁶

While in most parts of the region the situation is considerably better than that described above, the large losses in financing have inevitably had an unfavourable impact on child health and development. Child institutions in Bulgaria, after paying for food and medicine, have very little to spend on clothing and shoes, and social, physical and leisure activities.⁴⁷ These limitations make it difficult to stimulate the children and prepare them for life outside of the care institutions.

C. Re-entering society proves difficult for a great many young adults and children leaving institutional care

Throughout the world, care leavers are among the most vulnerable members of society.⁴⁸ Recent research in Russia illustrates some of the problems commonly faced by the children and young adults leaving state care: the Russian Procuracy General found that one in three care leavers becomes homeless, one in five ends up with a criminal record, while as many as one in ten commits suicide.⁴⁹ In Hungary, up to 60 per cent of those in shelters for the homeless had lived in long-stay care homes.⁵⁰ Here the problem is considered so serious that new legislation has been adopted to extend care provision from 18 to 24 years of age.⁵¹ Apart from formalizing the de facto situation, the new law is considered a humanitarian and progressive measure that helps keep young people off the streets and away from the risks of prostitution, drug abuse and crime. But lengthening the period of care is no substitute for providing young people with the chance to begin independent living, and the shelter it offers also increases their dependency upon the State. It forcibly demonstrates that the inability to enter and function in society as an adult is becoming a new reason for care. Russia, too, now allows care leavers to remain in orphanages for an extra year or until they complete their education. Again, the solution is short-term and compounds the problems of overcrowding and mixing young adults with younger children.

Moreover, accommodating over-18-year-olds represents a risk to younger children in care. A serious threat has emerged in Romania, where a small number of over-18-year-olds remain in institutions (400 in 1994). Reports suggest that some of these young adults have sexually and physically abused younger children in the orphanages.⁵² Similar problems have not been reported

in Bulgaria, where homes also now allow young adults unable to find employment to remain in care.

D. Constraints for a wider use of foster schemes and adoption

Despite the harsh economic environment, a number of very positive steps at undertaking reforms have been initiated across the entire region. These include attempts to improve the quality of life for children within the long-stay care system as well as efforts to stimulate alternative forms of residential care and family placement. These initiatives, however, will be sporadic until reforms are supported by better funding and broader changes to the assistance provided to at-risk families.

Inherited poor housing and spreading poverty are clearly inhibiting a wider utilization of adoption and family placement. In Romania, for example, a study conducted in 1994-95 by the Institute for Quality of Life found that even though public attitudes had become more favourable towards adoption since the transition, fewer families felt able to take on such financial responsibilities.⁵³ In cities this is compounded by a lack of suitable accommodation, as the small apartments in large housing blocks common throughout the region are already overcrowded.

i. Prioritizing children in institutions for foster care: still an agenda for the future

Fostering has generally remained an under-utilized resource in most parts of the region. In addition to Romania, a worrying picture is emerging in Slovakia. Here the percentage of 3-18-year-olds going to families from children's homes has actually declined to 0.8 per cent from already very low levels of 2 per cent in 1991. But these figures conceal an even lower usage of fostering because they include an unspecified number of adoptions. Quite remarkably, foster care is seldom used for the under-3-year-olds in care — fewer than 1 per cent find their way to foster families. Adoption rates for this age group, however, are higher, standing at almost 6 per cent in 1993. This nevertheless leaves an overwhelming majority doomed to remain in institutional care for their entire childhood. Many of these are from the gypsy population, who comprise 65 per cent of children in infant homes.

Czech infants and toddlers in public care are also seldom placed with foster families. A survey carried out in three representative areas found that only a very small percentage of the total foster care population was below the age of three.⁵⁴ This was partly because infants have a greater chance of finding adoptive parents and were thus kept in infant homes, from where it is easier to arrange adoptions. But it still suggests that

more infants could be diverted from state care altogether if fostering were used more actively as an alternative. In Hungary, by contrast, 27 per cent of all children under the age of three entering foster families in 1994 arrived via state infant homes.⁵⁵

ii. Foster care is still used conservatively

Foster care often continues to be used as a form of quasi-adoption. Children are usually placed with foster families for long periods, and few programmes have been developed to return these children to their own parents. Sometimes, legal arrangements actually work against maintaining contact between fostered children and their biological parents. In Slovakia, for example, contact with biological parents is forbidden or limited by courts. In Poland, the law makes no provision for contact between foster children and their biological parents.⁵⁶ There are also rarely any emergency schemes that enable authorities to place a child in crisis with carers in the community until another more suitable long-term arrangement is found. Instead, the child usually enters an institution while an adoptive or foster family is sought: the longer the child remains there, the less likelihood of finding a substitute family.

As before the transition, relatives — mostly grandparents or aunts — still predominate as foster parents, accounting for approximately 80 per cent of all such carers in Russia, Poland and Romania. They are often elderly, and one survey in Poland found that 50 per cent had serious health problems.⁵⁷ A survey in Russia highlighted some of the age-related difficulties of relatives who were providing foster care: more than half were over 50 years old and a sizeable minority was 70 years or older.⁵⁸ These 'foster parents' described how the caring responsibilities stretched them beyond their physical limits; they also worried about the child's future in the event of their illness or death. Yet, the majority received little support from guardianship agencies, despite the importance of their task. This was perhaps due to a perception that relatives are more likely to shoulder the extra burden or cope with hardship because of familial ties. A similar picture emerged from Polish and Czech studies.

Another Russian study found that carers who take children from orphanages are frequently poorly informed about the child's health:⁵⁹ many were unaware that the child had a physical problem requiring medical care, or they were not told of the severity and prognosis of the condition. This lack of information obviously leaves new caretakers ill-equipped to anticipate the child's health needs. The same study found that carers received no guidance on how to integrate these children into the family, nor were they given support in dealing with the child's emotional needs and demands.

Professional paid foster care is still rare throughout the region. Hungary has probably made the most progress in this area, following legislation introduced in 1986. Of the more than 8,500 children in foster care, about 30 per cent live with professional foster families, who receive a benefit equal to 60 per cent of the average salary in addition to a foster-child allowance. The foster parents must take at least five children in addition to their own, unless they foster children with disabilities or behavioural difficulties. In this case they provide care for three children. But many professionals believe that the number is too high and detracts from the attention and support the children receive.

iii. Foster care does not receive enough encouragement and support

Finally and most importantly, there are few effective systems to support foster carers. In fact, allowances are sometimes not paid, meaning that foster children are frequently poor children. In Romania, UNICEF found that only 36 per cent of families with foster children received payment because of the tight central budget.⁶⁰ A similar picture comes from Russia, where an inter-governmental report prepared for the State Duma found that most of the approximately 225,000 children under guardianship are with grandparents who live below the poverty line.⁶¹ The guardians of half of the children are not receiving the foster allowances. The Procurator General concluded that the reform legislation of 1992, which was to double the number of children placed with guardians and provide a substantial rise in the allowance to reduce overcrowding in institutions, is not working.

Fostering rates are influenced by a number of inter-related factors: culture and tradition, law and practice and the readiness of States to provide financial and organizational support to fostering schemes. No individual factor on its own can fully explain the pattern. Perhaps this is why there is no clear relationship between fostering rates and fostering allowances in different countries. The rise in fostering rates in Poland may be plausibly connected to the doubling of the allowance to relatives (who are the majority of carers) since 1991 from 20 to 40 per cent of the average wage for children over two years of age. This allowance increases substantially for under-2-year-olds and children with disabilities (100 per cent of the average wage) in recognition of the increased responsibilities placed on carers. At the other end of the spectrum, the very low allowances in Romania seem as likely to help explain why foster care rates are so low (see Table III.15). The allowance has plunged in value since 1991 and by 1994 was a mere 9.2 per cent of the average wage. But elsewhere the relationship is much less clear. In Lithuania, the monthly child fostering allowance as a share of the average wage fell sharply between

Table III.15 - Foster allowances as a percentage of the average wage in selected countries, 1989-95

	1989	1990	1991	1992	1993	1994	1995
Czech Rep.	—	—	15.6	16.4	17.5	16.5	—
Slovakia							
younger children	19.1	18.3	23.8	20.1	19.2	16.4	15.7
older children	25.5	24.4	34.4	29.0	27.7	23.7	22.1
Romania	19.6	29.6	15.3	10.8	9.8	9.2	—
Lithuania	—	—	—	29.3	21.7	18.8	—

1992-94 — from just under 30 to 19 per cent. Yet, the fostering rates fell only slightly over that time. In Slovakia, the low allowance is considered to hold down fostering rates, though as a proportion of the

average wage, it is roughly on a par with the allowances in both Hungary (for non-professionals) and Lithuania, which have much higher fostering rates. Clearly, other factors are important in determining the use of fostering: e.g. kinship ties, public awareness, policy support, and the commitment of communities, social administrators and social workers to recruit and maintain a network of foster parents.

The growing rates of children in public care, whether in institutions or in substitute family arrangements, reflect more frequent failures of society to keep children safely within their families during the transition. In the next Chapter, various policies that aim to support families and prevent the accumulation of risks will be reviewed.

Notes

- 1 Fajth, 1994, 1996.
- 2 Johnson et al., 1993.
- 3 Madge, 1994; Colton and Hellinckx, 1993; Ruxton, 1996.
- 4 Bowlby, 1951; Rutter, 1981, Madge, 1995; Hodges and Tizard, 1989.
- 5 Burke, 1995.
- 6 Cox, 1991.
- 7 Madge, 1994.
- 8 Hirsil et al., 1995.
- 9 Burke, 1995.
- 10 Zamfir, 1996.
- 11 Vasarandze, 1996.
- 12 Noncheva, 1996b.
- 13 Tobis and Virillo, 1996.
- 14 Harwin, 1996.
- 15 UNICEF-Kiev, 1996.
- 16 Barth et al., 1994.
- 17 Rohacek and Matej, 1995.
- 18 Public Committee for Help in Adopting Orphans, Russia, 11 Oct. 1995.
- 19 Ministry of Internal Affairs, Russian Federation, 1995.
- 20 Morova and Gasyuk, 1996.
- 21 Rohacek and Matej, 1995.
- 22 Tobis and Virillo, 1996.
- 23 Harwin, 1996.
- 24 Tolstobrach and Zamfir, 1995.
- 25 Morova and Gasyuk, 1996.
- 26 Zamfir and Zamfir, 1996.
- 27 Herczog, 1996.
- 28 Noncheva, 1996b.
- 29 Remenets, 1996.
- 30 Kornarheva and Evans, 1995.
- 31 Herczog, 1992.
- 32 Zamfir and Zamfir, 1996.
- 33 Smirnova, 1996.
- 34 Russian Children's Fund, 1995, 1996.
- 35 Benzeval and Judge, 1992; Woodroffe et al., 1993.
- 36 Rohacek and Matej, 1995.
- 37 Golinowska et al, forthcoming.
- 38 Barth et al., 1994.
- 39 Hungarian Ministry of Welfare, 1995; Wolekova, 1996.
- 40 Papava, 1996.
- 41 Magloutchians, 1996.
- 42 Sniukstiene, 1996; UNICEF-Kiev, 1996.
- 43 Tafi, 1996.
- 44 *Ibid.*
- 45 Maximova et al, 1995.
- 46 UNICEF-Kiev, 1996.
- 47 Noncheva, 1996b.
- 48 Ruxton, 1996.
- 49 Harwin, 1996.
- 50 Mária Herczog, Department for Child and Youth Protection, Methodology and Education, personal communication, 1996.
- 51 *Ibid.*
- 52 Zamfir and Zamfir, 1996.
- 53 *Ibid.*
- 54 Novak, 1996.
- 55 Herczog, 1994.
- 56 Zygald, 1995.
- 57 Stelmazuk, 1995.
- 58 Harwin, 1996.
- 59 *Ibid.*
- 60 Tobis and Virillo, 1996.
- 61 Report to the State Duma, 1996.

In general, if parents cannot fulfill their obligations towards their children, the State recognizes its duty to provide support and/or increased supervision to children and families. Just as there is a pyramid of risks, so there is a pyramid of public approaches and programmes to address the continuum of risk situations, ranging from the very broad to the very specific, for children and families. If risks mount steeply, authorities may exercise a final alternative and 'rescue' the child through separation from the biological parents and placement in adoptive or foster families or, usually only as a last resort, in institutional care.

In Central and Eastern Europe, the basic model of child protection was skewed toward overall primary prevention (family policies providing, for example, social security type benefits) or child rescue (often resulting in long-term care away from home). The notion of a broad range of social services tailored to families in difficulty was either underdeveloped, as in Central Europe, or altogether absent, as in the rest of the region. Crudely put, children either lived without major problems at home or were placed in substitute care. There were no structures free of the state-party mechanisms of control and monitoring, such as halfway houses, in which families struggling with the care of their children could receive counselling and assistance on a continuing basis. Assistance was crisis-oriented, and, if other administrative measures did not work, the removal of the child from his or her family remained the only solution. While some countries, such as the Baltic States, experimented with family counselling, these services never became part of the child protection infrastructure. Similarly, certain forms of social work established in parts of Central Europe were underdeveloped and too weak to counter the push toward institutional solutions. In other countries of the region, such as Romania, social work was deliberately suppressed for ideological reasons.¹

Chapter II illustrated that, despite drops in child populations since the onset of the transition, some countries have witnessed considerable increases in the number and/or share of children affected by poverty and dislocation, deteriorating personal and parental health, and education and behavioural problems. Chapter III demonstrated that the incidence of child abandonment and children placed in public care has increased in most countries and that it has not yet been possible to reach a breakthrough in substitute care placements (fostering, adoptions) and improve the conditions of children in institutions. Inherited problems have worsened in many cases, revealing a series of difficulties in the operation of the child protection system.

1. TRADITIONAL FAMILY SUPPORT SYSTEMS HAVE WEAKENED IN THE REGION

When communism collapsed in Central and Eastern Europe at the beginning of the 1990s, it left a variety of family support measures under the broad umbrella of family policies operating through the social security, price and tax, education and health-care systems. Although these arrangements were also developed within the context of broader labour, economic and social considerations, they aimed to prevent risk situations for mothers and children. These programmes were delivered through multiple agents, were widely available and tended to be



generous and comprehensive (see Box IV.1). They represented a heritage that in many ways was seen as an achievement in both the East and West, although opinions were divided as to the extent to which market-oriented reforms would change their channels of delivery, functions and relevance. Now, in the mid-1990s, it has become clear that this bedrock inheritance of family policies in Central and Eastern Europe has been considerably undermined and in many ways destroyed by the transition-related economic crisis and changes in context.

A. Changes in family support policies during the early transition period

Social security type family support measures have undergone considerable and often contradictory changes during the early and later periods of the transition due to modifications in the fiscal, economic and social contexts of policies. Family allowances and various child-care leaves, which, together with child-care services, are usually regarded as the core and most visible elements of family policies, tended to receive a

BOX IV.1 - THE PRE-TRANSITION ROLE OF FAMILY POLICIES IN CENTRAL AND EASTERN EUROPE

The public expectations, images and choices of family policies following 1989 have been coloured by inherited conditions, under which parents and most of the under-18 population were born. Pre-transition family policies served multiple goals. One of the main functions of policies was to promote childbirth and child and maternal health under conditions of low wages and (almost) full female employment. This was facilitated by:

- providing long maternity leaves both before and after childbirth;
- placing pregnancy, childbirth and abortion under the control of medical personnel;
- building up maternity and child-health services as separate branches of the health system, with paediatricians and facilities organized according to health districts;
- linking health check-ups to the pre-school and compulsory education system;
- making health services accessible to all, free of charge.

The policies reflected the need to ease the work/child-care dichotomy that was made more acute by high female participation rates in the labour force. The traditional response was to establish child-care facilities linked to the workplace. This worked well for kindergartens, but much less so for nurseries with infants under the age of three. In order to respond to those needs not satisfied by nurseries and day-care centres, special employment rights were offered to parents, and income replacement schemes allowed parents to take extended maternity/parental leaves up to the child's third birthday. Countries with strong agricultural traditions and low wage levels also developed policies to support the manpower needs of rapid industrialization. Education was promoted by:

- limiting self-employment and discouraging child labour;
- strict administrative control over compulsory school attendance;
- provision of free or highly subsidized services and materials (extra-curricular courses, summer camps, books, and so on).

Finally, policies compensated households for the burden of child-rearing. In part, this was made necessary because the introduction of universal pensions and restrictions on child labour removed the economic motivation for having children. Also, the flat income distribution resulting from the egalitarian wage structure heavily penalized households with children. Income support policies embraced:

- non-cash compensations (preferential treatment in the allocation of scarcer goods — e.g. housing — and high subsidies on children's goods) and services;
- cash support for families with children.

Apart from the basic similarities in functions and goals, family policies across the region adopted a variety of approaches and instruments. The main differences were:

- in the USSR cash benefits had a minor role, and most families with children were excluded from a regular cash allowance. Income support was primarily a form of 'social assistance' to help poor, young, one-parent or very large families. General income support for families with children was delivered mostly through the pricing system;
- in Central and South-Eastern Europe regular income support reached the majority of families with children, and allowances typically had a pro-natalist profile. Poverty considerations and the goal of helping single mothers were less important than they were in the USSR;
- the system of child-related leaves was rather different in terms of generosity and length across the region. In the USSR, for example, after maternity leave expired, 'nursing leave' offered a benefit until the age of one, while in many countries paid parental leave was available until the second or third birthday of the child. In Romania, besides maternity leave, only unpaid parental leave existed; in Albania only a short maternity leave was available, etc.;
- nursery enrolment rates (for 0-2-year-olds) in Russia, Ukraine and Moldova were four to five times higher and in the Baltic countries two to three times higher than they were in Central and South-Eastern Europe, where the majority of children were cared for in the family through maternal and parental leaves;
- pro-natalist endeavours left their mark on entitlements and on the size of child cohorts in different ways. In some countries the weak demographic incentives of transfers were replaced rather than complemented by harsh administrative pressures. In countries where pro-natalism relied on administrative tools (Albania, Romania) or on values and traditions (Poland), benefits tended to be less generous.

Table IV.1 - Public expenditures on family allowances, child-care and maternity benefits and pre-primary education in Central and Eastern Europe, 1989-95
(in percentage of GDP)

	1989	1990	1991	1992	1993	1994	1995	1995 GDP 1989=100
Czech Republic								85.3
- family allowances	1.2	1.1	1.4	1.2	1.1	1.2	1.0	
- maternity & child care	—	0.3	0.7	0.7	0.7	0.7	0.6	
- pre-primary education	—	0.3	0.4	0.4	0.5	0.5	0.5	
Slovakia								86.9
- family allowances	2.9	2.8	2.1	1.9	1.7	1.5	—	
- maternity & child care	1.0	1.0	1.0	1.1	1.1	0.9	—	
- pre-primary education	—	0.6	0.6	0.6	0.5	0.4	—	
Poland								98.2
- family allowances	2.0	1.5	1.9	1.9	1.3	—	—	
- maternity & child care	0.2	0.2	0.4	0.4	0.4	0.3	—	
- pre-primary education	0.6	0.5	0.6	0.6	0.5	—	—	
Bulgaria								76.5
- family allowances	1.6	1.6	2.3	1.7	1.1	1.0	0.9	
- maternity & child care	1.1	1.3	1.1	0.9	0.5	0.4	0.3	
- pre-primary education	0.8	0.9	1.1	0.9	0.7	0.8	—	
Romania								82.2
- family allowances	2.9	2.7	1.4	1.0	0.8	0.8	0.7	
- maternity & child care	0.3	0.5	0.5	—	—	—	—	
- pre-primary education	—	—	—	—	—	—	—	
Latvia								50.0
- family & maternity	0.4	0.4	0.7	2.1	2.7	2.0	1.6	
Lithuania								36.0
- family allowances	0.1	0.1	—	—	—	—	0.4	
- maternity & child care	0.4	0.5	0.8	0.7	0.5	0.5	0.3	
- pre-primary education	0.8	0.8	0.9	1.0	0.7	0.8	—	
Russia								61.0
- family allowances	—	0.5 ^a	—	—	0.6 ^b	0.7 ^b	—	
- maternity & child care	—	1.0 ^a	—	—	—	—	—	
- pre-primary education	—	—	—	—	—	—	—	
Ukraine								42.9
- family allowances	0.1	0.1	0.3	1.0	—	—	—	
- maternity & child care	—	—	0.3	0.7	—	—	—	
- pre-primary education	—	0.4	0.7	—	—	—	—	
Azerbaijan								33.3
- family allowances	—	2.0	2.4	2.0	2.5	1.2	0.2	
- maternity & child care	—	1.1	0.8	—	—	0.6	0.2	
- pre-primary education	—	1.4	1.1	1.1	1.2	1.1	0.5	

Sources: Fajth, 1996; MONEE Database, UNICEF ICDC.

Notes: a. Data refer to the USSR and the percentage of net material product (Goskomstat 1992); b. World Bank, 1995.

higher share of resources around 1991-92 than they had in pre-transition times. By the mid-1990s, however, the expenditures had dropped often considerably in real value and relative to GDP, which had also plunged (see Table IV.1).

During the early stage of the transition, regular cash allowances and child-related leave benefits acquired a very important role in cushioning the negative welfare impacts of market reforms. The reforms, in fact, led to cancellations or cutbacks of price subsidies, welfare benefits and services (e.g. nursery facilities) for employees, and of similar implicit family policy measures (e.g. housing). Many of these 'implicit' family benefits were not included in official statistics; however, the sudden withdrawal of these concessions severely affected families with children. During the initial period, family policies across countries tended to converge as a result of reac-

tions to similar problems and pressures. For example, in Russia and in other FSU States, benefits introduced around 1991-93 represented the first time in those countries that most families with children were awarded cash benefits as a matter of right.

From a child protection point of view, these policy changes were for the most part positive. As some price subsidies were removed, needy households were compensated by a flat-rate addition to family allowances, thus enhancing the equity and efficiency of transfers targeted at the poor. Previously, the poor tended to receive less in absolute terms from consumption-related subsidies.² A greater emphasis was placed on maternity and parental leave type benefits: maternity entitlements were untouched or improved (see Table IV.2), and parental leave schemes were generally made more appealing.³ The shift in resources for kindergar-

As national incomes fell sharply around 1991-92, the share of public expenditures spent on the main family support programmes tended to increase; however, due to later erosion, disproportionately less – much less in several countries – was spent on these programmes from a lower GDP by the mid-1990s.

tens (as illustrated in Table IV.1) served numerous policy goals: maternal and infant health, early child development, parental employment promotion, gender equity, and so on. Moreover, kindergartens provide a more direct impact than overall cash allowances. For example, meals in kindergarten tend to exhibit smaller

targeting errors in terms of child nutrition, even though parents may adjust intra-family food allocation. A shift from nursery services to parental care leaves for 0-2-year-olds — which is also a less costly solution — is usually better for a young child's developmental needs.

Table IV.2 - The main features of maternity benefit schemes in the region in 1995 and changes since 1989

	Duration	Value	Eligibility	Changes since 1989
Czech Republic	196 days	67% of last wage	270 days of health insurance eligibility in last two years	1993: A cut in the wage replacement rate from 90% to 67%; the maximum value of the benefit was cut from 162 to 131 crowns. 1994: The maximum benefit was adjusted to 186 crowns, but has not been indexed since then.
Slovakia	196 days	90% of last wage	270 days of health insurance eligibility in last two years	The benefit is calculated from the maximum daily wage; it gradually rose from 150 to 250 crowns from 1989 to 1996.
Hungary	168 days (28+140)	60%-70% of last wage depending on length of employment	180 days of employment in last two years	Replacement rates lowered from 65%-100% to 60%-70% of last wage.
Poland	112 days for 1st child, 140 days for 2nd, 3rd, etc., child	100% of last wage	Linked to employment	—
Albania	365 days (35+330)	First 185 days: 80% of salary in the last year, then 50%	Employment for more than one year	1994: The duration of the second part of the leave increased from six months.
Bulgaria	120-180 days, depending on number of children	100% of last wage; the minimum wage for uninsured mothers	Available on both a social insurance and a social assistance basis	—
Romania	112 days (56+56)	50%-85% of last wage, depending on employment record, uniformly 94% for 3rd or following child	Linked to full-time employment	—
Latvia	126 days (70+56), linked to prenatal check-ups	100% of last wage	Linked to employment	1991: The leave period before birth was increased from 56 to 70 days.
Lithuania	126 days (70+56)	100% of last wage during maternity leave period; thereafter 60% of last wage until child's first birthday	Linked to employment	1991: The benefit was indexed to state minimum subsistence level.
Belarus	126 (70+56) to 140 days, depending on the number of children	100% of last wage	Linked to employment	1991: The benefit was indexed and the leave period before birth increased from 56 to 70 days.
Russia	140 days (70+70)	100% of last wage	Linked to employment	1992: Increase of duration from 56 + 56 days. 1993: Extended to women who lose their jobs during pregnancy.
Ukraine	112-140 days, depending on number of children	100% of last wage	Linked to employment	1991: Increase from 112 to 126 days. Increase from 50% to 100% of last wage, depending on length of employment.
Armenia	140-180 days	—	Linked to employment	1991: Increase from 122 to 140 days.

Table IV.3 - Children in nurseries^a and parents on parental leave in selected countries,^b 1989-95

		1989	1990	1991	1992	1993	1994	1995
Czech Republic	children in nurseries	13.8	8.1	4.0 ^c	3.5 ^c	1.7 ^c	—	—
	parents on parental leave	50.0 ^c	51.0	—	—	—	45.5	47.1
Hungary	children in nurseries	11.7	11.1	9.6	9.1	11.1	11.2	10.9
	parents on parental leave	65.8	68.1	70.5	70.6	70.8	71.0	68.3
Poland	children in nurseries	8.5	8.1	6.7	5.4	4.7	4.7	—
	parents on parental leave	41.4	36.9	31.3	26.3	21.6	—	—
Bulgaria	children in nurseries	12.9	11.9	11.8	11.5	10.8	9.9	—
	parents on parental leave	38.7	44.5	35.6	33.5	44.9 ^d	44.7 ^d	49.7
Romania	children in nurseries	4.4	4.3	4.2	4.3	3.9	3.2	—
	parents on parental leave	—	—	—	—	—	—	—
Latvia	children in nurseries	25.6	17.0	7.6	5.4	4.5	9.4	—
	parents on parental leave	21.7	27.3	73.5	81.0	80.9	67.1	—
Lithuania	children in nurseries	22.3	16.6	9.6	6.4	5.8	7.2	—
	parents on parental leave	—	—	—	88.7	86.6	80.7	—
Russia	children in nurseries	34.7	28.6	24.3	20.1	20.0	19.8	—
	parents on parental leave	—	—	—	—	—	—	—
Azerbaijan	children in nurseries	0.7	0.6	0.3	0.2	0.2	0.2	—
	parents on parental leave	31.5	31.3	31.0	29.5	29.5	30.8	—

Sources: Fajth, 1994; MONEE Database, UNICEF ICDC.

Notes: a. Percentage of all 0-2-year-olds in nurseries; b. Parents on parental leave per 100 0-2-year-old children; c. Estimate; d. Includes both insured and uninsured.

On the negative side, however, many of the above goals were either not met or were met by sacrificing other policy objectives. Transferring enterprise-managed child-care facilities to municipalities often did not work. As documented in Chapter II, kindergarten enrolment declined in almost all countries, increasing the risk of inadequate cognitive and social development for 3-5-year-old children, and young women were discouraged from paid work. Extended maternal and parental leaves partially replaced nurseries (see Table IV.3 for children aged 0-2), but leave allowances providing mostly low rates of wage replacement magnified the risk of poverty for young families (Table IV.4).

Table IV.4 - Parental leave benefits in selected countries, 1989-95 (as percentages of the average wage)

	1989	1990	1991	1992	1993	1994	1995
Czech Republic	18.9	20.5	23.7	24.2	22.2	22.5	21.6
Bulgaria	51.1	47.1	68.0	41.5	38.2	36.7	33.6
Lithuania ^a	—	19.0	39.1	31.4	23.3	23.2	13.4 ^b
Russia ^c	—	—	25.6 ^d	7.4	4.3	8.1	9.0 ^e

Source: Fajth, 1996.

Notes: a. Data are for benefits until the child reaches 1.5 years. Since 1991 the benefit level for children 1.5 to 3 years has been 50 per cent of the first benefit; b. Estimate; c. Until January 1994, the benefit for employed women with less than a one-year work record (except those under-18 or on break from work for educational training) was about 20 per cent lower; d. In April 1991; e. The benefit level was raised to twice the minimum wage (19.3 per cent of the average wage) in January 1996.

B. Effects on entitlements among specific risk groups

Efforts to ensure that all families with children received cash compensations for inflation and wage losses diverted attention from those specific groups that most needed specialized support. At the same time, increased material hardships made society less sensitive to non-material risks to children. In general, there is

little sign that the increased risks in families discussed in Chapter II have been properly addressed through adjustments in specific entitlements.

The frequent use of 'minimum' thresholds — rather than the 'average' values of pensions or wages — as yardsticks for pegging benefits exposes vulnerable populations to inflation instead of providing enhanced protection. In Russia, for example, children who have lost both of their parents are entitled to a sum worth 1.5 times the minimum pension, which in early 1996 was less than 15 per cent of the average wage. Survivor pensions equaled only two thirds of the minimum pension, which was worth less than 6 per cent of the average wage. Figure IV.1, showing the rate of children receiving orphans' allowances in Hungary (where middle-aged mortality also increased), offers an example of the growing demand for the provision of support to specific groups of children.

Flat-rate universal price compensations awarded to all children neglected the extra costs incurred by families raising children with disabilities, the declines in the earnings and employment possibilities of parents with many children, the increasing share of lone parents, and people caring for foster children. In the relatively well-off Czech Republic, for example, supplementary family allowances for children with disabilities and for foster children were left basically unchanged until late 1994, and no special allowance provision was added for children living in single-parent families. Only in 1996 did a new system of 'social premiums' pay special attention to specific risk groups; however, the current welfare system still appears to be lacking in elements of social work. Likewise, in less fortunate Albania, children were eligible for a flat-rate compensation starting in 1992, but special cash benefits for persons born with disabilities were instituted only in 1994. In Bulgaria, specific family allowances for the children of

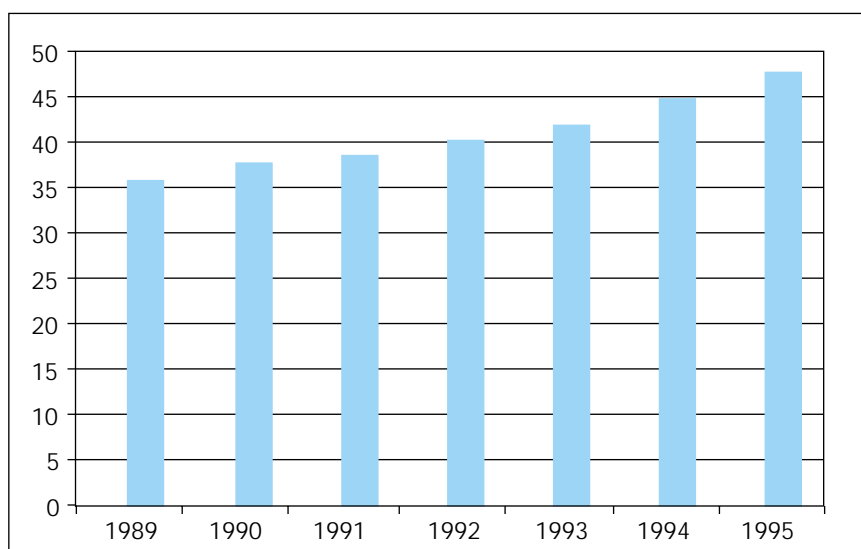


Figure IV.1 - Rate of children receiving orphans' allowances in Hungary
(per 1,000 children aged 0-17)

have been magnified by the huge revenue losses in the Baltic and western CIS countries and by prolonged emergency situations, particularly in the Caucasian region. Thus, cash transfers have continued to fall in value (see Figure IV.2), and in later periods have been increasingly cut back and reorganized with a social assistance profile and/or with the decentralization of responsibility to the local level. Most of the curtailments have affected monthly family allowances, although occasionally maternity benefits have been trimmed (see Table IV.2). With good reason, the majority of countries have not targeted the parental leave benefit so far, although some countries (e.g.

single parents or for children with disabilities, which originally were from two to two-and-a-half times the regular allowances, have not been adjusted. Consequently, they have been dwarfed by separate inflation-related compensations provided on a flat-rate basis.

Wherever pro-natalist incentives have been abandoned in Central and South-Eastern Europe, child allowance regimes have been introduced that do not increase the per-child allowance for the second and third children. This shift has negatively affected families with many children, which tend to be concentrated among high-risk/low-income groups. As more universal entitlements have been introduced in the countries of the former USSR, families with young children, with many children or headed by single mothers have lost out in relative terms as the new systems exhibit less preference for these groups. The difficulty of financing the enlarged allowance schemes under conditions of falling public revenues has increased the risk that erosions in broad benefit systems would also weaken the position of families that formerly received specific support.

C. Recent changes in policy objectives...

Following the initial reform years, family policies have frequently tried to respond to the growing role that income inequality (as opposed to overall declines in real incomes) plays in the spread of poverty, with the most common response coming through various forms of targeting. In some countries, policies have also tried to check erosions in education and health-care services for children and mothers by linking benefits to the uptake of these services. However, positive policy initiatives have increasingly been eliminated due to pressures to contain public expenditures and/or fix imbalances in Central and South-Eastern Europe. Similar pressures

Poland, Hungary, Lithuania) have reduced entitlements for better-off families, and in some Caucasian countries (Armenia and Georgia) parental leave benefits have recently been cancelled.⁴

Strategies to strengthen the use of education or preventive health services include:

- one-off birth grants with eligibility pegged to participation in maternity consultations. This appealing policy employed earlier only in some Central European States gained ground in several, but not all, South-Eastern European and FSU countries after 1991;
- the extension of sick-child pay to counteract shrinking access to health services (some Caucasian countries);
- vouchers or means-tested exemptions to counteract fee rises in nurseries and pre-schools (Lithuania, Hungary), or for meals or textbooks for compulsory education (Slovenia, Poland);
- linking regular family allowances to compulsory school attendance. Only Romania has attempted this, although non-attendance and child labour are emerging problems also in other parts of the region. In Romania the eligibility for the family allowance was changed in 1993 from a social insurance right to a universal entitlement tied to both enrolment and compulsory school attendance.

Between 1993 and 1996, family allowances began to be means tested in all Central European countries and in a few FSU countries in order to reduce expenditures on higher income families. Categorical targeting with overly simplified, narrow programme regimes was introduced in some Baltic and Caucasian countries (see Box IV.2). On the other hand, South-Eastern Europe and Russia have maintained formal universal entitlements and have recently attempted to increase allowance values (see Table IV.5).

Table IV.5 - Changes in the prescribed value of family allowances in Russia^a, 1991-96 (as a percentage of the average monthly wage)

Allowance for:	1991 April	1992 Jan.	1992 Aug.	1992 Dec.	1993 June	1993 Sept.	1994 Jan.	1995	1996
Under-1 ½-year-olds ^b	—	—	—	—	—	—	5.5	4.5	6.8
1 ½-6-year-olds									
- base benefit	18.6	10.7	6.8	2.5	4.0	2.3	5.5	4.5	6.8
- with compensation	26.4	13.0	10.2	6.2	6.0	3.5	—	—	—
6-to-16-year-olds									
- base benefit	9.3	5.9	3.8	2.8	1.4	0.6	5.5	4.5	6.8
- with compensation	18.7	8.8	6.8	3.7	4.0	2.3	—	—	—
Children of single parents ^c	—	11.9	7.7	5.6	3.2	1.4	8.5	7.7	—

Notes: a. The family allowance was income tested until January 1994, when it became universal. Compensatory payments were introduced in April 1991 with the removal of state child-related subsidies and then were terminated in January 1994; b. Before January 1994, there was no family allowance paid for children to 1.5 years, except those of single parents; c. Benefit for single parents of children up to 6 years of age. For single parents with children from 6 to 16 years the value of the benefit as a percentage of the average wage was 3.6 per cent, 7.3 per cent in 1994 and remained at the same level in 1995. Children under 16 years in single-parent families could receive both the universal child benefit and the incomplete family benefit.

