



UNICEF in Belarus

**SECOND DECADE –  
SECOND CHANCE**

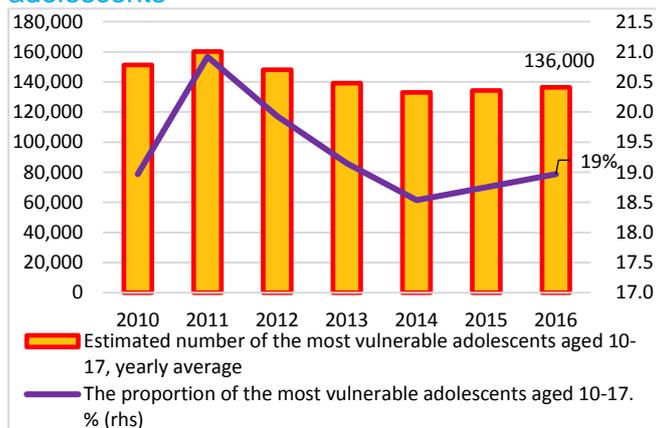
**UNICEF Country Programme Result:**

*By 2020, adolescents and young people benefit from improved social policies and systems to reduce risks affecting their health and development and are empowered with meaningful participation*

**Highlights on vulnerabilities**

- Children and adolescents aged 7-17 represented 81% of the population in **residential care**, and of them 56% were with disabilities (2015);
- In 2016, the number of **convicted minors** increased by 22% compared to 2015 (from 1100 to 1341);
- In 2016, 12.5% of adolescents aged 14-19 reported having their **first sexual intercourse** before the age of 15.

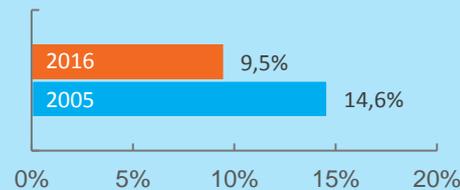
**Estimated number of the most vulnerable adolescents**



**Figure 1.** In 2016, 19% or 136 000 of 10-17 year olds were considered the most vulnerable

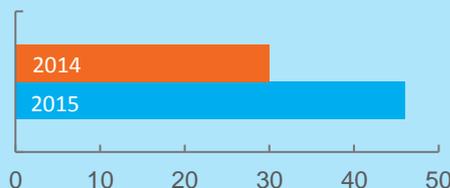
**Source:** UNICEF estimates based on Belstat data and ministerial statistics

At the beginning of 2016, adolescents aged 10-19 constituted just 9.5% of the total population



This is **36.4%** less adolescents than in 2005

In 2015, the number of attempted suicides among adolescents was 11 times higher than the number of suicides



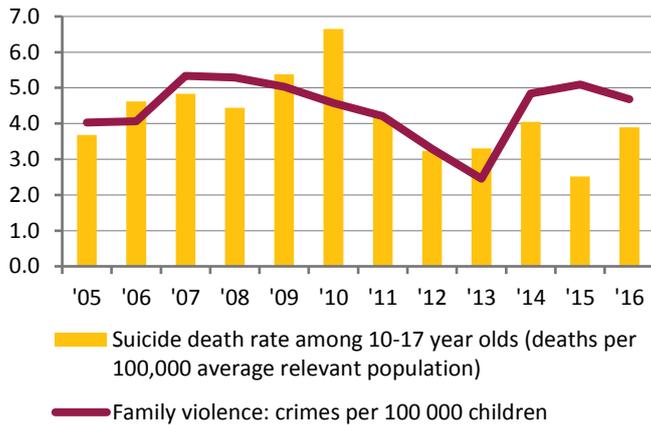
In 2015, 46 new cases of HIV-infection among teens was registered, compared to 30 in 2014

