

REPORT CARD 2014

WHAT IS
THE AVERAGE
GOVERNMENT
SCORE FOR
CHILDCARE?



NATIONAL NETWORK FOR CHILDREN

Dear friends, colleagues and supporters,

You are holding the third edition of the annual report of the National Network for Children (NNC) "Report Card 2014: What is the average Government score for childcare?"¹. For the third year in a row the review encompasses the progress of state institutions in fulfilment of their commitments toward the children of Bulgaria and combines the efforts of many professionals from civil society organizations who work with children and families on a daily basis, independent experts, and tutors engaged in the implementation of academic approaches in real life. The goal of this respectful document is to make a dispassionate assessment of what has been done by the public administration for children in Bulgaria and what our common path is towards the development of public policies for children.

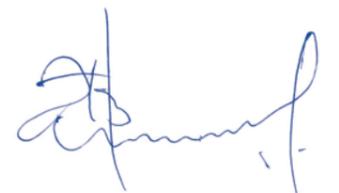
This year, the making of Report Card 2014 included two new features. The first one is that children and adolescents were actively involved in research and analysis. They have been explorers, inventors and analysts and developed theses, conclusions and recommendations on their own regarding ways and mechanisms of how the promises of the executive (power) to children in Bulgaria are fulfilled. The second big change is that this year's Report Card is coming out in two editions – the first one is aimed at policy makers and experts from relevant ministries and state agencies, explaining in detail our perspective on existing problems and possible solutions, while the second edition is aimed at the general public. The decision to prepare one concise version of the document, and in more accessible language, was spurred by our desire for more people to learn about the current situation with children's rights in Bulgaria, why it matters and how they can help change to come about. The desired change is for more children in Bulgaria to have families, a secure home, access to quality education, effective healthcare and child-friendly justice. The analyses and conclusions of young people can be found in the concise version of "Report Card 2014: What is the average Government score for childcare?"²

We have been through a difficult year for children in Bulgaria, difficult for the civil society sector and for all Bulgarians. There have been three governments, lots of protests and a turbulent political situation so it was hard to expect that in such an environment there would be some stability in policies for children and families. Key reforms regarding children have been postponed in 2013. In Bulgaria, there is no process of developing a comprehensive policy for family support and protection. Adoption of a Preschool and School Education Bill has been postponed. At the same time, there are many children not enrolled in schools and a significant part of those who go to school hate it. The deinstitutionalisation policy and the child protection system are overloaded by many cases of children at risk, an insufficient number of social workers and by an uneven distribution of existing social services in the community. Implementation of the roadmap for reform in the child and juvenile justice system is at a „dead end“ and any initiative by the state administration and political parties has faded while children – victims and witnesses of crime keep being interrogated on general grounds as adults.

We at the National Network for Children believe that efforts to reform key sectors of society such as education, health care, juvenile justice and support for children and families should be moved on. Today Bulgarian families and children face serious problems in these sectors. At the same time there is an expectation that the overall demographic picture will improve. We should be clearly aware that the solution of the demographic issue is not limited to increasing household income and promoting fertility. It is necessary to make efforts towards improving public services for all children and families. For this reason we monitor the progress of public policies through promises given by politicians and governments in a number of strategic and operational plans each year.

Finally I want to thank everyone who took part in the effort to compile Report Card 2014 and those who will take the time to peruse the document and make steps towards a better life for children in our country. Let us wish for the recommendations and findings of this year's report to reach those who take decisions. And most of all, I wish for their decisions to be wise and visionary for the good of our children!

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Report Card 2014: What is the average Government score for childcare?

Summary

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1. This is an English executive summary of the report. The full version is available in Bulgarian only at: <http://nmd.bg>

2. The concise version is available in Bulgarian only at: <http://nmd.bg>

ACKNOWLEDGMENTS

The National Network for Children (NNC) would like to thank all the people who contributed to the preparation of the "Report Card 2014: What is the average Government score for childcare". We are grateful to the authors who developed texts and analyses in the document. We are thankful for the support of the NNC's member organizations for the efforts and diligence of the colleagues who commented and edited separate parts of the report. Special thanks goes to the Irish organization Children's Rights Alliance, whose "Report Card" inspired us for the current initiative. We should not omit to thank also children and adolescents from the youth network "Megaphone" – a group of young volunteers in member-organizations of the NNC whom we try to include actively in NNC advocacy activities and in network development. This year these young people contributed to the report for the first time by doing research and analysis on parts of commitments made by the executive power in Bulgaria towards children. These young people also supported assessment of grades carried out by external experts. The texts of adolescents can be found in the concise version of the report.

We also extend special gratitude for the efforts of the Ministry of Labour and Social Policy, the Ministry of Education and Science, the Ministry of Health, the Ministry of Justice, the Ministry of Foreign Affairs, the Ministry of the Interior, the Ministry of Regional Development and Public Works, the Ministry of Finance, the Agency for Social Assistance, the State Agency for Child Protection and the National Health Insurance Fund staff who prepared answers for the numerous requests for access to public information for the aims of the report, submitted information on the progress of commitments taken and commented on the final analyses.

We would like to express our special gratitude to the members of the external evaluation panel who defined the final scores, added to the recommendations and legitimized the report with their considerable expert contribution.

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METHODOLOGICAL NOTES

"Report Card 2014: What is the average Government score for childcare?" sets out an appraisal of the implementation of selected Government commitments in the area of child and family policies in Bulgaria during the 2013 calendar year.

The main purpose for the development of the report card is to carry out annual, independent monitoring of children's rights based on the commitments of the Government and supported by facts and data. In addition, through the report card, we aim to suggest recommendations with which to support the decision-making process of the state administration to improve policies and practices towards children and families in the country.

When choosing the areas, we reviewed all national strategies, plans and programmes which concern policies and measures related to children. For the first edition of the report in 2011, we chose commitments which were envisaged to be implemented in 2011 or over a longer period of time. We stuck mainly to two criteria about the priority of problems – their significance and the possibility of finding solutions.

The commitments examined in this document were selected in line with the principle of consistency. We have retained those whose period of implementation continued through 2013 and, in lieu of those that have expired, we have selected new ones that concern problems which are similar or virtually identical. This has allowed us to trace dynamically the manner in which the Government is addressing certain challenges and whether action has been taken to tackle the problems identified in the previous year, in line with the recommendations given.

"Report Card 2014" contains 5 areas, 16 sub-areas and 42 commitments. Analyses include: a brief description of the commitments, their source and the institution in charge of delivering them; a description of facts and data from expert assessment and the answers of the state institutions about the respective commitment; and recommendations for action (concrete steps and possible directions of work).

In order to assess implementation correctly, we used facts and data provided by the relevant agencies under the Act for Access to Public Information. A new, additional element in this 2014 edition of the document is that, from the very beginning, we informed the relevant ministries and institutions about their commitments which we were going to monitor and analyse. With the aim of preparing an even more dispassionate and impersonal analysis, we asked the agencies and ministries to cooperate in the process of gathering information and to share with us the challenges and obstacles they met whilst delivering on commitments. We used the information given by the relevant public institutions on each commitment. Upon the readiness of analyses, we sent the institutions the first draft of the report and took into account their comments and additions.