D. ...and problems in policy implementation

Targeting efforts have often failed to ensure that needy families receive improved benefits, and regular family allowance values in many countries have fallen to very low levels. Experience shows that a minimum benefit level should comprise about 10 to 15 per cent of the average wage.⁵ Through 1991-92, about half of the countries in the region still provided a monthly child allowance within this range; but currently allowance

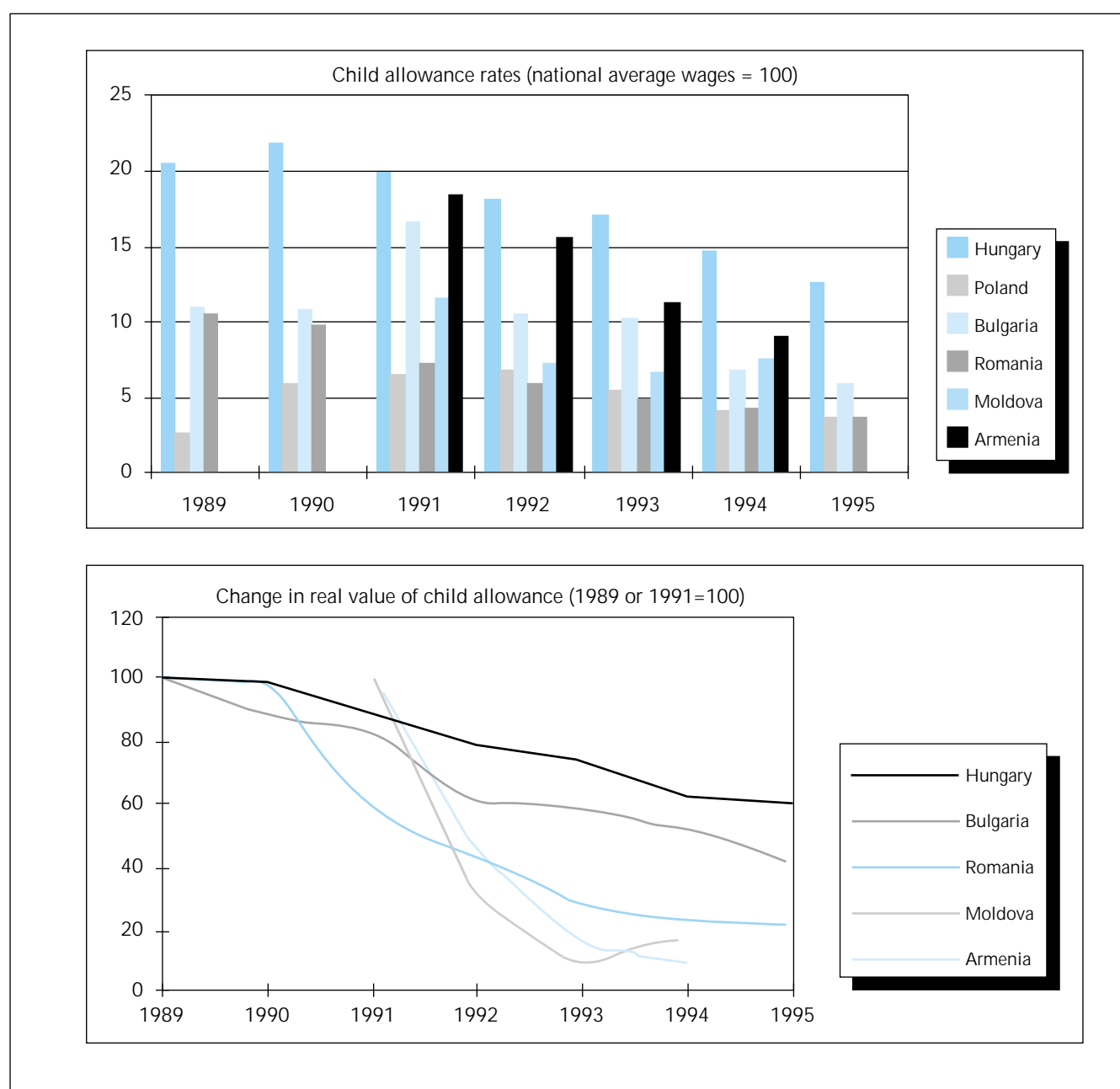


Figure IV.2 - Child allowances in comparison to the average wage and initial benefit values in selected countries

Note: 'Child allowance' is understood here as the average monthly per-child benefit going to a couple (or most typical group of recipients) with two children. Benefit figures 'in real terms' have been deflated using the average CPI. Allowances also include price compensations.

schemes in most countries offer a benefit under the 10 per cent threshold, and in two countries the benefit is below 5 per cent of the average wage (see Figure IV.2). Parental leave benefit entitlements have also fallen both in real terms and in comparison to wages or pensions since 1992, although not as much as child allowances; mid-term benefit erosions added further losses. For maternity leaves — which are shorter than parental leaves — erosions in benefit values have tended to be slighter in countries with lower inflation. However, wage replacement rates have been lowered, and limits on maximum maternity benefits have been set in relatively well-off countries (Table IV.2). Such initiatives clearly have exposed maternal- and child-health incentives to increased risk for a negligible fiscal saving.

There are several indications that, apart from the decline in benefit values, there was also an erosion — quite contrary to intentions — in the coverage of key family support programmes just after the initial enlargement of entitlements. This erosion, which received less attention than did the shortcomings in benefit indexation, was due partly to unintentional exclusions from eligibility and partly to deterioration in the uptake of benefits by eligible households. Exclusions from eligibility could have occurred because of unfavourable struc-

tural changes in the 'status' of parents and children, such as parental unemployment, a shift to employment without social security coverage, growing economic inactivity (Chapter I), or declines in enrolment in secondary education (Chapter II). A growing exclusion error, seen as a drop in the rate of uptake by the eligible population, may have been due to several factors. Among them are: delayed or rationed payments (a common occurrence in the FSU); poor administrative capacity at the local level or lack of cooperation among private employers; lack of information about new entitlement rights; or the high opportunity costs and other deterrents (loss of money and time during frequent visits to registration offices, restrictions on informal sector employment, an aversion to declaring one's income, and so on).

Consequently, even in countries that have endeavoured to maintain universal access to benefits, some children or mothers do not receive family support. In Russia, for example, where administration of benefits has been delegated to the local level, families do not receive their monthly allowances on time, and, with a variety of practices being followed, the needy are not necessarily well covered. Data on allowances for 1½-to-6-year-olds, for example, show that while the normative benefit values in roubles were raised by a factor of 35, the actual pay-

BOX IV.2 - TARGETING OR CANCELLING BENEFITS? RECENT CHANGES IN FAMILY ALLOWANCE SYSTEMS IN THE REGION

In 1996, a new family allowance system was introduced in the Czech Republic that unified price compensations with social security family allowances. Eligibility was restricted to families with incomes three times the poverty line, and three income categories for different levels of benefits were established to improve targeting and lessen the 'poverty trap' effect. A new law — the State Social Support Act — introduced a so-called 'social premium' that provides a child benefit bridging the difference between income and the cut-off point. Families with children and a household income less than 1.6 times the subsistence minimum are eligible, and rates increase for households headed by a single parent and for families with two or more children under the age of three or a child with disabilities.

In March 1995, Poland adopted a targeted family allowance system that shifted financing away from the social insurance system. Entitlement to the family allowance became income tested, with the maximum allowable per-capita monthly family income set at 50 per cent of the average wage. The number of families receiving allowances dropped by more than one million between 1994 and 1995, from 4,893,000 to 3,749,000. No precise data are available on the number of children who lost entitlement. However, a reasonable estimate is that more than one quarter of all children were affected. Unlike other Central European countries, Hungary abandoned its comprehensive and generous child support programmes at a time when real wages and family incomes were falling sharply. Since April 1996 universal entitlement to family allowances has been retained only for families with three or more children or with children with disabilities. For all other families, allowances have become means tested. No improved allowance has been offered to the most needy through the overall savings thus generated.

In several countries of the FSU, far more radical changes have taken place. In Lithuania, a major shift occurred in 1995. In an effort to consolidate a fragmented benefit system, the Government terminated benefits for single mothers and for kindergarten and children's meals and instituted a new child allowance for under-3-year-olds, financed either through social insurance or social assistance. In Belarus, child allowances available as social security were restricted starting in 1993 to families with per-capita incomes which in the previous year had been less than twice the minimum wage. Benefit values were differentiated according to the age of the child and ranged from 50 to 70 per cent of the minimum wage. In Ukraine, family allowances have remained income tested throughout the transition period, with a variety of small benefits maintained. In Azerbaijan, beginning in 1993, only families with per-capita incomes less than 1.5 times the minimum wage retained entitlement to the flat-rate child allowance. Most Armenian families with children above the age of five lost entitlements to child allowances in 1996. Only orphans, children with disabilities, children of single parents or children in families with four or more children retained eligibility. In Georgia, most family benefits were cancelled in 1995, except for an allowance to children of single mothers and to all second children under the age of 16. The allowance was set at two lari in urban areas and one lari in rural areas.

ments increased by a factor of only 23 between 1992 and 1994. The gap widened considerably in 1994 after the shift to the new universal (but local-level) scheme.⁶ There is consequently little guarantee that families actually receive their entitlements.

In Romania, the linkage of family allowances to school attendance failed to encourage attendance for a significant proportion of children. Though primary enrolments almost fully recovered after the shift to the new policies, secondary enrolments (comprising children aged 10 to 14) improved little, dropping from 91.1 per cent in 1989 to 71.3 per cent in 1992 and then rising only to 76.9 per cent in 1995. While several factors may explain the low uptake, the low benefit level may have been decisive, especially considering the potentially rising demand for child labour in private agricultural plots.

Even maternity benefits now cover a much smaller proportion of women giving birth than they did six years ago. The gap in the number of women actually receiving benefits has widened considerably in the region, as eligibility has remained pegged to social security insurance. A growing proportion of pregnancies among women too young to work, a decline in uptake among eligible women, and an increase in recipients cutting their leave short because of fears of greater competition on the labour market may explain this trend.⁷ In 1995, about one third of the potential benefit days were not taken, for example, in Hungary or the Czech Republic. Apart from Bulgaria, where uninsured women could take advantage of a social assistance maternity benefit established in 1986 to promote fertility, only Poland introduced a social-assistance maternity allowance. However, this allowance was also established because of pro-natalist considerations (the anti-abortion law of 1993, which was eased in 1996). In both countries hundreds of thousands of mothers took advantage of maternity benefits based on social assistance. In Poland, for example, uptake increased from 81,000 women in 1993 to 315,000 in 1994, when the length of the leave was curtailed.

E. Wrong compromises in current benefit arrangements

The aggregate public expenditure on family support has fallen disproportionately, too much and too rapidly between 1992 and 1996. Consequently, expectant mothers, parental child care and kindergarten enrolments have not been given sufficient support to respond adequately to the needs of young families and reverse a declining trend in coverage and benefit provision. Faced with the dilemma of tighter available resources, countries have tended to make the wrong compromises. They have allowed family allowances to absorb enough resources to weaken other child-related programmes, but not enough to ensure a meaningful regular per-child allowance to improve family income levels appreciably.

2. TOWARDS A NEW MODEL OF CHILD PROTECTION AND CHILD WELFARE SERVICES

The much reduced capacity of family policies to provide comprehensive, effective support for income, parental employment, health care or education exposes families with children to more risks. In these conditions, crisis-oriented child protection, responding only to those in the most extreme and vulnerable circumstances, leaves many families at high levels of risk forced to cope as best they can.

Although many countries can now provide exciting examples of innovation and new services, very few have adopted a comprehensive approach to service planning for children and families in need. Instead, the main approach has been piecemeal and crisis-led, responding only to the needs of children in the most extreme and vulnerable circumstances. In the light of the experience of the last six or seven years, and with economic improvement under way in many parts of the region, this short-term approach is difficult to comprehend. Economic growth alone will not be sufficient to eliminate poverty and deprivation and resolve the many social and psychosocial problems that have developed strong roots. It is essential to devise a long-term strategy to help families carry out their child-raising responsibilities more effectively.

Investing in the family in a new and coherent way is likely to help prevent family breakdown, enhance child welfare and reduce the need to turn to costly interventions, which often come when lasting damage has already been done. Such investments require the political will to choose policies that provide benefits and services supporting all children and families — whether vulnerable or not — in their homes and communities. Unless decisions to adopt such policies are taken, it is likely that family dysfunction and risks to children will not be addressed adequately.

A. The need for a new infrastructure of family support

As noted in Chapter III, many countries in the West have successfully shifted away from the child-rescue approach and moved toward prevention and family support services. It has been shown that providing services to support vulnerable families commonly helps to strengthen, and not weaken, parental responsibility.⁸ This has been a key principle underpinning recent child-related legislation in numerous Western countries with a broad spectrum of social welfare traditions. Despite differences in the support that children and families receive through education, health care and social security benefits in the West, there has been a striking convergence within child welfare philosophies towards services for children in need and the promotion of parental responsibility. Just as noteworthy, this has led to an emphasis on partnerships between parents and the State. The general philosophy is that agencies

must attempt to work on the basis of voluntary consent and, at a minimum, to take into account parental opinion and the rights of the child. It is this kind of relationship between the State and the family that seems to hold out the most promising prospects for Central and Eastern Europe.

Considering the current gaps in this area, it is necessary to build a new infrastructure for children and family services. For their effectiveness to be maximized, these services need to be comprehensive. They should comprise a continuum of community-based, preventive family support and child protection services, brought together in a coordinated and integrated way wherever possible (Figure IV.3).

Perhaps the most delicate issue is how these new services could complement the reformulation of family support benefit systems discussed earlier in this Chapter. An underlying assumption of the proposed framework of support for families with children is that cash benefits will not be provided through family social services. Instead, income maintenance will be based on citizenship rights and delivered through the universal benefit system. This will free up local capacities for a more proactive service approach. Although there are sound micro-economic and social-policy arguments for such a solution, there are also strong macro-economic and political pressures for moving overall benefit regimes toward more residual systems (as discussed earlier). When means-tested benefits attempt to replace universal family allowance entitlements, the need for effective welfare services grows even more pronounced. Experience has shown that means-tested systems tend to produce higher exclusion errors than universal benefits, thereby increasing risks. Strong family services could counteract and mitigate some of the

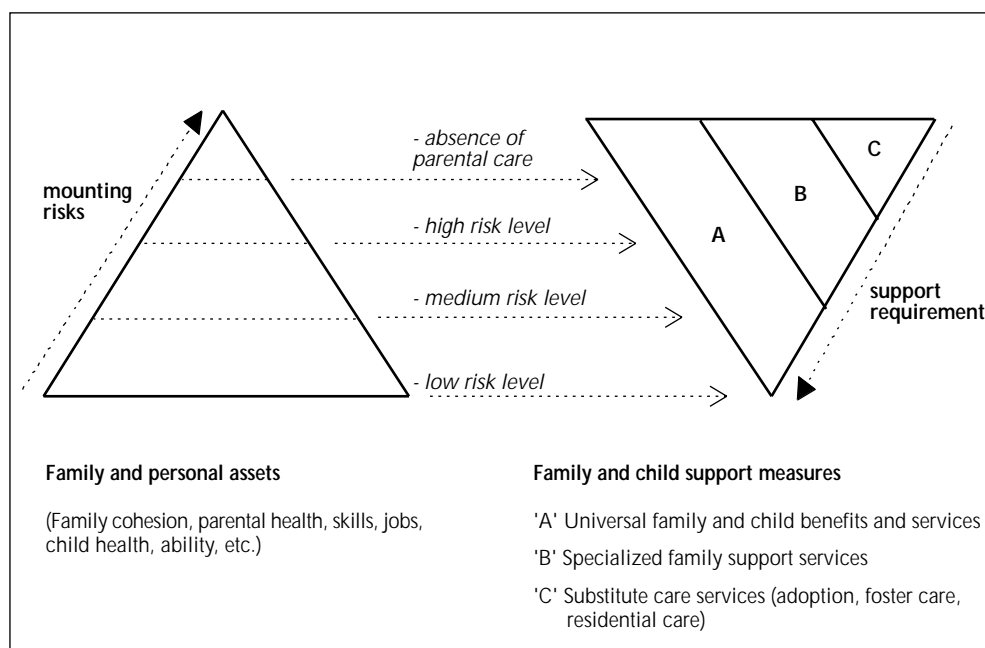
exclusion errors that result from a lack of information or fear of stigma. However, even in this case it may be preferable for social-work services and cash assistance to operate as separate systems for family support. Often, the need to relieve poverty overshadows the services of social-work support systems, as has been reported, for example, in Slovakia in recent years.⁹ Poverty relief and social work are not identical.

Figure IV.3 presents a new model for addressing children's needs. It is based on the notion of a continuum of need and suggests that it is possible to categorize children loosely into one of four tiers in the pyramid. The level of need faced by a child is the sum of the degrees of risk resulting from:

- the child's personal circumstances;
- the capacity of the family to meet the child's needs;
- the availability of benefits and services to support the child and family.

For the purposes of service planning, it is helpful here to find a balance between risk and protective factors. The needs of the child may be high, but if the family has very strong coping skills, the intensity of support can be reduced. Risk can be quantified in relation to child risks (e.g. truancy, neglect, abuse, health), parental and family risks (e.g. mental or physical illness, substance abuse) and social risks (e.g. large family, extreme poverty, housing and employment problems). Risk can also be assessed on the basis of whether the need for support is continuous or intermittent. Finally, the model assumes that risks are not static: children may move in and out of the four groupings as their life circumstances change.

The children at the apex of the risk triangle are those in acute and desperate need (e.g. without parental care, with major disabilities, with severe mental and



As family and personal assets weaken (left triangle), risks for children mount, which need to be addressed by some or – if risks are very high – all three of the main types of support policies (right triangle). In Central and Eastern Europe 'A' type support has been eroded, 'B' type support has been absent or underdeveloped, and 'C' type support requires thorough reforms.

Figure IV.3 - The twin pyramids of protective factors for children and the continuum of risks to be addressed

behavioural problems); there are no protective factors to buffer these children from dependency on the State. However, often the state intervention is token, geared

to containment and without any element of long-term investment. Interventions for these children have dominated service planning in the CEE region,

Table IV.6 - Summary review on recommended key family support and child protection strategies^a

Primary risk groups	Recommended key strategies ^b			
	* The Family Support/Child Protection Continuum			
	← 'A'	'B'	'C'	→
	Universal benefits and services	Family support Targeted benefits and services for special-needs children and families	Short-term and/or crisis benefits and services for acute needs of children and families	Permanency planning
Infants (0-3 years) <ul style="list-style-type: none"> • unwanted and abandoned children • children of single mothers • children from large families • infants from ethnic minorities • infants with disabilities 	<ul style="list-style-type: none"> • family legislation • maternity and parental leave benefits • sick-child leave/benefits • well-baby/child-health services • immunization • family planning services • 'baby friendly' hospital practices • day-care and child-minding services • visiting community nurses 	<ul style="list-style-type: none"> • visiting community nurses for active assistance and monitoring • nursery vouchers • regular cash/in-kind benefits • social-work services, including: <ul style="list-style-type: none"> - family centres - parental counselling and support - family aides - non-professional parenting assistance - provision of aids and adaptations for disabled children 	<ul style="list-style-type: none"> • emergency cash/in-kind benefits • shelters • mother and baby homes • foster care (short and medium term) • respite care (short and medium term) • emergency residential care 	<ul style="list-style-type: none"> • family reunification • adoption • long-term fostering • small-scale homes for children with disabilities and young children who cannot be placed with families • hospital care (exceptionally)
Children (3-10/14 years) <ul style="list-style-type: none"> • children in poor families • maltreated and neglected children, social orphans • orphans • sick children and children with disabilities • unsupervised children 	<ul style="list-style-type: none"> • universal family allowance • universal sick-child pay • universal kindergarten services • meals and after-care services in schools • school preventive health services • routine health check-ups • healthy lifestyles education • programmes on adult health and lifestyles 	<ul style="list-style-type: none"> • special benefits for risk group categories (e.g. children of single parents, orphans, children with disabilities) • monitoring by social workers and service providers • social work services, including: <ul style="list-style-type: none"> - family counselling - counselling for abuse victims - drop-in centres, respite care services, family centres (see Box IV.3) • provision of aids and adaptations for disabled children 	<ul style="list-style-type: none"> • temporary shelter homes • family counselling • self-support organizations • public in-kind assistance for the disabled or sick • foster and respite care, including for children with disabilities • provision of holiday schemes for children with disabilities • holidays for children with disabilities • counselling for war and trauma victims 	<ul style="list-style-type: none"> • family reunification • foster families • small-scale homes (as last resort) • adoption
Adolescents (10/14-18 years) <ul style="list-style-type: none"> • social orphans • abused and neglected children • care leavers • truants • deviant children and adolescents (e.g. prostitution, drug abuse, etc.) • working children • unemployed youth 	<ul style="list-style-type: none"> • education reforms at the secondary level • improving equity in access to education • new labour code, labour counselling guides • active labour market policies • school preventive health services • health screening • preventive health measures for lifestyle risks • community crime prevention strategies 	<ul style="list-style-type: none"> • special education services for truants and excluded children • victim reparation schemes • social work services (as above) • community services • family and youth counselling services • preparation and support programmes for care leavers 	<ul style="list-style-type: none"> • public and private cash and in-kind social assistance • charity 'hot-lines' • youth counselling • temporary youth crisis shelters 	<ul style="list-style-type: none"> • foster families for abused and neglected children and social orphans • small-scale independent living units for care leavers • small-scale residential provision • long-term fostering for children with disabilities

Notes: a. These measures do not represent an exhaustive set of needed interventions. Rather, they focus on those issues that appear to be the most relevant in the current CEE context; b. For 'A', 'B' and 'C' type of support see also Figure IV.3.

frequently crowding out the provision of services for other groups in less urgent and obvious need and distorting the capacity to plan services in an integrated, comprehensive way across all levels of risks and unmet needs.

Finding a just and humane way of reconciling rising needs with diminishing resources is an urgent priority. The ideal policy position is one in which the sum of resources is invested through three main support systems ('A', 'B' and 'C' on the graph) in a way that:

- ensures the rights of all children to have their basic needs met;
- promotes a balance between short- and long-term objectives (set in advance and measurable);
- takes a paradigm of investment and sustainability;
- accepts that not all needs can be met immediately and that prioritization must take place;
- gives every opportunity for all segments of society to show solidarity.

By no means must all benefits or services to support families with children in need come from the central government; many measures could also be provided and delivered by local governments, NGOs, employers or the private sector. The 'welfare State' may be replaced by the 'welfare society', provided that children and families in need can be effectively targeted and the adequacy of the support guaranteed. In the present context of Central and Eastern Europe there is a need for both the unequivocal involvement of the State and the encouragement of non-governmental activity. In spite of promising developments, 'civil society' is still struggling to come of age in the region (see Box IV.4).

There are a number of ways to prioritize service allocation, but the first step must be to arrive at some estimation of the needs. An attempt to quantify the number of children in each tier of the pyramid could be made by using demographic data, research findings and data on mortality, morbidity, truancy and crime to assess the prevalence of risk in the population. This information would help to identify areas of deprivation, high unemployment and high concentrations of young unsupported parents — all factors that correlate with levels of mounting risk and the need for family support services. Collecting local information on the prevalence of disabilities among children is also a powerful service-planning tool. Data used by the social security system to determine entitlement to disability pensions and allowances could provide a useful starting point. However, it is important to remember that the imperfect outreach of traditional protective systems and related gaps in their information capacity are a part of the problem that social workers and service planners have to address, as illustrated in earlier parts of this Report.

The identification of needs permits a calculation of the resources required. This would provide the basis for making a decision (to some extent arbitrary) on the proportion of public funds that could be allocated to each

segment of the pyramid. This needs to be done in tandem with a projection of how the apportionment of resources will change over time. For example, investments in new services targeted at families nearer the base of the pyramid as a long-term goal over the next 10 years could help to reduce the number of children at the apex of the pyramid, thereby releasing funds for investment lower down the pyramid. The benefits of this integrated approach would be maximized if each central government department holds vertical responsibility for children. For example, in many countries of Central and Eastern Europe, the Ministry of Education is responsible for children in care, but it has no remit to provide services or benefits to prevent entry into care.

Table IV.6 places the proposed service infrastructure for addressing 'medium and higher level risks' for children into the context of the urgent need for other types of support as well. This approach emphasizes that different kinds of support need to be in place at varying stages of childhood and adolescence to address different risks. The Table is built on several key assumptions. Economic, fiscal and social policies will show a 'human face'.¹² This should ensure that poverty in general remains contained and that a 'people first' approach, rather than an 'only growth matters' approach, is taken. This will help avoid detrimental effects on the environment and on human welfare, such as those that occurred when the communist regimes followed their narrow growth-oriented approaches. The net of child welfare and family support services will be effective only if:

- there is an adequate bedrock of entitlements through the system of family allowances and parental leaves that will also effectively reach at-risk families;
- there is enough information to identify quite clearly those groups of children at primary risk. However, systematic information on children at risk in their own homes, at school, at work, and so on is at present largely unavailable in the region. An urgent function of the new services is to collect information on the numbers of children at risk and on the nature of the risks so that needs-appropriate services can be developed;
- there is an effective inter-agency strategy to incorporate health, education and personal social services in an integrated fashion to address children's all-round developmental needs.

Finally, the new infrastructure of family support services will require that family and child protection legislation be harmonized in order to provide a set of legal principles that: (a) are consistent with the goals of the services, (b) are clear on the legal mandate with which to carry out their powers and duties, (c) contain mechanisms of accountability for both organizations and clients; (d) ensure that related health and educational laws work together with legislation on personal social services where there are shared responsibilities for vulnerable children.

BOX IV.3 - POSSIBLE MODULES FOR THE NEW INFRASTRUCTURES: MAIN TYPES OF FAMILY SUPPORT AND CHILD PROTECTION SERVICES FOR CHILDREN IN NEED IN WESTERN COUNTRIES

Family support services in Western Europe reflect an array of provisions to assist parents in bringing up their children. It is a broad and rather loose term that sometimes even includes services available on a universal basis to all parents with children. However, it often refers to the specialized packages of care targeted at parents with children in need.

When family support is used in this latter more narrow sense, the services belong to the secondary-prevention system. They cater for: (a) children with disabilities; (b) high-risk groups in the population, such as very young, isolated parents living in areas of low employment, poor housing and social deprivation, or ethnic minorities for whom the lack of services would result in great risk; (c) children in need of protection due to a risk of neglect, abuse or other serious harm. In these cases, the family support services are usually made available only on the basis of a needs assessment (see discussion in the main text). While some family support services will be specially designed for children in need and their families, others are also available for all children. For example, a number of places in an ordinary nursery may be specially earmarked for vulnerable children. In this way, there is considerable overlap between universal family support services for children in general and for children specifically in need of protection. The lower the level of need, the less the necessity for intensive or specialized services. Thus, children at the lower levels of the pyramid will need either fewer services or they will need particular services less often than those at the top of the pyramid. The basic services may be required throughout.

Several types of family support services (e.g. child health, education and social services) are provided by a range of agencies. Many countries in Western Europe have highly developed systems of domiciliary support by way of *community nurses/health visitors* who visit all newborns and young children (primary-prevention level) to monitor their development. They also provide advice, support and guidance to the mother and perform a screening role, identifying children and parents who need further assistance through social services, health services or both (secondary-prevention level). These community nurses may help the parents of a child with a disability to access specialist services (health, social and financial). They can also provide valuable guidance in improving parenting skills and in this way reduce the risk of abandonment. In England, for example, the education service provides home tutoring for children who cannot attend school and welfare assistance within the school itself.

Within the systems of *personal social services* that have been developed in the West, a wide range of family support services is provided to families with children in need, although eligibility criteria can vary considerably from country to country as can the extent, range and intensity of provision. The services listed below provide a composite picture and are indicative only of the range of services:

- individual counselling and advice to parents
- therapeutic help
- counselling and guidance to children
- specialist financial assistance
- legal advice and advocacy
- benefits and budgeting advice
- parenting-skills training
- practical, financial and counselling assistance to parents of a child with disabilities
- family centres (see below)
- respite care services (see below)
- foster care services (see below)
- adoption services

Child welfare services are commonly organized under generic social service departments (as in England) and are provided at municipal level to facilitate access. Services are typically carried out by social workers, family aides, home helpers, foster carers, weekend foster carers, foster carers for children with disabilities, child-minders, after school child-minders, all with varying levels of training. The local authority has responsibility for registration, inspection and setting standards in accordance with national criteria and is responsible for the recruitment, training and support of foster carers. The extent to which services are provided by local government or by the voluntary sector varies considerably in the countries of Western Europe. Some of the most successful schemes for supporting parents (e.g. Newpin) are run by parents who themselves have experienced child-rearing difficulties and have subsequently been trained to provide guidance. These low-cost schemes, offering home- and centre-based support, have been successful in reducing child abuse and enhancing parental coping capacities. They have also reduced the need for intensive professional services and have been adopted internationally.

Family centres are a particularly valuable resource provided by social services in England, France and Germany.¹⁰ As a minimum, they offer child protection assessment and help in parenting skills where there is a risk of or actual abuse or neglect. Assistance is commonly provided by social workers, psychologists or health personnel. But some family centres have a far broader remit and are multi-purpose. Staff offer *support groups* for parents referred by health or social services because of stress and difficulties in coping, but groups are also set up according to local demand without any professional referral. Parents also run self-help groups using staff only as a resource. These centres also offer *drop-in services* for parents that range from social activities to health advice and baby clinics. Staff may do *out-reach work*, visiting families in their own homes. They may also provide nursery and crèche facilities, offering flexible hours. Family centres are typically funded by social services, but there is much scope for shared funding among systems of health care, social services and education. While they tend to be mostly used by parents with young children, they may also provide services for children with disabilities and their parents and for adolescents. Some have residential facilities as well as day programmes. ➔

Respite care is a secondary-level service provided most typically to parents of a child with disabilities and, less commonly, to unsupported parent(s) having difficulty caring for their child. Respite care is a relief service, designed to give parents a short-term break from their otherwise continuous and very demanding responsibilities in looking after a child with disabilities. Social services either provide short-term residential care or offer specialist foster care in which the child is placed with the same family on a short-term basis, but at regular intervals. Even though the help may be residential, it is classified as a form of family support because it helps reduce the risk of parents placing their child in care permanently.

Foster Care in some parts of the West is also being developed increasingly as a family support mechanism. Where traditionally foster care was long term and the child became in effect a new permanent member of the foster family, today a whole variety of new additional forms are also used which have the goal of helping out families in trouble on a temporary basis, rather than replacing the birth family. These include respite care; emergency fostering; short term, intermediate and long term.¹¹ There are also special schemes for the so-called 'hard to place' — most notably children who have been abused or neglected, who have major behavioural and emotional difficulties or who are disabled. There are even some experimental schemes being developed for young offenders on remand.

Organizationally, foster care services vary as to whether they are provided by the local authority or by the voluntary sector organizations or private agencies. Whatever the arrangement, all have to operate within the same overall legal framework and be registered and licensed. Finding suitable foster carers is one of the key functions of formal fostering agencies and is considered a professional social work task, which is based on careful assessment of the proposed carers and their family to provide skilled care.

Child protection legislation must reinforce the premise that the family is the best place in which to bring up children and make it 'difficult' for parents to give up on their children. This of course means ensuring that benefits and services are in place to support and empower parents under stress and in need. The main kinds of recommended supportive services are listed and defined in Box IV.3.

Developing new and effective infrastructures for social services is clearly a long-term objective; however, short- and medium-term goals also need to be set to ensure that planning and implementation do not simply atrophy or become overshadowed by other pressures and constraints. Particularly in Central Europe, the task is especially a question of building on and modifying existent services.

This Report, for example, has shown clear trends in growing health and social vulnerability among the 0-3 year age group against a background of faltering public care. The system of public-health nurses should therefore be expanded throughout the CEE region with services targeted to known vulnerable groups (see first column in Table IV.6). Hungary, with its long-standing tradition of community or public nurses operating in coordination with maternity, child-health and welfare services, provides a valuable example within the CEE region of a screening and support service for families with young children.

In South-Eastern European and FSU countries there are also pre-transition child protection services that still retain responsibility for children unable to remain at home in the short or longer term. In principle, with appropriate retraining, the role of staff could be expanded. To assist in comprehensive service planning, some countries, such as Romania and Russia, have adopted National Plans of Action.¹³ These provide a good framework for child service planning, provided they contain clear implementation mechanisms and time-scales.

B. Service innovations in the region: expanding family support programmes for the vulnerable and reforming existing child protection networks

New directions in establishing local services for child and family support are arising in several countries in the region. For example, Russia adopted new legislation in 1995 to develop a system of social services for vulnerable children. Efforts have been made to establish a new network of children's services under the former Ministry of Social Protection. The pattern of development has inevitably reflected the need to establish crisis services, with a particularly rapid increase in shelters for homeless children. But community-based family support schemes have also increased, and new facilities have emerged, such as rehabilitation centres for children with disabilities and for families with parenting problems. In 1993 there were only 15 rehabilitation centres for children and families: by 1996 these had increased to 450, present in three quarters of all Russian territories.¹⁴ Lithuania recently set up an entirely new service, 'The Agency of Children's Rights Security', to provide community-based support for children in need, many of whom are at risk of abuse, prostitution or criminality. It already serves about 10,000 families and reaches 3 per cent of the under-18 population.¹⁵ Estonia offers a particularly interesting example of experimentation to provide wide-ranging family support through the development of family centres. With legislation introduced in 1994, these centres are clearly designed to promote social functioning as well as to intervene when harm has already occurred. The centres (still very few in number) provide legal, psychological, medical and counselling services, as well as day-care and overnight facilities. They are intended to offer social and recreational facilities to families and provide assistance in the home as well.¹⁶

BOX IV.4 - CHILDREN AS SUBJECTS OF HISTORICAL CHANGE? THE EMERGENCE OF NON-GOVERNMENTAL ORGANIZATIONS IN THE REGION

The fledgling 'non-profit' sector in Central and Eastern Europe is dynamic, but also chaotic. Proof of the dynamism is the large number of projects targeting, for example, children and youth and the emergence in a few years of thousands of foundations and private social and humanitarian initiatives. Signs of the chaos are the inability of many of the new organizations to compete effectively for the limited available financing and the general difficulty of monitoring developments in the sector.

Before the transition, most 'social' organizations were linked to the Communist Party or functioned under its control. New voluntary organizations began to appear during the early 1980s, first in Poland and then in Hungary. Starting in 1985 *perestroika* was a boost for the sector. Nonetheless, since the onset of the transition in 1989, those who predicted a major new role for voluntary organizations have been disappointed. The transition has centred on the rule of law, parliamentary procedures, party politics, and economic reform and privatization.²¹ The social sector, including NGOs, has received less attention.

Three major problems are affecting all related non-profit entities in the region:

- (a) Clear legislation defining the prerogatives and responsibilities of non-profit organizations is rare. For taxation purposes, 'non-profit' and 'non-governmental' entities might include public interest groups, civic associations, trade unions, political parties and movements, officially recognized churches and religious communities, foundations, state funds, health-care funds, social funds, unemployment funds, organizations financed through government budgets and organizations financed through contributions. Thus, in the Czech Republic, among the 20,000 or so associations in 20 categories recognized by the Ministry of the Interior as of late 1995, more than one half focused on sports, and about one quarter on hunting. Only about 1,600 were involved in social initiatives related to children and youth, health care, humanitarian aid, environmental protection or ethnic and nationality issues.²²

The organizations more readily identifiable as 'non-profit' in a Western sense are civic associations and foundations (often also including one-time, single-issue fund-raising campaigns). However, the term 'non-governmental' cannot usually be employed without reservation because of the role of current or past governments in founding the organizations, because of ties to political parties, or because of significant financial linkages with government. Thus, in the Czech Republic, for example, many sports and hunting associations are offshoots of the sporting clubs that used to exist within physical-training organizations, while many of the education associations used to be part of the Associations of Parents and School Friends that used to be practically obligatory at schools under the communists. While the laws make fine distinctions difficult, they are also often too elastic in their approach to render the organizations answerable to the public.

Many foundations are religious and are involved strictly in proselytizing. Former youth organizations have become foundations in order to retain property accumulated before 1989. Some have used non-profit foundations and associations as vehicles for the transfer of the property of the State to private hands. The credibility of the sector has therefore been eroded in the eyes of governments and the public, and potential foreign partners and donors have become very cautious around their local counterparts. This has made the work of genuine voluntary initiatives more difficult.

- (b) Many of the people working in the sector lack basic management skills, are untrained in bookkeeping, know little about generating public awareness, are weak in evaluation and have difficulty determining general institutional goals and in implementing strategies to achieve goals. Most organizations have little experience and are led by amateur activists.²³ The limited available funding can encourage an overly competitive environment as organizations try to find more financial support, including support from foreign donors.

Organizations often do not share information, and the publication of annual financial reports is rare. The unwillingness to cooperate is accompanied by a reluctance to participate in service groups and umbrella organizations. As a corollary, adequate information systems on non-profit organizations and potential sponsors and contributors do not yet exist. Most non-profit organizations know little about potential sponsors, who know nothing about existing non-profit organizations. Meanwhile, the need for volunteers is still far greater than the supply, and few organizations can rely as a matter of policy on volunteers (though many depend on them). Many appear to have inherited from the past, when membership in 'mass' organizations was practically compulsory, a sense of resistance to taking part in organized activities. A 'large' organization might consist of a few dedicated, but overburdened professionals, a handful of occasional volunteers and more or less numerous passive supporters.

- (c) Severe financial shortages are the most serious problem. The sector is funded through four main sources: government; Western foundations and programmes; merchandising and other commercial activities, and domestic fund-raising.²⁴ Many organizations rely on local and national government subsidies in order to survive, but the level of these subsidies is dropping. Only a few organizations benefit from foreign grants, and organizations involved in environmental protection appear to be the main recipients. Existing tax laws typically restrict the extent to which organizations can seek to finance a portion of their efforts by generating income through commercial activities. Perhaps fearing declines in government revenue, public officials appear hesitant to allow tax concessions to the sector, and organizations must generally pay taxes on any 'profits' above a relatively low cut-off point. For instance, in Hungary, if revenues from commercial activities by non-profit organizations exceed either 10 per cent of the total yearly income, or 10 million forint, the NGO must pay the same corporate tax of 36 per cent as business firms.²⁵

Domestic fund-raising takes the form of membership fees and subscriptions, door-to-door collection campaigns, sporting events and concerts, appeals to financial institutions and donations from enterprises.²⁶ Small- and medium-size businesses account for a large number of modest contributions. They would represent a promising source of funding if it were not for the narrow tax laws. Only large companies and corporations, especially banks, savings associations and insurance companies, have more well defined sponsoring strategies, but they cannot satisfy all needs.