**1.5 times higher**

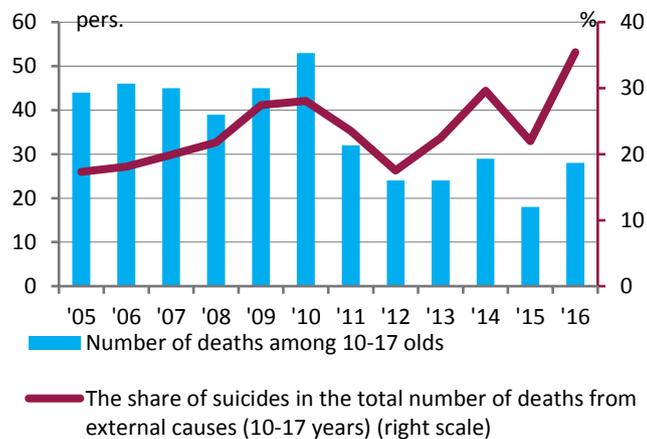
was the number of registered cases of HIV-infection among children in 2015 (compared to 2014).



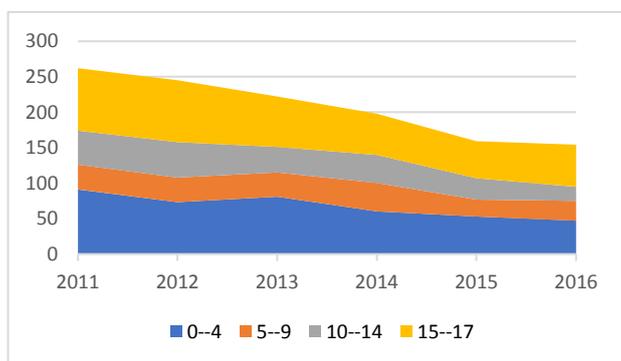
## Family violence and suicide death rates among adolescents



**Figure 2. Crimes against a person: family violence and suicides per 100 000 children**



**Figure 3. In 2016, there were 28 suicides among adolescents aged 10-17. The share of mortality from suicides has grown to 35% in all deaths from external causes**



**Figure 4. In 2015 injuries continued to be the leading cause of children mortality, constituting 24.5 % of deaths under the age of 18 and 70.8% - at the age of 15-19 years. In 2016, the number of deaths from external causes has grown by 13% among 15-17 years old (from 52 to 59).**

Source: Developed based on Belstat data and ministerial statistics

«Any investment in young people risks being wasted if their rights throughout adolescence do not also receive adequate attention.»

- Committee on the Rights of the Child. General comment No. 20 (2016) on the implementation of the rights of the child during adolescence.

There is an acute need to support and empower population of adolescents in Belarus to assure their meaningful contribution to country's socio-economic development in the future. Current demographic challenges – in 2016 Belarus had 36.4% less adolescents aged 10-19 than country had in 2005 – require special attention to them and systematic support to realize their rights and improve health, development and participation.



UNICEF works to:

### Research

- Conduct a **situational analysis** on the status of adolescents in the country, including state investments in realization of their rights;
- Carry out a study on **adolescent crisis conditions** and psychosocial peculiarities to provide evidence for improvement of the system of prevention of suicidal behaviour among adolescents and young people.

### Services for adolescents

- Expand the network of **Youth-Friendly Health Centres** and improve services for vulnerable adolescents;
- Promote **HIV express-testing** and reduce stigma against at-risk adolescents;
- Develop a system of identification, registration and specialized assistance to child and adolescent **victims of violence and crime**;
- Increase resilience of teenagers towards use of **psychoactive substances**, and improve psychosocial rehabilitation system for young drug users;
- Establish Regional Resource Centers for Youth Councils/Parliaments to strengthen **adolescents' meaningful participation in decision-making**, emphasizing the engagement of the most vulnerable groups.

### Services for children and young people with disabilities

- Support **families raising children with disabilities** to ensure children remain in families;
- Develop new forms of family placement of children with **severe multiple developmental delays**, including family-type homes and accompanied living for children with disabilities;
- Enhance **inter-sectoral cooperation mechanisms** and increase professionalism of specialists working with children with disabilities.