The other sources of information were institutions' reports, independent researchers and non-government organizations, as well as publications in the media. As the report was compiled in 2013, it mostly sets out data relevant to the state-of-play in 2012. When no data was readily available, we have used the most recent relevant data indicating the general state-of-play in terms of policy implementation. In the document, all data and sources of information are cited in support of the conclusions and assessment of the various commitments and, also, in order to demonstrate that the analysis is based on reliable sources and is not a subjective opinion of NNC. The "promises" selected for analysis differ in nature. Some represent specific measures and sets of measures whilst others can be described as comprehensive policies. In some cases their implementation can be unambiguously evaluated whilst in other cases such an appraisal calls for an expert evaluation in the framework of the overall context for implementation.

Our task was to consider any changes that have occurred in terms of commitment implementation and to note the progress achieved. Where no progress has been achieved or no political action has been taken, implementation has been rated as poor, although some of those "promises" have a longer period for fulfilment. We have also tried to encourage all positive efforts and developments even where no tangible outcomes have emerged in case of insufficient delivery on promises. We made efforts to be positive and to focus our attention on achievements but yet we have not spared our critique where needed.

Analyses on each commitment were prepared by 23 authors, edited and amplified with information presented by relevant state institutions by an NNC team, agreed with member-organizations of the NNC and with additions by external evaluation experts.

The grades (scores) assigned are based on those used in the educational system – 2 being the lowest and 6 being the highest. The initial grades were proposed by the experts who compiled the different analytical parts. These were subsequently confirmed by civil society organizations that are members of the NNC. The final scores have been coordinated with and validated by a group of external experts on evaluation. All of these experts are public figures and professionals with a wealth of experience in the problem areas concerned.

AREAS	SUBAREAS	GRADE			AVERAGE GRADE		
		2012	2013	2014	2012	2013	2014
1. UN CONVENTION ON THE RIGHTS OF THE CHILD	NON-DISCRIMINATION	2.00	2.00	2.50	2.88	2.71	2.97
	OPINION OF CHILDREN	3.00	3.25	3.18			
	CHILD POVERTY AND WELFARE	3.17	2.50	2.29			
	SAFE AND HEALTHY ENVIRONMENT	3.50	3.50	3.93			
2. FAMILY ENVIRONMENT AND ALTERNATIVE CARE	FAMILY CARE	2.33	2.67	3.02	3.14	2.93	2.98
	CHILDREN IN INSTITUTIONS AND DEINSTITUTIONALISATION	4.00	3.00	3.09			
	ADOPTION	3.00	3.50	2.43			
3. HEALTHCARE	IN-PATIENT AND OUT-PATIENT CARE	3.50	2.50	3.55	2.68	3.00	3.11
	MENTAL HEALTH	2.00	2.00	2.62			
	INFANT AND CHILD MORTALITY	3.00	3.00	3.57			
4. EDUCATION	EARLY YEARS EDUCATION AND CARE	2.00	3.00	2.86			3.11
	SCHOOL EDUCATION	2.80	3.67	3.19			
	INCLUSIVE EDUCATION	2.50	2.00	2.62			
	HEALTH AND CIVIC EDUCATION	3.00	3.33	3.50			
5. CHILD JUSTICE	CHILD-FRIENDLY JUSTICE	3.75	3.50	2.81	3.56	3.44	2.90
	NEGLECT AND CHILD ABUSE	3.25	3.33	3.02			
TOTAL GRADE					3.00	2.90	3.00

RATING SCALE

EXCELLENT 6	there is significant, positive change in the lives of children
VERY GOOD 5	there are positive results for children
GOOD 4	satisfactory but insufficient development for children
AVERAGE 3	insufficient development, limited positive effect for children
POOR 2	unacceptable result, nothing has been done or the steps are in wrong direction

I.

GENERAL PRINCIPLES UNDER THE UN CONVENTION ON THE RIGHTS OF THE CHILD



GRADE:

Average 3

Commitments in four subareas have been reviewed in this area, namely “Non-discrimination”, “Opinion of children”, “Child poverty and welfare” and “Safe and healthy environment”. Each of these commitments has received a different grade, depending on the performance of government and public institutions in the sector. The following are the major accomplishments and/or problems in the area and, following these, we offer some general recommendations for improving the situation.

In 1991, Bulgaria adopted the UN Convention and thus undertakes its implementation in the country. In this sense, the principles of the Convention become mandatory to Bulgarian legislation and institutions, and therefore for every citizen of the state. The state is obliged to introduce the principles of the Convention in its legal structure and to develop and provide operational mechanisms for enforcement and control over their implementation. We, the citizens of Bulgaria, are responsible for how we care for our children and treat children and their families in our lives and daily routine. Do we manage to turn the phrase „children are our greatest asset“ into real action?

In developments in these four sub-areas of general principles of the UN Convention on the Rights of the Child, the most critical is the situation in relation to the problems of discrimination and child poverty.

In Bulgaria, there is as yet no specialised and independent body to protect the rights of the child, as recommended by the Committee on the Rights of the Child.

Attitudes towards girls continue to be unequal and based on stereotypes. In some communities they are the ones who primarily take care of younger children. The negative consequences of a lack of systematic health education in school strongly affect girls, and there are a number of early pregnancies and births even at school age.

According to the State Agency for Child Protection (SACP), there are over 7,000 births per year by girls under 18 years old.

This is over 11% of all births in the country. On the other hand, 10% of abortions are carried out by underage and juvenile girls. Often there are cases of criminal abortions of minors done without the knowledge of their parents and in violation of the law – a practice that poses serious threats to the girls’ health.

Bulgaria is still one of the few countries in the European Union which has no special Ombudsman for Children. According to the UN Convention on the Rights of the Child, children have the right to form their own views, to express them freely and for their views to be given due importance. Child participation encourages children to experiment with new models of communication, to develop skills and gain knowledge; it also teaches them that others are entitled to their own voice. The inclusion of children contributes to the community and institutional development in various spheres of public life, and to better protection of children.

At national level, up to now there has been one body for child participation – the National Council of Children with SACP. It was created in 2003 with a consultative purpose and is essentially a tool to promote children’s participation in the processes of decision making. It is composed of one representative from each of the 28 regions in Bulgaria. At regional, local and school level, there are many children’s councils and parliaments, designed to encourage children’s participation in decisions related to children’s problems. Unfortunately, due to lack of regulation, most of these forms of child participation are quite unorganized, the results of their work are not effective and therefore they are not sustainable or exist only formally.

Authentic and meaningful child participation means a radical change in thinking and behaviour by adults – it implies changing from an exclusionary or consultative approach to partnership and co-decision with children and young people.