Governments sometimes view NGOs as a practical, inexpensive way to privatize social services. NGOs are thus playing an expanding role in the satisfaction of social needs. In Poland, for example, all social services directed at the homeless are contracted out to voluntary organizations,²⁷ and NGOs are becoming more involved in providing assistance to poor families, especially those with many children.²⁸ In Central and Eastern Europe the most prominent social sector activities among the new organizations focus on human rights, health care, the environment, care for the elderly, social services, and persons with disabilities.²⁹

Political affiliation often determines to a certain degree the way an organization is perceived. In Hungary, though direct government subsidies represent 20-25 per cent of the funding for non-profit organizations, most of the subsidies go to only a few dozen foundations.³⁰ NGOs may in general be divided into unreformed organizations from the communist period, reformed ex-communist organizations attempting to find a niche, erstwhile dissident groups now operating openly, wholly new domestic organizations with none of these traits, and Western-oriented branches of international organizations.³¹ A very rough idea of this feature of the sector can be seen in Table IV.7, which represents an attempt to summarize the information resulting from a survey of NGO projects aimed at children and young people in the region. The NGOs that seem to have achieved the most success are those that receive support from abroad, those that were supported under the previous regimes and therefore had sufficient infrastructure, experience and coverage to be able to survive the transition, and those now supported by new political groupings. Those that have sprung up more or less spontaneously from below seem to be having the most difficulty.

A study on Poland commissioned by the International Youth Foundation through the Polish Children and Youth

Foundation and based, among other information, on surveys conducted in December 1992 among primary and secondary school children offers a view of the voluntary sector from the perspective of young people.³² According to the surveys, around 25 per cent of young people were involved in various youth organizations. Among pupils in higher classes in primary schools, 27 per cent were members of youth organizations. The pupils were mostly members of special interest clubs at schools or organizations with a long tradition of cooperation with schools, such as the Polish Red Cross. Religious groups, the Scout movement

Table IV.7 - The management of selected NGO projects aimed at children and youth

	Managing NGO		Affiliation of Local Partner				
	Total	Foreign or International	Domestic	Foreign or International	Government		Others
				Branches	Entity	Local NGOs	
Albania	9	9	—	1	5	2	3
Armenia	1	1	—	1	5	2	3
Azerbaijan	1	1	—	1	—	—	—
Belarus	4	4	—	1	—	3	—
Bulgaria	6	4	2	2	—	5	—
Czech Rep.	6	1	5	—	4	3	1
Estonia	2	1	1	—	—	—	1
Georgia	2	2	—	—	1	—	1
Hungary	4	—	4	—	2	5	—
Latvia	14	12	2	—	5	4	3
Lithuania	5	5	—	2	—	3	1
Moldova	1	1	—	—	—	—	—
Poland	8	7	1	3	—	—	4
Romania	84	57	26	22	17	33	17
Russia	11	11	—	4	1	2	4
Slovakia	3	2	1	1	2	—	—
Slovenia	2	2	—	—	—	3	—
Ukraine	4	4	—	3	1	1	1
<i>Total</i>	<i>167</i>	<i>124</i>	<i>42</i>	<i>41</i>	<i>43</i>	<i>66</i>	<i>39</i>

Note: 'Others' refers, for instance, to medical facilities and religious groups. The numbers in the table do not necessarily add up, since for any given project some categories (such as 'local partner') may not be represented or may be represented more than once. While the study on which the table is based does not claim in any way to be exhaustive, it also does not contain information on survey methods or criteria. Nonetheless, it appears that social welfare projects have been favoured: the most common focus among the various projects are child health care, care for people with disabilities and education.

and environmental groups were also among the more popular. Students in secondary schools and colleges belonged to a variety of organizations, but most were Scouts. Asked if any organizations in Poland addressed the 'needs' of young people, 61 per cent of the youths surveyed replied with a 'don't know'; 15 per cent answered 'yes', and 23 per cent said 'no'. This and other surveys have shown that young people are generally unaware of voluntary organizations aimed at the needs of youth. Actually, over 1,100 NGOs work with children, concentrating on initiatives focusing on children in need.³³

Innovation is also taking place in services for children with disabilities. Community-based help is now beginning to appear in South-Eastern Europe and the FSU and is continuing to expand in Central Europe. Reports from Russia and Slovakia suggest that the attempt to fill the gap in community care for these children with the new rehabilitation centres, parental support groups, reintegration schooling programmes and improved disability allowances is helping to reduce dependency on institutional solutions. In Saratov, Russia, social workers from rehabilitation centres working with families in rural areas have already played a vital role in ensuring registration of disabled children who would otherwise lose entitlements to free medicine and services.¹⁷ Many parents do not know their entitlements and how to obtain early assessments and educational support, resulting in the social exclusion of the child and family.

These emerging programmes require new personnel and approaches, and social work is seen as a vital tool to achieve these aims. Most countries across the region have begun to invest in social-work training programmes to staff the newly evolving services. These schemes can be found in every part of the region, commonly developed within the tertiary education system, but also offered at lower level institutions. In some countries, such as Albania, the introduction of social-work education is entirely new: by the year 2000 the first qualified social workers are expected to take up posts in hospitals, schools and other institutions.¹⁸ In other countries, old traditions have been rekindled. In 1990 Poland reintroduced the use of social workers as part of new legislation to establish social services at the level of the commune and to provide counselling as well as practical services. Social work has also been re-established in Romania: seven universities now have social work departments producing up to 500 graduates each year.

Finally, there are interesting examples of the State and non-governmental sector working together. Communes in Poland, which have been responsible by law since 1990 to provide certain social welfare services at local level, set aside funds to provide children at high risk with access to specialized services sponsored by non-profit organizations, such as therapeutic and rehabilitation centres.¹⁹ Similar arrangements exist in Russia, where responsibility for organizing access to summer camps for disabled children is often delegated to the voluntary sector. Fascinating partnerships can also be found between local government and the private and non-profit sectors in this huge country. For example, in Moscow oblast, with eight million people, the local government has teamed up with local industry to produce goods, such as clothing and shoes, for poor families with children. The contracts have been placed with factories that employ high ratios of disabled people.²⁰ In Central Europe, the voluntary sector has taken a pioneering part in filling gaps in state services.

Homes for teenage mothers have been developed in the Czech Republic, Poland and Slovakia. Hungary has set up new centres for young drug abusers, and Slovakia, as well as Bulgaria and Russia, have all set up services for abused children — a problem that was previously unrecognized.

Important reforms have also taken place in substitute care services. Perhaps not surprisingly, the countries of Central Europe, as early reformers and with better economic bases than countries in the other sub-regions, have undertaken the most extensive restructuring in both institutional- and foster-care services.

The main approaches to reforming institutional care are in the following areas:

- improving the quality of life in the existing institutions;
- diversification, or providing alternatives to large-scale establishments;
- moving toward locally provided residential care;
- shifting toward family-based substitute care.

Attempts to improve the quality of life in institutions have depended on schemes to break down the isolation from the community, to create more family-like intimate environments and to improve staff training. In Hungary children in long-stay care now attend local kindergartens and clubs.³⁴ In Poland, a merger between the two responsible ministries means that children in care are no longer moved at the age of three to new establishments. Infants and toddlers also remain with the same upbringer to help promote continuity of care and the development of more stable social relationships. Hungary is trying to introduce a far more active approach to planning for children in care. Providing that the Children Bill is enacted — it has been 10 years in the making — the Hungarian approach will represent a comprehensive new framework of child protection.³⁵ All agencies will be required to develop an individualized care plan for each child in the care system, assign services to meet the child's specific needs and conduct regular reviews. These mechanisms are designed both to control entry into care with greater vigilance and to prevent drift and stagnation once within the system. In Bulgaria, a new family reunification programme has recently been introduced that allows children to visit with their families regularly to prevent ties from withering.

There have also been attempts to reintegrate care leavers into the community, with individual projects found in many parts of the region. Hungary provides independent flats for some of its care leavers, while Russia and Lithuania have introduced one-off payments. An experimental UNICEF programme in Romania has adopted a comprehensive approach to reintegration based on planning for individualized care and the renewal of ties with the family.³⁶ Importantly, the scheme has invested heavily in engaging the local business community in foster training and employment opportunities for care leavers — a crucial integration

mechanism. New training programmes have been initiated in several parts of the region to help residential staff develop knowledge and skills to deal with the specific emotional and social needs of children in institutional care and children with disabilities.

These programmes are important to help counter the prevailing culture, particularly in the large institutions where staff have low pay and status. New initiatives for children with disabilities can be found in several countries. In Bulgaria, for example, medical and nursing staff in infant homes have been trained to respond to the emotional needs of the infants.³⁷ A similar scheme has been carried out by an NGO in Romania, though apparently with limited success. In the FSU, Ukraine is beginning to develop new school curricula for institutionalized children with disabilities.³⁸ Social and medical specialists are also being trained to work with children with cerebral palsy. In Romania, new courses centred on working with children with disabilities have been introduced in higher education institutes.

There have also been important prototype examples of innovation and experimentation with foster programmes. Disabled children in Poland now have the chance to be fostered, although the numbers involved are unclear. Hungary has been particularly energetic in encouraging 'professional foster care schemes' for children with special needs as well as traditional forms of fostering. Hungary has also adopted a rigorous approach to training requirements for future foster carers.³⁹ There is also a new glimmer of hope for gypsy children in Hungary and Slovakia, as both countries have adopted pioneering programmes that train and support gypsy carers.

Some first steps have been taken to amend legislation to encourage the development of foster care. For example, Slovakia is preparing new legislation that would broaden current provisions, double allowances and facilitate family reunification. The 'Romanian National Plan in the Interests of the Child' put forward in 1995 called for the establishment of a foster care framework by 1996, and in Russia foster care was established for the first time (as distinct from guardianship) in the family law reform of 1995. In one area of Slovakia, an exciting programme links together reform in foster care and residential care. Known as the Orava Project, it is committed to closing down all children's homes in the area. It has already developed small-scale residential facilities as an alternative, and the gradual shift to foster care is the central plank of the initiative.⁴⁰

C. A strategy for radical reforms in substitute care programmes

All these promising initiatives point the way forward, but they are taking place against a background of unfavourable trends (see Chapter III). There are hundreds of thousands of children across the region in public

care, many of whom are living in inadequate or even desperate conditions. These children cannot wait indefinitely: new solutions must be found urgently. At a minimum, the immediate rights of children in public care to food and health security must be reasserted: these children are as much a part of the region's future as any of the more fortunate children living in well-off circumstances. In many countries in the region, providing a minimum level of care in itself requires financial investment and a commitment from governments.

The long-term strategy must be far more radical. First, the high and increasing rates of flow of children into all forms of public care must be radically decreased. A drastic reduction in child-abandonment and separation rates can only be achieved through a complex set of family support policies (such as those suggested earlier in this section) consistent with broader reform policies. Second, the priorities given to the various placement options for children entering care must be radically transformed (see Figure IV.4). Third, more coordinated efforts are needed for improving and accelerating the exit rates from institutions.

The diagrams show in a 'stylized' way the current predominant patterns of entry, and preferable directions of change, into adoption, foster care and institutional care, as well as the juvenile justice system. Adoption, which tends to be concentrated among the youngest age groups, is rarely seen as a resource for children over the age of three or four in the region. Institutional care also exhibits very high entry rates among the youngest cohorts (with some exceptions) and has a second, far smaller peak in early adolescence. The little information available suggests that fostering is less commonly used for infants and toddlers, but peaks in mid-childhood. Finally, deviant children meet very early with the juvenile justice system and tend to receive long sentences, which makes it very difficult for them to return to normal life. These patterns have been driven by social, cultural and professional beliefs and arrangements that put inadequate stress on prevention and have made it 'easy' to place children in institutions. It has also been made difficult to adopt older children or place children in foster families outside the kinship system.

A new orientation is required that builds actively on the child's need for family upbringing and is informed by evidence on the efficacy of different forms of care at different stages in the child's lifecycle. This is set out in Figure IV.4 by dotted lines. It suggests that the numbers of infants and children up to approximately the age of seven entering and staying in institutional care could be brought down by active family placement policies before children drift into care and become institutionalized and very hard to place in families. These policies include:

- *more active use of fostering.* Children should be diverted from initial entry into residential establishments by building up a supply of short- and long-

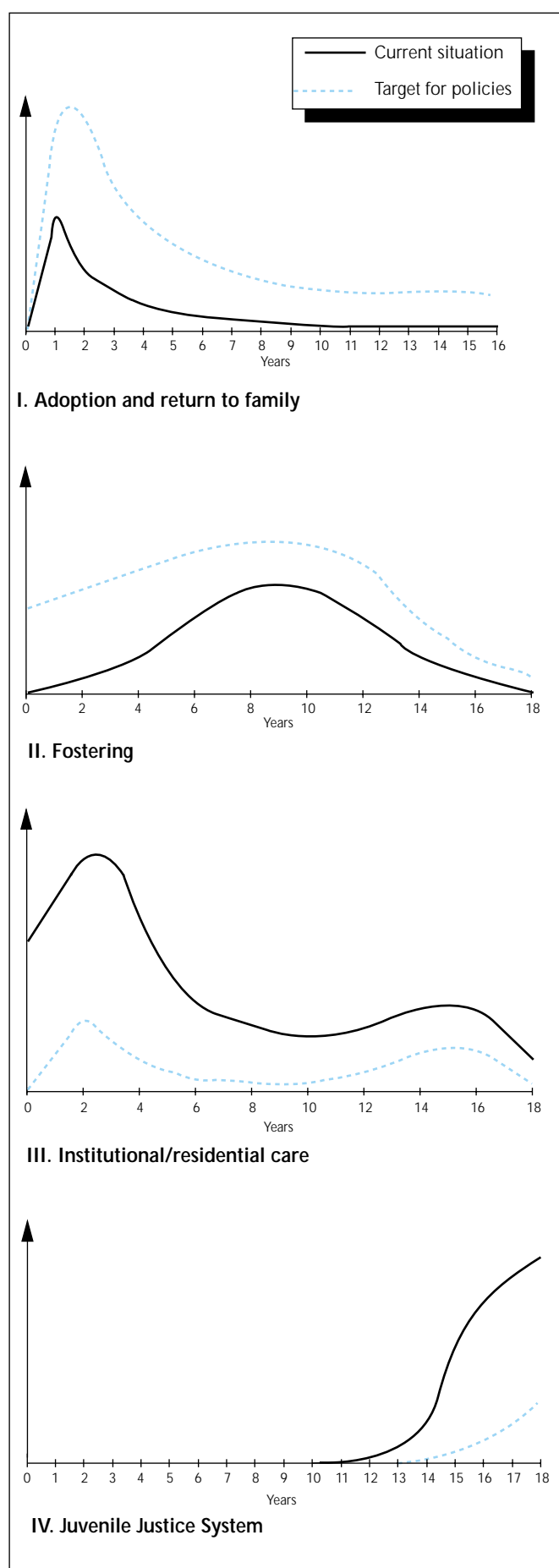


Figure IV.4 - Stylized model of entry rates of children in public care by age and placement options

term foster carers with skills in the care of children, especially those in the youngest age groups. Active targeting policies should also be adopted to identify suitable children already living in institutional care who could, with skilled preparation, be placed with long-term foster carers. This would in turn require active support for the foster carers to prevent placement breakdown.

- *more active use of adoption.* Vigorous targeting policies are needed for children over the age of three living in institutions who could be placed for adoption before they become institutionalized and unplaceable. Western research has shown that children in institutional care can still be successfully adopted even as late as the age of seven, although considerable skill is required by the adopters, who need good preparation and support.⁴¹ Also, very thorough child assessments are needed to establish suitability.
- *the development of family reunification programmes.* There are few schemes to help parents take back their child after placement in care. With appropriate support and the active encouragement of parental visits, fewer children in long-term care need lose their family links.

These policies require the expansion of and active support for existing kinship fostering and the development of foster care for unrelated children, as well as reforms in present arrangements (see Chapter III). In some countries these developments are well under way. In others, there is still a prevailing culture of professional and societal suspicion toward caring for an unrelated child, especially when carers receive salaries for their services. Public awareness campaigns are needed to help promote positive societal attitudes to foster care, and new flexible foster services need to be developed which, over time, could provide a range of services (long-term care, short-term placements for emergency situations, skilled care for difficult children). Supportive legislation is also needed to promote foster care. These programmes are likely to require a substantial financial outlay in the short term to set up new services, but they have long-term investment incentives. The psychosocial benefits for children are the most compelling advantage, but there may also be some long-term savings in institutional care. These must not be overestimated, because expenditures on institutional care in many countries of the region are very low and foster services carry hidden professional and administrative costs.⁴² Well functioning foster care is not cheap. However, there may be another investment incentive for the development of foster care in the CEE region: it could offer new and more flexible employment opportunities, provided that carers are carefully selected to ensure suitable motivation.

Adoption services will also need to be developed more proactively with good information systems on the availability of both prospective adopters and adoptees. These are already being developed in some countries,

but many still lack an effective system for recruitment, preparation and support.

There must also be investment in residential care for the large stock of children for whom family placement is not a realistic option. Many of these children may be too old to be placed with families. Here, the long-term approach must be to build on the excellent schemes described earlier that seek to improve staffing, create smaller establishments with better prospects for promoting good social relationships and encourage the development of personal and work skills.

All these developments point again to the need for a coherent overall strategy linking fostering, residential care and adoption. These in turn require the development of social work services to assist in the recruitment and support of carers on the one hand and the selection and preparation of children on the other. When substitute care services are linked with family support programmes, it is possible to address the continuum of need among children in vulnerable circumstances through more effective gatekeeping — to ensure that children are not inappropriately placed in institutions — and through the provision of a wider range of care options.

A call for radical restructuring at the present time may seem misplaced. As shown earlier, there are a number of severe constraints that stand in the way of sustained and systematic restructuring. Narrowly interpreted legislative duty to provide social services, a lack of staff able to identify children at risk, structural fragmentation (separate child protection and family support services) are general problems across the region.

The most obvious problems facing all countries in the region are the acute lack of funds and personnel to develop comprehensive family support services. The shift to decentralized welfare systems may become an increasing problem for service development. Rural areas are often particularly deprived as regards access to services, since most of the new developments have occurred in urban areas.

The gaps in community services are exacerbated by professional resistance to change. There are also serious organizational problems: services remain poorly coordinated across health, education and social service sectors

with few mechanisms to promote active inter-agency planning at central and local levels. Most countries still provide family support and child protection services through separate ministries, weakening the possibility of integrating the two sectors effectively. Defining entitlement to targeted family support services is also problematic. The predominant approach is categorical, using family structure and size, income, housing and employment as indices of risk. While these categories are readily understood by the public, professionals and service planners alike, they risk leading to both inappropriate inclusions and exclusions. They are also too biased towards reinforcing the existing narrow patterns of identification, assistance and monitoring.

However, the inadequate base, the organizational difficulty and professional reluctance are not the real problem. Even the lack of funding is not the root problem; despite curtailments, spending on general social security provisions, for example, has remained relatively extensive. There has been an understandable reluctance on the part of politicians to prioritize social services for groups perceived to be marginal. Developing a network of services for the most vulnerable may seem a 'luxury' when poverty has struck even formerly well-off families. This perspective applies at both the local-government and national levels. But it is misplaced. The new social contract to develop more humane social welfare networks would undoubtedly help most the marginalized, poor and excluded in relative terms. But the scope of these networks, in promoting the general well-being, is much broader. Chapter II of this Report illustrated that the risk of unmet needs and wrong responses to challenges brought by the transition is not confined only to a small percentage of the child population in Central and Eastern Europe. Low income situations are much more likely to reach 'normal' households than they used to. And, putting it simply, issues like substance abuse, truancy, parental ill-health, abuse and neglect are not only problems faced by the poor. A new approach to social policies promises to be an investment in the future of all children in Central and Eastern Europe.

Notes

- 1 Burke, 1995.
- 2 Kupa and Fajth, 1991.
- 3 Fajth, 1994.
- 4 Fajth, 1996.
- 5 Regional Monitoring Report No.3, UNICEF-ICDC, 1995.
- 6 Fajth, 1996.
- 7 Fajth and Zimakova, forthcoming.
- 8 Pires, 1993.
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- 10 Cannan and Warren, 1996.
- 11 Triseliotis et al., 1995.
- 12 Regional Monitoring Report No.3, UNICEF-ICDC, 1995.
- 13 *Ibid.*
- 14 Kornyak, 1996.
- 15 Sntukstiene, 1996.
- 16 Urve Randmaa, Ministry of Social Affairs, Department of Social Welfare, Estonia, personal communication.
- 17 Smirnova, 1996.
- 18 Kodra, 1996.
- 19 Golinowska et al., forthcoming.
- 20 Harwin, 1996.
- 21 Harvey, 1995.

- 22 IYF, 1996.
- 23 Harvey, 1995.
- 24 *Ibid.*
- 25 IYF, 1994.
- 26 Harvey, 1995.
- 27 *Ibid.*
- 28 Golinowska et al., forthcoming.
- 29 Harvey, 1995.
- 30 *Ibid.*
- 31 *Ibid.*
- 32 IYF, 1995.
- 33 Harvey, 1995.
- 34 Korintus, 1995.
- 35 Herczog, forthcoming.
- 36 Pasti, 1996.
- 37 Kornazheva, 1995.
- 38 UNICEF-Kiev, 1996.
- 39 Herczog, 1992.
- 40 Wolekova, 1996b.
- 41 See Tizard, 1997; Rushton et al., 1988.
- 42 Knapp and Fenyo, 1988; Kind, 1992.

THE CONVENTION ON THE RIGHTS OF THE CHILD IN CENTRAL AND EASTERN EUROPE

It is worth recalling that the initiative for a Convention on the Rights of the Child (CRC) was launched by a Central European country — Poland. Indeed, back in 1959, Poland had already sought to have the United Nations Declaration of that year adopted as a binding treaty. It was essentially the text of this Declaration that Poland put to the United Nations Commission on Human Rights in 1978 as a proposal for a convention that might be adopted the following year, the International Year of the Child.

The 1959 Declaration is very heavily biased toward economic, social and cultural rights; the only civil right it contains relates to name and nationality. This was of course an important factor in Poland's desire — and in the strong support it received among former socialist countries — at that time to transform it into a binding treaty for children.

The thorough review and massive expansion of the draft text carried out over the subsequent 10 years by the Working Group that the Commission set up to that end was effected under the chairmanship of a Pole and with substantial input from several countries in the region, notably the Byelorussian SSR, the Ukrainian SSR, the USSR as well as Poland itself, and to a lesser extent Bulgaria and Yugoslavia. Characterized all too frequently by confrontation between 'East' and 'West' during the initial phase, the drafting process became eminently more constructive, and more rapid, in the second half of the 1980s once relations between the two blocs had begun to thaw in earnest.

The text adopted by the UN General Assembly, in the coincidentally significant year of 1989, thus contains several provisions and approaches advocated by the former Socialist bloc, as well as many whose inclusion, 'in a spirit of compromise' or after tight negotiation, it decided not to oppose. In its final form, the CRC is an unusually comprehensive treaty, covering essentially every aspect of the child's reality and laying considerable emphasis on civil as well as economic, social and cultural rights.

Regimes changed drastically and the transition set in as soon as the Convention was adopted and opened for signature. What would be the reaction of the new authorities in the region to a treaty that, in many cases, had been significantly shaped by their predecessors?

1. SPEEDY RATIFICATION, WITH FEW RESERVATIONS...

Within two years of the Convention being opened for signature, half the countries in the region had become States Parties, and acceptance by all 18 countries in the region was attained when Georgia acceded to the treaty on 2 June 1994.

While the CRC has achieved virtually universal ratification (187 out of 193 countries as of mid-April 1996), an unusually high number of States Parties have submitted reservations when ratifying. In the CEE region, however, only three countries included such reservations (for the full official texts of these, see Box V.1).

Slovenia (1991) notified a reservation — on article 9 — stemming from legislation inherited from the former Socialist Federal Republic of Yugoslavia, still in force in the country. This allows children to be removed from the care of their families by a simple administrative decision not subject to judicial review, as



required by the Convention. The Slovenian Government's initial report has not yet been reviewed by the Committee on the Rights of the Child, but in relation to a similar reservation by Croatia, the Committee has — not surprisingly, perhaps — expressed concern over the lack of guarantees that such a procedure entails.

In regard to article 7, Poland (1992) set conditions for providing the child with information as to his or her precise origins in the case of adoption. The Czech Republic (1993) made a similar reservation that also included the case of artificial fertilization. It can be noted that certain Western European countries have made similar reservations to this article.

Poland (1992) also affirmed that it alone will decide on the minimum age for military call-up and participation in military operations, but at the same time declared that this age will not be lower than that stipulated in article 38. Poland has further made declarations underlining the importance of taking due account of traditions in foreseeing the child's exercise of his or her fundamental freedoms, and respecting the principles of morality when envisaging family planning and parent education programmes.

None of these reservations has been formally contested by any other State Party to the Convention. This implies that they are not perceived to be 'incompatible with the object and purpose' of the treaty. It is nonetheless a principle of the Committee on the Rights of the Child to request every country that has entered a reservation to consider the latter's withdrawal. Such a move would seem particularly appropriate — accompanied by the necessary legislative amendments — as regards the adequacy of administrative decisions alone to effect removal of a child from family care.

2. ... AND TOO FEW REPORTS

Within two years of becoming a State Party, each country is required to provide an initial report on its efforts to implement the provisions of the Convention, in which it may also refer to obstacles and difficulties encountered in this sphere. The report is then the subject of in-depth consideration by the Committee on the Rights of the Child, the elected body of independent experts whose main role, established by the Convention itself, is to monitor compliance. The Committee sees the reporting process not as a bureaucratic obligation but as a special opportunity for authorities to take stock of the situation of children in the country concerned, in cooperation with the non-governmental community. Similarly, the Committee's official meeting with delegates of reporting governments is designed to be a constructive dialogue on what needs to be done, and how this might be effected, in order to bring the situation of all children in the country concerned as close as possible to the standards set out in the treaty.

Of the 17 countries in the region that should have presented reports by the end of 1995 (having become States Parties from 1990-93), only eight have so far complied with this obligation. However regrettable that may be, this proportion compares favourably with that registered for States Parties worldwide.

Upon submission of a report, it takes the Committee about one year to consider it; thus, only five reports from countries of the region (Belarus, Poland, Romania, the Russian Federation and Ukraine) have gone through the full process to date, with three others (Azerbaijan, Bulgaria and Slovenia) on the Committee's schedule for 1996.

BOX V.1 - RESERVATIONS AND DECLARATIONS (UPON RATIFICATION OR ACCESSION)¹

Czech Republic (1993): The Government of the Czech Republic interprets the provision of article 7, paragraph 1, of the Convention as follows: In cases of irrevocable adoptions, based on the principle of anonymity of such adoptions, and of artificial fertilization, where the physician charged with the operation is required to ensure that the husband and wife, on the one hand, and the donor, on the other, remain unknown to each other, the non-communication of a natural parent's name or natural parents' names to the child is not in contradiction with this provision.

Poland (1991): In ratifying the Convention ... the Republic of Poland ... registers the following reservations:

- (a) With respect to article 7 of the Convention, the Republic of Poland stipulates that the right of an adopted child to know its natural parents shall be subject to the limitations imposed by binding legal arrangements that enable adoptive parents to maintain the confidentiality of the child's origin;
- (b) The law of the Republic of Poland shall determine the age from which call-up to military or similar service and participation in military operations are permissible. That age limit may not be lower than the age limit set out in article 38 of the Convention.

(Declarations) The Republic of Poland considers that a child's rights as defined in the Convention, in particular the rights defined in articles 12 to 16, shall be exercised with respect for parental authority, in accordance with Polish customs and traditions regarding the place of the child within and outside the family.

With respect to article 24, paragraph 2(f), of the Convention, the Republic of Poland considers that family planning and education services for parents should be in keeping with the principles of morality.

Slovenia (1992): The Republic of Slovenia reserves the right not to apply paragraph 1 of article 9 of the Convention since the internal legislation of the Republic of Slovenia provides for the right of competent authorities (centres for social work) to determine on separation of a child from his/her parents without a previous judicial review.

Consideration by the Committee takes place through a dialogue with a delegation from the government concerned once a review has been made of all available information from credible sources other than the governmental report itself. In preparation for the dialogue, a 'list of issues' drawn up by the Committee is transmitted to the government with a request for written replies to the questions raised. As soon as the whole process is completed, the Committee draws up 'concluding observations' in which positive factors, major concerns, and recommendations are set out.

3. THE MAIN CONCERNS OF THE COMMITTEE

The Committee's concluding observations on the five reports from the region examined to date already indicate a number of concerns over problems that are clearly common to all, or virtually all, countries in the region. Not surprisingly, the problems identified reflect in part the persistence and ramifications of certain practices and attitudes inherited from former regimes, as well as the difficulties encountered in safeguarding and promoting the rights and interests of children during a 'transition' process that in most countries has had devastating socio-economic consequences for large sectors of the population. The issues can essentially be listed under five categories.

A. The need to tackle the effects of the economic situation on children

In every case, the Committee has fully recognized the difficulties engendered by the various realities and ramifications of the transition, while strongly urging countries to maximize resources for the realization of economic, social and cultural rights in accordance with article 4, and to set up safety nets to ensure an adequate standard of living for all children (articles 26 and 27).

B. The need to counter negative practices and attitudes inherited from the former regime

It may seem somewhat paradoxical in this period of often radical political and economic change in the region that most of the positive aspects of child-focused or child-related policy under former regimes have been allowed to disappear without trace or have apparently proved impossible to maintain (e.g. organized leisure and cultural activities), whereas attempts to modify many of the less desirable legacies are fraught with obstacles.

Thus, concern is systematically expressed over inadequate compliance with CRC obligations in the light of:

- continued excessive use of institutional placements as a welfare measure, and conditions of placement. The legacy in this regard is particularly serious in most countries, given the extensive reliance on institutional placement that invariably characterized the former regimes' response to any child whose parents could not, would not, or were not deemed adequate to, provide appropriate care. This applied to children with mental and physical disabilities, orphaned and abandoned children, those removed from parental care by the authorities and, of course, those found guilty of anti-social behaviour or crimes. Furthermore, since these children were often viewed as potential burdens on, rather than contributors to, society, allocation of resources to all aspects of their care tended to be at an absolute minimum, meaning *inter alia* unqualified staff, strict discipline in a bleak environment, and no real attempt to prepare the child for life outside the institution;
- inappropriate treatment of children in conflict with the law, including lack of special procedures for juveniles, with sentences focusing on repressive forms of deprivation of liberty in the guise of 'rehabilitation'.

Unequal treatment and discrimination against various groups are also noted as requiring effective redress throughout the region:

- minorities, notably (to date) gypsies in Romania and Poland, who have increasingly become scapegoats for many of the current problems (crime, street children, etc.) and whose children may be actively or passively denied access to equal opportunities in the field of education;
- children with disabilities, who continue to be stigmatized and on whose behalf no efforts are made to facilitate their integration into mainstream society;
- children in rural areas, who frequently suffer from relative deprivation (requiring reallocation of resources and enhanced access to education and medical facilities) in comparison with their urban peers;
- male and female children in terms of minimum age of marriage; e.g. in Romania, males may marry only at age 18 whereas females may marry at age 16 or even, 'if there are good grounds', at age 15. Similar discrepancies have been pointed out with regard to Russia and Ukraine.

C. Lack of action on 'participation' rights

The Committee has expressed concern over the lack of governmental initiatives to promote — and in particular to give explicit legislative backing to — the right of children to exercise fundamental freedoms as well as their right to express an opinion and have that opinion taken into account in matters affecting them.

D. Inadequate action on new or apparently new problems

Insufficient safeguards for children entering or going through the intercountry adoption process (see Box III.3) are a special concern of the Committee because of increasing reports of abuses and illegal practices.

Another recurring subject of preoccupation is exploitation in all its forms: child labour, sexual exploitation, drug abuse. On the question of working children, the Committee has expressed concern about the fact that, in several countries of the region, the upper age of compulsory schooling is 15 years whereas, save in 'exceptional' cases, the minimum age for employment is 16, implying a potential 'no-man's-land' at age 15 when children are no longer obliged to attend school but, at the same time, are not allowed to take up employment.

The need for parent education schemes and family planning information services has been pointed out for all countries. This need is linked to the Committee's overall concern over the high rates of family breakdown, intra-familial abuse and neglect of children, abandonment and abortion that are now being reported in countries of the region.

E. Inadequacy of general measures of implementation

The Committee consistently deplores the absence of national coordination and monitoring structures to foster the implementation of the Convention. It sees the collection and analysis of reliable data as essential to the development of meaningful policies and programmes.

With the exception of Belarus, all countries have been urgently requested to improve training, particularly from a children's rights standpoint, in professions dealing with children, notably in the juvenile justice and social work spheres.

4. THE POSITIVE ROLE OF THE CONVENTION

The dynamic links among many of these problems are clear. The demise of state support, unemployment and economic difficulties — even for many of those who manage to retain their employment — has, for example, severely exacerbated family breakdown. As a result, children are abandoned to institutional care before there has realistically been a chance to review placement policy and implement change. Equally, in such circumstances, children may be 'offered' for adoption under conditions that constitute a breeding-ground for abuses. Absolute and relative poverty has also led to a several-fold increase in offending rates among the young, a sudden explosion with which the

authorities have apparently found it difficult to cope, let alone devise and implement preventive strategies and responses founded on international standards. Faced with these immediate problems of a socio-economic nature, countries have tended to give little, if any, attention to active initiatives for underpinning fundamental freedoms or tackling discrimination.

The CRC should of course serve as an instigation to act. The major — and unusual — significance and relevance of the Convention in broaching these problems, however, stems from the fact that it is more than a formal treaty setting out the obligations of the authorities of States Parties:

- enhanced by its nearly universal ratification, the Convention has already been accepted as a valid framework for analysing the overall situation of children and developing appropriate policy and action. One of the basic though implicit principles that it sets out in this regard is the requirement that action undertaken 'in the best interests of the child' must always respect the rights of the child;
- it has inspired or taken account of other more detailed international standards (e.g. UN Rules on the Protection of Juveniles Deprived of their Liberty) and treaties facilitating the implementation of certain provisions (e.g. the 1993 Hague Convention on Protection of Children and Cooperation in Intercountry Adoption) that set out very precise guidelines and procedures for ensuring compliance with children's rights;
- it now constitutes an agreed basis on which to found training, educational and awareness-arousal schemes designed to bring about better practice and attitude change. Many professional associations, for example, have officially adopted the CRC as the basis for their work, and many NGOs have taken it upon themselves to make the purpose and content of the Convention known as widely as possible — including to children.

Directly or indirectly, the Convention has already spurred and guided a number of initiatives in certain countries of the region, ranging from review and revision of legislation and policy to the creation of organs and structures to oversee implementation. Most such initiatives have been taken spontaneously by the authorities with the encouragement of the Committee or other international bodies. Few have resulted from demands made by civil society, whose organized and credible manifestations remain very weak in many countries. The development of non-governmental groups is vital if the optimal implementation of the Convention is to be ensured. Their contribution as 'competent bodies' is recognized in the Convention itself, and the Committee places considerable importance on the constructive role they can play.

Table V.1 - Status of the Convention on the Rights of the Child in CEE countries

	Entry into force	Report due	Report submitted
Albania	28 March 1992	27 March 1994	
Armenia	23 July 1993	22 July 1995	
Azerbaijan	12 September 1992	11 September 1994	19 January 1996 ^a
Belarus	31 October 1990	30 October 1992	12 February 1993
Bulgaria	3 July 1991	2 July 1993	29 September 1995 ^a
Czech Republic	1 January 1993	31 December 1994	
Estonia	20 November 1991	19 November 1993	
Georgia	2 July 1994	1 July 1996	
Hungary	6 November 1991	5 November 1993	
Latvia	14 May 1992	13 May 1994	
Lithuania	1 March 1992	28 February 1994	
Moldova	25 February 1993	24 February 1995	
Poland	7 July 1991	6 July 1993	11 January 1994
Romania	28 October 1990	27 October 1992	14 April 1993
Russia	15 September 1990	14 September 1992	16 October 1992
Slovakia	1 January 1993	31 December 1994	
Slovenia	25 June 1991	24 June 1993	29 May 1995 ^a
Ukraine	27 September 1991	26 September 1993	13 October 1993

Note: a. Not yet reviewed by the Committee.

Finally, the CRC is a particularly useful tool for countries in the region at this stage, as it recognizes the importance of international cooperation in order to

realize the rights it contains, particularly those in the broad fields of health, education and treatment of children with disabilities. This means that States can legitimately request assistance, both bilateral and multilateral, especially — though not only — of a technical nature. Economically privileged countries are systematically asked by the Committee about their record in providing such assistance. At the same time, it is necessary for the 'receiving country' to retain control over, and coordinate, assistance from outside: the region has already witnessed, sometimes to the detriment of some of its children, certain regrettable initiatives from elsewhere undertaken in the name of 'child protection' that have deprived the authorities of the effective responsibility that they have as States Parties to the Convention.