We, Bulgaria, continue to lead the sad statistics of the poorest country in the European Union, with **52.3% of children in the country (637,000 children) living at risk of poverty or social exclusion. This is almost twice the EU average of children in this indicator, which stands at 28.1%.**

Those at greatest risk of poverty are children raised by single parents, and children from large families. Reducing the poverty level must be one of the state’s priority tasks and efforts in this direction would have a favourable impact on all other areas of child

development. In most European countries, children are at a greater risk of poverty or social exclusion than the rest of the population.

A total of 28.2% of all children in the country, or 343,900 children, live in poverty – more than the population of Blagoevgrad Region, which includes 14 municipalities.

One of the steps to improve the functioning of the social system is the development and implementation of social work standards for working with children. The lack of such standards leads to a work-overload of people working with children and thus a lack of enough time to work with serious cases of violence and cases where children need significant support.

In 2012, the Child Protection Departments received 35,660 new complaints, requests and warnings about children at risk, i.e. about 57 new cases per social worker. The number of active cases per social worker in Bulgaria is far removed from the best European practices of between 20 and 35 cases.

A safe and healthy environment is among the basics that everyone is willing to provide for their children. **According to the Global Alliance for Child Safety data from 2012, Bulgaria and Greece rank bottom in ensuring child safety and in terms of preventing accidents and home injuries.** SACP held a round table on November 20, 2013 to celebrate the anniversary of the UN Convention on the Rights of the Child. On that day SACP launched the National Campaign for Child Safety.

Over 150 million Bulgarian leva (BGN), provided by various operational programmes, have been invested in repair or construction of playgrounds, school gym repair and renovation of parks and green areas in different municipalities across the country.

Health promotion is a key factor to improve individual and public health. Among the main tasks of health promotion is to create conditions for choosing a healthy lifestyle and to encourage responsible behaviour towards health protection. We cannot omit the positive step forward that took place in 2013, namely the development of Ordinance № 2 of 7.03.2013 of the Ministry of Health (MoH) for healthy eating for children aged 0 to 3 years in nurseries and children’s kitchens, by experts at the National Centre for Public Health and Analyses (NCPHA). The NCPHA experts have also developed a booklet with recipes and guidance on healthy eating for children under 3 years of age. In 2013, the Council of Ministers also approved a Common coordination programme for chronic disease prevention throughout 2014-2020.

RECOMMENDATIONS:

- » To take specific actions to ensure the establishment of a specialized and independent advocate for child rights, in accordance with the recommendations of the Committee on the Rights of the Child.
- » To introduce a special, simple procedure in handling cases about breaches of the rights of children, in view of the specific development of children, and training members of the Discrimination Protection Commission responsible for its implementation.
- » To take clear, specific and long-term commitment to change attitudes of parents and the general public toward the participation of children and young people and to support children in participating in decisions, policies and practices that affect them.
- » To map the problem and identify high-risk areas for girls exposed to risk of early marriage and cohabitation.
- » To ensure that all girls, regardless of marital status, can graduate from quality education.
- » To write out a long-term development plan of children’s participation (not only as a representative body). This process should include not only representatives of the state and NGOs, but also other stakeholders and children and young people.

I.

GENERAL PRINCIPLES UNDER THE UN CONVENTION ON THE RIGHTS OF THE CHILD

- » To develop and implement in practice an independent family policy with clear objectives, tasks and activities and to adopt the family-oriented approach in all areas affecting children's well-being (socio-economic measures, education, health, housing, child protection, etc.).
- » To urgently introduce tax incentives and waive certain fees for parents, including by means of meaningful family allowance taxation, which takes into account the number of family members.
- » To develop a nationally discussed and approved framework for professional competence of social workers as the basis for the curriculum in higher education and vocational training. The framework should be applied to all social workers, in all roles and in all structures, to achieve synergies in skills, attitudes, principles and theoretical foundations.
- » To codify the workload and number of active cases per social worker in accordance with the level of competence and seriousness of the case.
- » To develop an integrated state policy to promote healthy and active lifestyles among children, young people and families.
- » To draw up a mechanism to measure the impact of campaigns and sustainability of their messages.

II.

FAMILY ENVIRONMENT AND ALTERNATIVE CARE



GRADE:

Average 3

Commitments in three subareas have been reviewed in this area, namely “Family care”, “Children in institutions and deinstitutionalization” and “Adoption”. Each of these commitments has received a different grade, depending on the performance of government and public institutions in the sector. The following are the major accomplishments and/or problems in the area and, following these, we offer some general recommendations for improving the situation.

The family is the natural environment for growth and development of children. The state and its institutions should take care to strengthen and support families when parents cannot fulfil this role. Every effort should be made for child and family to be together and to live in harmony and understanding, and if this is impossible and life and health of the child are in danger, then the child should be protected. One of the ways to do this is to ensure another suitable family environment such as a foster family or small group homes. As soon as relations in the family of origin are stabilized, the child should return to their parents. Public institutions have made significant efforts in these areas but yet the results are still far from the expectations and objectives set out in the strategic documents.

An important part of ensuring the child’s right to grow up in a family environment is prevention of abandonment of new-born babies. A key area for such intervention is by professionals such as social workers, and support to mothers and families should take place as early as in the maternity ward. Unfortunately, parents in all maternity wards in the country are not yet provided with social and psychological support, nor are staff trained what to do in situations of risk.

A total of 705 children were placed in homes for children from 0 to 3 years in the period from January to June 2013, of which 425 children went there directly from the maternity ward.

At the same time, there were definitely some examples of good practice through the year. At the end of 2011 the Ministry of Health (MoH) launched a pilot project for restructuring Homes for Medical and Social Care for Children (HMSCC) in 8 districts. An important part of the project is working with the staff of maternity and neonatal wards to prevent abandonment of new-born babies. In 2013, those eight regions observed visible progress in terms of prevention. In the eight pilot areas, a total of 30 children were placed in homes for medical and social care, while the remaining 21 homes in the country housed 680 children. This is an average of 32 children per HMSCC – more than all the children in the eight pilot homes. Ensuring a family environment for every child requires development of a network of social services to support the parenting capacity of the family. These services should meet the needs of children and parents and be accessible. Therefore, as of 2011, one of the tasks for the National Programme for Child Protection is to develop a minimum set of guaranteed services matching the needs of family support at a district level.

There are 369 social services for children operating in the country to 31.12.2013, with a total capacity of 9,393 children. There are no indicators of the effectiveness and impact of the services on the lives of children and families. According to the Social Assistance Agency (SAA) in 2012, 90% of these services are Family Type Placement Centres with a capacity of 1,029 children.

Deinstitutionalization of children not only aims at ensuring care of children by foster families and in small group homes, but is also related to the development of social services for support in the community. The development and opening of many of these new services is supported by European structural funds that can guarantee their operations for a year or two. At the end of this period, these services should be financed by the State and the only way to ensure this is to shift the money from old homes for children upon their closure to new services. According to our assessment, a part of these funds is not returned to services for children, and instead sinks into the general budget of the state, thus actually damaging children and families.

Another challenge is the amount of state financial standards for social services in the community, including residential care. These funds usually barely cover the basic needs of food, shelter and daily care for residents, despite the financial standards’ increase in 2013.

Financial standards of social services have been increased by 10% in 2013. At the same time, there is no financial standard for foster care services.

It is necessary to have different sets of financial standards for raising children in various community-based services but it is also crucial to apply the principle “money follows the child”. It often happens that a large orphanage remorphs as a small group home but in general the everyday life and approaches to children remain the same as in the big home. There is an alarming practice of mere mimicry of deinstitutionalization in closed institutions, especially in small towns, where several new services for residential care are being opened in the same building of the closed orphanage.

Development of foster care is an important part of the process of deinstitutionalization. Foster parents are people who have undergone special training procedures and have approval for committing to care for children at risk. **As of the end of September 2013, 1,796 foster families are part of the register of foster families in the country and they accommodate 1,847 children. A total of 6,629 children were placed with relatives.**

Two consecutive editions of the “Report Card” monitor lack of progress in support of adoption care. There have been no particular developments in 2013 either. The process of adoption is still quite cumbersome and heavy, torn between several government institutions.

Despite the fact that there is no lack of prospective adoptive parents, the actual adoption rate in the country in the last year stands at 737 adopted children, compared to 3,188 children in the register of adoption – i.e. waiting.

In the SAA database there is no information on how many children or adoptive parents have received support from its employees last year. The lack of such information in itself is indicative of the fact that this process is not at all the focus of attention of state institutions.

Secrecy of adoption, i.e. the confidentiality of the adoption record continues to be regulated by law and practiced in the country, despite the recommendation of the United Nations Human Rights Council to “introduce legislation prohibiting the secrecy of adoption and ensuring the child’s right to know their origins and kinship.”

Last year, on the initiative of the State Agency for Child Protection (SACP), a workshop was held and an expert group composed to develop “Guidelines for preparation of a social report to the judicial authority in proceedings concerning the adjudication of parental rights and existence of parental conflict.” Very common are cases where children are used as retaliation between spouses and children suffer most.

It is necessary to ensure a friendly hearing of children in court proceedings. This should take place in special rooms, by trained professionals and under appropriate methodology.

RECOMMENDATIONS:

- » To multiply the model of active joint work on prevention of abandonment of new-borns and children of a lower age by all stakeholders at local and central level, successfully applied in a number of Bulgarian municipalities and in the eight pilot areas of the project. This will reduce the number of children entering institutional care and will take us closer to closure of other HMSCC, as advised in national strategic documents.
- » To create uniform standards for the prevention of abandonment, based on experience gathered up to now, to be followed by all participants in the process.
- » To improve social benefit and payment efficiency by introducing a comprehensive approach to support children and families by linking cash benefits with child protection measures and family support services. This is because the current system of cash benefits often comes late or, if it is on time, there is a shortfall. To improve the monitoring and evaluation of existing services for children and families – from tracking completeness of documentation to assessing the progress made in services for improving the quality of life of consumers.

II.

FAMILY ENVIRONMENT AND ALTERNATIVE CARE

- » To finalize the development and introduction of a mechanism to redirect resources from institutional care to new community-based services and alternative measures.
- » To link financing of newly established social services for children with their quality.
- » To make a long-term development plan of foster care in the country, according to certain target groups of children.
- » To specify quality indicators that will be collected at local and national level and will serve to monitor foster care, as well as placement of children with relatives. To involve children and young people in this process.
- » To ensure the best interest of the child in adoption. To allow adequate time for preparation and to respect the views of the child in the process.
- » To regulate the mandatory package of services to support current and prospective adoptive parents, including design of financial regulation standards of support services and support for children and adoptive parents through the period of adjustment, and in the post-adoption period.
- » To ensure the best interests of the child in court proceedings, i.e. hearings to take place only after an assessment has been carried out on readiness of the child to engage in such a procedure and its possible effect on the mental health of the child.

III.

HEALTHCARE



GRADE:

Average 3

Commitments in four sub-areas have been reviewed in this area, namely “In-patient and out-patient care”, “Mental health” and “Infant and child mortality”. Each of these commitments has received a different grade, depending on the performance of government and public institutions in the sector. The following are the major accomplishments and/or problems in the area and, following these, we offer some general recommendations for improving the situation.

Ensuring children’s right to access free and quality health care begins before birth. Normal pregnancy, its medical examination and the way of life of the mother-to-be are important factors affecting the health of the baby.

At the end of 2012, the Ministry of Health (MoH) changed Ordinance № 26 in order to give access to medical care to pregnant women who do not have health insurance. Thus all pregnant women with no health insurance coverage are entitled to one medical check-up during pregnancy. This examination includes monitoring of key health indicators of mother and baby. To 30.11.2013, a total of 1,299 mothers-to-be benefited from the free check-up for pregnant women with no health insurance. Yet it is not clear how the information for a free medical check-up reaches those women who, in most cases, are at risk of social exclusion or from marginalized groups.

There have been significant difficulties and delays in disbursement of funds to obstetricians for the examinations of women with no health insurance. The volume of papers to complete is huge and the payment for these examinations is lower. Health mediators report that doctors often refuse to examine non-insured women for these reasons.

The MoH provides mobile surgeries for gynaecological and paediatric examinations with the aim of overcoming inequities in access to health care. Despite the efforts of the Regional health inspections (RHI), children, pregnant women and mothers from small settlements and Roma districts remain disadvantaged in terms of preventive examinations and ensuring quality treatment and monitoring of health status after initial treatment. Health mediators are very useful when working in the Roma community. These are people, most often from the community itself or well known in it, who know its language and mediate the relationship between Roma and other ethnic minority groups and local authorities in the field of health.

By December 2013, a total of 130 health mediators worked in over 70 municipalities across the country³.

This number is insufficient and mediators cannot succeed in meeting the needs of everyone from the community in terms of support, information and referral to a specialist. The link between the health care system and families is also fading in choosing a general practitioner for children from marginalized communities, who again come mostly from poor families, from families of parents with low educational and social status, live in remote areas and come from ethnic minority groups.

Access to quality health services is one of the key indicators for quality of life. The right of children to receive the best possible care is regulated in Art. 24 of the UN Convention on the Rights of the Child as a commitment of states to ensure every child’s opportunity to enjoy the highest attainable standard of health care. As health is considered a fundamental condition for welfare of children, the access to health care should be available irrespective of place of residence or origin of children.

There are serious regional disparities in access to medical care and specialized paediatrics. A large part of funds for medical assistance are allocated in big cities such as Sofia, Plovdiv and Varna. Health funds vary by over eight times per capita in different regions.

There is no data as to the number of children who have difficulty accessing the health care system, but overall risk groups are children from disadvantaged or marginalized ethnic communities and those living in remote and inaccessible areas of the country with poor infrastructure.