STANDARD TABLES TO MONITOR THE SOCIAL CONDITIONS DURING THE TRANSITION TO THE MARKET ECONOMY

All data in this annex are included in the MONEE Database and originate from the Central Statistical Offices of the countries included in this report unless otherwise stated in the footnotes in the relevant tables. These institutions should not be considered responsible for the data included here, as in some cases adjustments have been made to standardize the data.



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I. CRUDE BIRTH RATE

(per 1,000 population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	16.4 ^{ab}	14.7 ^{ab}	12.4	12.7	12.6	11.8	11.8	10.3	9.3
SLOVAKIA	—	—	15.3	15.2	14.9	14.1	13.8	12.4	11.5
HUNGARY	14.0 ^b	12.4 ^b	11.7	12.2	12.4	11.8	11.3	11.3	10.9
POLAND ^{cd}	19.5	18.2	14.9	14.3	14.3	13.5	12.8	12.5	11.2
SLOVENIA	15.7 ^e	13.1 ^e	11.7	11.2	10.8	10.0	9.9	9.8	9.5
ALBANIA	26.5 ^b	26.2 ^b	24.7	25.2	23.4	23.6	19.2	23.1	—
BULGARIA	14.6 ^b	13.4 ^b	12.7	12.1	11.1	10.5	10.0	9.4	8.6
ROMANIA	18.0	15.8	16.1	13.6	11.9	11.4	11.0	10.9	10.4
ESTONIA	15.0	15.5	15.5	14.2	12.3	11.7	10.0	9.5	9.1
LATVIA	14.1	15.4	14.6	14.2	13.0	12.0	10.3	9.5	8.5
LITHUANIA ^c	15.2	16.5	15.1	15.3	15.0	14.3	12.5	11.5	11.1
BELARUS	16.0 ^f	16.5 ^f	15.0	13.9	12.9	12.4	11.3	10.7	9.8
MOLDOVA	19.8 ^f	21.5 ^f	18.9	17.7	16.5	16.0	15.2	14.3	13.0
RUSSIA	15.9	16.6	14.6	13.4	12.1	10.7	9.4	9.6	9.4
UKRAINE	14.8	15.0	13.3	12.7	12.1	11.4	10.7	10.0	9.6
ARMENIA	23.0 ^f	25.0 ^f	21.7	22.6	21.5	19.1	15.9	13.6	13.0
AZERBAIJAN	25.2 ^f	26.6 ^f	26.4	26.3	27.0	25.2	24.2	21.4	19.4 ^g
GEORGIA	17.6 ^f	18.5 ^f	16.7	17.0	16.6	14.9	12.6	10.7	11.1

2. CRUDE DEATH RATE

(per 1,000 population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	12.2 ^{ab}	11.9 ^{ab}	12.3	12.5	12.1	11.7	11.5	11.4	11.4
SLOVAKIA	—	—	10.2	10.3	10.3	10.1	9.9	9.6	9.8
HUNGARY	13.6 ^b	14.0 ^b	13.7	14.1	14.0	14.4	14.6	14.4	14.1
POLAND	9.9	10.3	10.1	10.2	10.6	10.3	10.2	10.0	10.0
SLOVENIA	9.9	10.0	9.3	9.3	9.7	9.7	10.0	9.7	9.5
ALBANIA	6.4 ^b	5.8 ^b	5.7	5.5	5.4	5.4	4.7	6.2	—
BULGARIA	11.1 ^b	12.0 ^b	12.0	12.5	12.8	12.6	12.9	13.2	13.6
ROMANIA	10.4 ^b	10.9 ^b	10.7	10.6	10.9	11.6	11.6	11.7	12.0
ESTONIA	12.3	12.7	11.8	12.4	12.6	13.0	14.0	14.8	14.1
LATVIA	12.8	13.2	12.2	13.0	13.1	13.5	15.2	16.4	15.5
LITHUANIA	10.5	11.1	10.3	10.7	11.0	11.1	12.3	12.5	12.2
BELARUS	9.9 ^f	10.6 ^f	10.1	10.7	11.2	11.3	12.4	12.6	13.0
MOLDOVA	10.1 ^f	10.9 ^f	9.2	9.7	10.5	10.2	10.7	11.8	12.2
RUSSIA	11.0 ^f	11.3 ^f	10.7	11.2	11.4	12.2	14.5	15.7	14.8
UKRAINE	11.3 ^f	12.1 ^f	11.6	12.1	12.9	13.4	14.2	14.7	15.4
ARMENIA	5.6 ^f	6.1 ^f	5.9	6.2	6.4	7.0	7.4	6.6	6.6
AZERBAIJAN	7.0 ^f	6.8 ^f	6.4	6.1	6.3	7.1	7.3	7.4	6.5 ^g
GEORGIA	8.5 ^f	8.7 ^f	8.6	8.4	8.7	9.6	10.0	9.4	7.7

3. LIFE EXPECTANCY AT BIRTH

(years)

		1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	men	66.8 ^{a, h}	67.3 ^{a, h}	68.1	67.5	68.2	68.5	68.9	69.5	70.0
	women	74.0 ^{a, h}	74.7 ^{a, h}	75.4	76.0	75.7	76.1	76.6	76.6	76.9
SLOVAKIA	men	—	—	66.9	66.6	66.8	66.8	68.4	68.3	68.4
	women	—	—	75.4	75.4	75.2	75.3	76.7	76.5	76.3
HUNGARY	men	65.5 ^h	65.1 ^h	65.4	65.1	65.0	64.6	64.5	64.8	65.3
	women	72.7 ^h	73.1 ^h	73.8	73.7	73.8	73.7	73.8	74.2	74.5
POLAND	men	66.9 ^h	66.9 ^h	66.8	66.5	66.1	66.7	67.4	67.5	67.6
	women	75.4 ^h	75.3 ^h	75.5	75.5	75.3	75.7	76.0	76.1	76.4
SLOVENIA	men	67.4	67.9	68.8	69.4	69.5	69.4	69.4	69.6	70.3
	women	75.2	75.9	76.7	77.3	77.4	77.3	77.3	77.4	76.8
ALBANIA	men	67.7 ^h	68.5 ^h	69.6	69.3	—	68.5	68.5	69.5	—
	women	72.2 ^h	73.9 ^h	75.5	75.4	—	74.3	74.3	75.6	—
BULGARIA	men	68.4 ^h	—	68.6	68.4	68.0	67.8	67.7	67.2	67.2
	women	73.6 ^h	—	75.1	75.2	74.7	74.4	75.1	74.8	74.9
ROMANIA	men	66.5 ^h	66.8	66.6	66.6	66.6	66.1 ⁱ	65.9	65.7	—
	women	71.8 ^h	72.8	72.7	73.1	73.2	73.2 ⁱ	73.3	73.4	—
ESTONIA	men	64.0 ^j	65.0 ^k	65.7	64.6	64.4	63.5	62.4	61.1	61.7
	women	74.0 ^j	75.0 ^k	74.7	74.6	74.8	74.7	73.8	73.1	74.3
LATVIA	men	63.6	65.5	65.3	64.2	63.8	63.3	61.6	60.7	60.8
	women	73.9	74.5	75.2	74.6	74.8	74.8	73.8	72.9	73.1
LITHUANIA	men	65.0 ^j	66.0 ^k	66.9	66.6	65.3	64.9	63.3	62.8	63.6
	women	75.0 ^j	75.0 ^k	76.3	76.2	76.1	76.0	75.0	74.9	75.2
BELARUS	men	65.9 ^j	66.7 ^k	66.8	66.3	65.5	64.9	63.8	63.5	62.9
	women	75.6 ^j	75.5 ^k	76.4	76.4	75.5	75.4	74.4	75.0	74.3
MOLDOVA	men	62.4 ^j	63.1 ^k	65.5	65.0	64.3	63.9	64.3	62.3	61.8
	women	68.8 ^j	69.5 ^k	72.3	71.8	71.0	71.9	71.1	69.8	69.7
RUSSIA	men	61.5 ^j	63.8 ^k	64.2	63.8	63.5	62.0	58.9	57.6	58.3
	women	73.0 ^j	74.0 ^k	74.5	74.3	74.3	73.8	71.9	71.2	71.7
UKRAINE	men	64.6 ^j	66.0 ^k	66.0	66.0	66.0	64.0	63.5	62.8	—
	women	74.0 ^j	74.0 ^k	75.0	75.0	75.0	74.0	73.0	73.2	—
ARMENIA	men	69.5 ^j	70.5 ^k	69.0 ^l	68.4 ^l	68.9	68.7	67.9	68.1	—
	women	75.7 ^j	75.7 ^k	74.7 ^l	75.2 ^l	75.6	75.5	74.4	74.9	—
AZERBAIJAN	men	64.2 ^j	65.3	66.6	67.0	66.3	65.4	65.2	65.2	63.4 ^g
	women	71.8 ^j	73.1	74.2	74.8	74.5	73.9	73.9	73.9	73.5 ^g
GEORGIA	men	67.1 ^j	67.4 ^k	68.1	68.7	—	—	—	—	—
	women	74.8 ^j	75.1 ^k	76.7	76.1	—	—	—	—	—

4. POPULATION SIZE

(mid-year population, 1,000s)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	10,320 ^m	10,336	10,362	10,363	10,309	10,318	10,331	10,336	10,331
SLOVAKIA	4,991 ^m	—	5,276	5,298	5,283	5,307	5,325	5,347	5,364
HUNGARY	10,708	10,579	10,578	10,365	10,346	10,324	10,294	10,261	10,230
POLAND	35,578	37,203	37,963	38,119	38,245	38,365	38,459	38,544	38,588
SLOVENIA	1,801 ^e	1,973 ^e	1,999	1,998	2,002	1,996	1,991	1,989	1,984
ALBANIA	2,671	2,957	3,199	3,256	3,260	3,190 ^e	3,167 ^e	3,202 ^e	3,249
BULGARIA	8,862	8,961	8,877	8,719	8,657	8,540	8,472	8,444	8,400
ROMANIA	22,201	22,725	23,152	23,207	23,185	22,786	22,755	22,730	22,681
ESTONIA	1,469	1,529	1,569	1,571	1,566	1,544	1,517	1,499	1,484
LATVIA	2,512	2,579	2,670	2,671	2,662	2,632	2,586	2,548	2,516
LITHUANIA	3,413	3,545	3,691	3,722	3,742	3,742	3,730	3,721	3,715
BELARUS	9,560 ⁿ	9,975	10,181	10,212	10,223	10,265	10,309	10,308	10,281
MOLDOVA ^o	4,011 ⁿ	4,214	4,346	4,362	4,361	4,351	4,348	4,348	4,339
RUSSIA	138,483	143,033	147,331	147,913	148,245	148,310	148,146	147,968	147,856
UKRAINE	50,044	50,941	51,770	51,891	52,001	52,150	52,179	51,921	51,531
ARMENIA	3,031 ⁿ	3,198	3,515	3,575	3,649	3,722	3,740	3,747	3,758
AZERBAIJAN	6,111	6,612	7,021	7,115	7,120	7,230	7,301	7,364	7,420 ^g
GEORGIA	5,053	5,264	5,406	5,418	5,422	5,412	5,396	5,376	5,369

5. SHARE OF POPULATION AGED 0-4 YEARS

(%)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	7.9	6.7	6.4	6.3	6.2	6.2	6.1	5.9	5.7
SLOVAKIA	9.6	—	8.0	7.8	7.5	7.5	7.3	7.0	6.5
HUNGARY	7.5	6.0 _p	5.9	5.9	5.9	5.9	5.9	5.9	5.7
POLAND	9.1	9.2 _p	8.1	7.7	7.4	7.2	6.9	6.7	6.3
SLOVENIA	8.1 _e	7.2 _e	6.3	6.1	6.0	5.7	5.5	5.2	5.1
ALBANIA	15.0	—	11.9	11.6	11.5	11.5 _e	11.4 _e	11.0 _e	10.6 _e
BULGARIA	7.9	6.6	6.5	6.4	6.2	5.8	5.6	5.3	4.9
ROMANIA	9.0	7.6	7.8	7.8	7.4	6.9	6.4	5.9	5.4
ESTONIA	7.4	7.7	7.7	7.6	7.4	7.0	6.5	6.0	5.5
LATVIA	6.9	7.5	7.7	7.6	7.4	7.0	6.5	6.1	5.6
LITHUANIA	7.6	7.8	8.0	7.9	7.8	7.6	7.3	6.9	6.6
BELARUS	7.6 _n	—	8.0	7.9	7.6	7.2	6.8	6.3	5.7
MOLDOVA ^o	9.4 _n	9.9	10.0	9.8	9.4	8.9	8.5	8.0	7.8
RUSSIA ^o	7.7	8.1	8.1	7.8	7.4	6.9	6.3	5.8	5.2
UKRAINE	7.3	7.5	7.4	7.2	7.0	6.7	6.4	6.1	5.7
ARMENIA	10.6 _n	—	11.9	11.6	11.5	11.5	11.4	9.2	—
AZERBAIJAN	11.4	12.0	12.3	12.3	12.3	12.4	12.3	12.0	11.6 _g
GEORGIA	8.5	8.7	8.5	8.4	8.2	8.0	—	—	—

6. SHARE OF POPULATION AGED 5-18 YEARS

(%)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	21.2	22.0	22.0	21.9	21.6	21.2	20.7	20.1	18.2
SLOVAKIA	—	—	24.1	24.2	24.2	22.9	22.6	23.4	22.8
HUNGARY	20.1	22.3	20.4	20.5	20.4	20.2	19.8	19.2	18.4
POLAND	21.3	21.7	23.2	23.5	23.6	23.6	23.5	23.4	22.9
SLOVENIA	22.9 _e	22.6 _e	20.5	20.5	20.2	20.0	19.9	19.6	19.2
ALBANIA	—	—	29.1	28.8	28.9	29.3 _e	29.5 _e	29.7 _e	30.2 _e
BULGARIA	21.5	21.5	20.0	19.8	19.7	19.6	19.3	19.0	18.6
ROMANIA	24.1	25.8	22.5	22.3	22.1	22.5	22.4	22.2	21.9
ESTONIA	—	19.8	20.2	20.2	20.2	20.3	20.4	20.6	20.7
LATVIA	19.3	19.0	19.2	19.2	19.3	19.6	19.8	20.0	20.2
LITHUANIA	22.7	21.4	20.7	20.6	20.6	20.5	20.6	20.7	20.8
BELARUS	—	—	20.8	21.0	21.1	21.3	21.5	21.7	21.8
MOLDOVA ^o	24.8	23.7	24.3	24.6	25.0	25.4	25.6	25.7	25.8
RUSSIA ^o	20.4	19.7	20.5	20.7	20.9	21.2	21.5	21.7	21.8
UKRAINE	20.6	19.9	19.9	20.0	20.1	20.2	20.3	20.4	20.4
ARMENIA	—	—	26.3	26.5	26.6	26.7	26.9	27.0	27.3
AZERBAIJAN	34.0	29.5	28.4	28.2	28.2	28.2	28.3	28.5	28.9 _g
GEORGIA	24.6	22.7	22.4	22.3	22.3	22.4	—	—	—

7. SHARE OF POPULATION AGED 60+ YEARS

(%)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	16.8	17.4	17.6	17.7	17.9	17.9	18.0	18.0	18.0
SLOVAKIA	—	—	14.7	14.8	14.9	15.8	15.9	15.1	15.2
HUNGARY	17.1	17.1	18.8	19.0	19.1	19.2	19.3	19.3	19.4
POLAND	13.2	13.8	14.6	14.9	15.1	15.3	15.5	15.6	15.9
SLOVENIA	14.2 e	14.8 e	15.5	15.8	16.2	16.6	17.0	17.3	17.7
ALBANIA	—	—	7.8	8.0	8.2	8.6 e	8.9 e	9.0 e	9.2 e
BULGARIA	—	—	18.9	19.4	19.6	20.2	20.6	20.9	21.3
ROMANIA	13.3	14.4	15.4	15.7	16.0	16.6	16.9	17.2	17.5
ESTONIA	16.3	16.1	16.9	17.2	17.5	17.9	18.2	18.4	18.6
LATVIA	16.4	16.6	17.4	17.7	17.9	18.2	18.6	18.8	19.1
LITHUANIA	14.3	14.8	15.8	16.1	16.1	16.4	16.7	16.9	17.2
BELARUS	14.0 n	—	16.2	16.5	16.8	17.1	17.3	17.5	17.7
MOLDOVA o	10.8 n	11.8	12.7	12.8	12.8	13.0	13.1	13.1	13.1
RUSSIA o	13.5	13.9	15.5	16.0	16.3	16.6	16.7	16.7	16.7
UKRAINE	15.5	16.2	18.0	18.3	18.7	18.8	18.7	18.5	18.4
ARMENIA	7.9 n	—	9.9	10.3	10.5	11.0	11.2	11.2	11.7
AZERBAIJAN	7.2	7.1	7.9	8.0	8.1	8.1	8.4	8.6	8.8 g
GEORGIA	12.2	13.0	14.5	15.0	15.3	15.7	—	—	—

8. NET EXTERNAL MIGRATION

(1,000s)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	-1.3	-1.0	-1.3	-1.8	1.9	6.9	5.5	9.9	10.0
SLOVAKIA	—	—	—	—	—	—	1.8	4.8	2.8
HUNGARY q	—	—	33.7	37.1	22.8	14.9	15.9	11.2	6.6
POLAND	-21.2	-18.9	-24.4	-15.8	-16.0	-11.6	-15.4	-19.0	-18.2
SLOVENIA	—	—	2.4	2.2	-3.1	-0.4	1.4	0.9	55.4
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	-224.6	-94.6	-59.5	-90.2	—	—	—
ROMANIA r	-24.7	-27.2	-41.4	-96.9	-44.2	-29.4	-17.2	-16.3	-21.2
ESTONIA	—	6.5	0.2	-4.0	-8.0	-33.8	-13.8	-7.7	-8.2
LATVIA	4.4	10.9	1.2	-8.4	-10.8	-46.9	-27.9	-18.8	-10.5
LITHUANIA	8.9	13.8	16.3	11.6	-5.3	-22.2	-13.2	-2.6	-1.8
BELARUS	—	—	25.9	-19.6	30.4	66.0	37.9	-3.3	-0.2
MOLDOVA	5.6	-3.8	-16.3	-30.0	-33.4	-36.4	-15.1	-14.8	-17.1
RUSSIA	63.4	267.2	82.9	164.0	51.6	176.1	430.1	810.0	621.2
UKRAINE	7.9	22.5	44.3	79.3	148.4	288.1	49.6	143.2	-94.0
ARMENIA	—	—	17.8	40.8	23.0	-6.3	-20.9	-19.1	-7.8
AZERBAIJAN	—	—	2.1	-10.5	-18.5	-32.6	-21.2	-22.8	-23.8
GEORGIA	-17.0	-18.8	-28.8	-39.0	-44.0	-41.6	-30.3	-32.3	-16.8

a) Data refer to Czechoslovakia.

b) Source: Council of Europe, *Recent Demographic Developments in Europe and North America*, 1992.

c) Crude live birth rate.

d) Entire data series recalculated reflecting newly adopted WHO definition of live births.

e) Estimate.

f) Source: Goskomstat SSSR, *Demograficheskiy yezhigodnik SSSR* [Demographic Yearbook of the USSR], Finansy i statistika, Moscow, 1990.

g) Preliminary or provisional data.

h) Source: UN Demographic Yearbook, 1984, 1990.

i) 1992 data estimated from a 3% sample of the July 1993 Romanian Population Survey.

j) Data refer to 1979-80; Source: Goskomstat SSSR, *Narodnoye khozyaystvo SSSR* [National Economy of the USSR], Finansy i statistika, Moscow, 1989.k) Data refer to 1985-86; Source: Goskomstat SSSR, *Sotsialnoye razvitiye SSSR* [Social Development of the USSR], Finansy i statistika, Moscow, 1991.l) Source: Goskomstat SSSR, *Narodnoye khozyaystvo SSSR* [National Economy of the USSR], Finansy i statistika, Moscow, 1991.

m) Data from the November 1980 Czechoslovak Population Census.

n) Data refer to the USSR Census of January 1979.

o) Data refer to the beginning of the year.

p) Data refer to 1986.

q) Data include only immigration.

r) Data include only emigration.

B. FAMILY STRUCTURE, STABILITY AND REPRODUCTIVE BEHAVIOUR

I. CRUDE MARRIAGE RATE

(per 1,000 population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	7.7 ^{ab}	7.7 ^{ab}	7.8	8.8	7.0	7.2	6.4	5.7	5.3
SLOVAKIA	—	—	6.9	7.6	6.2	6.3	5.8	5.3	5.1
HUNGARY	7.5 ^a	6.9 ^a	6.3	6.4	5.9	5.5	5.2	5.3	5.3
POLAND	8.6 ^a	7.2 ^a	6.7	6.7	6.1	5.7	5.4	5.4	5.4
SLOVENIA	6.5 ^a	5.4 ^a	4.9	4.3	4.1	4.6	4.5	4.2	4.2
ALBANIA	8.1 ^a	8.5 ^a	8.7	8.8	7.6	8.3	6.6 ^c	—	—
BULGARIA	7.9 ^a	7.4 ^a	7.1	6.9	5.6	5.2	4.7	4.5	4.4
ROMANIA	8.2 ^a	7.1 ^a	7.7	8.3	7.9	7.7	7.1	6.8	6.8
ESTONIA	8.8	8.4	8.1	7.5	6.6	5.8	5.1	4.9	4.7
LATVIA	9.8	9.3	9.2	8.8	8.4	7.2	5.6	4.5	4.4
LITHUANIA	9.2	9.7	9.4	9.8	9.2	8.0	6.4	6.3	6.0
BELARUS	10.1 ^d	9.9 ^d	9.6	9.7	9.3	7.8	8.0	7.3	7.5
MOLDOVA	11.5 ^d	9.7 ^d	9.2	9.4	9.1	9.0	9.1	7.8	7.5
RUSSIA	10.6	9.7	9.4	8.9	8.6	7.1	7.5	7.4	7.2
UKRAINE	9.3	9.6	9.5	9.3	9.5	7.6	8.2	7.7	8.4
ARMENIA	10.4	9.9	7.8	7.9	7.7	6.2	5.8	4.6	4.2
AZERBAIJAN	9.8 ^d	10.5 ^d	10.4 ^d	10.5	10.6	9.5	8.3	6.3	5.9 ^e
GEORGIA	10.0	8.4	7.0	6.7	7.0	5.5	4.9	3.8	4.0

2. CRUDE REMARRIAGE RATE

(per 1,000 population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	2.4	2.5	2.2	—	1.9	1.8	1.8
SLOVAKIA	—	—	1.3	1.3	0.6	0.9	0.8	0.8	0.7
HUNGARY	2.2	2.2	1.8	1.8	1.6	1.4	1.3	1.4	1.3
POLAND	1.1	1.1	1.0	1.0	0.8	0.7	0.7	0.7	0.7
SLOVENIA	0.7	0.6	0.7	0.6	0.6	0.7	0.8	0.7	0.6
ALBANIA	—	—	0.6	0.6	0.4	0.4	0.3	—	—
BULGARIA	—	—	0.9	0.8	0.6	0.5	0.5	0.5	0.5
ROMANIA	1.5	1.4	1.4	1.3	1.2	1.2	1.2	1.3	1.3
ESTONIA	2.0	2.1	2.2	0.9	1.8	1.7	1.7	1.7	—
LATVIA	3.5	3.4	3.5	3.4	3.2	2.9	2.3	1.7	1.4
LITHUANIA	1.7	1.9	2.0	2.1	1.9	1.6	1.2	1.2	1.1
BELARUS	1.6	2.1	1.9	1.9	1.8	1.6	1.7	1.5	1.6
MOLDOVA	1.4	1.5	1.6	1.6	1.5	1.5	1.5	1.4	1.5
RUSSIA	2.0	2.4	2.5	2.3	2.2	1.9	2.0	2.0	1.9
UKRAINE	—	—	—	—	—	—	—	1.9	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	0.9	1.2	1.6	1.7	0.8	1.0	0.9	0.7	0.7
GEORGIA	0.2	0.4	0.4	0.5	0.4	0.2	—	—	—

3. CRUDE DIVORCE RATE

(per 1,000 population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	2.2 ^{ab}	2.5 ^{ab}	3.0	3.1	2.9	2.8	2.9	3.0	3.0
SLOVAKIA	—	—	1.6	1.7	1.5	1.5	1.5	1.6	1.7
HUNGARY	2.6 ^a	2.8 ^a	2.4	2.4	2.4	2.1	2.0	2.1	2.3
POLAND	1.1 ^a	1.3 ^a	1.2	1.1	0.9	0.8	0.7	0.8	1.0
SLOVENIA	1.2 ^a	1.3 ^a	1.1	0.9	0.9	1.1	1.0	1.0	0.8
ALBANIA	0.8 ^a	0.9 ^a	0.7	0.8	0.6	0.8	0.7	0.7	—
BULGARIA	1.5 ^a	1.6 ^a	1.4	1.3	1.3	1.1	0.9	0.9	1.3
ROMANIA	1.5 ^a	1.4 ^a	1.8	1.4	1.6	1.3	1.4	1.7	1.5
ESTONIA	4.2	4.0	3.8	3.7	3.7	4.3	3.8	3.7	5.0
LATVIA	5.0	4.5	4.2	4.0	4.2	5.5	4.0	3.3	3.2
LITHUANIA	3.2	3.2	3.3	3.4	4.1	3.7	3.7	3.0	2.8
BELARUS	3.2 ^d	3.1 ^d	3.4	3.4	3.7	3.9	4.4	4.3	4.1
MOLDOVA	2.8 ^d	2.7 ^d	2.9	3.0	3.2	3.4	3.3	3.2	3.4
RUSSIA	4.2	4.0	4.0	3.8	4.0	4.3	4.5	4.6	4.6
UKRAINE	3.6	3.6	3.8	3.7	3.9	4.3	4.2	4.0	3.8
ARMENIA	1.1	1.2	1.2	1.2	1.1	0.9	0.8	0.9	0.7
AZERBAIJAN	1.2	1.2	1.7	2.0	1.5	1.3	0.9	0.8	0.8 ^e
GEORGIA	1.3 ^d	1.2 ^d	1.4	1.4	1.4	1.0	0.7	0.5	0.5

4. ANNUAL NUMBER OF CHILDREN INVOLVED IN DIVORCE

(1,000s)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	37.7 ^{bf}	—	22.6	23.1	21.1	20.5	21.8	22.3	22.1
SLOVAKIA	—	—	10.9	13.5	10.3	9.7	9.7	10.3	14.3
HUNGARY	25.1 ^f	30.5 ^f	26.1	26.1	25.4	22.9	22.9	23.3	24.9
POLAND	34.2 ^f	48.2 ^f	50.1	45.1	35.8	33.5	28.4	32.8	40.6
SLOVENIA	2.3 ^f	2.5 ^f	2.1	2.0	1.9	2.0	2.0	2.0	2.0
ALBANIA	1.2 ^f	1.2 ^f	2.3	2.5	2.1	—	2.1	2.1	—
BULGARIA	13.6 ^f	15.6 ^f	13.9	12.0	12.7	10.2	7.8	5.0	6.4
ROMANIA	—	28.8	30.5	27.7	30.5	23.6	21.6	32.7	27.2
ESTONIA	5.4	—	5.3	5.3	5.4	6.2	5.1	4.8	—
LATVIA	—	—	9.7	9.6	10.0	13.7	9.2	8.1	7.7
LITHUANIA	10.2	10.7	11.6	12.0	15.2	13.8	13.3	11.5	11.0
BELARUS	28.2	—	31.6	31.6	35.9	38.8	45.0	42.9	40.5
MOLDOVA	6.7	—	10.6	11.6	12.9	14.3	13.5	12.2	13.0
RUSSIA	444.9	502.4	479.1	466.1	522.2	569.1	593.8	613.4	620.0
UKRAINE	—	—	155.9	158.5	170.7	186.7	184.7	—	—
ARMENIA	—	—	3.5	3.6	3.2	2.7	2.8	3.0	—
AZERBAIJAN	4.2	—	7.5	9.9	8.0	6.5	4.8	4.0	3.7
GEORGIA	2.2	—	4.5	4.4	4.5	1.9	—	—	—

5. TOTAL FERTILITY RATE

(see definitions)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	2.15 ^{ab}	2.06 ^{ab}	1.87	1.89	1.86	1.72	1.67	1.44	1.28
SLOVAKIA	—	—	2.08	2.09	2.04	1.98	1.90	1.66	1.52
HUNGARY	1.92 ^a	1.83 ^a	1.78	1.84	1.86	1.77	1.68	1.65	1.57
POLAND	2.28 ^a	2.33 ^a	2.05	2.04	2.05	1.93	1.85	1.80	1.60
SLOVENIA	2.11 ^a	1.68 ^a	1.52	1.46	1.42	1.34	1.31	1.32	1.29
ALBANIA	3.62 ^a	3.26 ^a	2.96	3.03	—	—	—	2.70	—
BULGARIA	2.05 ^a	1.95 ^a	1.90	1.81	1.65	1.54	1.45	1.37	1.24
ROMANIA	2.45 ^a	2.26 ^a	1.92	1.83	1.56	1.52	1.44	1.41	1.34
ESTONIA	2.02 ^g	2.12 ^h	2.20	2.03	1.78	1.67	1.45	1.37	1.32
LATVIA	1.88 ^g	2.07 ^h	2.05	2.04	1.86	1.73	1.51	1.39	1.25
LITHUANIA	2.00 ^g	2.10 ^h	1.98	2.00	1.97	1.89	1.67	1.54	1.50
BELARUS	2.01 ^{gi}	2.07 ^{h,j}	2.03	1.91	1.80	1.75	1.61	1.51	1.39
MOLDOVA	2.39 ^{gi}	2.66 ^{h,j}	2.46	2.39	2.26	2.21	2.10	1.95	1.76
RUSSIA	1.87 ^g	2.05 ^h	2.01	1.89	1.73	1.55	1.39	1.40	1.38
UKRAINE	1.95 ^g	2.10 ^h	2.00	1.90	1.81	1.70	1.60	1.50	—
ARMENIA	2.31 ^{gi}	2.47 ^{h,j}	2.61	2.62	2.58	2.35	1.97	1.70	—
AZERBAIJAN	3.22 ^g	2.90 ^h	2.79	2.77	2.89	2.74	2.70	2.52	2.29
GEORGIA	2.21 ^g	2.26 ^h	2.13	2.20	—	—	—	—	—

6. SHARE OF BIRTHS TO UNMARRIED MOTHERS

(%)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	5.7 ^{ab}	7.0 ^{ab}	7.7	8.2	9.8	10.6	12.7	14.6	15.6
SLOVAKIA ^j	—	—	7.2	7.6	9.0	9.8	10.6	11.4	12.6
HUNGARY	7.1 ^a	9.2 ^a	12.4	13.2	14.1	15.6	17.4	19.3	20.5
POLAND	4.7 ^a	5.0 ^a	5.8	6.2	6.6	7.2	8.2	9.0	9.5
SLOVENIA	13.1 ^a	19.1 ^a	23.3	24.5	26.5	27.7	28.0	28.8	29.8
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	10.9	11.7	11.4	12.4	15.5	18.4	22.1	24.5	25.8
ROMANIA	—	—	—	—	—	—	17.0	18.3	19.8
ESTONIA	18.3	20.7	25.3	27.1	31.1	34.0	38.3	41.0	44.1
LATVIA	12.5	14.4	15.9	16.9	18.4	19.6	23.0	26.4	28.9
LITHUANIA ^j	6.3	6.5	6.7	7.0	7.0	7.9	9.0	10.8	11.0
BELARUS ^j	6.4 ^k	7.1 ^k	7.9	8.5	9.4	9.8	10.9	12.1	13.3
MOLDOVA ^j	7.4 ^k	8.8 ^k	10.4	11.0	11.8	11.6	11.2	12.3	13.3
RUSSIA ^j	10.8	12.0	13.5	14.6	16.0	17.2	18.2	19.0	20.0
UKRAINE ^j	8.8	8.3	10.8	11.2	11.9	12.1	13.0	12.8	—
ARMENIA ^j	4.3 ^k	6.5 ^k	7.9	9.3	10.9	12.3	14.0	9.0	9.3
AZERBAIJAN ^j	3.0 ^k	2.6 ^k	2.5	2.6	3.7	4.4	5.0	5.2	5.0
GEORGIA ^j	4.7	10.5	17.7	18.2	18.7	21.8	—	—	—

7. SHARE OF BIRTHS TO MOTHERS BELOW AGE 20

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	11.0 ^{bf}	12.2 ^{bf}	13.6	14.1	15.5	16.2	15.8	13.5	11.0
SLOVAKIA	—	—	11.9	12.1	14.0	14.3	14.3	13.4	12.3
HUNGARY	14.5 ^f	13.8 ^f	12.2	12.3	12.3	12.4	12.5	12.6	11.7
POLAND	6.4 ^f	6.4 ^f	7.4	8.0	8.5	8.5	8.4	8.2	8.0
SLOVENIA	13.3 ^f	11.2 ^f	8.1	7.8	7.0	7.0	5.9	5.4	5.1
ALBANIA ^j	4.5 ^f	3.2 ^f	3.0	2.9	2.9	7.1	7.7	—	—
BULGARIA	19.2 ^f	19.5 ^f	20.9	21.4	23.5	24.6	24.9	23.3	22.6
ROMANIA	12.8 ^f	15.7 ^f	15.1	15.2	16.9	17.4	18.4	17.9	17.3
ESTONIA	—	—	10.5	12.0	13.2	14.6	14.7	14.1	13.7
LATVIA	10.0	8.8	10.3	11.7	12.7	12.9	13.5	11.4	10.1
LITHUANIA ^j	7.7	5.1	8.9	9.8	11.2	11.7	12.2	12.6	12.5
BELARUS ^j	8.8	7.6	9.2	11.0	12.3	12.9	13.4	14.1	14.3
MOLDOVA ^j	9.3	8.2	11.1	12.8	15.1	15.9	17.7	18.9	19.8
RUSSIA ^j	8.7	9.1	11.8	13.9	15.4	16.5	17.7	18.2	19.0
UKRAINE ^j	12.8	11.4	14.1	16.1	17.3	18.3	18.9	19.5	—
ARMENIA ^j	—	—	11.3	12.5	14.5	17.6	20.0	20.8	—
AZERBAIJAN ^j	4.6	3.8	5.1	4.8	5.2	6.3	7.2	8.4	8.4
GEORGIA ^j	11.9	10.2	12.9	12.8	13.5	14.4	—	—	—

8. ABORTION RATE

(per 100 live births)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	51.1 ^{ab}	64.1 ^{ab}	98.6	96.5	92.8	89.8	70.8	63.3	64.1
SLOVAKIA	—	—	61.3	60.6	58.4	56.2	53.0	52.6	58.4
HUNGARY	54.4 ^a	63.0 ^a	73.4	71.9	70.7	71.5	64.3	64.7	68.8
POLAND	19.9 ^a	20.0 ^a	14.6	10.9	5.7	2.3	0.3	0.2	0.1
SLOVENIA	—	69.3 ^a	67.7	65.9	65.0	66.4	61.4	58.2	56.8
ALBANIA	22.5 ^a	26.4 ^a	29.6	31.8	39.3	28.1	47.0	43.8	—
BULGARIA	121.7 ^a	111.2 ^a	117.6	137.5	144.3	149.1	126.6	124.0	130.8
ROMANIA	103.6 ^a	84.4 ^a	39.8	315.3	314.9	265.7	234.3	214.9	212.5
ESTONIA	159.9	150.9	—	131.8	152.2	157.7	168.7	158.3	151.3
LATVIA	—	145.9 ^d	126.0 ^d	—	112.1	108.7	117.1	110.5	120.8
LITHUANIA	—	—	—	—	73.4	75.8	74.3	71.9	76.4
BELARUS	130.7	121.6 ^d	163.5 ^d	179.2	178.2	183.1	181.2	187.8	186.5
MOLDOVA	32.5	113.5 ^d	97.3 ^d	89.0	102.0	102.5	97.0	94.7	101.3
RUSSIA	204.6	187.5	204.9	206.3	201.0	216.4	235.2	217.3	202.8
UKRAINE	153.1	148.9	153.2	155.1	151.7	156.2	154.4	153.1	145.2
ARMENIA	—	42.2 ^d	34.7 ^d	31.6	34.9	39.6	45.0	59.8	—
AZERBAIJAN	37.4	29.9	21.5	13.4	17.9	17.8	19.4	20.9	—
GEORGIA	99.1	70.9	70.9	61.2	47.1	49.2	52.9	62.3	—

a) Source: Council of Europe, *Recent Demographic Developments in Europe and North America*, 1992.

b) Data refer to Czechoslovakia.

c) Estimate by Statistical Institute of Albania.

d) Source: Goskomstat SSSR, *Demograficheskiy yezhigodnik SSSR*, [Demo-

graphic Yearbook of the USSR], Finansy i statistika, Moscow, 1991.

e) Preliminary data.

f) Source: UN Demographic Yearbook, 1990.

g) Data refer to 1980-81.

h) Data refer to 1984-85.

i) Source: Goskomstat SSSR, *Naseleniye SSSR* [Population of the USSR], Finansy i statistika, Moscow, 1988.

j) Percentage of total live births.

k) Source: Goskomstat SSSR, *Sotsial'noye razvitiye SSSR* [Social Development of the USSR], Finansy i statistika, Moscow, 1991.