A large number of children are born with a disability that is diagnosed not even in the first months after birth, but years later. There are many reasons for the delayed diagnosis, including lack of access to medical professional services, low parental capacity, insufficient support to parents on behalf of the social system, social and ethnic exclusion, poverty, etc.

3. In Bulgaria, there are 264 municipalities.

The MoH does not currently maintain a register of children with disabilities and has no information about their number⁴. This makes it difficult to track children diagnosed with disabilities, ensure they have access to rehabilitation and measure its effectiveness. A register would help to align the data used by various ministries involved and help them in analysing activities and planning their policies. The lack of a proper approach and a system for recording and reporting data for diagnosis and rehabilitation of children with disabilities is alarming as it shows a misunderstanding of the scale and impact of this issue.

There is no data on the total number of children diagnosed with disabilities, their distribution by social groups and municipalities so as to help planning and drafting of effective policies and practices for these children and their parents.

The mental health of children is an important aspect in ensuring their full personal development. In 2012 the Ministry of Education (MoE) prepared and adopted a mechanism for combating school bullying among children and students and created a national mobile group for psychological support at school. The group includes psychologists and professionals with proven experience and expertise in dealing with problems of children.

By December 2013, the number of psychologists in schools had risen to 1,180 compared with 786 psychologists in 2012. However, the number of child psychologists and psychiatrists is extremely insufficient, as there are no specialists in the education system for implementation of comprehensive mental health programmes.

There is a lack of a comprehensive approach and cooperation between different institutions and structures that care for the mental health of children. We monitor a need for a closer link between the work of school psychologists, child psychologists and psychiatrists, so that mental and eating disorders can be identified at an earlier stage and the child and family have the opportunity to receive the necessary specialized assistance. At present the MoH does not have any information on how many children are in need of specialized mental health care, what their distribution in the country is and the type of their illness.

Child psychiatrists are mainly in the capital Sofia and in some regional centres such as Varna, Rousse, Pleven, Targovishte and Kyustendil. Still, whole areas of the country do not have an active child psychiatrist, which is becoming a serious problem given the large number of children and adolescents leaving the institutions for children and youth who have experienced mental distress and are in need of specialised support and assistance.

The infant mortality rate⁵ is an indicator reflecting in part the quality of medical care, but is primarily associated with the standard of living and health awareness of the population. We cannot omit to mention the steady downward trend of infant mortality in recent years, which in 2012 amounted to 7.8 per thousand live births, which is the lowest rate of infant mortality during the keeping of statistics on this indicator.⁶

In 2012, there were 536 deaths of children younger than 1 year (601 in 2011) and the infant mortality rate decreased from 8.5 per thousand in 2011 to 7.8 per thousand in 2012. However, infant mortality remains high.

The index remains higher in villages than in towns (9.6 per thousand and 7.1 per thousand, respectively). Among the reasons for this fact are the deterioration of the socio-economic conditions in rural areas, poor access to health services, low education and culture.

4. Information received from MoH by Letter No 93-00-62 of 08 October 2013 under an application for access to public information.

5. Infant mortality rate – the ratio of the number of deaths of children under one year of age to the number of live births in the reference year; the value is expressed per 1 000 live births.

6. Information received from the MoH by Letter No 63-00-127 of 04 November 2013 on advancement of Ministry in delivering its commitments, analyzed in “Report Card 2014” of the NNC.

RECOMMENDATIONS:

- » To identify and analyze the causes of lack of health insurance of pregnant women and search for mechanisms to offset this as part of a state policy.
- » To include screenings for pregnant women without health insurance also in terms of diseases which are not directly related to pregnancy and childbirth, but are relevant to the health of the pregnant woman and the foetus.
- » Development of a guaranteed minimum package of health services for children.
- » To collect data on children without an assigned general practitioner and provision of consistent medical care, and implementation of measures to rectify this deficit.
- » To prioritize areas with difficult access and remote settlements in the implementation of activities of the National Health Strategy; modernization and availability of emergency services in Bulgaria.
- » To run a register for children with disabilities and related data to be maintained and used as a database for the needs of the MoH and the structures of the Ministry of Labour and Social Policy (MLSP).
- » To collect more detailed information on behalf of the MoH on the number of children diagnosed with disabilities and to analyze how many of them subsequently receive rehabilitation. The lack of such analytical information does not allow proper planning of policies for children and results in producing strategies, objectives and commitments merely on paper.
- » To inform parents better about the benefits of early diagnosis and early intervention.
- » To develop medical standards for treatment of children who use various drugs.
- » To implement programmes for children for mental health promotion and prevention programmes for treatment of children with mental disorders and their families.
- » To analyze the demand for specialized care for mental health for children and adolescents with symptoms of mental illness who leave institutions and those subscribed in social services for children at risk.
- » To take urgent measures to reduce infant mortality in areas with the highest rate, such as Sliven, Montana and Razgrad.
- » To prioritize measures for reducing the impact of risk factors on health of the pregnant woman and the newborn.

IV.

EDUCATION



GRADE:

Average 3+

Commitments in four sub-areas have been reviewed in this area, namely “Early years education and care”, “School education”, “Inclusive education” and “Health and civic education”. Each of these commitments has received a different grade, depending on the performance of government and public institutions in the sector. The following are the major accomplishments and/or problems in the area and, following these, we offer some general recommendations for improving the situation.

Education is one of the most discussed topics, and has raised many debates and concerns about the poor performance of our children in the most recent international study by the Organisation for Economic Cooperation and Development (OECD) called the Programme for International Students Assessment (PISA). Several governments have failed to achieve the adoption of a new Law on Pre-school and school education curricula, including integrated education, a new organization of school life and other important issues.

Early Childhood Development (ECD) includes all necessary support for the child from pre-natal development to their eighth year in order to implement their right to survival, protection and care, which will ensure the child’s best development.

The establishment and provision of services in the field of early childhood development and education is part of several strategic documents and laws in the Republic of Bulgaria in the field of public education, child protection and social policies. There is a clear understanding of the importance of Early Childhood Education and Care (ECEC) as a factor in fighting poverty, promoting social inclusion and equal opportunities for all children to engage fully in public life, but no concrete measures and action plans have been taken to implement programmes for ECEC in practice. At present there is no mechanism developed and adopted for promotion and application of ECD standards.

In general, the efforts of public institutions to guarantee the best development of Bulgarian children and that they reach their full potential are fragmented, lack an integrated vision for ECD, clear roles and responsibilities and funding.

The more children have access to quality education, the more chances there are to ensure a more sustainable and purposeful development of the country, when these children grow up and enter actively in social life. Therefore one of the primary tasks of the school is to enroll an as large as possible percentage of school-age children. Data from the last school year (2013) has shown that enrolment in high school was 80%, nearly 81% in secondary school and 95% in primary school.