I. GDP GROWTH RATES

(annual change, %)

	1980-84 _a	1985-88 _a	1989 _b	1990 _b	1991 _c	1992 _d	1993 _d	1994 _d	1995 _d	1996 _{de}
CZECH REPUBLIC	1.8 _f	2.5 _f	2.4	-1.2	-13.8	-6.4	-0.9	2.6	5.2	4.8
SLOVAKIA	—	—	1.1	-2.5	-11.2	-7.0	-4.1	4.8	7.4	5.5
HUNGARY	1.8	1.0	0.4	-3.3	-11.9	-3.0	-0.8	2.9	1.5	1.0
POLAND	-2.4	3.8	-0.1	-11.9	-7.0	2.6	3.8	5.2	7.0	5.5
SLOVENIA	—	—	-1.8	-4.7	-8.1	-5.4	1.3	5.3	4.8	5.0
ALBANIA _g	1.6	0.4	11.7	-13.1	-27.7	-9.7	10.9	7.4	13.4	—
BULGARIA	4.5	3.6	-0.3	-9.1	-11.7	-7.3	-1.5	1.8	2.5	3.0
ROMANIA	3.8	5.3	-5.8	-8.2	-12.9	-8.8	1.5	3.9	6.9	4.5
ESTONIA	—	—	-1.1	-6.6	-13.4	-14.1	-8.6	-2.7	2.5	—
LATVIA	—	—	6.8	2.9	-10.4	-34.9	-14.9	0.6	-1.6	1.5
LITHUANIA	—	—	1.5	-5.0	-13.1	-39.3	-30.4	1.0	2.3	4.2
BELARUS	—	—	8.0	-3.0	-1.2	-9.6	-10.6	-15.8	-10.0	—
MOLDOVA	—	—	9.8	-2.7	-17.5	-29.1	-1.2	-31.2	-3.0	7.7
RUSSIA	—	2.5	1.6	-2.0	-5.0	-14.5	-8.7	-12.6	-4.0	-3.0
UKRAINE	—	3.1	5.0	-3.6	-11.6	-13.7	-14.1	-23.0	-12.0	-0.5
ARMENIA	—	—	14.2	-7.4	-8.8	-52.3	-14.6	5.5	5.2 _h	—
AZERBAIJAN	—	—	-5.8	-12.7	-0.8	-22.6	-23.1	-21.9	-17.2	—
GEORGIA	—	—	-4.8	-12.4	-20.1	-40.3	-39.4	-30.0	2.4	—

2. GROWTH RATE OF INDUSTRIAL PRODUCTION

(annual change, %)

	1980 _b	1985 _b	1989 _b	1990 _b	1991 _c	1992 _d	1993 _d	1994 _d	1995 _d
CZECH REPUBLIC	2.7 _f	2.8 _f	1.7	-3.3	-24.4	-7.9	-5.3	2.3	9.2
SLOVAKIA	—	—	-1.3	-4.0	-17.6	-14.1	-10.6	6.4	8.4
HUNGARY	1.5	1.4	-2.5	-4.5	-19.1	-9.7	4.0	9.6	5.0
POLAND	-0.3	4.5 _i	-0.5	-24.2	-11.9	3.9	6.4	11.9	10.4
SLOVENIA	2.6	1.2	1.1	-10.5	-12.4	-13.2	-2.8	6.4	2.0
ALBANIA	7.6	-1.5	5.0	—	-41.9	-60.0	-10.0	-18.6	-7.2
BULGARIA	—	4.1	2.2	-17.2	-22.2	-15.9	-10.9	8.5	4.6
ROMANIA	4.3	5.2	-2.1	-19.0	-22.8	-21.9	1.3	3.3	9.4
ESTONIA	—	—	—	—	-7.2	-38.9	-29.1	-5.3	1.4
LATVIA	—	—	—	—	-0.6	-34.6	-32.3	-6.8	-6.5
LITHUANIA	—	—	—	—	-3.5	-30.0	-34.5	-28.0	6.2
BELARUS	—	—	—	—	-1.0	-9.4	-7.4	-17.1	-11.5
MOLDOVA	5.7	-2.5	5.7	3.2	-11.1	-26.4	-25.3	-28.0	-12.5
RUSSIA	3.2	3.4	1.4	-0.1	-8.0	-18.0	-14.1	-20.9	-3.0
UKRAINE	—	2.7	2.8	-0.1	-4.8	-6.4	-8.0	-27.3	-11.5
ARMENIA	—	—	—	-18.8	-7.7	-48.2	-10.3	6.9	2.4
AZERBAIJAN	7.6	0.4	0.7	-6.3	-8.9	-23.7	-7.0	-22.7	-21.4
GEORGIA	—	—	-6.9	-29.9	-22.6	-45.8	-26.6	-39.7	-9.8

3. BUDGET DEFICIT / GDP RATIO

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC ^j	—	—	-0.3	0.9	-2.5	-0.2	0.1	1.0 ^c	0.6 ^k
SLOVAKIA	—	—	-0.5	-0.2	-3.0	-2.1	-6.2	-5.9	-2.0
HUNGARY	—	—	-2.7	-0.1	-4.9	-7.0	-6.0	-5.5	4.2 ^k
POLAND	—	—	-7.4 ^l	0.4	-3.8	-6.1	-2.8	-2.8	-2.6 ^k
SLOVENIA	—	—	—	—	—	0.2	0.3	-0.2	-0.3 ^k
ALBANIA	—	—	-5.9	-4.6	-25.8	-16.5	-11.7	-7.8 ^c	-11.9 ^k
BULGARIA	—	—	-0.6	-4.9	-3.6	-7.1	-12.3	-6.3	-3.7
ROMANIA	—	—	—	1.0	1.9	-4.8	-1.6	-4.3 ^c	-2.7 ^k
ESTONIA ^{m, n}	—	—	2.8	2.9	4.6	0.5	1.5	1.3	0.3
LATVIA	—	—	—	—	—	-3.0	-0.2	-1.9	-3.9
LITHUANIA ^{m, n}	—	—	0.9	1.4	3.7	1.5	0.9	-1.9	-2.0
BELARUS	—	—	—	—	—	-2.0	-4.0	-3.0	-2.6
MOLDOVA	0.7	1.0	2.0	2.0	1.1	-4.7	-6.0	-5.0	—
RUSSIA	—	—	—	1.3	2.7	-3.0	-5.0	-10.0	-3.3
UKRAINE	—	—	—	0.1	-10.5	-27.1 ^o	-14.0 ^o	-17.7 ^o	-13.3 ^o
ARMENIA ^{n, p}	—	—	—	—	-1.9	-30.6	-46.4	—	—
AZERBAIJAN ^c	—	—	-1.7	—	-3.0	-1.5	-7.1	-10.7	—
GEORGIA ^c	—	—	—	—	-3.0	-28.0	-34.0	—	—

4. CURRENT ACCOUNT BALANCE

(billion US dollars)	1980	1985	1989	1990 ^d	1991 ^d	1992 ^d	1993 ^d	1994 ^d	1995 ^d
CZECH REPUBLIC	-0.300 ^f	0.700 ^f	0.300 ^f	0.338 ^q	1.143 ^q	-0.305	0.115	-0.050	-1.892
SLOVAKIA	—	—	—	-0.756	-0.690	0.176	-0.559	0.712	0.645
HUNGARY ^q	-0.400	-0.800	-1.500	0.127	0.267	0.324	-3.455	-3.911	-2.480
POLAND ^q	-2.500	-0.600	-1.800	0.716	-1.359	-0.269	-2.329	-0.944	-2.299
SLOVENIA	—	—	—	0.518 ^q	0.129 ^q	0.926	0.158	0.459	0.043
ALBANIA	—	—	—	-0.118	-0.168	-0.051	0.015	-0.167	-0.026
BULGARIA	0.900	-0.100	-1.300	-1.152	-0.842	-1.089	-1.650	-0.025	-0.293
ROMANIA ^q	-2.400	0.900	2.900	-1.650	-1.369 ^q	-1.460 ^q	-1.170	-0.428	-1.292
ESTONIA	—	—	—	—	—	0.153	0.040	-0.178	-0.186
LATVIA	—	—	—	—	—	0.207	0.417	0.201	0.138 ^h
LITHUANIA	—	—	—	—	—	0.322	-0.084	-0.090	0.082 ^h
BELARUS	—	—	—	—	—	0.221	-0.338	-0.506	-0.089 ^h
MOLDOVA	—	—	—	—	-0.476	-0.152	-0.155	-0.094	-0.108
RUSSIA	3.000 ^r	0.100 ^r	0.800 ^r	-21.000 ^r	-3.300 ^r	-2.700 ^s	15.100 ^s	11.364	10.040 ^h
UKRAINE	—	—	—	—	—	—	-0.765	-1.161	-0.474
ARMENIA	—	—	—	—	—	—	-0.062	-0.098	—
AZERBAIJAN	—	—	—	—	—	—	—	-0.199	-0.401
GEORGIA ⁿ	—	—	—	-2.521	-0.036	-0.248	-0.191	-0.368	—

5. ANNUAL INFLATION RATE

(average percentage change in consumer price index over previous year)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	1.4	9.9	56.7	11.1	20.8	10.0	9.1
SLOVAKIA	—	—	1.3	10.4	61.2	10.0	23.2	13.4	9.9
HUNGARY	4.6	7.0	17.0	28.9	35.0	23.0	22.5	18.8	28.2
POLAND	—	—	251.1	585.8	70.3	43.0	35.3	29.5	27.8 d
SLOVENIA	29.8	79.4	1285.3	552.0	114.9	207.4	32.9	21.0	12.6 d
ALBANIA	—	—	—	2.5	104.1	49.1	90.8	22.6 d	10.3 c
BULGARIA	—	—	—	23.8	338.5	79.4	56.0	87.1	62.1
ROMANIA	3.0	0.4	0.9	5.1	170.2	210.4	256.1	136.7	32.3 d
ESTONIA	—	—	—	—	202.0	1076.0	89.8	47.7	29.0 d
LATVIA	—	—	—	10.5	172.2	951.2	109.2	35.9	25.0 d
LITHUANIA	—	—	—	9.1	216.4	1020.8	410.2	72.2	39.6
BELARUS	—	—	1.7	5.5	98.6	970.8	1190.2	2221.0	709.3
MOLDOVA	—	—	1.1	5.7	114.4	1108.7	1183.7	486.2 d	30.0 d
RUSSIA	—	—	2.5	5.3	98.2	1561.0	875.0	309.0 d	197.4 d
UKRAINE	—	—	2.0	5.4	87.0	992.0	2330.0	891.2 d	376.7 d
ARMENIA	—	—	0.8	6.9	140.0	730.0	1820.0	4962.0 d	176.0 d
AZERBAIJAN	—	—	0.5	6.1	111.5	912.3	1129.1	1663.5	411.8
GEORGIA	1.6	-0.3	6.4	3.3	75.3	746.4	1037.2	7741.5	57.4

5a. QUARTERLY INFLATION RATE, 1994-96

(average percentage change in consumer price index over same period in previous year)

	2. Q. 1994	3. Q. 1994	4. Q. 1994	1. Q. 1995	2. Q. 1995	3. Q. 1995	4. Q. 1995	1. Q. 1996	2. Q. 1996
CZECH REPUBLIC †	9.4	10.1	10.6	9.3	10.1	9.1	8.0	8.8	8.5
SLOVAKIA	13.9	12.7	11.8	11.5	11.0	9.8	7.5	6.2	6.1
HUNGARY	18.3	19.5	20.6	24.5	30.3	29.5	28.9	27.6	24.0
POLAND	31.7	33.2	32.9	33.0	31.6	25.8	22.0	20.6	19.8
SLOVENIA	21.3	22.3	20.3	19.1	14.8	11.5	9.1	8.7	10.9
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA †	84.1	96.5	117.8	118.0	67.3	53.7	36.2	28.6	47.2
ROMANIA	195.8	125.3	72.7	48.9	30.6	27.6	26.0	27.5	32.2
ESTONIA	50.8	50.6	45.2	34.0	27.2	27.0	28.5	28.8	26.9
LATVIA	37.7	40.9	31.1	26.0	26.5	23.9	23.7	21.6	18.3
LITHUANIA	69.1	61.1	48.7	46.4	40.5	36.7	36.4	31.5	29.4
BELARUS	2228.3	2564.5	2088.1	2198.1	1699.6	788.8	331.7	—	—
MOLDOVA	1309.0	564.0	178.0	52.0	28.0	22.0	23.0	25.0	26.0
RUSSIA	469.2	266.8	209.5	216.7	222.5	221.7	157.1	90.1	58.7
UKRAINE	—	—	—	—	461.7	502.0	260.6	131.2	98.5
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	1609.8	1566.1	1799.1	1422.6	747.3	480.0	157.7	37.5	19.9
GEORGIA	—	—	—	—	—	—	—	—	—

- a) Net material product, except for Hungary. Source (except for Albania): UN Economic Commission for Europe, *Economic Survey of Europe in 1993 and 1994*.
- b) Source: UN Economic Commission for Europe, *Economic Survey of Europe in 1993 and 1994*.
- c) Source: UN Economic Commission for Europe, *Economic Survey of Europe in 1994 and 1995*.
- d) Source: UN Economic Commission for Europe, *Economic Survey of Europe in 1995 and 1996*.
- e) Forecast.
- f) Data refer to Czechoslovakia.
- g) Net material product for all years.
- h) Data refer to January-September.
- i) Data refer to 1981-84.
- j) Surplus/deficit data refer to the State and not the general government budget.
- k) Source: MultiQuery Database, The World Bank.
- l) Source: Michael Bruno, 'Stabilization and Reform in Eastern Europe', IMF Staff Papers, vol. 39, no.4, Dec. 1992.
- m) General government balance (including the State and local governments and extrabudgetary funds).
- n) Source: European Bank for Reconstruction and Development, *Transition Report*, October 1994.
- o) Source: Ukrainian Economic Trends, June 1996.
- p) Central government balance, cash.
- q) Convertible currencies.
- r) Data refer to USSR.
- s) Including gold sales, excluding inter-republican trade.
- t) Data refer to January-June.

D. GOVERNMENT REVENUE AND EXPENDITURE

I. PUBLIC REVENUE / GDP RATIO ^a

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	53.1 ^b	54.8 ^b	45.5 ^b	44.4 ^b	39.4	37.1	—
SLOVAKIA	—	—	52.4	52.7	43.5	30.2	40.6	35.9 ^c	39.1 ^c
HUNGARY ^d	—	—	59.2	57.6	51.9	55.2	54.9	54.6	51.3
POLAND	—	—	—	—	43.7	45.3	49.1	37.0	—
SLOVENIA	—	—	—	—	43.7	46.4	47.1	46.3	45.9
ALBANIA ^d	—	—	47.0	46.8	31.5	24.7	28.2	26.9	26.7
BULGARIA	—	—	57.9	52.8	43.5	41.7	34.2	38.7	35.7 ^e
ROMANIA ^d	—	—	52.4	39.9	41.9	37.4	33.8	32.1	33.8
ESTONIA	—	—	—	—	—	35.2	40.6	43.8	42.3
LATVIA	24.0	31.8	32.9	36.6	38.7	32.9	38.1	38.2	37.2
LITHUANIA	—	—	42.9	40.6	39.6	33.2	32.5	34.0	35.2
BELARUS	—	—	—	36.3	30.8	32.4	28.7	32.0	30.0 ^f
MOLDOVA	27.0	32.0	35.0	35.0	32.0	28.0	20.0	31.0	39.0
RUSSIA ^g	—	—	—	25.0	22.0	28.0	31.0	29.0	26.1
UKRAINE	—	—	35.5	27.3	26.2	36.6	47.0	52.0	39.0
ARMENIA	—	—	52.1	42.7	22.8	21.5	14.7	—	—
AZERBAIJAN	—	—	26.7	32.9	39.1	30.2	34.1	26.5	—
GEORGIA	23.9	25.4	31.6	33.3	33.2	34.5	3.8	—	8.5

2. PUBLIC EXPENDITURE / GDP RATIO ^a

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	53.3 ^b	54.8 ^b	47.0 ^b	47.4 ^b	39.2	37.1	—
SLOVAKIA	—	—	53.0	53.2	47.3	32.2	46.9	41.7	—
HUNGARY ^d	—	—	60.5	57.2	54.0	60.6	61.6	62.1	55.3
POLAND	—	—	78.2	67.3	45.0	50.3	57.0	39.8	—
SLOVENIA	—	—	—	—	41.1	46.2	46.8	46.5	46.2
ALBANIA ^d	—	—	52.9	50.5	75.4	46.3	44.2	39.8	38.6
BULGARIA	—	—	58.5	62.0	49.3	47.4	43.6	45.0	39.6 ^e
ROMANIA ^d	—	—	44.1	38.7	38.7	42.0	34.2	33.9	36.5
ESTONIA	—	—	—	—	—	31.2	38.3	40.0	40.6
LATVIA	23.3	31.0	31.6	35.0	33.3	35.9	38.1	40.1	40.3
LITHUANIA	—	—	41.5	38.2	32.2	31.2	31.0	35.8	37.1
BELARUS	—	—	—	34.0	29.0	34.4	33.0	35.1	32.6 ^f
MOLDOVA	26.0	31.0	33.0	32.0	31.0	33.0	28.0	36.0	34.0
RUSSIA ^h	—	—	—	23.0	25.0	31.0	36.0	38.0	29.4
UKRAINE	—	—	—	27.2	36.6	47.9	46.4	59.4	46.0
ARMENIA	—	—	49.8	36.9	27.5	38.3	38.2	—	—
AZERBAIJAN	—	—	24.9	32.9	36.1	28.9	41.2	37.2	—
GEORGIA	23.1	24.8	30.6	32.0	31.0	32.5	8.0	—	15.4

3. PUBLIC SOCIAL EXPENDITURE / GDP RATIO

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	21.5	23.0	24.2	22.9	25.9	25.5	—
SLOVAKIA	—	—	24.4	25.5	27.3	28.4	26.0	—	—
HUNGARY	16.9	19.0	22.5	22.7	29.6	31.9	31.3	32.3	—
POLAND	—	—	—	20.2	27.0	30.5	29.4	—	—
SLOVENIA	—	—	—	—	—	28.1	29.9	28.6	29.5
ALBANIA	—	—	13.4	15.8	23.1	—	20.3	—	—
BULGARIA	—	—	20.3	21.2	24.5	27.0	22.8	21.0	18.3 ^e
ROMANIA	—	—	14.2	16.7	16.2	16.3	16.4	16.5	16.6
ESTONIA	—	—	—	—	—	—	23.7	25.0	27.0
LATVIA	15.6	17.4	18.0	16.6	18.7	19.3	25.2	26.2	26.7
LITHUANIA	—	—	14.8	15.5	18.7	18.6	17.5	19.3	—
BELARUS ^j	—	—	—	18.6	18.7	19.2	17.1	—	—
MOLDOVA	11.0	13.0	14.0	13.0	15.0	19.0	16.0	20.0	19.0
RUSSIA ^k	—	—	—	10.1	7.4	7.3	8.4	9.0	7.7
UKRAINE	—	—	10.8	11.8	15.6	18.2	22.7	27.1	29.0
ARMENIA	—	—	11.7	13.3	12.2	15.3	14.3	—	—
AZERBAIJAN	—	—	12.3	14.5	16.4	11.4	14.3	9.8	—
GEORGIA	—	—	—	—	—	—	—	—	—

4. PUBLIC EXPENDITURE ON HEALTH / GDP RATIO

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	4.8	5.3	5.3	5.5	7.6	7.8	7.5
SLOVAKIA	—	—	5.1	5.7	6.4	6.2	4.7	5.0	5.5
HUNGARY	2.5	2.7	3.4	3.6	4.2	4.8	4.5	6.8	—
POLAND	—	—	3.0	4.6	4.8	4.9	4.6	4.5	—
SLOVENIA	—	—	—	—	5.0	7.2	7.5	7.2	7.0
ALBANIA	2.5	2.7	2.7	3.1	4.1	6.7	3.6	—	—
BULGARIA	—	—	3.3	4.0	4.1	5.4	3.7	3.9	3.7 ^e
ROMANIA	2.5	2.3	2.5	2.9	3.3	3.3	3.0	3.1	2.9
ESTONIA	—	—	—	—	—	—	5.4	6.2	6.4
LATVIA	2.1	2.3	2.6	2.5	2.6	2.8	4.1	4.1	3.9
LITHUANIA	—	—	2.8	3.0	3.2	3.5	3.4	3.9	—
BELARUS	3.0	—	—	2.6	2.9	3.7	3.6	4.6	4.9
MOLDOVA	—	3.0	3.0	3.0	3.6	4.4	4.3	6.0	6.0
RUSSIA	—	—	2.6	2.3	2.4	2.5	3.2	3.2	2.4
UKRAINE	—	—	2.4	2.7	3.1	3.9	3.1	5.0	4.8
ARMENIA	—	—	2.5	2.8	2.8	4.6	3.6	—	—
AZERBAIJAN	—	—	2.0	2.8	2.2	2.3	2.7	4.4	1.3
GEORGIA	2.5	2.4	2.9	3.2	4.2	2.8	0.4	—	0.3

5. PUBLIC EXPENDITURE ON EDUCATION / GDP RATIO

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	4.3	4.1	4.3	4.8	5.7	5.9	5.8
SLOVAKIA	—	—	5.5	5.8	6.0	5.8	5.1	4.5	4.5
HUNGARY	3.4	4.2	5.2	4.5	6.8	5.9	5.9	5.6	—
POLAND	—	—	3.7	5.0	4.3	4.3	4.1	4.4	—
SLOVENIA	—	—	—	—	—	4.3	4.6	4.4	4.6
ALBANIA	—	—	3.5	4.0	6.7	4.9	4.0	—	—
BULGARIA	—	—	4.6	4.6	5.7	6.2	5.0	4.6	4.1 e
ROMANIA	3.3	2.2	2.2	3.0	3.6	3.6	3.4	3.2	3.4
ESTONIA	—	—	—	—	—	—	7.0	6.7	7.5
LATVIA	4.1	4.3	4.7	4.5	4.1	4.5	6.1	6.4	6.7
LITHUANIA	—	—	5.2	4.8	5.4	5.3	4.8	5.8	6.1
BELARUS	—	—	—	4.5	4.6	5.3	4.6	5.1	5.6
MOLDOVA	6.0	6.0	7.0	6.0	5.0	7.0	5.0	7.0	7.0
RUSSIA	—	—	4.7 m	3.5	3.6	3.6	4.0	4.5	3.4
UKRAINE	—	—	3.8	4.0	5.1	5.4	4.8	5.7	5.6
ARMENIA	—	—	6.0	6.5	6.6	7.8	4.9	—	—
AZERBAIJAN	—	—	6.7	6.4	7.0	6.7	6.9	7.7	3.8
GEORGIA	5.9	5.9	6.2	7.2	7.0	3.1	0.6	—	0.4

6. FAMILY AND MATERNITY ALLOWANCES / GDP RATIO

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	3.0	2.8	4.1	3.8	3.5	3.8	3.3
SLOVAKIA	—	—	3.9	3.8	3.1	3.0	2.7	2.5	2.6
HUNGARY	2.7	2.7	3.9	3.9	4.2	4.1	4.0	3.3	—
POLAND	—	—	2.1	1.6	2.1	2.0	1.5	—	—
SLOVENIA	—	—	—	—	1.4	1.2	1.4	1.5	1.4
ALBANIA	—	—	0.7	0.8	0.8	0.3	0.2	—	—
BULGARIA	—	—	2.7	2.7	3.3	2.6	2.3	1.6	1.3 e
ROMANIA	—	1.7	2.8	2.7	1.5	1.1	—	—	0.8
ESTONIA	—	—	—	—	—	2.2	2.0	2.0	1.7
LATVIA	0.2	0.4	0.4	0.4	0.7	2.1	2.7	2.0	1.6
LITHUANIA	—	—	0.5	0.5	2.1	2.0	1.7	1.2	0.9
BELARUS	—	—	—	1.6	3.4	3.8	2.4	3.0	1.3
MOLDOVA	—	—	—	—	2.5	1.6	0.6	0.6	0.7
RUSSIA	—	—	0.3	0.3	2.1	0.6	0.5	0.8	—
UKRAINE	—	—	0.1	0.1	0.3	1.0	—	0.6	0.7
ARMENIA	—	—	—	2.2	2.8	2.4	—	—	—
AZERBAIJAN	—	—	1.8	3.1	3.2	2.2	2.7	1.7	0.8
GEORGIA	0.4	0.5	0.5	0.6	1.8	1.3	0.2	—	0.2

7. SOCIAL ASSISTANCE AND UNEMPLOYMENT COMPENSATION / GDP RATIO

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	0.5	1.5	3.1	2.0	1.6	1.2	0.6
SLOVAKIA	—	—	0.3	0.4	1.1	1.3	1.5	1.7	1.8
HUNGARY	—	—	0.2	0.3	1.3	2.9	3.2	2.7	—
POLAND	—	—	0.8	0.5	1.8	2.3	2.3	—	—
SLOVENIA	—	—	—	—	—	2.1	2.5	2.2	1.8
ALBANIA	—	—	—	—	—	—	1.2	—	—
BULGARIA	—	—	0.1	0.2	0.9	1.2	1.0	3.0	2.5 e
ROMANIA	—	—	—	—	0.3	—	—	0.4	1.7
ESTONIA	—	—	—	—	—	0.8	0.6	1.8	1.2
LATVIA	—	—	—	—	—	0.1	0.5	0.5	0.5
LITHUANIA	—	—	—	—	0.7	0.4	1.0	1.2	—
BELARUS	—	—	—	—	—	0.0	0.0	0.0	0.2
MOLDOVA	—	—	—	—	—	0.0	0.1	0.1	0.2
RUSSIA	—	—	—	—	—	0.0	0.0	0.1	—
UKRAINE	—	—	—	—	—	0.0	0.1	0.1	—
ARMENIA	—	—	—	—	—	—	2.1	—	—
AZERBAIJAN	—	—	0.1	0.1	0.0	0.2	0.1	0.2	0.1
GEORGIA	0.7	0.5	0.5	0.4	0.4	0.2	0.3	—	0.9

8. PUBLIC EXPENDITURE ON PENSIONS / GDP RATIO

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	8.3	8.0	7.9	8.1	8.1	8.1	8.5
SLOVAKIA	—	—	7.7	7.8	8.5	9.1	9.4	9.1	7.9
HUNGARY	7.8	8.9	9.1	9.7	10.5	11.0	10.4	11.4	—
POLAND	—	—	6.5	8.1	12.4	14.7	14.9	—	—
SLOVENIA	—	—	—	—	11.0	12.7	13.0	13.5	13.8
ALBANIA	3.4	4.7	5.7	6.8	10.1	6.2	6.2	—	—
BULGARIA	7.8 n	8.7 n	8.7	8.7	9.4	10.2	9.5	9.4	8.1 e
ROMANIA	3.8	4.4	5.7	7.2	7.0	6.4	—	7.1	6.9
ESTONIA	—	—	—	—	—	—	6.5	6.5	6.9
LATVIA	5.4	6.3	6.3	5.8	7.8	6.2	9.9	10.2	10.3
LITHUANIA	—	—	4.9	5.5	6.1	5.8	5.1	6.9	7.1
BELARUS	—	—	—	6.1	6.3	5.7	7.7	5.1	7.6
MOLDOVA	4.7	5.7	5.9	6.2	4.8	4.5	3.8	6.0	7.0
RUSSIA	—	—	5.9	6.0	5.7	3.8	5.6	6.3	—
UKRAINE o	—	—	4.4	4.9	6.9	6.4	7.7	6.8	6.7
ARMENIA	—	—	3.0	3.8	—	—	1.0	—	—
AZERBAIJAN	—	—	7.4	8.4	6.3	3.6	8.5	4.4	2.4
GEORGIA	3.4	3.8	4.5	4.8	7.9	5.6	1.3	3.0	—

9. PUBLIC EXPENDITURE ON CONSUMPTION SUBSIDIES / GDP RATIO

(%)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	3.4	1.5	—	—	0.3	0.6	0.7
SLOVAKIA ^p	—	—	—	4.0	1.1	0.9	1.8	2.1	1.5
HUNGARY ^q	—	—	7.0 ^r	6.0 ^r	3.5	1.6 ^s	1.5 ^s	—	—
POLAND ^t	—	—	8.2	5.6	2.7	1.7	0.7	—	—
SLOVENIA	—	—	—	—	4.2	0.1	0.2	0.2	0.2
ALBANIA ^u	—	—	2.4	2.2	2.4	3.6	2.2	—	—
BULGARIA	—	—	—	4.0	0.1	0.0	0.0	—	—
ROMANIA ^v	—	—	—	—	4.6	—	—	—	—
ESTONIA	—	—	—	—	—	—	1.5	0.9	0.6
LATVIA	—	—	—	—	—	—	—	—	—
LITHUANIA	—	—	17.3	14.1	5.0	1.3	0.6	0.9	—
BELARUS	—	—	—	—	—	—	—	—	—
MOLDOVA	—	—	—	—	—	—	2.8	3.2	2.2
RUSSIA	—	—	1.5	1.5	3.3	1.2	1.1	1.6	—
UKRAINE	—	—	—	—	—	2.4 ^w	—	3.8	1.3
ARMENIA	—	—	3.6	4.4	1.7	0.1	0.4	—	—
AZERBAIJAN	—	—	—	—	—	0.2	1.5	2.8	—
GEORGIA	2.8	4.5	6.7	10.0	5.8	5.8	0.4	—	—

a) Due to incomplete information and changing definitions, these data are highly tentative.

b) Data refer to Czechoslovakia.

c) Data refer to the State Budget.

d) Source: MultiQuery Database, World Bank.

e) Preliminary estimate.

f) Source: Belarus Economic Trends, 1996.

g) Only State Budget receipts.

h) Only State Budget expenditures.

i) Sum of public expenditures on social security, health and education.

j) Data include only expenditures from Social Protection and Employment Funds.

k) Data refer to 'Outlays of the State Budget of the Russian Federation for Socio-Cultural Needs and Sciences'; they exclude

health expenditures. From 1991 pension expenditures and family allowances to large families and female-headed families were financed from a separate pension fund; here only State Budget transfers to this fund remained. Allotments to culture and mass media were excluded at the same time.

l) Source: IMF, *Government Financial Statistics Yearbook*, 1989, 1990, 1992.

m) Source: Wallich, C., 'Fiscal Decentralization, Intergovernmental Relations in Russia', *Studies of Economies in Transition Papers*, no. 6, 1992, World Bank.

n) Source: ILO, *The Cost of Social Security*, 1992.

o) Data for 1992-95 based on Pension Fund accounts; 1993-95 including flat rate compensation consumer price raise.

p) Food subsidies amounted to 0.9% of GDP in 1990, 0.7% in 1992 and 1.0% in 1993.

q) Food subsidies amounted to 0.28% of GDP in 1989, 0.19 % in 1990 and 0.17% in 1991.

r) Source: Chu, K. and G. Schwartz, 'Output Decline and Government Expenditures in European Transition Countries', mimeo, IMF, January 1994.

s) Including housing subsidies.

t) Food subsidies amounted to 2.92% of GDP in 1989, 0.26% in 1990.

u) Food subsidies amounted to 1.28% of GDP in 1989, 1.23% in 1990 and 2.30% in 1991.

v) Food subsidies amounted to 1.5% of GDP in 1989, 1.0% in 1991 and 2.63% in 1992.

w) Food subsidies amounted to 1.91% of GDP in 1992.

E. EMPLOYMENT, INCOMES, PRICES AND CONSUMPTION

I. EMPLOYMENT RATE

(as a percentage of the working-age population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	86.2	86.7	84.8	81.7	84.8	79.5	79.2	77.5	77.5 ^a
SLOVAKIA ^b	—	—	82.7	80.4	69.9	69.9	67.2	66.0 ^a	—
HUNGARY	83.4	83.4	83.8	83.7	81.2	76.0	67.7	64.8	64.2
POLAND	83.8	82.3	81.1	75.1	71.5	69.2	67.7	67.9	66.1
SLOVENIA ^{c, d}	—	—	73.0	70.2	64.9	61.2	55.6	54.6	53.8
ALBANIA ^b	—	—	76.5	72.9	72.9	61.0	55.4	65.0	—
BULGARIA	83.4	85.5	85.2	82.4	74.6	69.5	68.8	68.4	69.8
ROMANIA ^b	—	—	84.2	82.0	82.5	79.6	76.4	75.6	—
ESTONIA	—	—	84.8	—	—	72.4	80.6	—	—
LATVIA	91.3	92.7	91.8	91.6	91.4	89.5	84.7	83.3	83.3
LITHUANIA	92.0	92.9	90.6	87.8	89.4	87.5	84.3	79.7	—
BELARUS	—	—	90.5	90.2	88.4	86.1	84.6	82.1	78.7
MOLDOVA	87.7	87.4	87.4	86.4	86.3	85.5	85.5	84.8	84.7
RUSSIA ^b	—	—	—	87.1	85.5	83.7	82.2	80.5 ^e	—
UKRAINE	—	—	86.3	86.0	84.5	81.0	81.0	79.9	73.7 ^a
ARMENIA	—	—	79.1	80.1	80.6	74.9	72.7	—	—
AZERBAIJAN	68.9	70.5	71.6	71.3	77.8	74.4	73.6	71.6	70.7
GEORGIA	82.6	84.7	84.3	87.0	79.7	63.2	62.8	57.1	57.0

2. ANNUAL REGISTERED UNEMPLOYMENT RATE

(%)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	—	0.3	2.6	3.1	3.0	3.3	3.0
SLOVAKIA	—	—	—	1.6 ^f	7.8	11.1	12.7	14.4	13.8
HUNGARY	—	—	0.4	0.8	4.1	11.0	13.4	12.0	11.1
POLAND	—	—	0.3	6.3 ^f	11.8	13.6	16.4	16.0	14.9
SLOVENIA	1.1	1.4	2.9	4.7	8.2	11.5	14.4	14.4	13.9
ALBANIA	—	—	—	—	5.1 ^g	36.8 ^g	22.3 ^g	18.4 ^{c, d}	15.9 ^d
BULGARIA	—	—	—	1.7	7.5	13.2	15.9	14.1	11.4
ROMANIA	—	—	—	—	1.8	8.4	10.4	10.9	8.9
ESTONIA ^g	—	—	—	—	0.1	1.7	1.9	1.5	1.8
LATVIA ^h	—	—	—	—	0.0	1.1	4.7	6.4	6.4
LITHUANIA ⁱ	—	—	—	—	0.3	1.3	4.4	3.8	6.1
BELARUS	—	—	—	—	0.1	0.5	1.4	2.1	2.7
MOLDOVA	—	—	—	—	0.0	0.1	0.7	1.1	1.4
RUSSIA ^j	—	—	—	—	0.1	0.8	1.0	1.7	2.8
UKRAINE ^k	—	—	—	—	0.0	0.3	0.3	0.4	0.4
ARMENIA	—	—	—	—	0.0	1.6	5.3	6.4	6.9 ^d
AZERBAIJAN	—	—	—	—	0.1	0.2	0.7	0.8	1.0
GEORGIA ^g	—	—	—	—	0.2	2.3	6.1	3.8	3.1

2a. QUARTERLY REGISTERED UNEMPLOYMENT RATE, 1994-96

(%)	2. Q. 1994	3. Q. 1994	4. Q. 1994	1. Q. 1995	2. Q. 1995	3. Q. 1995	4. Q. 1995	1. Q. 1996	2. Q. 1996
CZECH REPUBLIC	3.3	3.2	3.1	3.3	2.9	2.9	2.4	3.1	2.8
SLOVAKIA	14.3	14.6	14.6	15.0	13.7	13.4	12.9	13.5	12.2
HUNGARY	12.0	11.5	11.0	11.7	10.6	10.8	10.9	11.6	10.7
POLAND	16.6	16.5	16.0	15.5	15.2	15.0	14.9	15.4	14.3
SLOVENIA	14.2	14.3	14.2	13.9	13.5	13.9	14.4	14.2	13.6
ALBANIA ^d	—	—	—	18.6	18.0	14.0	13.0	—	—
BULGARIA	14.4	13.1	12.5	12.8	11.3	10.7	10.8	11.5	11.4
ROMANIA	11.1	10.6	10.8	11.1	9.9	9.2	8.9	9.2	7.7
ESTONIA	2.0	1.5	1.5	2.0	1.9	1.6	1.8	2.3 ^d	2.2 ^d
LATVIA	6.5	6.3	6.4	6.7	6.4	6.1	6.2	6.8	7.1
LITHUANIA	3.4	3.4	4.2	5.4	5.9	6.1	7.0	8.1	7.5
BELARUS ^m	1.8	1.9	2.0	2.2	2.3	2.5	2.6	3.3	3.4
MOLDOVA	1.1	1.0	1.2	1.4	1.4	1.4	1.4	1.5	1.5
RUSSIA	1.6	1.8	2.1	2.5	2.7	2.9	3.1	3.5	3.8
UKRAINE ⁿ	0.4	0.4	0.4	0.4	0.4	0.4	0.6	0.9	1.0
ARMENIA	6.8	6.7	5.7	5.3	6.0	7.1	8.1 ^d	8.5	9.1
AZERBAIJAN	0.8	0.9	0.9	1.0	1.0	1.0	1.1 ^d	1.1	1.1
GEORGIA	3.6	3.8	3.3	3.5 ^d	3.2 ^d	3.3 ^d	3.4 ^d	—	—

3. ANNUAL INDEX OF REAL WAGES

(1989=100)	1980 ^o	1985 ^o	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC ^p	95.2 ^q	94.4 ^q	100	94.5	69.6	76.7	79.6	85.8	92.4
SLOVAKIA	—	—	100	94.6	67.5	72.9	69.5	71.6	78.3
HUNGARY ^r	108.7	113.9	100	94.3	87.7	85.9	82.5	88.3	78.4
POLAND ^r	109.9	81.5	100	75.6	75.4	73.4	71.2	72.5	75.4
SLOVENIA ^r	—	—	100	73.6	62.4	60.6	69.3	73.6	76.9
ALBANIA ^s	—	—	100	103.7	63.3	71.6	60.8	29.8	15.0
BULGARIA ^t	76.1	85.8	100	105.3	63.7	72.7	73.8	62.4	59.4
ROMANIA ^p	—	—	100	104.5	84.9	74.1	61.6	61.7	69.1
ESTONIA ^s	—	—	100	105.3	72.7	47.7	49.5	54.7	60.0
LATVIA	—	—	100	107.1	73.3	50.0	52.5	58.8	58.6
LITHUANIA	—	—	100	108.2	76.9	47.6	29.1	32.8	35.6 ^u
BELARUS	—	—	100	110.8	115.3	100.9	94.7	65.4	61.0
MOLDOVA	—	—	100	113.3	105.0	69.0	49.0	29.0	21.4
RUSSIA	78.3 ^u	83.9 ^u	100	108.6	97.4	65.6	65.8 ^v	60.7 ^v	45.1 ^v
UKRAINE ^w	—	—	100	109.4	113.0	104.5	43.0	34.6	38.6
ARMENIA	—	—	100	113.0 ^x	118.7 ^x	61.7 ^x	27.4 ^d	15.5 ^d	14.4 ^d
AZERBAIJAN ^s	—	—	100	103.8	82.0	68.7	45.3	18.1	11.7
GEORGIA	—	—	100	105.0	82.0	53.0	44.0 ^a	—	—

3a. QUARTERLY INDEX OF REAL WAGES, 1994-96

(1989=100)

	2. Q. 1994	3. Q. 1994	4. Q. 1994	1. Q. 1995	2. Q. 1995	3. Q. 1995	4. Q. 1995	1. Q. 1996	2. Q. 1996
CZECH REPUBLIC	85.9	85.0	94.4	82.8	93.5	91.0	104.9	89.6	—
SLOVAKIA	72.9	72.8	78.9	68.9	77.3	77.5	84.5	72.8	—
HUNGARY ^y	89.4	86.5	87.3	83.0	77.6	78.5	76.5	—	—
POLAND	69.5	68.9	71.4	71.8	69.9	71.7	79.2	76.0 ^a	73.2
SLOVENIA	72.2	73.1	76.5	75.6	76.2	76.9	78.8	77.4	78.5
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA ^t	55.6	54.1	50.9	49.1	53.4	55.3	54.4	52.4	—
ROMANIA	51.1	55.7	58.9	56.0	64.0	69.0	75.0	67.6	69.9
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	—	—	—	—	—	—	—
LITHUANIA ^y	30.1	29.7	30.5	—	—	—	—	—	—
BELARUS	76.3	69.9	62.9	56.7	63.7	65.5	63.6	60.4	—
MOLDOVA	17.8	19.5	20.3	21.0	21.3	21.8	21.7	22.0	22.8
RUSSIA ^s	63.1	67.3	62.4	46.9	—	—	—	—	—
UKRAINE	24.3	26.6	—	23.9	28.6	30.9	32.0	—	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	16.9	18.9	14.9	10.8	12.8	13.3	14.4	—	—
GEORGIA	—	—	—	—	—	—	—	—	—

4. MINIMUM WAGE / AVERAGE WAGE RATIO

(%)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	—	—	52.8	45.9	37.8	31.9	26.9
SLOVAKIA	—	—	—	61.0	58.2	54.7	46.5	39.8	34.1
HUNGARY ^z	—	—	44.6	48.7	51.9	51.3	48.5	45.7	47.5
POLAND ^z	—	—	11.6	21.4	34.9	37.5	41.0	40.4	40.6
SLOVENIA	—	—	24.2 ^z	37.9 ^z	39.1	35.2	32.3	29.0	37.2
ALBANIA	—	—	68.0	66.0	65.0	40.0	27.2	50.0	—
BULGARIA ^t	—	—	51.1	45.7	68.0	41.5	38.2	36.7	33.2
ROMANIA ^z	—	—	65.4	59.2	55.2	45.8	38.7	34.9	28.0
ESTONIA	—	—	—	—	—	—	—	—	18.9
LATVIA	—	—	—	—	37.4	25.6	24.1	28.4	28.4
LITHUANIA ^z	43.3	37.0	31.5	26.6	38.6	33.1	25.6	22.5	35.8
BELARUS	—	—	30.3	26.1	21.3	19.4	14.1	9.1	7.3
MOLDOVA	53.0	45.0	35.0	30.0	31.0	25.0	23.0	15.0	13.0
RUSSIA	—	—	26.6	23.1	25.3	11.8	10.1	8.3	8.8
UKRAINE	—	—	32.2	28.1	42.6	—	—	—	—
ARMENIA ^{aa}	—	—	36.4	33.2	39.0	46.6	36.4	10.4	—
AZERBAIJAN	47.3	42.9	39.1	35.9	36.2	24.4	20.8	12.8	9.2
GEORGIA	49.6	42.4	35.6	31.0	41.4	36.8	26.6	18.7	23.6

5. AVERAGE PENSION / AVERAGE WAGE RATIO ^{bb}

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	52.2	54.3	55.6	49.2	48.6	49.1	46.3
SLOVAKIA ^{cc}	—	—	44.9	44.6	47.2	44.4	43.3	41.8	42.3
HUNGARY ^z	55.3	56.0	63.1	62.6	64.3	60.9	59.6	56.9	59.4
POLAND ^z	—	—	44.6	65.0	76.1	72.6	72.0	72.8	72.8
SLOVENIA ^{dd}	—	—	75.2	89.2	73.6	77.8	73.9	75.4	76.2
ALBANIA	—	—	76.9	74.2	74.6	45.5	44.0	54.2	—
BULGARIA ^t	—	—	57.3	48.2	53.5	43.5	44.1	46.8	—
ROMANIA ^z	—	—	54.9	46.5	44.6	43.1	50.3	48.6	46.8
ESTONIA	35.9	41.8 ^{ee}	37.2	28.7	—	30.3	28.5	27.0	30.8
LATVIA	—	45.4 ^{ff}	37.6 ^{ff}	29.8	26.0	34.6	30.7	33.5	33.8
LITHUANIA	30.0	37.5	40.7	43.9	44.3	52.5	49.4	45.9	41.5
BELARUS ^{gg}	—	—	—	25.7	38.8	21.8	37.2	34.5	38.2
MOLDOVA	33.6	37.8	39.5	40.5	36.4	60.3	60.3	50.9	44.9
RUSSIA ^{hh}	33.3	36.7	33.5	33.7	33.8	25.8	33.6	35.0	38.1
UKRAINE	34.3 ⁱⁱ	39.0 ⁱⁱ	34.5 ⁱⁱ	34.5 ⁱⁱ	43.9 ^{ij}	61.1 ^{ij}	42.3 ^{ij}	34.9 ^{ij}	31.3 ^{ij}
ARMENIA ^{aa}	—	—	43.2	47.1	47.8	—	68.5	28.7	—
AZERBAIJAN	—	—	43.6	43.6	42.5	68.3	83.6	55.2	25.6
GEORGIA	44.3	44.1	43.5	48.1	60.2	75.6	109.7	—	—

6. MINIMUM PENSION / AVERAGE WAGE RATIO

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	31.5	40.8	46.4	37.8	33.4	30.0	33.3
SLOVAKIA ^{cc}	—	—	31.8	36.6	41.9	38.7	36.8	31.5	34.8
HUNGARY ^z	—	—	40.7	40.7	40.3	36.5	34.8	32.5	32.3
POLAND	—	—	24.0	33.5	33.7	28.6	31.3	34.7	34.4
SLOVENIA ^{kk}	—	—	62.8	61.4	51.1	54.4	50.5	53.7	53.9
ALBANIA	—	—	—	—	—	—	40.1	46.0	—
BULGARIA ^t	—	—	25.6	35.1	31.5	24.5	28.9	23.7	21.0
ROMANIA ^z	—	—	—	—	—	—	—	—	—
ESTONIA	17.7	21.7	25.9	25.8	—	25.5	23.9	17.6	17.1
LATVIA	—	25.5 ^{ff}	28.0 ^{ff}	21.7	16.7	22.2	23.5	30.4	26.7
LITHUANIA	—	—	—	24.7	36.7	42.9	41.7	38.3	21.3
BELARUS ^{gg}	—	—	—	16.9	22.5	16.2	22.9	25.1	24.3
MOLDOVA	—	—	34.9	35.4	92.2	48.9	43.3	39.7	34.8
RUSSIA ^{cc}	25.9	22.6	22.4	23.1	28.1	18.4	19.3	18.5	18.6
UKRAINE	19.0	23.0	32.0	28.0	—	—	—	16.8	12.6
ARMENIA ^{aa}	—	—	31.8	35.3	42.3	—	56.4	28.7	—
AZERBAIJAN	—	—	39.1	38.5	35.5	56.5	72.9	42.6	12.8
GEORGIA	24.1	20.8	35.5	31.0	25.1	33.7	30.6	35.8	21.2

7. CHILD ALLOWANCE / AVERAGE WAGE RATIO ⁱⁱ

(%)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	10.4	12.0 ^{mm}	13.7 ^{mm}	11.7 ^{mm}	9.4 ^{mm, nn}	4.9-10.7 ^{mm}	8.1-9.9 ^{mm}
SLOVAKIA ^{cc}	—	—	10.5	12.1 ^{mm}	13.7 ^{mm}	12.2 ^{mm}	10.4 ^{mm, nn}	5.4-11.9 ^{oo}	5.5-11.5 ^{mm}
HUNGARY ^{z, pp}	12.0	12.0	20.5	21.8	19.9	18.1	17.0	14.6	12.6
POLAND ^z	—	—	2.6	5.8	6.5	6.7	5.4	4.0	3.6
SLOVENIA	—	—	—	9.5	9.0	8.1	9.2	8.2	7.5
ALBANIA ^t	—	—	—	—	—	—	6.5	4.4	—
BULGARIA	—	—	12.8	10.7 ^{mm}	16.6 ^{mm}	10.5 ^{mm}	10.1 ^{mm}	6.7 ^{mm}	5.8 ^{mm}
ROMANIA ^z	—	—	10.5	9.7	7.2	5.8	4.8	4.2	3.6
ESTONIA	—	—	—	—	—	20.0	16.7	12.2	10.7
LATVIA	—	—	—	—	21.3	23.9	20.6	13.6	10.9
LITHUANIA	—	—	—	—	—	—	—	—	—
BELARUS ^{qq}	—	—	—	—	—	11.8	13.1	6.4	5.8
MOLDOVA	—	—	—	—	11.5	7.2	6.6	7.4	—
RUSSIA ^{rr}	—	—	—	—	26.4	10.2	5.4	5.5	4.5 ^{ss}
UKRAINE ^{tt}	—	—	7.4	14.0	21.3	— ^{uu}	7.4	6.7	5.6
ARMENIA	—	—	—	—	18.4	15.5	11.2	9.0	—
AZERBAIJAN	—	—	13.4	15.3	12.6	7.4	9.2	18.5	—
GEORGIA	—	—	—	—	—	—	—	—	—

8. RELATIVE PRICE OF FOOD AND NON-ALCOHOLIC BEVERAGES

(1989=100)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	100	102.5	96.0	94.5	90.8	91.0	91.9
SLOVAKIA	—	—	100	100.5	91.9	89.3	88.0	90.2	91.8
HUNGARY	100.2	102.5	100	104.1	93.4	90.7	95.6	99.3	101.6
POLAND	—	—	100	98.5	83.5	79.4	78.0	78.4	77.8
SLOVENIA ^w	—	—	100	94.9	94.2	93.6	88.6	90.1	91.9
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	100	91.9	101.9	99.3	99.4	101.8	100.3
ROMANIA ^s	—	—	100	96.2	105.3	116.0	112.4	115.7	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	100	97.3	120.4	97.2	89.8	88.1	81.8
LITHUANIA	—	—	100	98.5	116.7	123.6	126.3	117.1	117.6
BELARUS	—	—	100	98.3	111.2	119.8	140.7	149.9	141.6
MOLDOVA	—	—	100	99.6	101.8	99.9	98.8	93.1	86.8
RUSSIA	—	—	100	102.5	117.3	104.3	—	—	—
UKRAINE	—	—	—	—	—	—	—	—	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	100	100.0	96.0	101.9	114.9	116.9	—
GEORGIA	—	—	—	—	—	—	—	—	—

9. RELATIVE PRICE OF MILK AND MILK PRODUCTS

(1989=100)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	100	109.4	117.8	126.6	131.8	114.7	124.3
SLOVAKIA	—	—	100	115.3	128.9	143.1	143.4	142.4	142.2
HUNGARY	—	78.8	100	110.6	93.5	92.4	100.3	106.3	103.6
POLAND	—	—	100	94.7	106.8	112.6	120.6	114.1	115.8
SLOVENIA	—	—	100	86.7	77.7	80.3	73.2	76.8	74.7
ALBANIA	—	—	100	105.3	91.0	117.5	112.2	98.9	—
BULGARIA	—	—	100	81.9	108.3	109.6	125.6	129.4	139.2
ROMANIA ^s	—	—	100	95.2	90.8	106.5	99.7	101.1	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	100	90.8	138.6	178.7	152.3	149.9	129.1
LITHUANIA	—	—	—	—	—	—	—	—	—
BELARUS	—	—	100	96.0	100.7	98.6	112.6	154.0	186.7
MOLDOVA	—	—	100	93.6	86.9	91.7	82.4	128.0	—
RUSSIA	—	—	—	—	96.0	107.3	139.3	134.5	—
UKRAINE	—	—	—	—	—	—	—	—	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	100	100.0	75.7	112.7	105.1	85.1	—
GEORGIA	—	—	—	—	—	—	—	—	—

10. RELATIVE PRICE OF GROSS RENT AND WATER CHARGES

(1989=100)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	100	93.5	95.4	124.5	134.4	152.3	142.2
SLOVAKIA	—	—	100	90.7	82.0	101.2	103.2	97.2	93.3
HUNGARY	—	162	100	137.7	149.3	145.9	145.5	142.4	139.6
POLAND	—	—	100	120.2	158.1	176.5	174.2	170.7	203.7
SLOVENIA	—	—	100	96.5	105.4	99.9	121.7	133.4	142.5
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	100	111.3	143.9	137.3	137.7	128.9	136.6
ROMANIA ^s	—	—	100	98.5	70.6	56.1	48.5	50.5	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	100	91.4	56.8	89.9	369.2	492.4	510.9
LITHUANIA	—	—	—	—	—	—	—	—	—
BELARUS	—	—	100	95.5	49.2	38.1	56.1	46.5	475.9
MOLDOVA	—	—	100	95.5	53.8	30.8	50.8	89.7	113.8
RUSSIA	—	—	—	—	—	—	—	—	—
UKRAINE	—	—	—	—	—	—	—	—	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	100	100.0	132.5	93.2	97.3	764.6	—
GEORGIA	—	—	—	—	—	—	—	—	—

11. RELATIVE PRICE OF FUEL AND POWER

(1989=100)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	100	91.7	98.4	117.8	108.7	104.8	113.8
SLOVAKIA	—	—	100	94.8	146.5	165.2	180.3	188.1	188.8
HUNGARY	95.3	98.7	100	99.0	132.7	154.5	151.7	142.7	166.9
POLAND	—	—	100	182.4	304.8	413.9	449.7	489.9	484.5
SLOVENIA	—	—	100	87.3	104.3	89.5	90.5	90.8	89.3
ALBANIA	—	—	100	93.0	52.5	58.4	96.4	184.9	—
BULGARIA	—	—	100	109.2	97.9	75.0	73.4	71.0	53.0
ROMANIA	—	—	—	—	—	—	—	—	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	100	90.5	49.9	123.0	122.5	90.2	92.4
LITHUANIA	—	—	—	—	—	—	—	—	—
BELARUS	—	—	100	95.5	49.2	34.2	49.9	52.1	113.9
MOLDOVA	—	—	100	100.3	81.2	600.0	680.0	625.0	744.9
RUSSIA	—	—	100	—	38.4	35.2	216.3	156.6	—
UKRAINE	—	—	—	—	—	—	—	—	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	100	100.0	48.4	6.0	2.0	1.3	—
GEORGIA	—	—	—	—	—	—	—	—	—

12. RELATIVE PRICE OF HEALTH CARE

(1989=100)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	100	109.9	112.5	125.3	157.9	174.9	143.6
SLOVAKIA	—	—	100	161.0	148.7	134.6	115.8	117.1	126.3
HUNGARY	97.9	93.7	100	93.2	93.9	104.5	116.1	134.8	152.6
POLAND	—	—	100	136.1	155.0	169.0	171.0	177.5	183.0
SLOVENIA ^{ww}	—	—	100	95.5	108.4	133.3	142.5	137.4	136.4
ALBANIA	—	—	100	97.6	47.8	40.2	37.1	47.4	—
BULGARIA	—	—	100	118.9	142.4	174.2	194.6	199.4	216.9
ROMANIA ^s	—	—	100	96.9	84.0	83.1	71.9	72.5	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	100	90.5	51.9	74.4	119.7	165.8	186.2
LITHUANIA	—	—	—	—	—	—	—	—	—
BELARUS	—	—	100	95.5	50.8	38.1	33.0	31.4	43.1
MOLDOVA	—	—	100	95.5	129.0	89.8	106.3	191.0	158.6
RUSSIA	—	—	100	—	89.5	77.9	282.3	124.6	—
UKRAINE	—	—	—	—	—	—	—	—	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	100	100.0	67.1	21.4	77.0	56.4	—
GEORGIA	—	—	—	—	—	—	—	—	—

13. RELATIVE PRICE OF EDUCATION

(1989=100)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	100	92.4	78.2	95.0	96.1	124.6	126.8
SLOVAKIA	—	—	100	99.1	85.1	89.8	89.3	91.2	93.5
HUNGARY	120.1	90.4	100	98.3	94.0	94.7	113.9	112.5	113.2
POLAND	—	—	100	97.4	129.4	136.3	132.9	125.3	121.9
SLOVENIA ^{xx}	—	—	100	115.4	122.7	120.4	118.2	113.9	114.8
ALBANIA	—	—	100	97.6	97.0	73.9	87.2	73.8	—
BULGARIA	—	—	100	91.5	79.0	81.0	79.1	79.7	82.5
ROMANIA ^s	—	—	100	98.8	67.5	47.9	35.5	36.4	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	100	90.5	94.4	118.2	165.1	150.5	168.3
LITHUANIA	—	—	—	—	—	—	—	—	—
BELARUS	—	—	100	95.5	49.2	97.1	67.9	30.8	58.4
MOLDOVA	—	—	100	95.5	48.3	62.1	35.2	41.9	69.4
RUSSIA	—	—	—	—	—	—	—	—	—
UKRAINE	—	—	—	—	—	—	—	—	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	100	100.0	48.4	8.9	7.1	16.1	—
GEORGIA	—	—	—	—	100.0	18.3	14.5	32.9	—

14. AVERAGE ANNUAL PER CAPITA CONSUMPTION OF BREAD AND CEREALS

(kg)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	153.2	157.4	156.0	155.5	161.4	163.4	164.5	162.7	—
SLOVAKIA	—	—	153.4	158.6	158.2	147.8	142.0	142.8	138.0
HUNGARY	115.1	110.0	112.2	110.4	102.9	106.0	98.0	92.0	—
POLAND	—	—	120.5	118.4	121.1	120.6	126.4	117.8	117.6
SLOVENIA	—	127.7	105.3	100.1	97.7	100.8	108.6	105.3	104.7
ALBANIA	—	—	—	—	—	—	201.0 ^{yy}	205.0	—
BULGARIA ^{zz}	—	—	158.2	168.1	179.3	160.4	157.2	156.0	155.5
ROMANIA	172.7	143.0	157.3	158.5	145.3	146.5	159.6	158.6	—
ESTONIA	96.0	92.0	80.0	77.0	79.0	87.7	81.5	81.8	90.3
LATVIA	107.0	104.0	102.0	107.0	105.0	110.0	111.0	112.0	—
LITHUANIA	111.0	107.0	104.0	108.0	138.0	142.0	122.0	135.0	136.0
BELARUS	—	—	—	—	—	—	102.0	98.5	127.0
MOLDOVA	168.1	159.6	138.7	136.4	133.8	127.9	128.3	123.3	116.7
RUSSIA ^{zz}	—	—	95.9	96.9	100.6	103.9	107.4	110.4	—
UKRAINE	146.0	138.0	137.7	141.0	143.0	143.0	145.0	135.0	128.0
ARMENIA	—	—	148.8	147.6	146.4	156.0	132.0	—	—
AZERBAIJAN	—	—	158.5	155.3	152.4	153.9	167.2	154.0	—
GEORGIA	189.8	175.1	187.9	184.6	183.9	175.0	214.3	158.9	160.6

15. AVERAGE ANNUAL PER CAPITA CONSUMPTION OF MEAT, FISH AND THEIR PRODUCTS

(kg)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	96.1	94.9	103.4	101.9	92.2	91.2	88.8	85.5	—
SLOVAKIA ^{aaa}	—	—	88.5	88.4	80.8	73.3	68.7	68.0	68.1
HUNGARY	73.9	79.1	81.0	75.8	74.3	76.2	70.9	69.5	—
POLAND	—	—	64.3	68.9	72.1	69.5	69.8	65.6	66.8
SLOVENIA	—	67.6	54.8	59.1	52.1	46.3	59.5	56.6	56.5
ALBANIA	—	—	13.1	14.1	—	—	22.0	28.0	—
BULGARIA ^{zz}	—	—	56.7	57.1	42.7	52.4	49.7	44.1	41.7
ROMANIA	67.9	62.4	57.1	66.1	61.1	49.9	49.8	48.1	—
ESTONIA	82.0	89.0	84.0	84.0	63.0	44.9	42.5	40.3	—
LATVIA	89.0	98.0	98.0	96.0	83.0	64.0	60.0	59.0	53.9
LITHUANIA	85.0	92.0	102.0	108.0	85.0	76.0	64.0	60.0	62.0
BELARUS	—	—	102.0	100.1	91.6	87.5	77.9	65.6	61.2
MOLDOVA	69.7	77.2	76.0	76.8	68.3	56.7	47.2	39.8	40.2
RUSSIA ^{zz}	70.2	70.4	71.7	69.8	65.3	57.9	57.3	58.0	53.3
UKRAINE	78.0	84.0	87.0	86.0	77.0	60.0	50.0	47.0	42.0
ARMENIA	—	—	49.2	40.8	30.0	20.4	10.8	—	—
AZERBAIJAN	—	—	40.7	36.4	28.2	24.1	24.9	16.6	—
GEORGIA	53.6	48.8	48.5	44.6	33.0	22.3	24.3	11.9	14.6

16. AVERAGE ANNUAL PER CAPITA CONSUMPTION OF MILK AND MILK PRODUCTS

(kg)	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	236.2	252.2	259.6	256.2	242.7	214.4	190.1	191.9	190.0
SLOVAKIA	—	—	253.2	226.3	211.8	193.8	170.6	165.7	163.0
HUNGARY	166.2	182.0	189.6	169.9	167.9	159.7	145.1	141.1	—
POLAND	—	—	133.2	124.4	117.6	114.4	111.2	107.0	101.9
SLOVENIA	—	159.0	134.6	135.7	141.4	131.7	129.8	132.9	129.3
ALBANIA	—	—	128.3	152.7	—	—	54.0	57.0	—
BULGARIA ^{zz}	—	—	132.2	136.1	114.8	92.5	83.5	82.4	74.0
ROMANIA	162.9	170.6	135.9	140.1	163.3	163.7	176.9	179.5	—
ESTONIA	453.0	489.0	485.0	487.0	409.0	—	—	—	—
LATVIA	403.0	455.0	457.0	454.0	420.0	370.0	355.0	345.0	—
LITHUANIA	415.0	409.0	447.0	476.0	315.0	334.0	319.0	291.0	238.0
BELARUS	—	—	—	—	—	—	411.6	386.8	344.1
MOLDOVA	276.1	289.9	306.6	303.3	292.7	229.6	231.5	180.7	161.8
RUSSIA ^{zz}	390.9	377.6	388.6	378.4	348.5	294.2	305.1	304.5	253.7
UKRAINE	331.0	350.0	366.9	373.0	346.0	285.0	264.0	256.0	245.0
ARMENIA	—	—	459.6	448.8	303.6	216.0	188.4	—	—
AZERBAIJAN	—	—	404.4	398.2	303.7	228.1	259.8	198.7	—
GEORGIA	342.0	321.0	332.0	311.3	308.0	144.1	148.0	102.8	113.5

17. DAILY CALORIE INTAKE PER CAPITA

(calories)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	3024	3171	3243	3304	—	—	—	—	—
SLOVAKIA ^{zz}	—	—	3234	3333	3276	3126	3143	3224	—
HUNGARY	3217	3246	3499	3386	3218	3298	3126	—	—
POLAND	—	—	2891	—	2767	2744	2667	2510	2504
SLOVENIA	—	—	—	—	—	—	—	—	—
ALBANIA	—	—	3049	3115	—	—	—	2550 ^a	—
BULGARIA ^{zz}	—	—	3269	3289	2894	2801	2682	2665	2673
ROMANIA	3259	3057	2949	3038	2832	2758	2959	2872	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA ^{ccc}	2868	2747	2618	2587	2496	2315	2375	2293	—
LITHUANIA ^{ccc}	2722	2747	2752	2718	—	—	—	—	—
BELARUS	—	—	—	—	—	—	2755	2568	2803
MOLDOVA	3280	3143	2951	2969	2842	2577	2566	2322	2226
RUSSIA ^{zz}	2964	2739	2603	2590	2527	2438	2552	2427	2347
UKRAINE	—	—	3517	3597	3445	3151	3031	2765	—
ARMENIA	—	—	2540	2460	2210	2040	1690	—	—
AZERBAIJAN	—	—	2560	2439	2222	2053	2247	1973	—
GEORGIA ^{zz}	2790	2734	2718	2666	2416	2119	2554	1752	1940

a) Estimate.

b) Gross employment rate, i.e. includes employed persons over the working age.

c) Compared to the 15-64 year-old population.

d) Source: UN Economic Commission for Europe, *Economic Survey of Europe in 1995 and 1996*.

e) As percentage of labour force.

f) Data refer to last quarter of the year.

g) Data refer to year end.

h) State statistical committee estimates that take into account 'hidden unemployment' have put the 1994 unemployment rate at 8%, while a September 1994 survey of living conditions estimated an unemployment rate of 17%.

i) A Labour Force Survey using the ILO concept of unemployment showed an unemployment rate of 11.6% in the first quarter of 1995.

j) According to calculations based on Labour Force Surveys, the unemployment rate in Russia was 4.7% in 1992, 5.5% in 1993, 7.4% in 1994 and 8.3% in 1995.

k) According to a Labour Force Survey conducted in October 1994, the unemployment rate was 4.7%.

l) April and May only.

m) Source: *Belarus Economic Trends*, June 1996; July 1996.n) Source: *Ukrainian Economic Trends*, March, 1996.

o) COMECON data, 1990, except Poland.

p) Data are deflated by the overall CPI multiplied by the average of monthly indices of the referent year.

q) Data refer to Czechoslovakia.

r) Net wages.

s) Estimate calculated by the authors.

t) Estimate for the public sector.

u) Data refer to USSR.

v) Calculated using CPI deflator. Source: *Russian Economic Trends*, March 1996.w) Official monthly indices were used from August 1992. January-July indices were projected on the basis of the 1992 overall index. Source: *President's Report on the Economy*, 1996.x) Source: Government of Armenia in cooperation with UNICEF, *A Situation Analysis of Children and Women in Armenia*, 1994.

y) The monthly wage data on the public sector have been adjusted according to the results of more complete annual wage surveys.

z) Provisions related to net wages as opposed to gross wages.

aa) Compared to state government sector wages.

bb) Average monthly own-right old age pension related to average wage.

cc) Includes state price compensation benefits.

dd) Net pensions and wages.

ee) Source: World Bank, *Estonia, The Transition to a Market Economy*, 1993.ff) Source: World Bank, *Latvia, The Transition to a Market Economy*, 1993.

gg) Pensions in December compared to December wages.

hh) Pensions of old-age pensioners. Pensions for workers, excluding collective farm workers in 1980, 1985, 1989.

ii) State sector wages. January values related to the yearly average of monthly wages of the same year.

jj) January values related to January wages of the same year, which, due to delays in benefit adjustments, might be considerably different from ratio of yearly average values. Source: *President's**Report on the Economy*, 1996.

kk) Minimum pension for full retirement period.

ll) Yearly average per child allowance of a two-child couple (or the most typical group of recipients) related to average wages with-out separate price compensations.

mm) Including separate compensations.

nn) Since January 1993 the allowance has been means-tested.

oo) Compensation programme discontinued temporarily.

pp) Allowances related to net as opposed to gross wages.

qq) The family allowance for 0-16 year-olds was introduced in April 1994. From August 1994 a separate allowance was added to the base family allowance benefit which since 1995 has been retained only for children in low-income families.

rr) Allowances for 1.5-16 year-olds, including separate compensations from April 1991 to January 1994; 1991 data refer to April 1991.

ss) For 6-16 year-olds, the allowance was 6.8% of the average wage in January 1996.

tt) Source: UN Economic Commission for Europe, *Economic Survey of Europe in 1993 and 1994*.

uu) Family allowances were set at 50% of the minimum wage in 1992.

vv) Food only.

ww) Includes only certain drugs.

xx) Does not include fees.

yy) Tirana City.

zz) Source: Household Budget Surveys.

aaa) Excluding fish and fish products.

bbb) Milk and milk products in kilogram equivalents.

ccc) Source: National Food Balance Sheets.

F. INCOME STRUCTURE, DISTRIBUTION AND POVERTY

I. INDEX OF PER CAPITA REAL INCOME ^a

(1989 = 100)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	100.0	98.9	87.5	82.1	82.2	85.1	90.1 ^b
SLOVAKIA	—	—	100.0	97.2	69.9	72.0	73.6	77.1	—
HUNGARY	86.9	95.0	100.0	98.2	96.5	92.4	87.2	90.0	—
POLAND	—	—	100.0	84.9	89.6	89.0	88.3	91.0	—
SLOVENIA	—	93.4	100.0	92.9	72.6	64.2	84.2	86.3	85.5
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	100.0	96.9	59.1	63.6	60.5	53.7	49.0 ^b
ROMANIA ^c	—	—	100.0	112.3	93.7	80.7	—	—	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	—	—	—	—	—	—	—
LITHUANIA ^d	—	—	—	100.0	72.9	40.5	27.2	31.7	28.3
BELARUS	—	—	100.0	112.0	112.1	89.7	—	79.4	62.7
MOLDOVA	—	—	100.0	98.2	80.5	57.5	55.4	42.4	36.5
RUSSIA	—	—	100.0	114.6	105.3	61.7	68.0	79.0	78.3
UKRAINE	—	—	100.0	111.0	93.0	65.0	35.0	31.0	29.0
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	100.0	90.5	90.2	77.9	65.2	55.3	—
GEORGIA ^d	88.9	104.6	109.1	100.0	79.2	77.2	—	—	—

2. INCOME STRUCTURE BY INCOME SOURCES

(%)

		Wages	Self Empl.	Pensions	Child Benefits	Other Transfers	Property Income	Other Incomes
CZECH REPUBLIC	1989	—	—	—	—	—	—	—
	1992	60.9	8.6	19.1	2.9	6.7	0.3	1.4
SLOVAKIA	1989	79.5 ^e	—	6.9	—	8.7	—	4.9
	1995	63.6 ^e	16.7	8.5	6.0	1.5	—	3.7
HUNGARY	1989	62.8 ^e	8.9	16.0	7.9	2.2	0.2	1.9
	1994	51.5 ^e	11.6	22.4	6.6	0.8	0.3	4.1
POLAND	1989	56.4	18.9 ^f	14.7	5.4	1.4	— ^g	3.3
	1994	38.8	15.2 ^f	22.3	2.7	3.0	0.2 ^g	4.8
SLOVENIA ^h	1989	67.8	5.4	9.4	—	1.5	1.0	14.9
	1995	52.3	7.0	20.0	—	3.3	2.0	15.4
ALBANIA		—	—	—	—	—	—	—
BULGARIA	1989	56.5 ^e	15.6	16.6	3.6	1.1	0.4	6.2
	1995	41.0 ^e	30.5	14.4	2.0	0.8	0.6	10.7
ROMANIA	1989	67.7	8.8	6.4	4.5	1.6	— ⁱ	10.8
	1995	46.9	4.8	13.4	1.2	2.4	— ⁱ	31.3
ESTONIA	1992	58.8	4.9	6.8	5.2	0.9	—	17.0
	1995	54.3	4.7	10.6	3.0	0.6	—	13.9
LATVIA	1989	74.0	6.1	6.1	0.1	2.4	1.4	8.6
	1994	66.7	6.1	10.6	3.7	2.2	0.9	9.8
LITHUANIA	1989	68.7	9.3	8.1	0.1	3.0	—	10.9
	1994	62.2	13.8	12.1	0.5	1.7	1.0	8.8
BELARUS	1989	72.6	5.5	9.2	1.6	1.9	—	9.2
	1995	67.5	2.5	22.5	1.0	3.0	0.5	4.0
MOLDOVA	1989	66.1	0.1	7.1	0.1	4.1	14.9	7.5
	1995	40.0	—	3.3	1.2	1.2	37.2	17.1
RUSSIA	1989	75.2	3.1 ^f	10.4	— ^j	3.1	1.6	6.6
	1995	39.5	4.3 ^f	9.9	— ^j	2.5	5.2	38.6 ^k
UKRAINE	1989	63.5 ^l	10.1 ^f	16.3	— ^m	—	—	10.1
	1992	58.0 ^l	20.1 ^f	11.2	— ^m	—	—	10.6
ARMENIA	1989	71.3	—	9.3	0.1	0.8	4.2	14.3
	1993	31.8	—	31.8	2.9	0.1	9.5	51.5
AZERBAIJAN	1989	68.1	7.4	10.9	—	—	0.3	8.0
	1994	40.6	—	3.8	1.5	0.4	0.7	52.9
GEORGIA	1989	61.1	0.1	12.5	0.2	0.4	—	25.7
	1995	21.4	—	6.1	—	0.8	—	71.7

3. INDEX OF INCOME INEQUALITY

(Gini coefficient of net per capita household income, %)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC ⁿ	—	—	18.5	20.1	22.2	21.0	21.4	23.4	—
SLOVAKIA	—	—	19.5	19.1	19.9	20.3	22.9	22.5	—
HUNGARY	—	—	21.4	—	20.5	—	23.0	—	—
POLAND	—	—	24.9	23.0	26.0	27.0	29.0	30.0	32.1
SLOVENIA	—	—	23.7	—	21.0	22.0	25.0	—	—
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	—	25.0	28.0	32.0	35.0	37.0	38.0
ROMANIA	—	—	23.5	22.9	25.6	26.7	28.2	28.4	—
ESTONIA	—	—	27.7	—	—	34.3	35.6	38.6	30.7 ^o
LATVIA	—	—	25.0	—	26.0	32.0	—	—	—
LITHUANIA	—	—	27.5	25.0	—	38.9	39.4	36.0	34.5
BELARUS	—	—	—	—	—	—	21.4	25.4	26.1
MOLDOVA	—	—	26.7	—	26.0	—	—	40.0	—
RUSSIA	—	—	—	—	26.0	28.9	39.8	40.9	38.1
UKRAINE	—	—	24.0	—	18.9	27.4	—	—	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	—	—	—	—	—	—	—
GEORGIA	—	—	—	—	—	—	—	—	—

4. FOOD SHARE

(% of consumption expenditures spent on food)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	34.9	33.0	31.9	33.3	33.6	32.2	31.9	31.3
SLOVAKIA	—	—	31.4	30.2	33.5	32.8	32.4	35.3	35.1
HUNGARY	—	—	31.6	—	33.7	—	33.8	34.0	—
POLAND	—	—	49.2	51.8	45.8	43.5	44.2	42.8	40.7
SLOVENIA	—	33.2	29.1	29.7	31.6	32.9	27.4	28.7	25.9
ALBANIA	—	—	—	—	—	—	78.8 ^b	72.0 ^b	—
BULGARIA	—	—	42.5	40.6	52.1	47.4	46.6	48.5	49.7
ROMANIA	49.9	53.4	54.7	57.2	55.4	58.6	61.8	63.8	60.2
ESTONIA ^p	—	—	—	—	—	31.9	31.9	29.2	31.0
LATVIA	32.5	32.0	36.0	33.8	42.5	53.7	50.5	51.5	—
LITHUANIA	41.4	35.4	35.0	34.1	38.6	60.0	61.9	57.3	56.6
BELARUS	—	—	37.5	33.7	35.7	39.0	49.3	57.2	61.6
MOLDOVA	43.6	42.8	40.4	38.3	42.2	50.5	58.6	62.1	65.2
RUSSIA	42.5	40.8	38.0	36.1	38.4	47.1	46.3	46.8	51.9
UKRAINE	—	36.6	39.0	32.8	43.8	45.6	57.4	64.7	—
ARMENIA	—	—	46.4	47.7	56.2	70.5	71.8	—	—
AZERBAIJAN	—	—	57.2	53.4	57.4	63.6	68.7	74.3	76.0
GEORGIA	38.1	35.9	38.2	35.6	46.8	62.6	65.1	82.0	77.0