After a brief improvement in the net enrolment rate registered in 2011, statistics show a decline in values for primary and secondary school education in 2012.

The distribution of responsibilities for enrolment of children in education is still unclear and involves inadequate obligations on the part of different parties such as local authorities, schools, child protection authorities and others. It is necessary to have a clear procedure for the execution of responsibilities surrounding children enrolment.

A total of 73,000 children were born seven years ago and only slightly over 63,000 were enrolled in the first grade in the fall of 2013.

The problem of early school leaving has been identified as a priority by the Ministry of Education and Science (MoES). At the end of 2013 the Ministry adopted an intersectoral strategy for reduction of the dropout rate in Bulgarian schools. Unfortunately, the strategy does not come with an operational plan for 2014, nor has it an assessment for necessary resources, which poses a risk to its effective implementation.

According to information from the MoES, a project under operating programme “Human Resources Development” – “Improving the quality of general education” – created a plan for a uniform system of indicators of compliance between standards for educational content and means of achieving them (curricula, textbooks, teacher training), but its approval has been delayed.

Draft changes to the curriculum in all cultural and educational fields provide for changing the orientation from educational content to results that are achieved by this content.

Under the current Education Act, education of pupils with special educational needs (SEN) takes place either in special schools or is integrated into general education and vocational schools.

The amount of the fund supplement for children and students who need additional support in schools and kindergartens amounted to 308 leva (BGN) per child and no less than 40% of the supplement is spent to create a supportive environment for helping children and students.

There is a minimal increase over 2012, when the supplement for a child or student who needed resource support was 293 BGN per year. We believe that the amount is insufficient to build an accessible architectural environment in case the child needs access to a ramp and is the only child with such needs in the school. It is alarming that MoES compares in volume the additional support cost of children with SEN and of children without disabilities, and does not put a focus on the need for quality indicators of expenditures for children with SEN in order to measure their real integration.

There are various projects to improve the architectural environment to boost conditions for inclusive education. A step forward on behalf of the government and public institutions would be to include quality indicators to measure satisfaction of the target groups and affiliates from activities carried on key projects and programmes of national importance. On this fundamental issue, the state institutions should prepare a thorough analysis of the state of inclusive education in the country and base future policies and implementation of new practices by the MoES on it.

Inclusive education means for children from marginalized communities – poor families, ethnic minorities and the socially excluded to become part of the education system. Last year, there were several MoES projects related to the enrolment of children from these vulnerable groups by providing a full-day school curriculum in a variety of forms.

The total number of students involved in extra-curricular activities for the school year 2012/13 stands at 177,697 in 1,302 schools.

Providing health education in Bulgarian schools is an old topic. However, it did not become part of the state and public administrations’ priorities in 2013. At present there is no state standard for health education.

Despite the large number of initiatives, campaigns and projects carried out by the schools in recent years, **the lack of a coherent and consistent policy of health education for adolescents and a lack of real commitment by the MoES to conduct a modern comprehensive programme remains an obstacle.**

The commitment to introduce health education classes in several pilot schools in 2013 has not been fulfilled. Yet health education classes are carried out in the form of elective and extracurricular activities as part of some MoES projects.

There is no quality assessment on health education in schools at present, on the number of children involved in it and on the effect of conducted hours. Such an assessment would be worthy in future tasks to promote health education of children within schools.

The situation is similar to programmes for drug use prevention, HIV/AIDS infection and bullying in schools. These are among the issues that cause the greatest concern and anxiety among parents. No doubt, when familial efforts to protect children from hazardous behaviors are supported by the school and society, the result is much more effective. Therefore, these issues should be not only discussed at schools, but also become a part of systematic policy of prevention.

The number of psychologists and counselors has increased in 2013 (1,180 compared to 786 in 2012). At the same time, there are no uniform standards for psychological work in schools, which raises the question of how specialists ensure quality prevention work with children and students.

RECOMMENDATIONS:

- » To develop an “Educational map of Bulgaria” by cross-referencing available statistical data of the National Statistics Institute (NSI), the information system of the MoES, the Civil Register information system, the Residency and Information System of the Ministry of Internal Affairs with the systems operated by the Social Assistance Agency and the State Agency for Child Protection with a view of creating an efficient tool for problem identification and ensuring children are fully covered by the system of mandatory education.
- » To conduct a review of the statutory documents that set out the responsibilities for child enrolment by the system of mandatory education of the local authorities and other institutions in charge, with a view to developing a clear procedure for implementation in this area.
- » To continue efforts for modernization of school education with a view to adequately addressing children’s needs, and a maximum use of modern methods and tools that directly influence motivation for successful learning and successful completion of education for both children and families.
- » To design an implementation plan of the Strategy of reduction dropout rate in Bulgarian schools in 2014 with clear indicators for funds and other resources needed and their source of funding in the respective year.
- » To make a clear link between the new curriculum content with new teaching methods in training and support activities for teachers and head teachers. This link aims to encourage a certain change in the attitude of thinking and behaviour of students.
- » To establish a modern, efficient system for evaluating teachers, teaching practices and training forms.
- » To differentiate the additional funds standard for a child or student with SEN according to the degree of his or her disabilities in order to adequately provide funding of a supportive environment in mainstream schools. The lack of safe and adequate funding for construction of supporting infrastructure is a major barrier to the admission of children with SEN in mainstream schools.
- » To prepare updated statistics on the level of accessibility in state, municipal and private schools nationwide to be available to the public and serve as a basis for national policy planning, future projects and programmes.
- » To include quality indicators to measure satisfaction of target groups and affiliates from activities carried out on key projects and programmes of national significance.
- » To include in the operating programme for education and science a priority axis to financially support interventions aimed at increasing the range of children from marginalized communities in various forms of training. To announce the first calls for proposals on that axis in 2014.
- » To include education experts and organisations that traditionally work in this area and have gathered expertise and capacity in the development of programmes and standards for health. To encourage the use of existing good practices. To provide teachers with respective trainings to conduct health education with interactive methods.
- » To make special efforts to inform the wider public on the benefits of health and sexual education and to provide opportunities for an open consultation process with all stakeholders.
- » To integrate positive approaches in school rules for strengthening motivation and discipline of students.
- » To achieve a political consensus and understanding to prioritize investment in health promotion, prevention and health education.

CHILD JUSTICE



GRADE:

Average 3+

Commitments in two sub-areas have been reviewed in this area, namely “Child-friendly justice” and “Neglect and child abuse”. Each of these commitments has received a different grade, depending on the performance of the government and public institutions in the sector. The following are the major accomplishments and/or problems in the area and, following these, we offer some general recommendations for improving the situation.

The justice system has not yet made relevant changes to ensure the rights of children before, during and after court proceedings. Children are repeatedly questioned in front a large number of people, unfamiliar faces, even in the presence of the accused. The interview with children is carried out by employees who do not have experience and qualifications to work with children, and in conditions that are extremely inappropriate. These conditions cause further trauma and stress to children that can be avoided if the hearing is held once by a specialist in a protected environment. Specially adapted child interrogation rooms provide such an environment.