5. PERCENTAGE OF WAGE EARNERS WITH WAGE BELOW 50% OF THE AVERAGE WAGE

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	5.8	3.2	4.9	6.0	9.2	—	—
SLOVAKIA	—	—	3.9	—	—	—	—	—	—
HUNGARY	—	6.0	—	13.3	—	13.9	14.9	15.2	—
POLAND	—	—	4.2	—	6.7	7.5	8.9	11.8	—
SLOVENIA	—	—	6.3	7.3	—	8.6	9.6	10.3	10.3
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	—	5.4	9.0	—	10.2	—	—
ROMANIA	—	—	4.4	—	4.2	—	—	—	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	10.5	—	10.8	19.2	18.0	19.7	21.4
LITHUANIA	—	—	11.5	—	—	18.5	—	19.8	—
BELARUS	—	—	9.3	—	—	21.2	23.2	—	—
MOLDOVA	—	—	11.5	—	—	30.1	37.0	21.4	30.4
RUSSIA	—	—	11.9 ^q	12.1	19.5	27.0	36.4	33.0	—
UKRAINE	—	—	7.6	—	6.1	10.1	22.8	33.9	36.5
ARMENIA	—	—	10.4	—	—	21.4	22.5	—	—
AZERBAIJAN	—	—	—	—	—	—	—	—	—
GEORGIA	—	—	—	—	—	—	—	—	—

6. PERCENTAGE OF PENSIONERS WITH PENSION BELOW 50% OF THE AVERAGE WAGE

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	59.8	53.9	46.3	60.1	62.5	64.3	72.3
SLOVAKIA	—	—	64.6	59.8	54.9	66.4	71.6	66.4	74.2
HUNGARY	61.0	36.7	40.9	28.5	34.7	43.1	37.9	36.1	37.2
POLAND	—	—	62.6	51.9	42.5	31.3	39.4	42.6	48.1
SLOVENIA	—	—	—	—	—	—	—	—	—
ALBANIA	—	—	—	—	—	—	100.0 ^o	—	—
BULGARIA	—	—	62.7	36.8	—	67.0	100.0	99.2	94.9
ROMANIA	—	—	62.5	—	89.1	83.3	—	—	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	—	—	—	—	—	41.3	—
LITHUANIA	—	—	—	—	—	—	—	—	—
BELARUS	—	—	—	—	—	—	—	—	—
MOLDOVA	—	—	—	—	—	—	—	—	—
RUSSIA ^r	20.7	15.6	27.1	24.5	43.1	22.8	14.6	6.6	—
UKRAINE	—	—	—	—	—	19.0	51.0	100.0	96.0
ARMENIA	—	—	78.3	—	77.3	12.9	23.4	—	—
AZERBAIJAN	—	—	—	—	—	—	—	—	—
GEORGIA	—	—	—	—	—	—	—	—	—

7. REPORTED NUMBER OF CASES OF REGULAR SOCIAL ASSISTANCE ^s

(per 10,000 population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC ^t	—	—	94.7	101.2	188.0	258.6	690.5	1041.2	—
SLOVAKIA ^u	—	—	40.7	39.1	249.2	628.6	1026.1	1430.5	929.6
HUNGARY ^v	92.8	93.8	116.4	132.9	162.7	226.1	355.3	521.6	622.6
POLAND ^w	—	—	272.5	281.1	313.4	364.9	409.8	468.5	—
SLOVENIA ^x	—	—	40.5	52.0	46.7	57.2	154.5	172.2	179.3
ALBANIA	—	—	—	—	—	—	951.0 ^y	—	—
BULGARIA ^z	—	—	915.1	934.3	975.1	1066.3	1088.9	998.5	—
ROMANIA	—	—	—	—	—	—	—	—	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA ^{aa}	—	—	—	—	—	77.0	1572.0	2776.0	2509.0
LITHUANIA	—	—	—	—	—	—	—	—	—
BELARUS	—	—	—	—	—	—	—	—	—
MOLDOVA	—	—	—	—	—	—	—	—	—
RUSSIA	—	—	—	—	—	991.1 ^{bb}	—	—	—
UKRAINE	—	—	—	—	—	—	262.0	231.0	353.0
ARMENIA ^{cc}	—	—	14.7	18.2	42.6	50.1	64.5	—	—
AZERBAIJAN	—	—	—	—	—	—	—	—	—
GEORGIA ^{dd}	—	—	8.4	10.8	15.5	47.4	133.8	269.7 ^{ee}	—

8. REPORTED NUMBER OF CASES OF OCCASIONAL SOCIAL ASSISTANCE ^{ff}

(per 10,000 population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC ^{gg}	—	—	241.3	215.5	592.5	509.9	540.7	513.0	—
SLOVAKIA	—	—	83.4	60.6	38.4	165.8	219.3	228.7	—
HUNGARY ^{hh}	185.1	427.6	792.6	845.7	962.2	1306.5	2114.9	2075.4	2382.4
POLAND ⁱⁱ	—	—	262.1	571.0	448.7	456.3	738.4	769.7	—
SLOVENIA	—	—	203.5	181.1	119.1	88.5	80.0	196.4	237.4
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA ^{jj}	—	—	388.4	516.1	1088.7	1022.1	982.3	895.8	—
ROMANIA	—	—	—	—	—	—	—	—	—
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA ^{kk}	—	—	—	—	—	406.0	368.0	3030.0	5567.0
LITHUANIA	—	—	—	—	—	—	—	—	—
BELARUS	—	—	—	—	—	—	—	—	—
MOLDOVA	—	—	—	—	—	—	600.0	850.0	1372.0
RUSSIA	—	—	—	—	—	2200.0 ^{ll}	—	—	—
UKRAINE	—	—	—	—	—	93.0	414.0	575.0	—
ARMENIA ^{mm}	—	—	3.9	3.4	7.5	8.0	8.1	14.9	—
AZERBAIJAN	—	—	—	—	—	—	—	—	—
GEORGIA	—	—	31.1	32.7	43.0	71.1	158.4	309.7	—

- a) Source: Household Budget Surveys and National Accounts.
 b) Preliminary estimate.
 c) Assuming 1989=100, National Account data on per capita consumption gave an index of 83.8 for 1992, 80.8 for 1993 and 85.1 for 1994.
 d) 1990=100.
 e) Includes income from cooperatives.
 f) Includes income from private agriculture.
 g) Included in part in 'other incomes' and in part in 'self-employment incomes'.
 h) Net personal available income equals 100%.
 i) Included in 'other income' (which also contains income in-kind).
 j) Included in 'other transfers'.
 k) This comprises wages not reported to statistical agencies, income from currency speculation, etc.
 l) Includes income of collective farmers.
 m) Included in pensions.
 n) Data are from the Household Budget Survey, which excludes income in-kind and does not cover the entire population, but only that of employee, farmer and pensioner households. The 1992 micro census showed considerably higher inequalities with 25.3% Gini coefficient.
 o) According to experts in Estonia, part of the decrease in income inequality in 1995 may be due to changes in the sample population and survey methodology.
 p) Cash food expenditures compared to all expenditures.
 q) Data refer to December 1989.
 r) Data refer to the year-end percentage of old-age pensioners with minimum pensions. In January 1993, 23% of old-age pensioners and 63% of recipients of survivors' pensioners received minimum pensions.
 s) 'Regular social assistance' refers to persons or households that receive cash assistance (not based on social insurance) for a number of reasons: e.g. low income, expired unemployment benefit, maternity, parental and sick-child leaves, child-rearing, education, care for the elderly (including social pensions if provided on social assistance basis) and disabled or ill persons. The data also include cases of regular in-kind assistance, such as access to basic health services, exemptions or reductions for child care, subsidized school meals, food aid and rent and utilities support. It is inevitable that these data include 'double-counting' and should be interpreted thus. As the social assistance systems in transition countries are evolving at different speeds and directions, cross-national data should be compared with caution.
- t) Including cash payments for unemployed with expired benefits (82,284 cases in 1994), child-related benefits, and benefits for the elderly, sick and disabled; including the following in-kind benefits in 1994: targeted rent support and home services for the elderly.
 u) Including cash payments for unemployed with expired benefit (147,101 cases in 1995), child-related benefits, assistance for the elderly and state-provided alimony payments. In-kind benefit data are unavailable.
 v) For the unemployed with terminated benefits, the Social Act of January 1993 introduced a new regular form of assistance (195,120 cases in 1994).
 w) Including cash payments for assistance due to low income, child-related benefits, benefits for the elderly, sick and disabled and alimony support payments. The number of cases of in-kind benefits totaled 1.65 million in 1994.
 x) Including cash payments for assistance due to low income and the following in-kind benefits: exemptions from (or reductions of) fees for pre-school education, subsidized school meals or milk for children in compulsory education and targeted rent support.
 y) Data refer to only in-kind assistance.
- z) Including cash payments for assistance due to low income, child-related benefits, benefits for the elderly, sick and disabled and alimony support payments. Regular aid-in-kind includes fee exemptions for pre-school education, subsidized meals in compulsory education, people receiving meals or food stamps and home services for the elderly.
 aa) Including only cash benefits for low-income support and the number of elderly receiving a social pension.
 bb) Data from a one-time survey showing that 10.2 million pensioners, 2.5 million families with children and 2 million students received additional payments from local administrations.
 cc) Number of people receiving social pensions.
 dd) Number of people receiving in-kind benefits.
 ee) Besides regular in-kind assistance, 29,100 people also received regular cash aid and 5,400 social pensions.
 ff) 'Occasional social assistance' refers to persons or households that receive occasional cash and in-kind benefits (not based on social insurance) for income support or for educational support, medicine, etc. It is inevitable that these data should include 'double-counting' and should be interpreted thus. As the social assistance systems in transition countries are evolving at different speeds and directions, cross-national data should be compared with caution.
 gg) Refers only to cases of cash aid to families with children and to the elderly.
 hh) Including both cash and in-kind assistance.
 ii) Refers only to cases of in-kind assistance.
 jj) Including cash assistance and the following in-kind support: textbooks and uniforms for children in compulsory education, medicine and transportation.
 kk) Including cash assistance (although accounting for 18% of total cases in 1994) and in-kind assistance.
 ll) Free or reduced-price meals supplied by local administrations.
 mm) Cash benefits only.

G. CHANGES IN THE WELFARE OF CHILDREN AND ADOLESCENTS

I. BIRTHS ATTENDED BY HEALTH PERSONNEL

(%)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
SLOVAKIA	—	—	100.0	100.0	100.0	100.0	100.0	100.0	100.0
HUNGARY	99.0	99.0	99.4	99.4	99.4	99.5	99.4	99.5	99.0
POLAND	—	—	99.6	99.6	99.6	99.6	99.6	99.7	—
SLOVENIA	98.9	99.3	99.6	99.6	99.6	99.5	99.7	99.7	99.7
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	99.3	99.1	99.5	99.8	99.0	99.0	98.9
ROMANIA	99.5	99.8	99.9	99.8	99.9	99.7	98.9	99.0	99.0
ESTONIA	—	—	—	—	—	—	—	—	—
LATVIA	—	—	100.0	100.0	100.0	100.0	100.0	100.0	100.0
LITHUANIA	—	—	100.0	100.0	100.0	100.0	100.0	100.0	100.0
BELARUS	—	—	99.9	99.9	99.9	99.9	99.9	99.9	99.9
MOLDOVA	—	—	—	—	—	—	—	—	—
RUSSIA	99.1	99.1	99.2	99.2	99.2	99.1	99.1	99.1	99.1
UKRAINE	99.9	99.9	99.9	99.9	99.9	99.1	99.1	99.1	99.0
ARMENIA	—	—	99.7	99.7	99.7	98.3	95.5	93.3	—
AZERBAIJAN	—	—	97.3	97.3	97.2	96.5	96.3	99.6	99.7
GEORGIA	98.0	98.3	94.6	96.6	91.3	91.1	90.8	—	—

2. IMMUNIZATION RATES

(% of children under 2 years)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	DPT 99.1 Polio 99.0 Measles 99.0	99.2 99.0 99.0	99.1 99.0 99.3	99.2 98.7 99.5	99.3 98.7 99.2	99.2 98.8 99.3	99.2 99.0 98.0	99.3 99.0 98.0	97.0 98.0 97.0
SLOVAKIA	DPT 98.9 Polio 98.3 Measles 98.3	99.2 98.9 98.8	99.1 98.8 98.9	99.4 99.0 98.5	99.7 99.2 98.0	99.3 98.6 96.2	99.1 98.6 97.9	98.9 98.6 97.8	99.1 98.6 97.4
HUNGARY	DPT 98.9 Polio 99.0 Measles 99.0	99.2 99.4 99.4	99.9 98.5 99.9	99.9 98.6 99.0	99.9 98.6 99.2	99.9 98.6 99.1	99.9 99.9 99.8	99.9 99.9 99.8	99.9 99.9 99.9
POLAND	DPT ^a — Polio 95.6 Measles 91.5	— 94.3 91.6	— — —	89.1 95.7 94.6	88.5 94.4 93.5	87.7 94.5 94.9	88.5 95.0 95.3	89.0 95.5 95.6	89.9 90.3 96.0
SLOVENIA	DPT — Polio — Measles —	— 95.3 89.6	97.4 96.5 90.8	97.1 96.8 92.3	97.3 97.6 90.6	97.8 98.3 90.3	98.1 98.5 89.7	98.1 98.5 91.1	97.5 97.5 93.1
ALBANIA	DPT — Polio — Measles —	— — —	99.5 — —	99.5 94.0 96.0	99.4 — —	97.9 96.5 87.2	97.7 — —	93.3 — —	94.8 — —
BULGARIA	DPT — Polio — Measles —	— — —	79.3 99.7 99.6	75.5 99.7 99.6	77.3 99.0 97.8	86.8 98.8 92.2	97.6 97.0 87.9	97.6 93.9 93.3	— 96.7 94.4
ROMANIA	DPT — Polio — Measles —	— — —	79.3 89.4 86.2	75.5 80.5 93.0	77.3 83.5 87.6	86.8 92.3 90.8	97.6 90.7 90.2	97.6 91.0 90.1	— — —
ESTONIA	DPT — Polio — Measles —	— — —	— — —	— — —	— — —	79.5 83.8 74.8	82.3 84.4 76.1	— 86.5 76.1	— — —
LATVIA	DPT ^{bc} — Polio ^a — Measles —	— — —	81.1 83.6 89.4	83.5 85.6 89.1	82.8 84.1 89.4	83.5 64.5 68.4	78.8 80.9 78.7 ^b	72.4 59.3 66.4 ^b	71.8 76.3 75.5 ^b
LITHUANIA	DPT ^a — Polio — Measles —	— 84.7 —	81.9 86.6 92.2	78.4 77.1 89.0	74.9 79.7 85.7	87.2 88.2 89.0	86.8 86.3 91.8	87.2 87.9 92.7	97.3 89.3 93.7
BELARUS	DPT ^{ab} — Polio — Measles —	— — —	93.8 90.0 90.0	92.4 89.9 89.9	87.7 89.9 89.9	88.1 89.9 89.9	89.4 90.5 90.5	89.5 92.1 92.1	93.9 86.8 86.8
MOLDOVA	DPT ^b — Polio ^b — Measles ^b —	— — —	95.0 92.0 94.0	96.0 91.0 94.0	89.0 89.0 93.0	88.0 68.0 91.0	88.0 68.0 92.0	90.0 90.0 95.0	— — —
RUSSIA	DPT ^{ab} 82.7 Polio ^a — Measles ^a —	68.5 — —	68.8 68.6 82.0	72.6 69.3 81.1	79.2 71.5 78.7	88.0 61.1 82.6	95.0 82.2 88.2	— 87.5 91.3	95.0 95.0 95.0
UKRAINE	DPT — Polio — Measles —	— — —	— 41.0 44.7	— 41.6 45.7	— 35.1 37.1	65.5 44.6 46.6	82.7 85.4 94.3	95.6 85.4 95.5	95.8 — 97.6
ARMENIA	DPT ^{bc} — Polio — Measles —	— — —	94.5 81.5 93.1	94.8 82.3 93.3	80.7 83.0 91.8	77.4 85.2 91.9	82.1 85.3 91.9	— — —	— — —
AZERBAIJAN	DPT ^a — Polio — Measles —	— — —	91.0 97.0 88.0	92.0 96.0 83.0	93.0 98.0 70.0	79.0 96.0 66.0	90.0 94.0 28.0	90.0 94.0 91.0	91.0 93.0 85.0
GEORGIA ^d	DPT 42.5 Polio 39.8 Measles 37.3	41.9 39.8 36.4	31.1 36.6 34.8	36.2 38.8 37.1	30.4 32.5 28.5	0.5 36.7 9.1	24.4 38.5 36.6	30.0 36.7 26.5	— — —

3. LOW BIRTH WEIGHT

(% of live births)

	1979-81 ^e	1982-87 ^e	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	6.1 ^f	6.0 ^f	5.2	5.5	5.9	5.7	5.6	5.5	5.5
SLOVAKIA	—	—	5.6	5.8	6.1	6.5	6.4	6.7	6.5
HUNGARY	12.0	10.0	9.2	9.3	9.3	9.0	8.6	8.7	8.3
POLAND	8.0	8.0	7.6	8.1	8.0	7.9	7.9	7.2	6.7
SLOVENIA	—	6.2	5.5	5.2	5.7	5.8	5.5	5.4	5.2
ALBANIA	—	7.0	6.8	6.5	6.3	5.8	5.6	—	—
BULGARIA	—	6.0	6.2	6.4	7.4	7.7	8.3	7.5	8.0
ROMANIA	—	6.0	7.3	7.1	7.9	8.2	10.9	8.6	8.8
ESTONIA	—	—	4.0	—	—	4.9	4.3	5.0	—
LATVIA	4.5	4.7	4.5	4.6	4.5	4.9	5.1	5.1	4.9
LITHUANIA	—	—	3.8	3.7	4.1	4.4	4.4	4.3	4.2
BELARUS	—	—	4.2	4.3	4.3	4.3	4.6	4.9	5.0
MOLDOVA	—	—	7.4	5.8	5.9	5.7	5.7	5.9	6.3
RUSSIA	5.3	5.6	5.7	5.7	5.7	5.9	6.1	6.2	6.3
UKRAINE	—	—	5.3	—	—	—	—	—	—
ARMENIA	—	—	6.8	6.5	6.7	7.7	7.4	—	7.6
AZERBAIJAN	—	—	5.6	5.3	4.9	5.2	5.4	5.5	—
GEORGIA	5.3	5.5	5.3	4.9	8.6	5.8	5.8	7.3	—

4. INFANT MORTALITY RATE

(per 1,000 live births)

	1980 ^g	1985 ^g	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	18.4 ^f	14.0 ^f	10.0	10.8	10.4	9.9	8.5	7.9	7.7
SLOVAKIA	—	—	13.5	12.0	13.2	12.6	10.6	11.2	11.0
HUNGARY	23.2	20.4	15.7	14.8	15.6	14.1	12.5	11.5	10.7
POLAND ^h	25.5	22.0	19.1	19.3	18.2	17.3	16.1	15.1	13.6
SLOVENIA	15.3	13.1	8.2	8.4	8.3	8.9	6.8	6.5	5.5
ALBANIA	50.3	30.1	30.8	28.3	32.9	30.9	33.2	43.2	—
BULGARIA	20.2	15.4	14.4	14.8	16.9	15.9	15.5	16.3	14.8
ROMANIA	29.3	25.6	26.9	26.9	22.7	23.3	23.3	23.9	21.2
ESTONIA ⁱ	17.1	14.1	14.8	12.4	13.4	15.8	15.8	14.5	14.8
LATVIA ^j	15.4	13.0	11.1	13.7	15.6	17.4	15.9	15.5	18.2
LITHUANIA ^j	14.4	14.2	10.7	10.3	14.3	16.5	15.6	13.9	12.4
BELARUS ^k	16.3 ^l	14.5 ^l	11.8	11.9	12.1	12.3	12.5	13.2	13.3
MOLDOVA	35.0 ^l	30.9 ^l	20.4	19.0	19.8	18.4	21.5	22.6	21.2
RUSSIA ^m	22.0	20.8	17.8	17.4	17.8	18.0	19.9	18.6	17.6
UKRAINE	16.6	15.7	13.0	12.8	13.9	14.0	14.9	14.5	14.4
ARMENIA	26.2 ^l	24.8 ^l	20.4	18.3	18.0	18.9	17.8	14.7 ⁿ	14.2 ⁿ
AZERBAIJAN	30.4 ^l	29.4 ^l	26.2	23.0	25.3	25.5	28.2	25.2	22.6
GEORGIA	25.4 ^o	23.9 ^o	19.6	15.8	13.7	12.4	18.3	25.2	—

5. UNDER-5 MORTALITY RATE

(per 1,000 live births)

	1980 ^e	1985 ^e	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	20.0 ^f	17.0 ^f	11.8	12.4	12.1	11.6	10.1	10.2	9.5
SLOVAKIA	—	—	15.8	14.1	15.4	14.7	12.7	13.2	13.1
HUNGARY	26.0	21.0	18.0	16.8	17.6	15.9	14.6	13.5	12.5
POLAND ^h	28.4	24.6	21.8	21.9	20.4	19.6	18.0	17.3	15.6
SLOVENIA	18.0	15.0	10.3	10.2	10.0	10.6	8.4	8.2	6.7
ALBANIA	58.0	52.0	45.5	41.5	44.5	56.8	62.9	—	—
BULGARIA	24.0	21.0	18.3	18.7	21.4	20.6	19.6	20.9	19.0
ROMANIA	36.0	31.0	34.9	35.7	30.8	30.5	30.3	29.7	26.2
ESTONIA ⁱ	—	—	18.9	17.2	17.6	21.0	20.1	17.4	20.0
LATVIA ^j	20.6	17.1	15.2	18.1	20.5	22.2	22.2	20.1	19.5
LITHUANIA ^j	18.7	18.4	14.3	13.5	17.4	20.0	19.3	18.2	16.2
BELARUS ^k	—	—	15.4	15.8	16.2	16.0	16.2	16.2	16.4
MOLDOVA	43.1	38.1	27.1	25.2	25.0	24.5	27.6	28.8	27.4
RUSSIA ^m	28.0	26.0	22.0	21.4	21.9	22.1	24.2	25.0	22.8
UKRAINE	22.2	20.8	17.6	17.3	18.5	18.7	19.9	19.6	—
ARMENIA	—	—	27.1	23.8	22.6	24.2	24.2	21.4	19.9
AZERBAIJAN	—	—	45.6	40.5	40.1	41.7	44.4	45.2	44.2
GEORGIA	—	—	24.9	19.9	17.9	17.4	—	—	—

6. CAUSE-SPECIFIC UNDER-5 MORTALITY RATES

(per 1,000 live births)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECHREPUBLIC Infectious diseases	0.19	0.08	0.09	0.13	0.10	0.11	0.08	0.14	0.08
Respiratory diseases	1.38	0.68	0.54	0.51	0.57	0.59	0.40	0.31	0.45
Accidents, poisonings & violence	2.11	1.35	1.06	1.10	1.22	1.27	1.09	1.56	0.97
Congenital malformations	5.19	4.29	3.13	3.17	2.90	2.68	2.62	2.71	2.23
SLOVAKIA Infectious diseases	—	—	0.20	0.09	0.13	0.20	0.23	0.11	0.08
Respiratory diseases	—	—	1.88	1.90	2.19	2.05	1.42	1.52	1.51
Accidents, poisonings & violence	—	—	1.16	1.14	1.21	0.90	0.98	1.02	0.70
Congenital malformations	—	—	3.56	3.59	3.58	3.62	3.03	3.15	3.20
HUNGARY Infectious diseases	0.29	0.18	0.31	0.29	0.24	0.21	0.26	0.27	0.27
Respiratory diseases	2.24	1.87	1.18	1.09	1.08	0.99	1.01	0.93	0.71
Accidents, poisonings & violence	1.40	1.06	0.98	1.02	0.91	0.82	1.06	0.62	0.93
Congenital malformations	5.44	4.96	4.02	3.76	3.95	3.52	3.49	3.42	3.03
POLANDⁿ Infectious diseases	2.20	1.30	1.09	1.12	0.96	1.04	0.87	0.77	0.71
Respiratory diseases	2.27	1.37	1.06	0.89	0.81	0.76	0.56	0.58	0.54
Accidents, poisonings & violence	1.66	1.40	1.36	1.28	1.21	1.21	1.12	1.05	1.00
Congenital malformations	5.47	5.18	4.69	4.85	4.63	4.78	4.34	4.41	4.26
SLOVENIA Infectious diseases	0.40	0.23	0.21	0.36	0.14	0.20	0.20	0.10	0.21
Respiratory diseases	1.67	1.20	0.55	0.31	0.37	0.40	0.30	0.51	0.37
Accidents, poisonings & violence	1.84	1.43	0.94	1.25	0.74	0.85	0.91	1.23	0.73
Congenital malformations	4.15	3.35	2.52	3.44	2.87	3.60	2.88	2.36	2.05
ALBANIA Infectious diseases	—	—	3.70	1.07	—	2.31	3.45	—	—
Respiratory diseases	—	—	18.53	7.35	—	23.22	27.37	—	—
Accidents, poisonings & violence	—	—	1.45	0.65	—	1.71	2.52	—	—
Congenital malformations	—	—	1.55	0.73	—	2.49	1.94	—	—
BULGARIA Infectious diseases	—	—	0.84	0.84	1.08	0.98	1.10	1.45	0.94
Respiratory diseases	—	—	4.40	4.64	5.14	4.22	4.12	4.13	4.15
Accidents, poisonings & violence	—	—	1.80	1.84	2.09	2.09	1.72	1.59	1.68
Congenital malformations	—	—	4.27	4.45	4.75	4.59	4.99	5.40	4.78
ROMANIA Infectious diseases	2.77	1.97	2.63	2.51	1.75	1.84	1.84	2.05	1.21
Respiratory diseases	14.23	12.46	12.02	13.02	10.64	9.98	10.39	10.12	8.73
Accidents, poisonings & violence	3.34	3.34	3.90	3.90	4.01	3.59	3.35	3.26	2.72
Congenital malformations	5.07	5.54	6.13	4.88	4.29	4.53	4.56	4.33	4.26
ESTONIAⁱ Infectious diseases	—	—	—	0.85	0.93	0.78	1.05	0.56	0.44
Respiratory diseases	—	—	—	1.52	1.24	1.39	1.91	1.48	1.03
Accidents, poisonings & violence	—	—	—	3.27	3.21	3.55	2.90	2.82	4.50
Congenital malformations	—	—	—	3.09	3.78	3.39	4.55	3.17	3.32
LATVIA^j Infectious diseases	1.29	1.28	1.36	1.45	1.33	2.22	1.57	1.28	1.06
Respiratory diseases	3.32	2.14	0.82	0.69	0.81	1.14	1.61	1.60	1.62
Accidents, poisonings & violence	3.29	2.54	2.75	3.11	3.38	2.85	3.96	3.95	3.80
Congenital malformations	3.66	4.96	4.37	5.80	4.74	5.29	5.38	4.33	4.02
LITHUANIA^j Infectious diseases	2.07	1.09	0.68	0.56	0.32	0.65	0.86	0.91	0.51
Respiratory diseases	3.55	2.45	0.43	0.40	0.68	0.73	1.11	1.00	0.97
Accidents, poisonings & violence	2.16	2.70	2.12	2.23	2.28	2.46	2.23	2.52	2.38
Congenital malformations	6.45	3.66	4.61	4.77	4.95	5.18	5.39	4.62	4.93
BELARUS^k Infectious diseases	—	—	1.36	1.08	1.20	1.05	1.52	1.17	1.12
Respiratory diseases	—	—	2.12	2.15	2.31	2.10	2.18	2.01	2.05
Accidents, poisonings & violence	—	—	1.56	1.77	1.95	1.94	1.96	1.98	2.21
Congenital malformations	—	—	4.13	4.26	4.42	4.66	4.49	4.44	4.92
MOLDOVA Infectious diseases	5.35	5.34	2.59	2.30	1.67	1.85	2.12	2.80	2.25
Respiratory diseases	19.49	12.01	6.29	6.27	6.68	5.79	7.66	8.65	7.16
Accidents, poisonings & violence	5.60	5.43	4.54	3.79	4.04	4.29	4.71	4.27	4.08
Congenital malformations	5.24	4.95	4.83	4.99	4.93	4.51	4.85	4.74	4.59
RUSSIA^m Infectious diseases	3.67	4.93	1.91	1.65	1.55	1.45	1.75	1.58	1.45
Respiratory diseases	7.43	3.33	2.31	1.92	2.04	2.00	2.36	2.03	1.98
Accidents, poisonings & violence	2.72	2.56	2.34	2.44	2.72	3.04	3.26	3.02	2.93
Congenital malformations	4.06	4.19	4.17	4.20	4.38	4.32	4.63	4.57	4.50
UKRAINE Infectious diseases	2.07	1.88	1.30	1.02	1.16	1.19	1.41	1.42	—
Respiratory diseases	6.68	3.86	2.12	1.98	1.98	1.90	2.17	1.94	—
Accidents, poisonings & violence	2.34	2.23	2.36	2.32	2.60	2.62	2.61	2.68	—
Congenital malformations	5.08	4.96	4.48	4.38	4.53	4.52	5.02	5.12	—
ARMENIA Infectious diseases	—	—	4.04	4.17	3.73	4.73	3.73	3.24	—
Respiratory diseases	—	—	8.66	6.61	5.63	6.43	6.49	5.70	—
Accidents, poisonings & violence	—	—	2.98	2.49	2.38	2.68	2.78	2.40	—
Congenital malformations	—	—	2.94	2.80	3.14	2.65	2.49	2.80	—
AZERBAIJAN Infectious diseases	—	—	8.10	6.95	4.67	4.42	5.64	5.94	5.81
Respiratory diseases	—	—	21.69	20.52	22.94	24.08	25.75	24.49	23.96
Accidents, poisonings & violence	—	—	2.38	2.16	2.32	2.67	2.50	2.40	2.34
Congenital malformations	—	—	3.26	2.95	2.31	2.42	2.46	2.43	2.38
GEORGIA Infectious diseases	—	—	3.11	2.00	1.77	1.82	—	—	—
Respiratory diseases	—	—	10.65	7.29	6.47	6.44	—	—	—
Accidents, poisonings & violence	—	—	2.01	1.62	1.17	1.34	—	—	—
Congenital malformations	—	—	1.24	0.93	0.74	0.30	—	—	—

*** 7. AGE 5-19 MORTALITY RATE**

(per 1,000 relevant population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	0.43	0.37	0.33	0.35	0.38	0.36	0.37	0.37	0.39
SLOVAKIA	—	—	0.36	0.37	0.38	0.36	0.35	0.35	0.34
HUNGARY	0.46	0.39	0.41	0.44	0.39	0.40	0.35	0.35	0.36
POLAND	0.48	0.39	0.41	0.40	0.41	0.39	0.36	0.37	0.36
SLOVENIA	0.50	0.41	0.39	0.35	0.35	0.36	0.33	0.44	0.38
ALBANIA	—	—	0.64	0.64	0.68	0.61	0.53	—	—
BULGARIA	—	—	0.50	0.53	0.51	0.52	0.50	0.50	0.50
ROMANIA	0.63	0.62	0.64	0.60	0.57	0.53	0.55	0.61	0.62
ESTONIA	—	—	—	0.73	0.65	0.68	0.67	0.67	0.66
LATVIA	0.76	0.74	0.79	0.85	0.79	0.75	0.77	0.67	0.59
LITHUANIA	0.70	0.60	0.66	0.58	0.68	0.60	0.62	0.62	0.54
BELARUS	—	—	0.54	0.52	0.58	0.57	0.51	0.56	0.54
MOLDOVA	0.73	0.64	0.68	0.60	0.66	0.72	0.65	0.70	0.63
RUSSIA	0.75	0.68	0.69	0.69	0.74	0.76	0.83	0.81	0.80
UKRAINE	0.62	0.58	0.59	0.57	0.62	0.61	0.62	0.65	—
ARMENIA	—	—	0.35	0.26	0.21	0.23	0.20	0.60	0.38
AZERBAIJAN	—	—	0.52	0.48	0.56	0.94	0.94	1.12	0.99
GEORGIA	—	—	0.44	0.42	0.42	0.44	—	—	—

8. AGE 5-19 MORTALITY RATE DUE TO ACCIDENTS, POISONING AND VIOLENCE

(per 10,000 relevant population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC ^q	1.80	1.60	1.40	1.70	1.80	2.00	1.90	2.30	1.60
SLOVAKIA ^q	—	—	1.10	0.80	1.50	2.10	2.20	1.80	1.90
HUNGARY	2.30 ^q	2.20 ^q	1.91	2.14	1.88	1.96	1.46	1.57	1.49
POLAND ^q	2.60	2.10	2.30	2.40	2.50	2.30	2.10	2.30	2.20
SLOVENIA	2.80 ^q	2.70 ^q	2.12	1.97	2.12	1.79	2.20	3.20	2.40
ALBANIA	—	—	1.57	0.54	—	2.22	1.88	—	—
BULGARIA	—	—	2.01	2.30	1.98	2.26	2.09	2.08	2.20
ROMANIA	—	—	2.77	2.91	2.93	2.54	2.65	—	2.80
ESTONIA ^q	—	—	—	5.20	4.70	4.70	4.50	5.10	4.70
LATVIA ^q	—	—	5.20	5.30	5.60	5.60	5.50	4.60	4.70
LITHUANIA	3.80	4.48	3.82	3.46	4.26	3.79	3.66	3.51	2.98
BELARUS	—	—	3.03	2.82	3.47	3.11	2.69	3.10	3.50
MOLDOVA	3.87	3.50	4.10	3.01	3.70	4.39	3.26	3.53	2.83
RUSSIA	—	—	4.88	4.93	5.42	5.64	6.40	6.24	—
UKRAINE	3.50	1.60	3.60	3.54	3.75	3.70	3.58	3.85	—
ARMENIA	—	—	2.55	2.16	1.62	2.03	2.23	—	—
AZERBAIJAN	—	—	1.78	1.82	1.93	5.43	5.06	6.38	5.66
GEORGIA ^q	—	—	1.50	1.40	1.70 ^r	2.20 ^r	—	—	—

9. AGE 5-19 SUICIDE RATE

(per 100,000 relevant population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	4.0 q	3.0 q	2.3	2.3	3.6	2.9	3.2	3.7	4.6
SLOVAKIA	—	—	2.4	2.2	3.1	1.8	2.5	—	3.0
HUNGARY	5.0 q	3.0 q	4.3	4.5	3.5	5.0	4.2	4.4	3.9
POLAND	3.0 q	3.0 q	2.2	2.4	2.7	2.7	3.1	3.2	4.0
SLOVENIA	6.0 q	5.0 q	3.4	2.7	3.7	4.2	7.0	6.0	6.0
ALBANIA	—	—	5.0	4.0	—	1.6	1.5	—	—
BULGARIA	—	—	4.0	3.7	3.6	3.8	4.4	4.0	4.0
ROMANIA	—	—	2.3	2.3	1.8	2.1	2.1	—	2.2
ESTONIA	—	—	—	5.0	5.3	6.9	8.2	7.6	6.0
LATVIA	—	—	5.5	5.8	5.2	6.7	6.8	6.0	6.0
LITHUANIA	6.5	5.2	5.0	3.7	4.9	5.3	5.6	7.2	6.8
BELARUS	—	—	3.0	2.8	3.5	5.3	3.9	4.5	5.0
MOLDOVA	2.2	2.4	—	2.6	3.3	3.8	4.5	3.8	2.5
RUSSIA	4.0	4.6	4.9	5.7	5.9	6.2	7.4	8.0	7.0
UKRAINE	—	—	3.5	3.4	3.6	3.8	4.1	4.3	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	0.5	0.6	0.6	0.7	0.7	0.2	0.2
GEORGIA q	—	—	1.0	1.0	1.0	1.0	—	—	—

10. PRE-PRIMARY ENROLMENT RATE

(% of relevant population)

	1980 s, t	1985 s, t	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC s	84.0 f	84.0 f	99.3	89.7	82.8	86.0	88.3	88.6	88.6
SLOVAKIA	—	—	91.5	83.7	75.7	78.1	78.0	74.9	70.8
HUNGARY	96.0	91.0	85.7	84.9	85.9	86.5	86.6	86.1	86.9
POLAND u	55.0	51.0	48.7	47.1	43.9	42.6	42.7	44.3	45.3
SLOVENIA u	—	—	55.0	54.9	53.2	53.6	56.5	58.1	61.4
ALBANIA	46.0	52.0	58.0 s, t	60.0 s, t	—	—	—	—	—
BULGARIA u	104.0	93.0	75.1	73.5	62.1	65.3	62.6	64.6	67.5
ROMANIA	83.0	75.0	82.9	70.5	68.7	68.1	57.8	55.2	58.4
ESTONIA u	63.0 v	68.0 v	60.0 v	67.5	60.1	53.0	55.7	58.7	61.1
LATVIA u	55.0 v	61.0 v	62.7	54.7	46.6	36.9	35.4	37.1	47.1
LITHUANIA u	55.4	68.2	63.9	58.6	63.9	39.1	30.1	34.5	36.2
BELARUS u	—	—	83.3	83.1	81.1	75.7	75.5	80.7	82.1
MOLDOVA w	—	—	61.0	62.0	59.0	51.0	50.0	47.0	45.0
RUSSIA	64.9	68.3	69.3	66.4	63.9	56.8	57.4	55.5	54.0
UKRAINE x	57.0 v	59.9 v	61.2	57.4	54.7	51.0	49.4	44.0	—
ARMENIA y	—	—	61.2	62.9	51.4	54.0	46.0	—	—
AZERBAIJAN	19.0 v	20.0 v	19.0	18.0	17.0	16.0	16.0	16.0	16.0
GEORGIA	47.0	56.8	39.6	39.9	40.2	36.4	27.7	23.3	—

11. PRIMARY ENROLMENT RATE

(% of relevant population)

	1980 ^{t, z}	1985 ^{t, z}	1989 ^{t, z}	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC ^{aa}	92.0 ^f	99.0 ^f	98.5	99.2	99.6	99.7	99.7	99.7	98.9
SLOVAKIA ^{aa}	—	—	97.7	98.1	99.5	99.5	99.5	99.5	99.5
HUNGARY ^{bb}	95.0	97.0	99.0	99.1	99.2	99.2	99.1	99.1	99.1
POLAND	98.0	99.0	98.1	97.5	97.3	97.1	97.2	97.1	97.2
SLOVENIA ^{cc}	—	—	95.5	95.6	95.1	95.6	96.1	95.5	97.5
ALBANIA	113.0	103.0	—	89.0	87.0	84.0	85.0	—	—
BULGARIA ^{cc}	98.0	102.0	98.4	98.6	97.3	95.1	92.8	97.1	93.7
ROMANIA	102.0	98.0	97.3	95.2	95.9	93.9	93.5	99.4	99.5
ESTONIA	—	—	—	97.0	98.3	97.0	95.5	94.2	95.6
LATVIA	—	—	—	—	80.3	83.2	81.1	84.9	84.5
LITHUANIA ^s	—	—	—	91.3	—	93.6	93.5	94.1	94.9
BELARUS	—	—	91.4	94.3	94.3	93.4	94.4	93.5	94.3
MOLDOVA ^{aa}	—	—	—	—	95.0	95.0	96.0	96.0	97.0
RUSSIA ^{dd}	104.0	105.0	97.1	95.2	98.4	97.7	99.6	95.8	94.1
UKRAINE ^{aa}	—	—	99.1	98.7	98.1	97.0	99.0	96.9	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	66.0	68.0	68.0	68.0	71.0	74.0	83.0
GEORGIA	95.0	92.2	86.4	91.0	89.4	87.4	86.6	74.1	—

12. SECONDARY ENROLMENT RATE

(% of relevant population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC ^{ee}	—	—	—	79.6	79.3	88.4	88.5	88.5	97.4
SLOVAKIA	—	—	88.7	88.2	88.0	92.2	93.2	90.2	91.7
HUNGARY ^{ff}	69.0	72.0	74.9	74.5	74.6	75.5	78.2	81.4	91.1
POLAND	77.0	78.0	78.9	77.8	78.1	79.3	80.6	82.0	83.1
SLOVENIA ^{ff}	—	—	79.3	80.3	83.1	81.9	82.9	84.7	82.5
ALBANIA	67.0	72.0	—	—	—	—	—	—	—
BULGARIA ^{ff}	84.0	102.0	78.2	77.0	74.2	73.0	70.6	65.0	76.1
ROMANIA	71.0	84.0	91.1	81.9	75.4	71.3	75.2	75.5	76.9
ESTONIA ^{gg}	—	—	—	88.8	87.8	86.0	83.7	84.6	78.6
LATVIA	—	—	84.7	83.5	80.7	79.4	79.0	81.2	81.0
LITHUANIA ^s	—	—	—	93.4	—	84.5	82.7	83.3	85.4
BELARUS	—	—	88.7	86.0	85.3	83.8	84.0	84.2	84.4
MOLDOVA ^{ee}	—	—	92.0	90.0	88.0	86.0	85.0	82.0	92.0
RUSSIA ^{hh}	95.6	98.9	96.3	95.3	93.6	92.3	91.4	91.8	92.0
UKRAINE ⁱⁱ	—	—	62.2	61.2	55.2	55.8	44.8	54.8	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	76.0	76.0	77.0	77.0	75.0	76.0	68.0
GEORGIA ^{jj}	91.0	99.9	94.2	94.9	94.4	87.8	75.9	76.0	—

13. CHILDREN ADOPTED ANNUALLY

(absolute numbers)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	700	597	546	499	530	460	463	543	—
SLOVAKIA	—	—	382	395	399	369	449	415	514
HUNGARY	1,028	1,108	982	958	1,016	923	892	914	940
POLAND	—	—	4,289	4,299	3,827	3,468	3,281	3,069	2,978
SLOVENIA	—	—	154	132	141	117	103	132	74
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	1,123	1,084	928	905	1,994	2,098	2,100
ROMANIA	—	—	—	—	—	—	—	4,830	4,179
ESTONIA	—	—	—	—	—	273	318	291	296
LATVIA	—	—	589	584	641	615	469	422	387
LITHUANIA	—	—	—	—	—	332	115	308	126
BELARUS	—	—	—	397	441	464	734	656	637
MOLDOVA	—	—	—	—	—	—	—	296	338
RUSSIA	—	11,435	12,329	12,828	12,964	13,942	15,264	16,310	13,523
UKRAINE ^{kk}	—	—	6,475	5,821	6,548	6,461	6,765	7,765	7,567
ARMENIA	—	—	538	312	216	184	168	—	—
AZERBAIJAN	—	—	697	608	526	462	375	521	396
GEORGIA	—	—	—	—	—	—	—	—	—

14. CHILDREN IN FOSTER/GUARDIAN FAMILIES ^{ll}

(absolute numbers)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	5,262	5,324	5,348	5,311	5,356	5,460	—
SLOVAKIA	—	—	2,348	2,309	2,350	2,356	2,407	2,375	2,321
HUNGARY ^{mm}	8,422	7,900	8,717	8,705	8,499	8,487	8,194	8,004	7,860
POLAND	22,178	33,530	38,350	37,215	37,591	38,650	40,788	43,911	46,101
SLOVENIA	—	—	—	1,883	—	1,766	1,706	1,655	1,626
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA ⁿⁿ	—	—	—	—	—	—	—	—	—
ROMANIA	—	—	5,730	—	9,141	7,549	8,252	8,342	—
ESTONIA	—	—	—	—	—	—	2,414 ^{oo}	—	2,145
LATVIA	—	—	—	—	—	—	3,253	4,570	5,451
LITHUANIA ^{pp}	—	—	4,593	4,603	4,935	5,223	5,390	5,309	5,865
BELARUS	—	—	11,440	10,558	10,329	10,404	10,552	6,098	7,137
MOLDOVA	—	—	—	—	4,987	4,033	3,912	3,889	3,953
RUSSIA	—	171,474	173,970	170,496	180,334	190,451	201,408	225,456	252,540
UKRAINE ^{qq}	—	—	38,100	38,500	40,200	—	56,100	59,400	—
ARMENIA	—	—	—	—	—	—	—	—	—
AZERBAIJAN	—	—	6,490	6,674	7,171	7,622	7,920	8,176	7,976
GEORGIA	—	—	—	—	—	2,800	2,500	1,950	1,634

15. CHILDREN IN INSTITUTIONAL CARE ^{rr}

(absolute numbers)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	16,400	15,241	13,302	10,429	13,516	14,231	—
SLOVAKIA ^{ss}	—	—	9,030	8,562	8,655	8,628	8,732	8,732	9,259
HUNGARY ^{tt}	—	—	28,748	26,861	25,328	23,907	22,944	22,377	21,952
POLAND ^{uu}	—	—	32,476	31,684	31,986	31,007	29,259	29,284	—
SLOVENIA	—	—	—	—	—	—	—	2,219	2,168
ALBANIA	—	—	—	—	—	—	—	500 ^r	—
BULGARIA ^{vv}	—	—	28,867	26,813	26,169	25,801	25,991	25,972	—
ROMANIA ^{ww}	—	—	—	85,786	87,655	75,334	73,360	98,397	—
ESTONIA ^{xx}	—	—	1,542	1,497	1,404	1,382	1,452	1,482	—
LATVIA	—	—	2,748	2,449	2,151	2,276	2,627	2,452	2,409
LITHUANIA ^{yy}	—	—	7,414	6,263	5,798	5,111	5,972	6,205	6,441
BELARUS ^{zz}	—	—	8,673	8,215	7,613	6,996	7,276	7,583	7,894
MOLDOVA	—	—	15,620	14,318	12,463	7,724	6,631	6,701	6,337
RUSSIA ^{aaa}	—	—	122,284	113,425	102,942	100,026	103,899	102,593	—
UKRAINE ^{bbb}	—	—	27,500	26,100	24,400	24,900	25,200	33,100	—
ARMENIA	—	—	178	204	292	289	373	—	—
AZERBAIJAN	—	—	7,218	6,818	6,305	5,821	5,694	5,653	5,592
GEORGIA	—	—	2,477	1,617	1,249	1,128	1,060	—	2,797 ^{ccc}

16. YOUTH SENTENCING RATE

(number of juveniles 14-17 years old sentenced per 10,000 relevant population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC ^{ddd}	—	—	50.6	21.4	33.6	40.4	50.9	58.4	59.9
SLOVAKIA ^{ff}	—	—	63.4	40.1	66.6	27.5	75.1	81.5	107.0
HUNGARY ^{ddd}	—	57.3	80.5	62.1	72.0	78.6	76.0	90.5	110.4
POLAND ^{eee}	—	—	73.4	85.5	81.6	76.8	69.5	62.8	—
SLOVENIA	—	—	101.0	84.1	90.0	92.8	90.3	84.9	41.3
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	33.1	18.9	20.5	19.3	10.2	13.6	13.6
ROMANIA ^{ff}	—	—	26.6	19.5	37.1	43.7	66.2	83.0	—
ESTONIA	—	—	—	80.5	90.1	110.0	112.8	138.6	165.6
LATVIA	—	—	79.4	78.1	70.2	83.9	90.8	85.8	79.6
LITHUANIA	—	—	40.8	53.8	57.4	73.7	102.0	111.3	95.6
BELARUS	—	—	56.5	74.1	76.1	80.6	100.4	101.6	106.8
MOLDOVA	—	—	32.1	30.1	30.1	20.3	34.3	42.1	44.1
RUSSIA	—	—	76.7	96.2	102.0	107.7	122.5	128.9	130.5
UKRAINE	—	—	35.2	42.7	38.5	39.7	49.7	57.7	—
ARMENIA	—	—	4.8	5.4	8.1	12.7	14.9	14.2	—
AZERBAIJAN	—	—	6.1	5.5	5.8	10.3	12.8	11.6	—
GEORGIA	5.1	5.8	6.4	9.2	9.0	6.1	7.6	9.0	—

17. TOTAL REGISTERED CRIME RATE

(per 100,000 population)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	—	—	1165.5	2092.6	2745.2	3345.7	3857.5	3603.1	3636.0
SLOVAKIA	—	—	879.4	1318.9	1668.6	1979.8	2744.3	2583.1	2136.2
HUNGARY	1218.4	1567.4	2130.8	3290.6	4256.4	4331.9	3895.0	3795.4	4907.5
POLAND	—	—	1442.4	2317.3	2264.6	2541.6	2216.7	2351.0	—
SLOVENIA	—	—	1999.0	1919.7	2110.6	2710.0	2224.3	2193.9	1920.9
ALBANIA	—	—	—	—	—	—	—	—	—
BULGARIA	—	—	664.0	749.0	2042.0	2620.0	2913.0	2639.0	2452.0
ROMANIA	—	—	—	—	—	—	—	—	—
ESTONIA	—	—	1220.0	1515.0	2027.0	2671.0	2450.0	2384.0	2665.0
LATVIA	—	981.2	1111.6	1298.8	1574.8	2351.1	2043.1	1608.6	1556.3
LITHUANIA	414.9	602.7	846.3	995.5	1202.2	1513.1	1618.6	1575.8	1637.2
BELARUS	—	584.2	650.1	737.8	792.0	937.0	997.0	1161.2	1272.3
MOLDOVA	—	535.0	942.5	986.8	1020.4	899.5	853.1	857.8	883.8
RUSSIA	—	989.0	1096.0	1240.0	1462.0	1857.0	1885.0	1775.0	1858.0
UKRAINE	—	490.0	623.0	713.0	780.0	920.0	1033.0	1107.0	—
ARMENIA	—	—	239.4	338.8	359.3	436.6	349.2	264.8	269.8
AZERBAIJAN	—	—	211.5	215.3	215.7	306.2	245.2	248.5	269.0
GEORGIA	—	351.3	324.0	361.0	402.0	443.0	406.0	325.6	255.4

a) Immunization rate for DPT includes only vaccination against diphtheria.

b) For children under 1 year of age.

c) Immunization rate for DPT includes only vaccinations against diphtheria and tetanus.

d) According to an EPI and Mass Immunization Coverage Survey carried out by UNICEF in June/July 1996, 43% of children aged 0-2 years were EPI fully vaccinated and 55% were vaccinated for measles.

e) Source: UNICEF, *The State of the World's Children*, 1985, 1988.

f) Data refer to Czechoslovakia.

g) Source: Council of Europe, *Recent Demographic Developments in Europe and North America*, 1991.

h) Data for all years have been recalculated per WHO-recommended measurement of live births and infant deaths, which was introduced in Poland in 1994. The recalculated data series is somewhat higher since the former national concept of live births excluded an estimated 4-5% of infant deaths.

i) Estonia shifted from the 'Soviet' concept (see *Definitions*) to the WHO concept of live births in January 1992. According to calculations for 1992 and 1993, the methodological change resulted in figures 16.6% higher than the rates calculated using the former concept.

j) The WHO concept of live births and infant deaths was adopted in January 1991.

k) These data still reflect the 'Soviet' concept of live births (see *Definitions*). The WHO concept of live births and infant deaths was introduced in 1994 and resulted in an infant mortality rate of 14.8.l) Source: Goskomstat, *Sotsial'noye razvitiye SSSR* [Social Development of the USSR], *Finansy i statistika*, Moscow, 1991.m) Russia replaced the 'Soviet' concept of live births (see *Definitions*) with the WHO methodology in 1993. The increase in the IMR figure for 1993 therefore partially reflects the effect of this change, accounting for presumably around half of the 1993 increase over 1992.

n) Data partially reflect an increase in under-registration of infant deaths due to more frequent births at home.

o) Source: UNICEF, 'Children and Women in Georgia: A Situation Analysis', mimeo, UNICEF Geneva, 1994.

p) Excluding suicide.

q) Data have been rounded.

r) Estimate.

s) Gross enrolment rates.

t) Source: UNESCO, *UNESCO Yearbook*, 1992.

u) Ages 3-6.

v) Source: Goskomstat, *Narodnoye khozyaystvo SSSR* [National Economy of the USSR], Moscow, 1991.

w) Ages 3-7, includes only public institutions.

x) Ages 3-6, includes only public institutions.

y) Ages 4-7.

z) Gross enrolment rates except for Hungary and Poland.

aa) Ages 6-9.

bb) Ages 6-13.

cc) Ages 7-14.

dd) Because of changes in the primary education system that allow parents to choose whether their children begin schooling at age 6 or 7 years, these data refer to the net enrolment of 8 year-olds.

ee) Ages 11-18.

ff) Ages 15-18.

gg) Ages 16-17. Students of Russian nationality are accorded an optional additional year for coursework related to their national culture and heritage.

hh) Pupils in secondary education compared to the 10-16 year-old population.

ii) Ages 16-17 (secondary education refers to grades 11-12). Excluding professional schools offering secondary education (433,000 pupils in 1993).

jj) Estimated for the 11-16 year-old population.

kk) Includes children entering guardian families.

ll) Concepts of foster and guardian care vary widely across the region.

mm) This figure excludes the number of children in 'live-in lodging', which in 1989 was 247, but by 1994 had dropped to only 15 children. Since 1991, data on professional foster parents have been collected separately; the absolute number of professional foster parents in Hungary was 1,608 in 1991, 1,825 in 1992, 1,983 in 1993, 1,884 in 1994 and 1,860 in 1995.

nn) In Bulgaria, legislation for the legal basis of foster care is only now under review.

oo) Source: UNICEF, *Estonian Situation Analysis*, 1995.

pp) The annual number of new foster care arrangements was 843 in 1993 and 1,044 in 1994.

qq) Includes only guardian families; 613 children were cared for by foster parents in 1995.

rr) 'Children in institutions' broadly refers to those children under the full-time care of the State, including residential care for health

or family reasons. Data on children under state care in boarding schools and incarcerated minors are excluded unless otherwise noted.

ss) Including those in infant homes, special orphanages, school homes and those incarcerated in security homes.

tt) Including infant homes, child residential homes, protective homes for children and youth (awaiting permanent placement), 'after-care' homes (for youths released from state care, but who returned to state care pending an official decision of welfare authorities), special children's homes for those with serious behavioural disabilities, institutions of the Ministry of Welfare, and correctional institutions. Data also including those in public care over 18 years of age (3,005 persons in 1994).

uu) Including infant homes, child homes, emergency child-care centres, specialized health homes, special education homes, family child homes and, since 1992, SOS villages.

vv) Includes children in 'mother and child' homes, homes for mentally/physically disabled children, schools for disabled, orphanages, social rehabilitation centres and prisons.

ww) Including infant homes, child homes, re-education schools, specialized health homes, vocational training institutions, and special education homes.

xx) Includes children in infant homes, universal orphanages, special orphanages for the disabled and school homes; Source: Statistical Office of Estonia, *Health Care, Social Insurance, Social Care: 1994*, Tallinn, 1995.

yy) Includes children in infant homes, state child homes, municipal child homes (1993-94), private child homes (1993-94), boarding schools, nursing care homes and family homes.

zz) Including infant homes, child homes, and boarding schools for disabled children.

aaa) Including infant homes, child homes, family-type homes, boarding schools (only children without parental supervision), and boarding schools for disabled children.

bbb) Includes children in infant homes, child homes, boarding schools for orphans, SOS villages.

ccc) Source: The Ministry of the Economy of Georgia, 'Children in Difficult Circumstances in Georgia', report for the MONEE project, mimeo, 1996.

ddd) Ages 14-18.

eee) Ages 13-16.

H. CHANGES IN MORTALITY OF ADULTS

I. MATERNAL MORTALITY RATE

(per 100,000 live births)

	1980 ^a	1985 ^a	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	9.2 ^b	8.0 ^b	9.3	8.4	13.1	9.9	11.6	6.6	2.1
SLOVAKIA	—	—	5.0	3.8	14.0	1.3	12.3	6.0	8.1
HUNGARY	20.9	26.1	15.4	20.7	12.6	9.9	11.8	10.4	11.0
POLAND ^c	11.7	11.0	10.6	12.7	12.8	9.8	11.7	11.0	9.9
SLOVENIA	13.4	15.5	4.2	8.8	4.6	5.0	10.1	10.3	5.3
ALBANIA	45.2	57.6	—	37.7	29.7	32.6	20.0	—	—
BULGARIA	21.1	12.6	18.7	20.9	10.4	21.3	14.2	12.6	16.3
ROMANIA	132.1	137.4	169.4	83.6	66.5	60.3	53.2	60.4	47.8
ESTONIA	27.0 ^d	46.6 ^d	41.2 ^d	31.4	31.1	22.2	33.0	56.4	51.6
LATVIA	25.3	30.2	56.5	23.7	31.8	41.2	29.9	57.7	22.1
LITHUANIA	27.0	22.2	28.7	22.9	19.6	20.5	12.8	16.3	17.0
BELARUS	29.1 ^d	17.0 ^d	24.8	21.8	31.1	21.1	20.4	19.0	13.8
MOLDOVA	64.1 ^d	49.8 ^d	34.1	44.1	26.4	37.3	33.2	17.7	12.4
RUSSIA	68.0	54.0	49.0	47.4	52.4	50.8	51.6	52.3	51.8
UKRAINE	44.8 ^d	40.4 ^d	32.7	32.4	29.8	31.3	32.8	33.1	36.0
ARMENIA	27.0 ^d	22.4 ^d	34.6	40.1	23.1	14.2	27.1	29.3	34.7
AZERBAIJAN	38.7	41.1	28.6	9.3	10.5	17.6	34.4	43.8	—
GEORGIA	25.7 ^d	22.5 ^d	54.9 ^d	—	—	—	29.1	42.4	—

2. MORTALITY RATE OF YOUNG ADULTS

(per 1,000 population aged 20-39 years)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	1.18	1.16	1.11	1.22	1.17	1.18	1.12	1.09	1.05
SLOVAKIA	1.01	1.00	1.36	1.45	1.41	1.41	1.26	1.18	1.15
HUNGARY	1.65	1.91	2.00	2.12	2.10	2.22	2.23	2.06	1.86
POLAND	1.60	1.54	1.63	1.70	1.77	1.66	1.50	1.52	1.51
SLOVENIA	1.01	1.00	1.38	1.14	1.34	1.37	1.46	1.36	1.12
ALBANIA	—	—	0.97	0.98	—	—	—	—	—
BULGARIA	—	—	1.37	1.45	1.36	1.46	1.51	1.56	1.46
ROMANIA	1.55	1.67	1.74	1.69	1.76	1.65	1.71	1.74	1.72
ESTONIA	—	—	1.99	2.21	2.31	2.51	2.76	3.54	3.00
LATVIA	2.80	2.20	2.22	2.31	2.48	2.79	3.33	3.76	3.90
LITHUANIA	—	—	2.08	2.05	2.40	2.32	2.70	2.95	2.70
BELARUS	—	—	1.93	2.01	2.14	2.35	2.49	2.60	2.70
MOLDOVA	2.29	2.25	2.12	2.15	2.36	2.74	2.25	2.53	2.61
RUSSIA	3.01	2.56	2.44	2.54	2.71	3.21	4.05	4.47	4.00
UKRAINE	2.20	1.92	2.02	2.09	2.28	2.51	2.56	2.85	—
ARMENIA	—	—	1.27	1.33	1.32	1.75	1.70	1.80	—
AZERBAIJAN	1.44	1.21	1.30	1.39	1.46	2.62	2.34	2.94	—
GEORGIA	—	—	1.54	1.51	1.59	1.90	—	—	—

3. MORTALITY RATE OF MIDDLE-AGED ADULTS

(per 1,000 population aged 40-59 years)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	7.92	7.30	6.68	6.93	6.54	6.32	5.90	5.82	5.78
SLOVAKIA	—	—	8.11	8.27	7.94	7.36	6.89	6.64	6.56
HUNGARY	9.04	9.77	9.67	9.85	9.90	10.56	10.76	10.57	10.28
POLAND	7.74	8.28	8.05	8.04	8.30	7.91	7.31	7.09	7.12
SLOVENIA	4.16	4.77	6.76	6.33	6.33	6.07	6.31	5.93	5.65
ALBANIA	—	—	3.81	3.45	—	—	—	—	—
BULGARIA	—	—	7.07	7.06	6.85	7.27	7.36	7.56	7.58
ROMANIA	7.08	7.82	7.69	7.88	7.83	8.45	8.63	8.86	9.12
ESTONIA	—	—	8.27	8.73	9.41	9.33	10.81	12.58	11.68
LATVIA	8.61	9.05	8.80	9.38	9.74	10.63	13.04	15.00	17.01
LITHUANIA	—	—	8.14	8.44	8.95	9.17	10.67	11.36	11.25
BELARUS	—	—	8.41	8.67	8.94	9.33	10.49	10.55	11.00
MOLDOVA	10.43	11.43	9.38	9.70	10.30	9.35	9.65	11.31	11.80
RUSSIA	9.89	10.45	9.15	9.41	9.47	10.69	13.56	15.44	14.50
UKRAINE	8.34	8.92	8.28	8.68	9.31	9.96	10.62	11.36	—
ARMENIA	—	—	6.32	6.58	6.50	6.49	6.68	6.00	—
AZERBAIJAN	6.83	7.57	7.50	7.68	8.04	8.37	8.48	8.51	—
GEORGIA	—	—	6.86	6.75	6.77	6.53	—	—	—

4. MORTALITY RATE OF ELDERLY ADULTS

(per 1,000 population aged 60+ years)

	1980	1985	1989	1990	1991	1992	1993	1994	1995
CZECH REPUBLIC	62.68	60.03	57.71	57.60	55.13	52.97	52.28	51.85	52.14
SLOVAKIA	—	—	52.89	52.76	52.98	48.83	48.37	49.58	50.90
HUNGARY	60.54	57.82	55.33	56.30	55.50	56.40	56.86	55.54	55.34
POLAND	52.88	54.24	50.72	50.73	51.91	49.98	50.09	48.68	48.08
SLOVENIA	31.35	33.41	45.49	45.51	46.23	45.53	46.18	43.93	42.94
ALBANIA	—	—	43.94	42.20	—	—	—	—	—
BULGARIA	—	—	50.36	51.11	52.29	49.74	50.02	50.03	61.64
ROMANIA	55.94	54.56	49.90	49.07	50.27	51.89	50.67	50.18	50.50
ESTONIA	—	—	51.60	53.78	52.85	53.60	55.73	55.50	52.86
LATVIA	56.06	59.04	51.43	54.27	52.91	52.48	57.56	59.55	62.11
LITHUANIA	—	—	46.89	47.96	47.93	47.64	51.83	50.68	48.70
BELARUS	—	—	45.07	47.20	48.61	47.92	52.10	52.18	53.10
MOLDOVA	54.88	57.69	47.17	50.51	54.94	52.75	56.44	61.38	63.30
RUSSIA	50.81	53.40	47.70	48.77	48.59	49.89	56.65	60.26	57.00
UKRAINE	51.69	53.80	47.86	49.42	51.70	53.00	56.82	58.49	—
ARMENIA	—	—	37.14	37.95	40.43	42.34	45.56	39.40	—
AZERBAIJAN	50.33	49.93	41.42	39.37	40.32	43.16	44.37	43.90	—
GEORGIA	—	—	42.60	40.60	40.40	40.20	—	—	—

a) Source (except for Albania and where otherwise noted): UN Demographic Yearbook, 1984, 1990.

c) Entire data series recalculated to reflect the newly adopted WHO definition of live births.

d) Goskomstat, *Sotsial'noye razvitiye SSSR* [Social Development of the USSR], Finansy i statistika, Moscow, 1991.

DEFINITIONS

Abortion

Includes all legally and illegally induced early foetal deaths. Excludes spontaneous abortions (miscarriages).

Age-specific death rates

Number of deaths of persons of a given age during a year per 1,000 mid-year population. Age-specific death rates may be further refined, for example, by calculating separately for males and females (i.e. age- and sex-specific rates), or by cause of death (i.e. age-, sex- and cause-specific death rates).

Cause of deaths

Individual classification numbers cited as per the 'International Classification of Diseases' (ICD) IXth Revision, 1975: 'Infectious and parasitic diseases' (I.001-139), 'Neoplasms' (II.140-239), 'Diseases of nervous system & sensory organs' (VI.320-389), 'Coronary diseases' (VI.390-410), 'Diseases of the circulatory system' (VII.415-455), 'Diseases of the respiratory system' (VIII.460-511), 'Diseases of the digestive system' (IX.520-575), 'Congenital malformations' (XIV.740-759), 'Conditions originating in perinatal period' (XV.760-779), 'Symptoms, signs & ill-defined conditions' (XVI.780-799), 'Accidents, poisonings & violence' (XVII.800-999), 'Suicide and self-inflicted injury' (XVII.950-959), 'Homicide and injury purposely inflicted by other persons' (XVII.960-969), 'Other violence' (XVII.970-999).

Children in foster/guardian care

Children cared for by substitute parents as an alternative to institutionalization. Foster care is provided by either relatives or non-relatives, on a short- or long-term basis, but without permanent custody of the child being awarded to the foster carers. Foster carers are usually awarded an allowance by the State — often similar in size to a child allowance payment — for the care of the child.

Children in public care

'Children in public care' refers to three main groups: children in permanent and temporary residential care (various types of infant and children's homes, including boarding schools for children without a parental guardian); children with severe disabilities in health facilities, although in some countries this includes children with less severe disabilities in full or part-time care; and children under foster/guardian care in families. Children in punitive institutions are excluded in most cases.

Consumer price index (CPI)

The most widely used measure of inflation, based partly on recorded prices of consumer goods and services in retail trade outlets and service units, and partly on actual consumer expenditure patterns obtained through household budget surveys. Proxies for the consumer price index include the retail trade index (which usually does not cover services, and where price data are often obtained from producers' or retailers' reports or price lists), and the living-cost index (where the expenditure pattern is based on a normative basket).

Consumption expenditures

Final consumption of new durable and non-durable goods and services plus second-hand purchases made by households.

Crude birth rate (CBR)

Number of total births (live births and still-births) in a year per 1,000 mid-year population.

Crude death rate (CDR)

Number of deaths in a year per 1,000 mid-year population.

Disease incidence

Rate of occurrence of a disease. More specifically, the number of new cases of a disease per 100,000 relevant population.

Disease prevalence

Percentage of the population affected by a particular disease at a given time; includes both new and existing cases.

Employed population

Number of persons with permanent and temporary employment contracts or self-employed, including persons temporarily away from work and/or on maternity or paternity leave.

Endogenous deaths

Deaths presumed to arise from the genetic make-up of the individual and from the circumstances of prenatal life and the birth process. They include all mortality from such causes as the degenerative diseases of later life (e.g. heart disease, cancer, diabetes) and certain diseases peculiar to infancy (e.g. pre-mature birth, birth injuries, postnatal asphyxia). They have a typically biological character and are resistant to scientific progress.

Enrolment rates

The gross enrolment rate is the total number of children enrolled in a schooling level — whether or not they belong in the relevant age group for that level — expressed as a percentage of the total number of children in the relevant age group for that level. The net enrolment rate — the total number of children enrolled in a schooling level and belonging in the relevant age group — is expressed as a percentage of the total number of children in that age group.

Exogenous deaths

Deaths presumed to arise from purely environmental or external causes. They include mortality mainly from infections and accidents and are relatively preventable and treatable.

External deaths

Deaths arising from accidents, poisonings and violence, including suicides and homicides.

DPT

Diphtheria, pertussis (whooping cough) and tetanus.

Foetal deaths

Death of foetuses of gestation age less than 28 weeks.

Gini coefficient

The Gini coefficient measures the degree of inequality of the distribution of earnings. It is equal to zero in the case of total earnings equality and to 100 in the case of total inequality.

Government (or public) expenditures

Consolidated expenditures of all levels and units of government operating in a country (eliminating payments and receipts between units or levels of government); see also the concept of general government expenditures and lending minus repayment of the Government Finance Statistics (GFS) of the International Monetary Fund (IMF).

Government (or public) revenues

Consolidated tax, non-tax, and capital revenues of all levels and units of government operating in a country (eliminating payments and receipts between units or levels of government) and grants from abroad (see also the concept of general government revenues and grants of the Government Finance Statistics (GFS) of the International Monetary Fund (IMF)).

Gross domestic product (GDP)

The most widely used concept of national income defined in the System of National Accounts (SNA); represents the total final output of goods and services produced by an economy, regardless of the allocation to domestic and foreign claims and calculated without making deductions for depreciation.

Gross personal income

Pre-taxation cash and non-cash income of households, including income from self-employment; does not include imputed value for public services received free of charge or imputed rents of owner-occupied dwellings.

Household expenditures

Consumption expenditures, mortgage payments and other housing expenditures of households.

Income from self-employment

Entrepreneurial income from non-corporate enterprises (households) including the value of consumption from own-account production and cash revenues from self-employment net of expenditures incurred in relation to these activities.

Industrial production

Gross output of activities in industry (a sector defined somewhat differently in each country), covering both final and intermediate goods and services.

Infant mortality rate (IMR)

Annual number of deaths of infants less than one year of age per 1,000 live births. More specifically, this is the probability of dying between birth and one year of age. (See also note on live births.)

Life expectancy at birth

Widely used measure of the general level of mortality, representing for a given year the summarization of mortality rates for all ages combined; it is the theoretical length of life of a newborn taking the given year's mortality rates as constant.

Live births

According to the standard UN definition, this includes all births with the exception of still-births, regardless of size, gestation age, 'viability' or death of the newborn soon after birth or his/her death before the required registration date. Of the countries covered by this report, some have already adopted fully or partially the World Health Organization concept of live births, while others still utilize the so-called 'Soviet' concept of live births. The Soviet concept excludes infants born with no breath, but with other signs of life and infants born before the end of the 28th week of pregnancy at a weight under 1,000 grams or a length under 35 centimetres who die during the first seven days of their life. These are recorded as still-births and miscarriages, respectively. As previously discussed (see Regional Monitoring Report, No. 1.), while these deviations from the international recommendations may result in somewhat lower rates for several important indicators (such as IMR or LBW), they barely affect the rate of changes - if the concepts are used consistently. However, several countries have changed their way of measuring live births, while others maintain the 'social' concept. See also footnote to Table G.4 in the Statistical Annex.

Low birth weight rate (LBW)

The percentage of infants born weighing less than 2,500 grams related to total number of live births. It is a sensitive measure of mothers' health and nutrition before and during pregnancy. The further the infant's birth weight is below 2,500 grams, the greater the infant's vulnerability to infections and other problems, and the greater the risk of sickness and death. (See also note on live births.)

Maternal mortality rate (MMR)

Annual number of deaths of women from pregnancy-related causes per 100,000 live births.

Minimum wage and minimum pension

Minimum legislated remuneration for a full-time job and minimum benefit of own-right pensions.

Net Material Product (NMP)

A concept of national income widely used in Central and Eastern Europe before the transition; it includes the total final output of goods and 'productive' services but disregards activities (e.g. health, education or public administration) that do not result in material output.

Net external migration

The balance of gross immigration and gross emigration for a given country.

Own-account production for consumption

Subsistence production of primary products (typically agricultural products) where both the production and consumption units are the household itself.

Population

Refers to the de facto population, i.e. those physically present in the area at the time of a population census or estimate, as opposed to the de jure population, i.e. usual residents of an area.

Poverty gap

The amount of money required to raise household income to the poverty line.

Real wages

Net wages or salaries corrected by changes in consumer prices; its index reflects changes in the purchasing power of earnings.

Registered unemployment

Unemployed population registered at labour offices. This 'administrative' approach to unemployment reflects national rules and conditions and usually gives results different from those of surveys using the so-called ILO-OECD concept of unemployment.

Relative prices

Changes in prices of a specific item in relation to changes in the overall CPI.

Social security

The institutions and measures of social insurance and social assistance aimed at providing existential security to the population. There are five 'pillars' of social security assistance: (1) pensions and survivors' benefits; (2) health care, sickness and disability transfers; (3) family and maternal benefits; (4) social assistance; and (5) unemployment compensation.

Social assistance

State-financed means-tested public transfers provided to people meeting certain eligibility criteria for regular or occasional income support.

Social expenditure

The sum of public expenditures on health, education and social security.

Total fertility rate (TFR)

Overall measure of fertility representing the sum of age-specific birth rates over all ages of the child-bearing period. It represents the theoretical number of births to a woman during the period of child-bearing years using the given year's birth rate as a constant.

Under-5 mortality rate (U5MR)

Annual number of deaths of children under age five per 1,000 live births. More specifically, this is the probability of dying between birth and age five. In this publication the U5MR has been calculated by comparing under-5 deaths to the live births in the current year rather than to the year in which the deceased child was born.

Working-age population

Population older than the compulsory education age and younger than the official retirement age. Most often this includes men aged 15-59 and women aged 15-54 in Central and Eastern Europe, except in Bulgaria and Romania (where it covers ages 16-59/54) and Poland (ages 18-64/59).

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■ Regional Monitoring Report No. 4

Children at Risk in Central and Eastern Europe: Perils and Promises

Despite some encouraging signs, indicators of family and child well-being still point to an often dire situation in the region. The Report first examines the many risk factors that there have been for children during the transition - rising family-breakdown rates, increased financial hardship, war and armed conflict, environmental degradation, health and health-service deterioration, substance abuse, falling access to education, and crime. The Report then considers the special position of children in public care. Institutional care, fostering and adoption arrangements remain in need of sweeping reform. The preventative role of family support policies is emphasized and a strategy for radical reforms in substitute care programmes is suggested.

Also available in Russian.

■ Regional Monitoring Report No. 5

Education for All?

Education is a subject of vital importance for the welfare of children and for the development of the societies in the region. The Report covers a broad range of issues, including enrolment and other measures of access, learning achievement, schooling costs faced by families, education for children with special needs, early childhood development, and the decentralization of educational systems. The Report emphasizes the need for public policy to promote good education for *all* children and warns of growing inequalities in educational systems.

Also available in Russian.