According to experts, there are several necessary steps that would really change the current situation and help the justice system become more child friendly. On the one hand, helping the system raise its own capacity and expertise to work with children, on the other – the possibility for children and their families to receive specialised assistance during and after the proceedings to allow an easier and less painful way to undergo mental stress.

At the end of 2013, in the whole country, there were only 12 specially adapted rooms for interviewing children involved in legal proceedings.

The specially adapted rooms, also known in Bulgaria as “blue rooms” are in Blagoevgrad, Burgas, Veliko Tarnovo, Vidin, Dupnitsa, Plovdiv, Rousse, Stara Zagora, Shumen and Sofia. All have been built as NGO projects, some of them with the help of local communities.

According to the State Agency for Child Protection (SACP), in 2013 nearly 1,500 children suffered violence and sought support from social workers. The largest is the number of children who have been physically abused in the family, at school or on the street – 710. A total of 412 children have been subjected to bullying and 216 to sexual abuse. But the real number is higher because not all victims turn to social services or to the police for various reasons – shame, distrust of state institutions, ignorance, confusion and so on. Only a small portion of these cases come to the pre-trial proceedings, and even fewer of them to court.

Another commitment of the state, the implementation of which would have a huge impact on making the justice system friendlier for children is to create specialised judicial panels that hear only cases involving children and focus on specialization of prosecutors and investigators. So far, however, it remains only on paper. Despite the fact that in some places some chairmen of courts have designated judges who handle cases of children as a matter of priority, we are still far from a clear specialization of magistrates.

As part of a project to develop the capacity of the Ministry of Interior (Moi), a total of 155 officers working with children underwent training, both police inspectors and investigating police officers. Yet real specialisation of judges, prosecutors, investigating magistrates, social workers, psychologists and child police officers in Bulgaria is still to take place and plans in that direction remain only on paper for a fifth year in a row.

In 2013 a Roadmap for Implementing the Concept of Reform in the area of juvenile justice has been adopted. The document provides for the development of a proposal for a new legal and regulatory framework, including repealing the Act for Combating Anti-Social Behaviour of Minor and Underage Children and the creation of a new special law. At the end of the year most of the planned activities in this field have not been accomplished.

The judicial and juvenile justice system in Bulgaria continues to work under the regulations of the Act for Combating Anti-Social Behaviour of Minor and Underage Children, adopted in 1958.

Some of its provisions are inconsistent with modern principles for ensuring the rights of the child and respect for their best interest. The current law relies primarily on restrictions and penalties when dealing with children in conflict with the law, instead of supporting the restoration and correction of unacceptable actions. The concept of “antisocial behaviour” contradicts both constitutional norms and international standards due to the lack of a definition of “deeds contrary to morality and decency”. In fact, children are effectively punished for such deeds for which an adult would not have been punished. These are called ‘status-related’ offenses such as truancy or running away from home.

The Third Optional Protocol to the UN Convention on the Rights of the Child⁷ should also be taken into account when reviewing international law and strategic frameworks, as it establishes a procedure for complaints about violations of the rights of children. Although Bulgaria has not yet ratified the protocol, responsible institutions are in a dialogue about its signature and ratification, and NGOs are advocating for its adoption in the country.

All children can become victims of neglect and abuse. But there is one category of children who are identified as children in conflict with the law. This category is especially dangerous as it is excessively prone to neglect and abuse. These are children who have committed so called “delinquency” or even crimes. Usually they are placed by the court either in correctional boarding schools, or in socio-educational boarding schools. Placement in these special schools is one of the worst punishments and it comes immediately before imprisonment in a penitentiary, so is in fact a prison for juveniles. Children go to these special schools for theft, prostitution, running away from home, truancy, and so on.

As of the end of December 2013, three socio-educational boarding schools and four correctional boarding schools function in Bulgaria. Check-ups by the SACP reported serious cases of abuse and neglect of children.

Nearly 250 children between 8 and 18 years of age are housed in these special schools. The Ministry of Education and Science (MoES) adopted a document for reform of these boarding schools in the beginning of 2013. Yet progress in the planned reform is very weak and in spite of serial violations in the socio-educational boarding schools, public institutions are not ready to embark on real reform. The MoES stressed that successful closure of special boarding schools depends on the change of legislation and the development of alternative services.

Among the steps that will help all children in Bulgaria is changing the legislation relating to the settlement of the rights of children, victims of sexual exploitation, sexual abuse and child pornography. The purpose of such a change, apart from synchronization of Bulgarian legislation with the Directive of the European Parliament on combating sexual abuse and exploitation of children, is to ensure better rights and the safety of children in our country. Such changes have not been carried out up to now.

The law enforcement system and the judiciary continue to have a low awareness of a new type of criminal offence that has become a lot more frequent with the advent of the Internet – grooming of a minor or an underage child.

Bulgaria took a commitment in 2013 for the promotion of online safety for children, parents and school authorities, and outlets where anyone can raise the alarm about harmful online content. Unfortunately, the role of state institutions in this respect is more passive and the work is done primarily by non-governmental organizations, especially the National Centre for Safe Internet.

There is a lack of systematic approach to creating habits for safe use of information and communication technologies (ICT) by children and students.

The National Safe Internet Centre was established in 2008 to develop and distribute information materials, training, conferences, seminars and roundtables on issues of Internet safety for children. The Centre has developed an Internet hotline to combat illegal and harmful content and conduct on the Internet, Bulgarian online safety advice for children, parents and teachers as well as a training centre.

7. The Protocol has been accepted on 19 December 2011 by the UN.

RECOMMENDATIONS:

- » To plan the necessary steps by relevant Government bodies and departments so as to inform their structures about existing specialized premises for children being interviewed and to update information in the system.
- » To make a definite policy to stop violations of the rights of children, victims and witnesses of crime, through the introduction of national standards for applying the procedures of child-friendly justice.
- » To ensure mandatory and systematic training of the judiciary and all employees in the system, working with children involved in legal proceedings.
- » To continue and intensify the policy of introducing specialized courts and magistrates to hear cases involving children.
- » To reach staff in investigation and police authorities in the process of specialisation in working with children in conflict with the law.
- » To take urgent action to start the reform of the minor and juvenile justice system in accordance with the guidelines in the Concept and Roadmap.
- » To urgently revise the Roadmap in a dialogue and in extensive consultation with all stakeholders towards: clarifying the vision of duties and responsibilities in a coordination mechanism; distinguishing the functions of various structures and ensuring competence; clarifying the vision for prevention services and services for rehabilitation and reintegration of children in contact with the justice system; introduction of a new, realistic schedule to prioritize the reform.
- » To take additional measures for the development and approval of a special, child-accessible procedure for complaints relating to violations of children's rights as soon as possible. These are necessary for effective implementation of the UN Convention on the Rights of the Child and the Third Optional Protocol; to ensure effective exercise of the rights of children – victims of violence, and children – subject of the juvenile justice system.
- » To include representatives of all stakeholders in the inter-ministerial working group for revision of the Roadmap.
- » To give an opportunity for the NGO sector to use its experience and expertise in the planning and implementation of new pilot services. Reform of the special boarding schools requires significant expertise, as it essentially implies opening of a new type of care and services for children in conflict with the law which are based on a new methodology of work and service provision for these children.
- » To make a commitment on behalf of Government institutions to co-finance and support learning activities for children and young people for responsible and safe use of ICT.
- » To integrate into the new draft Criminal Code the positive changes proposed in the Amendment of the Criminal Code in December 2013, in terms of enacting the Directive on combating sexual abuse, sexual exploitation of children and child pornography.
- » To develop a separate legal definition of child pornography in the new Criminal Code.

NETWORK MEMBERS**Blagoevgrad Region**

Association 'Community Council on Education' – Gotse Delchev

Burgas Region

'The Faithful' Steward/Association – Burgas
'Demetra' Association – Burgas
Integra Bulgaria
'Regional Roma Alliance' Association – Burgas
'Smile' Association – Burgas

Varna Region

Association of Parents of Children with Dyslexia – Varna
'Gavroche' Association – Varna
'Eurointegration' Association – Varna
'Karin Dom' Foundation – Varna
'MIG – Kraimorie' Association – Beloslav
Agency for Social Development 'Vision' – Varna
'Joy for Our Children' Foundation – Varna
Social Association 'St. Andrei' – Varna
'Sauchastie' Association – Varna
'Colourful Future' Association – Varna

Veliko Tarnovo Region

Centre for Interethnic Dialogue and Tolerance AMALIPE – Veliko Tarnovo

Vratsa Region

'First of June' Association – Byala Slatina
'Science and Technology Centre' Association – Vratsa
'New Way' Association – Hayredin
School Board of Trustees of 'Hristo Botev' School – Tarnava

Gabrovo Region

'Social Dialogue 2001' Association – Gabrovo

Dobrich Region

YMCA Association – Dobrich
'Helping Hand' Foundation – Dobrich

Kardzhali Region

Association 'Initiative for Development – Kardzhali Decides' – Kardzhali

Kyustendil Region

Parental Boards of Trustees of Kindergarten 'Kalina' – Doupnitsa

Lovech Region

'Ecomission 21st Century' Association – Lovech

Montana Region

Community Council on Education – Berkovica
Sham Foundation – Montana

Pazardjik Region

'Future' Foundation – Rakitovo
Crime Prevention Fund IGA – Pazardzhik
'Social Practices in the Community' Foundation – Pazardzhik
'Development' Association – Rakitovo
Juleviya Dom Foundation

Pernik Region

'PULSE' Foundation – Pernik
'White Swallow' Association – Tran

Pleven Region

Pleven Public Fund 'Chitalishta' – Pleven

Plovdiv Region

'Big Brother, Big Sister' Association – Plovdiv
National Alliance for Volunteer Action – Plovdiv

Razgrad Region

'Janeta' Association – Razgrad
'Integro' Association – Razgrad
Youth Forum 2001 – Razgrad

Ruse Region

BRTMI Association – Ruse
'Equilibrium' Association – Ruse
'Caritas-Ruse' Foundation – Ruse
Open Society Club – Ruse
Centre Dynamica Association – Ruse
European Center for Mediation and Arbitration

Silistra Region

'Ekaterina Karavelova' Women's Association – Silistra – Silistra
'Hope for a Good Future' Association – Silistra

Sliven Region

Society for the support of children and adults with mental, physical and sensory disabilities 'St. Stiliyan Child Protector' – Sliven
'The Health of Romany People' Foundation – Sliven
IRA Foundation – Sliven

'Roma Academy for Culture and Education' Association – Sliven
Doctors of the World – Bulgaria

Sofia City Region

'Agapedia – Bulgaria' Foundation
Alliance of Bulgarian Midwives
'Alpha Club – to Survive' Association
Association for Early Childhood Development
Association of Mental Health Professionals in Kindergartens and Schools in the Republic of Bulgaria
'Parents' Association Bulgarian Association of Adopted Children and Adoptive Parents
Bulgarian Family Planning and Sexual Health Association
Bulgarian Pediatric Association
Bulgarian Helsinki Committee
'Bulgarian Child' Foundation
BNC 'Together for the Children' Bulgarian Training Centre
'Child and Space' Association
'Children and Adolescents' Association
'EVRIKA' Foundation
ECIP Foundation
'Teach for Bulgaria' Foundation
'For our Children' Foundation
'Health and Social Development' Foundation
Ethnic Minorities Health Problems Foundation
Parents' Initiative Committee
Social Activities and Practices Institute
'Concordia Bulgaria' Foundation
International Legal Advice Centre
Arete Youth Foundation
National Foster Care Association
National Network of Health Mediators
Foundation 'Hope for the Little Ones'
National scout organisation of Bulgaria
National School Eco-Parliament
'Society for All' Association
'Paideia' Foundation
'Partners – Bulgaria' Foundation
'Human Rights' Project
'Applied Research and Communications' Found
'Friends 2006' Foundation
Reachout.BG Association

Association for Progressive and Open Communication – Sofia
'Cedar' Foundation
'Step for Bulgaria' Foundation
'Step by Step' Foundation
Theatre "Tsvete"
'Freerun Bulgaria' Association
FICE Bulgaria
Worldwide Foundation for Vulnerable Children
'Centre Nadya' Foundation
Centre for Inclusive Education
Centre for Psychosocial Support
Amici dei Bambini Foundation – Sofia
Habitat for Humanity
Outward Bound Bulgaria
SOS Kinderdorf – Bulgaria

Sofia Region

'Towards a Better Life' Association – Chelopech
'Choice for Tomorrow' Association, Botevgrad

Stara Zagora Region

'Future for Children with Disabilities' Association – Kazanlak
Chitalishte 'Vazrodena Iskra' – Kazanlak
'Clovers' Association – Chirpan
National Association of Resource Teachers – Stara Zagora
Friends 2011' Association – Chirpan
'Samaritans' Association – Stara Zagora
'World without Boundaries' Association – Stara Zagora

Targovishte Region

'Naya' Association – Targovishte
Club of NGOs – Targovishte

Haskovo Region

Association of Community Centres – Dimitrovgrad
'Children and Families' Association – Haskovo
'Give a Smile' Foundation – Dimitrovgrad

Shumen Region

'SOS Women and Children survived violence' Association – Novi Pazar
Association of Roma Women
'Hayatchi' – Novi Pazar

Yambol Region

'People with Athma' Foundation – Yambol
Municipal School Board of Trustees – Boliarovo



BULGARIAN-SWISS COOPERATION PROGRAMME
БЪЛГАРО-ШВЕЙЦАРСКА ПРОГРАМА ЗА СЪТРУДНИЧЕСТВО

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